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# Talking glaucoma

## Editors introduction

The IGA has many professionals who subscribe to our magazine. We were pleased to receive this article as we think it positions the patient at the centre of glaucoma care. Mahesh makes the point that people often do not have English and their first language and we would also like to remind everyone that the IGA website has a translation function which can be found on the top right hand corner of the site.

## Ophthalmic nurses caring for patients with glaucoma

### Mahesh Seewoodhary

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Glaucoma is a sight threatening eye condition which can affect any age group worldwide. The causes are varied from there being a genetic predisposition, to ageing factor or secondary such as trauma, inflammation, steroid related etc.

Many ophthalmic nurses are aware that non-concordance with glaucoma eye drops is a major health issue and that patient education plays a key role in patient empowerment, thus the patients are more likely to comply with medication regimes and keep hospital appointments.

In progressive glaucoma, the damage to the retinal ganglion cells does lead to disturbance in colour contrast. This may explain why falls among glaucoma sufferers can be a serious health issue, especially when fractures occur.

Sufficient lighting on landings and in care homes is very important.

All ophthalmic healthcare practitioners have a moral responsibility to ensure that the glaucoma patient receives the correct information regarding glaucoma and be informed about the benefit of prescribed eye drops. As the number of glaucoma patients increases year after year in the glaucoma clinic, patient education becomes a challenging issue in this busy environment.

Patients are from various ethnic groups and English may not be their first language for

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many of them. This is indeed an important point to note when providing patient education. Ophthalmic nurses are well-placed to provide patient-centred care.

Both the knowledge and experience of the ophthalmic nurse or other ophthalmic healthcare practitioners are both essential if they are to have a positive impact on the quality of patient care. Reflective practice can help us to develop evaluation and analytical skills.

Ophthalmic nurses should have an in-depth working knowledge of the following:

1. The common types of glaucoma - such as primary open angle, primary acute angle closure, secondary, congenital and juvenile.
2. Maintenance of normal intraocular pressure and aqueous dynamics.
3. Factors which may impede aqueous drainage leading to optic nerve damage and visual field loss.
4. The anatomy and physiology of optic nerve head, lamina cribrosa, and the retina.
5. The influence of abnormal genes as a causative factor in glaucoma.
6. Understanding and able to explain the damage done to the optic nerve head and why this may progress despite the patients being on medical treatment.
7. Learning how to evaluate visual field test.
8. Measuring and recording intraocular pressure correctly, identifying and reporting abnormal findings to the ophthalmologist.
9. Contraindications and side effects of ophthalmic medications.
10. Empowering glaucoma patients by applying a health promotion model of care, such as the Tannahill health promotion model.
11. Have a clear knowledge of the relevant psychosocial theory and apply evidence-based care when nursing glaucoma patients, e.g. Application of Peplau's psychosocial theory when caring for patients who are anxious about glaucoma and its impact on their quality of life.

# Talking glaucoma

Ophthalmic nurses with limited knowledge and experience on these points may result in the patient not being well-informed, which could contribute to poor patient concordance. It is also important to work as a good team player in the delivery of glaucoma care when working with the multidisciplinary team.

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Many glaucoma patients may feel vulnerable due to factors such as ageing, dementia, depression, diminished sight etc. Providing safe care in a caring environment is the duty of all healthcare professionals. Many older people may be living in a care home. Care home nurses must also be educated about glaucoma care so that they feel confident when looking after the glaucoma patient.

Glaucoma nursing research will be an excellent way forward to help improve the quality of care.

Several previous studies in care homes clearly show that care home nurses and other care workers have very little understanding of glaucoma and glaucoma medications. One of the areas of care which could be researched is patient education and concordance in different patient groups.

Finally, the role of the IGA must be an integral part in ophthalmic nursing education. My previous ophthalmic nursing students have benefitted a lot from this. I am truly thankful to the IGA for its dedication and commitment to ophthalmic nursing education.

**Mahesh**