Royal Devon University Healthcare NHS Foundation Trust

Uveitis / Iritis

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at rduh.pals-northern@nhs.net.

Introduction

Uveitis is an eye condition that presents as an inflammation in a part of the eye called the ‘uvea’. This can lead to swelling in a part of the eye called the macula (‘macular oedema’).

The macula is a very important part of your eye which enables you to see images in a sharp and focussed fashion. If the macula is swollen you lose your ability to see images sharply. If the macula stays swollen for an extended period of time then your vision could become permanently blurred.

Uveitis can also lead to inflammation of blood vessels, which can block them and impair blood flow to the retina (a light-sensitive layer at the back of the eye that converts light energy into signals that are carried to the brain by the optic nerve). This could lead to infarction (mini-strokes of the retina and uvea). If the central part of the eye called the fovea is affected, this can lead to sudden, severe and permanent loss of vision. If peripheral parts of the retina or uvea away from the centre are affected then this can lead to "peripheral blind spots" or constriction of your visual field, which could impair your ability to drive a car safely.

The symptoms of active uveitis may include blurred vision, sensitivity to bright lights and floaters in your eye (dark spots which may appear to dance across your field of vision). Most cases of uveitis get better with treatment but some types of uveitis are more difficult to treat and may make your vision permanently blurred.

When severe, this can lead to irreversible sight loss affecting both eyes to a level that precludes being able to read normal print or to drive and can, rarely, include total blindness.

It is therefore essential that you, as a patient, **keep all follow-up appointments** with us (your eye doctor or nurse specialist) and strictly adhere to the medication prescribed. The medication normally includes eye drops and tablets but, less commonly, intravenous infusions may be required, for which you would need to be admitted to a ward.

We also need you to be vigilant and to report IMMEDIATELY any visual changes − including blurred vision, increased sensitivity to light, increased floaters in the eye, eye pain or loss of vision − so that we can assess you and initiate remedial action. If you experience any of the symptoms above, **you should contact us within 24 hours and not wait until your next routine uveitis appointment**.

Please also inform us of any change in address to ensure that our appointment letters reach you.

Usually, we **aim to see you every 3 months**. If you notice that you have not been seen in the last 3 months, please contact the Patient Access Coordinator on 01271 322761 stating that your appointment is **time critical**. Alternatively, you can contact the Service Manager in ophthalmology on 01271 322681 or the PALS team on 01271 314090.

Treatment

The treatment for your uveitis will depend on which area of your eye is affected and whether we have identified an **underlying systemic disease** that needs to be treated at the same time. Examples of systemic disease that can cause uveitis are ankylosing spondylitis, ulcerative colitis, sarcoid disease and Behcet’s disease. We would usually treat these conditions in a **shared care model with your rheumatologist, gastroenterologist or chest physician**.

Independent of the specialists’ input, you are still required to **see your GP regularly** for blood tests in order to ensure early detection of any side effects of your treatment.

Some patients will have eye disease alone, i.e. no other organs are affected. In this case we would usually try steroid eye drops (Pred Forte) first. Steroid eye drops can cause significant side effects, such as cataracts and raised intra-ocular pressures and, therefore, we would not like you to be on high doses of steroid eye drops long-term.

Sometimes we have to supplement your therapy with steroid tablets (Prednisolone). Again steroid tablets can cause significant side effects such as raised blood pressure, raised blood sugar levels (diabetes) and bone-thinning (osteoporosis).

Steroid tablets can also cause **sight-threatening** side effects in your eye such as glaucoma and cataracts. Glaucoma means raised pressures in your eye(s) with thinning of your optic nerve. Your optic nerve is the cable from your eye to your brain. If this gets damaged by high eye pressure then you could lose some or, rarely, all of your sight. Therefore, steroid-induced glaucoma is a very serious side effect. If you are on steroids (eye drops or tablets) we need to see you **regularly** to check that your eye pressure remains normal.

Even if your uveitis is stable and your eye feels very normal we need to see you regularly to check your eye pressure. You cannot normally notice elevated eye pressure yourself (unless it is very high, in which case you should contact us urgently).

If your uveitis is severe, we occasionally have to admit you to a ward in the hospital to give you intravenous steroids (IVMP). If steroids are given through your veins, they work faster.

If you have already had cataract surgery and no family history of glaucoma, then a steroid implant (Ozurdex) can sometimes be a good option. We would normally use this only if you have got disease in only one eye.

If we are unable to taper your steroids, then we would usually escalate the treatment to a disease modifying anti-rheumatic drug (DMARD). We usually use Mycophenolate Mofetil (MMF) or Methotrexate (MTX) which have been shown to be safe and effective in the treatment of uveitis. This treatment suppresses the white blood cells in your body and prevents them from attacking your eye and causing unwanted damage.

This is usually well tolerated as it brings your over-active immune system back to a normal level. It can, however, make you slightly more prone to getting infections. **We therefore recommend that you see your GP in order to make sure that your vaccination schedule is up to date. We recommend that you receive the yearly flu-vaccine and the Pneumovax vaccine every 10 years. Soon an inactivated shingles vaccine will be available which is also suitable for immunosuppressed patients.**

If conventional immunosuppressant treatment fails, then the next step in treatment is the use of a group of drugs known as ‘Biologics’. These are specialised drugs designed to target specific molecules in your body that are released during inflammation. By doing so, they suppress inflammation and prevent damage to your eyes and other parts of your body.

A typical drug we would use is Humira. Humira is normally administered by our rheumatology colleagues but we would still need to see you regularly in the eye clinic to monitor your eye disease and response to treatment.

Investigations

Uveitis can be associated with a variety of inflammatory conditions affecting other organs. This is the reason we need to carry out a series of blood tests when you first attend − to exclude such involvement of other parts of your body. Some blood tests are also required to check for any dormant infections in your body which could either be the cause of your uveitis or be made worse if/when we start systemic (steroid tablets or DMARD tablets) treatment for your uveitis. Typical diseases that we have to exclude are tuberculosis (TB), bacteria called ‘treponema’ and HIV.

However, much more common than an infectious cause is a non-infectious cause.

We also routinely carry out a chest x-ray to exclude previous tuberculosis. A chest x-ray is also important to exclude a disease called ‘sarcoid disease’, which can cause inflammation in your lungs and can be the culprit of your uveitis (inflammation in your eye).

We normally request that you have an optical ultrasound called OCT, which gives us good information about any swelling at the back of your eye. If we see any evidence of inflammation of the blood vessels in your eye, then we also tend to carry out a test called fluorescein angiography (FFA). There is a separate patient information leaflet explaining this test.

Prognosis

Overall, it can be said that if you regularly attend your appointments in the eye clinic, follow the recommended treatment and report any visual deterioration promptly to us, then with our current treatment strategy, **we will be able to maintain your vision long-term at a good level**.

Sometimes your disease can progress despite treatment and in these cases we may need to ask for a second opinion from the regional uveitis centre in the Bristol Eye Hospital. **Please make every effort to attend appointments in Bristol**. While we acknowledge that it may be difficult for you to travel to Bristol, we would not refer you on to a specialist centre if we didn't feel it was crucial to maintain the best possible vision for you.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

Tell us about your experience of our services. Share your feedback on the Care Opinion website www.careopinion.org.uk.

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