

This leaflet is intended to provide you with general information. It is not a substitute for advice from your ophthalmologist. You are encouraged to discuss the benefits and risks of treatment with your ophthalmologist. This is an abridged version of the RANZCO patient education pamphlet: Uveitis – a guide for patients about intraocular inflammation. The complete pamphlet is available from your ophthalmologist.

The eye has three different layers of tissue: the protective outer layer called the sclera, the middle layer called the uvea, and the inner layer called the retina. The iris, ciliary body and choroid form the uvea. Uveitis is an inflammation of any part of the uvea. Sometimes, uveitis affects other areas of the eye, for example, the retina, optic nerve or the lens.

In many cases of uveitis, a cause is not found, and it is “autoimmune”. That is, the body’s own immune system reacts against the body itself. In other cases, there may be an association with some other medical disorder, infection or trauma.

Uveitis can be acute (lasting days or weeks) or chronic. Some cases of uveitis can seriously affect vision and the long-term health of the eye. Permanent loss of sight can result, but such cases are uncommon.

Types of uveitis

- Iritis – primarily affects the iris, although the ciliary body can also become inflamed. Iritis is the most common form of uveitis.
- Intermediate uveitis – affects the area just behind the ciliary body and may extend to the retina.
- Posterior uveitis – affects the back of the eye.
- Panuveitis – inflammation of the entire uvea.

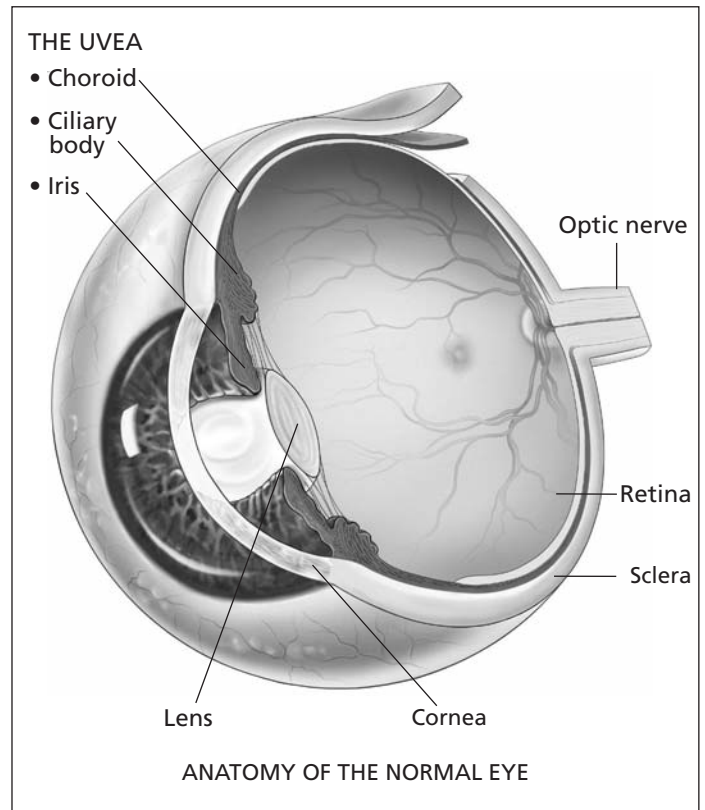
Signs and symptoms

Signs and symptoms depend on the type of uveitis and may include:

- eye redness
- eye discomfort or pain
- blurred vision
- increased tear production
- sensitivity to light
- black dots in the field of vision
- smaller-than-normal pupil size.

Your medical history

Your ophthalmologist needs to know your medical history to plan the best treatment for you. Tell your ophthalmologist about health problems you have. Some may interfere with medical treatment and recovery.



A decision about treatment

As you make the decision whether to have treatment, make sure that you understand the risks, benefits and limitations of treatment. If you do not have treatment, your symptoms and condition may continue to worsen. If you have any questions, ask your ophthalmologist.

Treatment of uveitis

If uveitis is associated with another medical disorder, then that condition is also treated. Except for cases where uveitis is caused by an infection (such as bacteria or a parasite), uveitis may not be curable but is generally treatable. Treatment aims to control the signs and symptoms, and prevent complications.

Uveitis is usually treated by one medication or a combination of three different medications:

- Corticosteroids to reduce eye inflammation
- Immunosuppressants to reduce inflammation by targeting the immune system
- Mydriatic eye drops and ointment (to dilate the pupil and reduce inflammation) used with corticosteroids.

Possible risks and complications

Treatments for uveitis are safe and effective, but do have risks of complications. These are more fully outlined in the complete RANZCO patient education pamphlet and should be discussed with your ophthalmologist.