

How is anterior uveitis (iritis) diagnosed?

The Advanced Clinical Practitioner (ACP) will examine you on a microscope (slit-lamp) for signs of anterior uveitis, looking for cells in the front chamber of the eye and deposits of cells on the back of the cornea (the glass window at the very front of the eye). The iris may be stuck to the lens (at the pupil margin) and the pressure in your eye may be normal, high or low.

If you are told by your clinician that you have 'anterior uveitis' (iritis), that means that the inflammation is only affecting the front (anterior) part of your eye. 'Iritis' is only one form of acute anterior uveitis.

Intermediate uveitis (middle), posterior uveitis (back) or panuveitis (affecting the entire eye, from front to back) may show 'anterior uveitis' as part of the overall picture of eye inflammation, but they all affect more than just the front part of the eye.

If your diagnosis is anterior uveitis (iritis) in one eye (and you have only ever had one eye affected) it is still important that both eyes are examined. This helps the clinician ensure that the unaffected eye remains that way. If there is concern about any intermediate, posterior or panuveitis then the clinician will instill some dilating drops to have a good look at the back of your eyes. This will make your vision blurred for around two to three hours but does not limit you from moving around. However, you must not drive whilst your vision is affected. You

can wait in the eye department until the drops have worn off before returning home, or you can ask a friend or relative to accompany you.

Will I need blood tests or chest x-rays?

No. Most patients, (especially if it is their first episode) do not need blood tests or chest x-rays.

In the following instances you will be asked to have some (non-urgent) blood tests and / or chest x-rays:

1. You have had attacks only in one eye but three or more times (in your life).
2. You have had attacks in both eyes simultaneously (even if it was only one time).
3. You have symptoms which may indicate a general health condition which may be linked with your uveitis.

How will I obtain my results?

If a blood test is performed, the results will be checked and shared with you at your next appointment. In the event of a very abnormal blood result, we will immediately contact you and/or your GP.

How is anterior uveitis (iritis) treated?

Anterior uveitis (iritis) is treated with eye drops. You are usually given three types of drops, but the number depends on the severity / location of your eye inflammation.



Types of eye drops:

- **Steroid drops** which reduce inflammation.

Different steroid eye drops may be used. Steroid drops need to be reduced gradually and not stopped suddenly (depending on how long you have been using them for). The treating ACP staff will give you more information about this.

Each time you attend the clinic, details of the type of steroid eye drops you are using will be discussed with you. This may be different from previous times you suffered from anterior uveitis (as the severity may vary). Kindly bring **all** your eye drops with you when you come to the clinic.

- **Dilating drops**, which will make your pupils larger.

These drops will help to relieve pain and give rest to your eye. They will enlarge your pupils and temporarily blur your vision, especially when reading. It is important that you persevere with using them, but don't worry-they are only required in the early stages of treatment. Some patients may be asked to take these at bedtime in the long term.

- **Eye pressure lowering drops** which may be needed if the pressure in your eye is too high.

With anterior uveitis (iritis), your eye pressure can go up due to the inflammation or the steroid drops used. If the pressure has been high in your

eye/s in the past, it is important to mention it to the clinician at every visit.

Last time I had anterior uveitis (iritis) the steroid drops caused my eye pressures to go up. What do I do?

Make sure you inform the treating ACP. This is because this time you may need to simultaneously use drops to lower your eye pressure along with the steroid drops.

Is there an alternative to using topical steroids?

Non-steroidal (a type of anti-inflammatory drop) can be used to reduce inflammation and is sometimes useful as an additional therapy. However, this cannot effectively be used alone in the majority of cases where there is acute relapse of acute anterior uveitis.

What about the side effects of using steroid eye drops?

Steroid eye drops can cause cataract and glaucoma. However, untreated or poorly treated anterior uveitis can cause both of those things to happen at a faster rate. It is the long-term use of steroid eye drops which is a concern. This is why your clinical team will be so keen to take you off these drops as soon as they are no longer of benefit to you.

You should be aware however, that even use of a low dose, weaker steroid eye drop with infrequent exposure can add up over the years to complications such as cataract, glaucoma and a droopy upper eyelid.



however it causes various hormonal changes. One of them is an increase in the secretion of steroids. This is beneficial in suppressing anterior uveitis. However if you are, or may be pregnant, please do mention this to the clinical teams looking after you so we can prescribe eye drops which are safer to take during pregnancy.

There is no evidence to suggest that stress can cause a flare up of anterior uveitis but many of our patients mention this can be a trigger for them.

Should I carry a spare bottle of steroid eye drops whilst on holiday?

Red and sore eyes can be due to a variety of reasons, for example conjunctivitis or another eye infection. Although steroid drops will help with anterior uveitis it could worsen these other conditions. Therefore, we do not advise that you self-medicate. If there is a problem, it is best that you see your nearest eye specialist (even if you feel sure your symptoms can only be caused by a flare up of your uveitis.)

Is there anything I can do to reduce the likelihood of future attacks?

You may find articles and treatments on the internet claiming to reduce episodes of anterior uveitis (iritis). These treatments may not have been tested for safety and effectiveness. Please don't use them without discussion with your GP/ health care professional first. In an effort to stop future attacks, some patients are tempted to intermittently treat themselves with eye drops or keep going with steroid drops (even after the

anterior uveitis has settled). Both of these are risky practices for your vision and we would strongly advise against this, urging you instead to seek the advice of the clinical teams looking after you.

There are rare exceptional scenarios when clinical teams will advise a patient to carry on with steroid eye drops for a longer duration than usual. Before agreeing, it is best to confirm this with your uveitis consultant ophthalmologist, gaining a good understanding of the benefits, risks and side effects.

Lastly, if you think you have identified a trigger for your uveitis please discuss this with your clinician.

Is there anything else I can do to help?

Wearing tinted spectacles or sunglasses will help relieve any light sensitivity or intolerance during attacks. Taking paracetamol tablets can help relieve the pain and patients have reported that lying in a dark room with closed eyes can bring relief. Studies have shown that smoking contributes to your risk, therefore, if you smoke, we would suggest that you try to quit.

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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

