NHS

Patient information-medical retina

Anterior uveitis (iritis)

This leaflet is intended for patients who attend Moorfields Eye Hospital, who are diagnosed with an eye condition called iritis (a very specific form of anterior uveitis). It aims to answer some of the frequently asked questions our patients have. If there is anything you do not understand or you have further questions after reading this leaflet, please do not hesitate to speak to a member of the team treating you.

What is anterior uveitis (iritis)?

Anterior uveitis (iritis) is an inflammatory condition affecting the front of the eye (around the iris – the coloured part of your eye). It is one of the many causes of 'red eye'. One in every three patients will have recurrent attacks. Although it usually affects one eye at time, it is important to know that both eyes can be affected at the same time, or one shortly after the other.

Anterior uveitis (iritis) may be acute or chronic. Both types should be promptly treated. Acute anterior uveitis (iritis) may be a painful condition and all uveitis, if left untreated, may affect your vision.

What causes anterior uveitis (iritis)?

In over half of our patients, no cause can be found. In some patients it is associated with other inflammatory conditions in the body.
There are some health related conditions associated with anterior uveitis (iritis). For example, some patients are born with particular genes (e.g. HLAB27) and may be more likely to develop anterior uveitis.

Also linked are immune disorders, for example Ankylosing spondylitis and Sarcoidosis. Viral and bacterial infections such as shingles, tuberculosis, syphilis or HIV can also be associated with anterior uveitis (iritis).

What are the symptoms of acute anterior uveitis (iritis)?

You may have an aching and painful red eye, made worse in bright light or when you try to read. Symptoms of anterior uveitis can develop quickly (over a few hours) or more gradually (over a number of days).

What are the symptoms of chronic anterior uveitis (iritis)?

In chronic anterior uveitis (iritis), the eye may be pain-free and no longer red. Vision may be blurred or there may be no symptoms at all.

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, possibly linked with your uveitis.

How will I get 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 amount depends on how severe/ where your eye inflammation is.

Types of eye drops:

1. **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). Please bring **all** your eye drops with you when you come to the clinic.

2. **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 continue with using them, but don't worry-they are only needed in the early stages of treatment. Some patients may be asked to take these at bedtime in the long term.

3. **Eye pressure lowering drops.**
   These 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 the 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.

How do I use and store my drops?

Some eye drop bottles need to be discarded four weeks after opening. Please check on the bottle you are given. Do not use eye drop bottles that have been open for more than four weeks. They may no longer be sterile and could cause an eye infection.

Please bring all your eye drops to your clinic appointment and please do not stop taking them on the day of the outpatient visit. The ACP or pharmacist will show you how to use the drops properly.

Most of the drops you will be given can be stored at room temperature but some, like Latanoprost and Cyclopentolate will need to be stored in the fridge. However, the unpreserved version of these can be kept at room temperature. More specific instructions will be provided to you by the pharmacist at the time of dispensing. Please refer to the manufacturer's information leaflet in the eye drops package for details on storage of drops and side effects.

What happens if I do not get treatment?

We would not recommend this. The pain and light sensitivity may increase and your vision may also become worse. Untreated anterior uveitis can also result in other eye complications such as cataract, glaucoma and swelling at the back of the eye.

Can I drive whilst on treatment?

You should not drive when your vision is blurred (in one or both eyes) or if you are using dilating eye drops (in one or both eyes). If in doubt, please ask the clinical team looking after you.

Will I need any tablets to treat my anterior uveitis (iritis)?

This is unlikely if you have not needed tablets to treat your uveitis before. However if this is the case, it is very important that you mention this to the clinical teams looking after you.

Tablets may have been previously prescribed for treating:

- severe eye inflammation.
- very high eye pressure.
- other kinds of uveitis.

Can I use my Moorfields prescription in an outside pharmacy?

The prescription issued by Moorfields is a 'hospital only' prescription, which means outside pharmacies are not able to supply medication against this.
If necessary, you can contact your GP and ask them to issue a regular community (green) prescription. The letter from Moorfields to your GP and the copy of your prescription (which will be handed to you) will provide all the details your GP requires. You will be able to take this to any outside pharmacy to get further supplies of your medication.

How long does an attack of anterior uveitis (iritis) last?

Attacks of anterior uveitis last for different lengths of time but most settle within six to eight weeks. Your symptoms should disappear within a few days of treatment but you will need to take the treatment for longer whilst the inflammation goes down. If symptoms are not settling or getting worse, you should come back to Moorfields accident and emergency (A&E) department at City Road as soon as possible.

Will I have a follow-up appointment?

You will need to come back to the ACP clinic for a follow-up appointment so that we can check on your progress. We will give you details of this before you leave the hospital. If the inflammation does not go away (or you develop chronic anterior uveitis), you will be referred to a specialist uveitis clinic. If the problem is getting worse despite the use of eye-drops, please return to the A&E department as soon as possible so that we can reassess your eye/s.

You are strongly advised to come in for recommended follow-up appointments even if your eye/s is/are feeling completely better. This allows the eye pressures to be checked, making sure there is no lasting inflammation or swelling (chronic anterior uveitis). If at this point all is well, (and your acute anterior uveitis has settled) you will be discharged because there is no need for check-ups in between attacks of anterior uveitis (iritis).

What if I don't get a follow up appointment?

If an appointment has not been made for you, please call us on the following numbers: **020 7566 2312 / 2313**

What will happen when I come back for my follow up appointment?

We will ask about your progress and the eye drops you are using and we will examine both your eyes. This will always include vision testing and an eye pressure check, which are both very important. Please do not forget to wear your distance driving glasses or contact lenses for this test. If your vision is reported to be or shown to be worse than last time, you are more likely to need dilating and an OCT scan.

What is the point of being discharged every time my anterior uveitis settles, only to return?

This can be frustrating but the recurrence of anterior uveitis (iritis) and the frequency of it coming back varies from person to person. We ensure that before we discharge you, you have made a full recovery from the inflammation but it is difficult to predict if/when episodes may re-occur. Some patients will only ever have one episode while others may have one every few years or more frequently than that. Unfortunately, there is no treatment we can offer to prevent future episodes from happening.There is no need for eye check-ups in between attacks of acute anterior uveitis (iritis).

Why am I asked the same questions each time I visit the clinic?

In order to provide you with the best care, we need to review your situation, especially any changes in general health since your last appointment, as it may have an effect on your current treatment. For example, we would need to know if you have seen your GP for a cough since your last visit.

If other members of my family also have uveitis, glaucoma, arthritis or TB, should I tell someone?

Yes, please tell us, as knowing this is very relevant and will help us better manage your condition.

Why is my vision blurred and will it go back to normal?

Swelling, pain and watery eyes are the most common causes for blurry vision. Moreover, the eye drops themselves can cause this. It is rare for anterior uveitis to permanently damage your vision if it is treated well and in good time. Treatment is aimed at settling inflammation and so it is important to take your eye drops as prescribed and keep your appointments. This will allow us to do our best to ensure that your vision returns to normal after an episode has totally settled.

My eye is no longer painful or red but I see rainbows and halos around lights and my vision is blurry, especially in the mornings when I wake up. What should I do?

In this situation, it is possible that your eye pressure is going up (this is usually worse in the mornings) and therefore, it is important that this is checked at your local optometrist or eye hospital (within a few days to be safe).

I have been discharged but my pupil is no longer perfectly round. Why is this?

Anterior uveitis (iritis) can cause the iris to stick to the lens of the eye. It is sometimes difficult to break these adhesions which prevent the pupil from looking round in shape. However, this usually does not interfere with your vision and can be broken at the time of cataract surgery (as and when you need it).

What should I do if my anterior uveitis (iritis) comes back?

Come back to Moorfields A&E department in City Road as soon as possible (open 24/7 for eye emergencies only). Do not restart any previous treatment or eye drops, even if you have a spare bottle at home. Some patients are tempted to treat themselves this way and do not return to A&E to be seen. This is a risky practice and we would strongly advise against this.

Is anterior uveitis (iritis) contagious?

Unlike other causes of red eye, anterior uveitis is not contagious. However, you would need to be seen in the clinic so we can confirm that the episode is actually anterior uveitis and nothing else. **This applies even for patients who have had previous attacks of uveitis.**

Can pregnancy or stress cause a flare up?

Pregnancy is not known to cause a flare up of anterior uveitis (iritis) however it does cause various hormonal changes. One of them is an increase in the production of steroids. This is useful in controlling 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 you experience a problem when you are on holiday, 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 glasses 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