

Uveitis [yoo-vee-eye-tiss]

Your eyes might look red and inflamed.

Uveitis is one of the conditions in which the immune system attacks a part of your own body – called an ‘autoimmune condition’. The cells of your body’s immune system are meant to protect you from germs that cause infection. When you have uveitis they become activated as if they are fighting off an infection, although there is no infection there! The immune cells then damage part of your own body. In uveitis, the part of your body affected is usually the iris (the coloured part of the eye around the pupil). Sometimes the retina at the back of the eye can be affected as well.

The doctor can tell by looking at your eyes with a slit lamp microscope, checking whether there are any immune cells inside your eye at the front or back of your eye. They can also get a special scan done which shows whether there is any swelling in the retina at the back of the eye (this is called OCT, or ocular coherence tomography). OCT is like ultrasound. It uses reflections from within the retina and measures the amount of retinal swelling (macular oedema), which helps decide which treatment is needed. OCT is also used to monitor your retina over time and to show how effective treatment may have been.

If the doctor thinks you may have uveitis, they might arrange blood tests and a chest x-ray. The first big step is to make sure that there really is no infection or other cause of the eye problem, and that's why blood tests and x-rays are important. The doctor might also ask a doctor for children and young people (called a paediatrician) to see you, to make sure that you are generally well. This is because some children and young people with uveitis



have other conditions such as arthritis as well.

Getting it sorted

The treatment depends on how bad your uveitis is. If it is mild, the doctor will prescribe eye drops that reduce the inflammation and stop immune cells getting into the eye. If your eyes are very sensitive to light, this is often because the iris muscle, which controls your pupil size, goes into spasm. Your doctor may prescribe you drops that relax the iris and widen (dilate) the pupil.

Sometimes uveitis or the drops used for treatment can cause high pressure in the eye. This can damage the optic nerve, which is called glaucoma. If you have high pressure in the eye, the doctor will prescribe different drops to bring the pressure down.

If the uveitis does not settle through drops alone, the doctor can prescribe medicines that come as tablets or syrups, or even as injections, for example steroids, methotrexate or 'biologics'. These are antibodies that stop your immune cells damaging your eye. If you are on these treatments, you may need some regular blood tests to check for any medicine side effects, as they can all lower the activity of your immune system.

If the uveitis is severe and continues for a long time, a small number of people may find their eye to be affected in

other ways. For example, they may develop a cataract (a cloudy lens of the eye which might require an operation) as well as problems in the retina at the back of the eye.

Further information

Ocular Immunology and Uveitis Foundation: <http://www.uveitis.org>

If you also have Juvenile Idiopathic Arthritis, this website may be useful: <http://www.arthritisresearchuk.org>

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Moorfields Direct telephone helpline
Phone: 020 7566 2345
Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)

Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides confidential advice and support to help you with any concerns you may have about the care we provide, guiding you through the different services available





at Moorfields. The PALS team can also advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients have the right to begin consultant-led treatment within 18 weeks of being referred by their GP. Moorfields is committed to fulfilling this right, but if you feel that we have failed to do so, please contact our patient advice and liaison service (PALS) who will be able to advise you further (see above). For more information about your rights under the NHS constitution, visit www.nhs.uk/choiceinthenhs

