

# Virtual Glaucoma Clinic

Information for patients, relatives, and carers

A photograph of two women hiking in a field. The woman on the left is older with short, curly white hair, wearing a plaid shirt over a white t-shirt and a purple backpack. The woman on the right is younger with long brown hair, wearing a beige hoodie and a large yellow backpack. They are both smiling and looking at a map held by the older woman. The background is a blurred green field with trees under a blue sky.

**ACES**

[aces-eyeclinic.co.uk](https://aces-eyeclinic.co.uk)



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## What is glaucoma?

Glaucoma is a condition that results in damage to the optic nerve, an important structure in the eye, which connects the eye to the brain. This causes gradual and permanent vision loss.

Symptoms of glaucoma can often be hard to notice as the condition can develop very slowly in its most common form (primary open angle glaucoma). Symptoms can include but are not limited to loss of outer field of vision, headaches, redness in the eyes or halos around lights. With this said, a less frequently occurring form of this condition, called angle closure glaucoma, can have a rapid progression and is associated with symptoms such as eye pain, nausea and haloes around lights.

Glaucoma is most often linked to an increase in pressure in the eye. This damages the optic nerve and retina nerves, causing permanent sight loss and a constriction or narrowing of the field of vision. Older people are at increased risk of developing glaucoma.

Early treatment is essential and can slow its progress or stop it getting worse.

## What is the purpose of the virtual glaucoma clinic?



As our population ages there is an increasing requirement for routine follow-up appointments for patients with stable glaucoma/ocular hypertension. This has led to demand exceeding capacity for our consultant led clinic.

To ensure that patients with low risk, stable glaucoma are seen in a timely manner, a new virtual clinic has been started in the Anglia Community Eye Service (ACES) for routine appointments.

We hope this clinic will result in a considerable reduction in the waiting time for the consultant led glaucoma clinic, meaning those in the general public that require this level of care get there sooner in a more time efficient manner.

This visit does not affect your treatment or future appointments in the eye clinic. You will receive the same level of care as you usually do in the consultant led glaucoma clinic.



## What will happen during my visit to the virtual glaucoma clinic?

You will attend the Eye Outpatient Department at your nearest ACES clinic.

Experienced and qualified clinicians that work in conjunction with ACES and are skilled in the assessment of patients with glaucoma will run the clinic.

When you arrive, you will meet our experienced Health Care Advisor who will ask you for your details and they will then run through the following checks with you:

- They will ask you to read the eye chart,
- They will ask you for the details of your drops if you are using any,
- They will perform the visual field test,
- They will check your eye pressure,
- They will take images of your optic nerve.
- Capture a state of the art optical coherence tomography (OCT) of your optic nerve heads and macula.

You should not leave the building unless all the above examinations are performed. Your visit will most likely be shorter than the consultant led glaucoma clinic. The only difference will be that you do not see a doctor or consultant at this appointment.



## What happens after your visit to the virtual glaucoma clinic?

The glaucoma team will review the measurements and images taken to determine the rate of progression of your glaucoma.

You will receive a letter from the team within the two weeks following your appointment, informing you of the results. They will let you know if you need a follow up appointment or if you can be discharged to your community optometrist. In this letter we will answer any questions or queries you may have raised.

A copy of this letter will go to your GP and community optometrist.



## What happens if I am not suitable for the virtual glaucoma clinic?

The virtual glaucoma clinic is only suitable for patients with early, mild or stable glaucoma. Should the clinician find that your glaucoma has not been stable or is progressing, you will receive an appointment for the consultant led glaucoma clinic.

## What happens if I have a query before or after my appointment?

If you have a query before or after your appointment, contact us by any of the following methods:

Email:

**[aceseyeclinic.enquiries@nhs.net](mailto:aceseyeclinic.enquiries@nhs.net)**

Telephone:

**0333 188 2937**

Website:

**[aces-eyeclinic.co.uk](http://aces-eyeclinic.co.uk)**

# Health & Lifestyle Questionnaire

Internal Use Only: PX CID.....

To save time at your next glaucoma appointment at ACES, we ask if you could fill out the following health & lifestyle questionnaire. This information will be scanned and securely stored on your patient file.

Patient Information Sticker  
(Clinic Use Only)

## Personal Details

Name		Date of Birth	
Home Telephone		Mobile	
Email Address		Address	
Ethnicity		Occupation	
Are you a driver?		Screen user?	Smoker?
Hobbies			
Allergies			

## GP Details

GP & Practice	
Doctor's Name	
Telephone	
Address	

## Optometrist

Name		Telephone	
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Address	
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## Next of Kin

Name		Telephone	
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Relationship	
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Address	
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## Eye Health

1. Do you currently have / suffer from any of the following eye problems? Please tick all that are applicable.

<input type="checkbox"/> Cataract	<input type="checkbox"/> Double vision	<input type="checkbox"/> Dry eyes	<input type="checkbox"/> Flashing lights	<input type="checkbox"/> Floaters	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Herpes simplex	<input type="checkbox"/> Iritis	<input type="checkbox"/> Keratoconus	<input type="checkbox"/> Lazy eye	<input type="checkbox"/> Macular degeneration	<input type="checkbox"/> Ocular hypertension
<input type="checkbox"/> Optic neuritis	<input type="checkbox"/> Recurrent corneal erosion syndrome	<input type="checkbox"/> Retinal problems	<input type="checkbox"/> Squint (turn)	<input type="checkbox"/> None	

2. Have you had any other eye problems not listed in the last question including; injury, virus and infection, ever been to the eye hospital for any reason or had any previous eye surgery?  Yes  No

Please list:

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3. Do you have a family history of an eye disease, for example cataract, glaucoma or keratoconus?  Cataract  Glaucoma  Keratoconus

## Glaucoma

4. What previous glaucoma treatments have you had?

<input type="checkbox"/> Eyedrops	<input type="checkbox"/> Laser	<input type="checkbox"/> Surgeries	<input type="checkbox"/> Other
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Comments:

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5. How often do you instil your eyedrops?

<input type="checkbox"/> Never	<input type="checkbox"/> Not every day	<input type="checkbox"/> Once per day	<input type="checkbox"/> Twice per day	<input type="checkbox"/> Three times per day
<input type="checkbox"/> Four times per day	<input type="checkbox"/> Two hourly every day	<input type="checkbox"/> Hourly every day	<input type="checkbox"/> More often than hourly every day	

6. How often were you advised to instil eyedrops?

<input type="checkbox"/> Never	<input type="checkbox"/> Not every day	<input type="checkbox"/> Once per day	<input type="checkbox"/> Twice per day	<input type="checkbox"/> Three times per day
<input type="checkbox"/> Four times per day	<input type="checkbox"/> Two hourly every day	<input type="checkbox"/> Hourly every day	<input type="checkbox"/> More often than hourly every day	

7. Do you have any issues with the eyedrops that you use?

Yes  No

If yes please provide details:

8. When was your last glaucoma visit?

<input type="checkbox"/> First visit	<input type="checkbox"/> 1 week ago	<input type="checkbox"/> 2 weeks ago	<input type="checkbox"/> 1 month ago
<input type="checkbox"/> 3 months ago	<input type="checkbox"/> 6 months ago	<input type="checkbox"/> A year ago	<input type="checkbox"/> More than a year ago

9. How old are your glasses?

<input type="checkbox"/> Don't wear glasses	<input type="checkbox"/> New	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years
<input type="checkbox"/> 4 years	<input type="checkbox"/> 5-7 years	<input type="checkbox"/> 8-10 years	<input type="checkbox"/> 10+ years	

10. Are there any changes to your vision since you started wearing these glasses?

Yes  No

If yes please provide details:

11. Are there any changes to your visual field?

Yes  No

If yes please provide details:

12. Have you experienced any of the following symptoms since your last glaucoma visit?

<input type="checkbox"/> Red eye	<input type="checkbox"/> Headaches	<input type="checkbox"/> Eye pain
<input type="checkbox"/> Haloes/Coloured rings around lights	<input type="checkbox"/> Nausea and vomiting	<input type="checkbox"/> None

## General Health

13. Do you currently have / suffer from any of the following general health problems? Please tick all that are applicable.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Cancer	<input type="checkbox"/> CJD (Creutzfeldt-Jakob Disease)
<input type="checkbox"/> Claustrophobia	<input type="checkbox"/> Crohn's disease Ulcerative colitis	<input type="checkbox"/> Dementia	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Grave's disease	<input type="checkbox"/> Headaches / migraines	<input type="checkbox"/> Healing disorders
<input type="checkbox"/> Heart problems - no pacemaker	<input type="checkbox"/> Heart problems - pacemaker fitted	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Immunosuppressive related conditions (eg. HIV)
<input type="checkbox"/> Keloid scarring	<input type="checkbox"/> Mental health (anxiety)	<input type="checkbox"/> Mental health (depression)	<input type="checkbox"/> Mental health (other)
<input type="checkbox"/> Mental health condition, including depression or anxiety	<input type="checkbox"/> MRSA (Methicillin Resistant Staphylococcus Aureus)	<input type="checkbox"/> Open wounds	<input type="checkbox"/> Rheumatoid arthritis lupus
<input type="checkbox"/> Skin disorders including acne rosacea / eczema	<input type="checkbox"/> Thyroid imbalance	<input type="checkbox"/> Tropical diseases	<input type="checkbox"/> None

14. Are you taking any medications?

Yes  No

Comments:

15. Do you have any other concerns?

Yes  No

Comments:

16. ACES are moving to digital to help reduce paper waste are you happy to receive appointment details and information via email?

Yes  No

## Declaration

16. Please sign the Health & Lifestyle Questionnaire.

# ACES

General enquiries:  
[aceseyeclinik.enquiries@nhs.net](mailto:aceseyeclinik.enquiries@nhs.net)  
0333 188 2937  
[aces-eyeclinik.co.uk](http://aces-eyeclinik.co.uk)

ACES services are commissioned by ICBs across England.