# Uveitis

Uveitis is an eye condition where there is inflammation (swelling) inside your eye originating in a part of the eye called the uvea. Uveitis affects people in different ways depending on which part of the uvea and eye is affected (front, middle or back). The symptoms of uveitis may include pain, sensitivity to bright lights and poor vision. However, some symptoms can be less obvious, making uveitis more difficult to diagnose initially. Some people may not notice any symptoms so uveitis can be undetected for several weeks or months.

Most cases of uveitis get better with treatment. Some types of uveitis are more difficult to treat because they are long-term and have sight-threatening inflammation which can also involve other tissues close by, causing more permanent changes to your sight.

## Who is affected by uveitis?

Around two to five in every 10,000 people are affected by uveitis in the UK every year. Uveitis affects people of any age, but most commonly between the ages of 20 and 59 years. Uveitis in children and adolescents is less common than in adults.

Uveitis in children commonly affects the front (anterior) of the uvea and tends to affect both eyes. Young children often have no symptoms, and it may be difficult for them to recognise or be able to tell you about any problem with their sight. The most common cause of anterior uveitis in childhood is an arthritis called juvenile idiopathic arthritis (JIA). Children who have anterior uveitis associated with JIA tend not to have the typical symptoms of red, sore, or inflamed eyes. This can make it impossible to tell that these children have a problem with their eyes without examination by an optometrist (optician) or ophthalmologist (hospital eye doctor). This may result in a delay in diagnosing the condition and sight may already be affected. Prompt diagnosis and monitoring or treatment is essential to preserve sight in children with uveitis.

It’s important for children to have regular eye examinations by an optometrist to check both their sight and health of their eyes, especially if they have an autoimmune condition like JIA. This will ensure any changes to their sight can be picked up early and investigated further by their optometrist, who will refer to an ophthalmologist if necessary.

Adults are more likely to get uveitis if they have certain autoimmune conditions (see below), or other long-term health issues.

The information in this factsheet focuses on uveitis in adults. For further information on uveitis in children please see **oliviasvision.org** (further details at the end of this factsheet).

## What is the uvea?

Your eyeball has three layers, the white outer tough coating called the sclera, the innermost light sensitive layer called the retina and a middle layer called the uvea. Your uvea is made up of your

* Iris – the coloured part of the eye which controls the amount of light entering your eye
* Ciliary body – the circular band of tissue behind the iris that produces a watery fluid called aqueous humour which fills the front part of the eye
* Choroid – a layer of pigmented tissue and blood vessels which supply your retina. Your retina can also be affected in uveitis.

## Diagram of the Eye

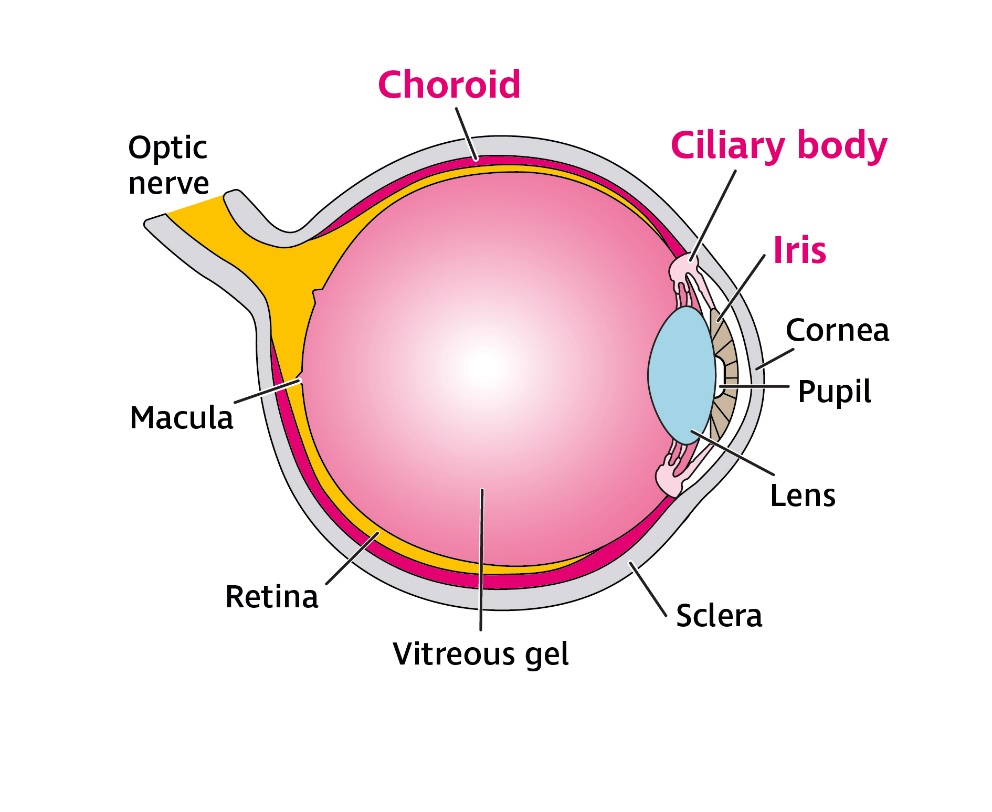


Diagram of cross section of eye – labelled in pink are the parts of the uvea (choroid, ciliary body and iris) and other structures are labelled in black (cornea, pupil, lens, sclera, vitreous gel, retina, macula and optic nerve)

## What are the different types of uveitis?

Uveitis is described in different ways depending on which part of your uvea is affected:

* Anterior uveitis – inflammation of the iris or ciliary body
* Intermediate uveitis – inflammation of the ciliary body and front part of the choroid, seen in the vitreous gel
* Posterior uveitis - inflammation of the choroid and/or retina, retinal blood vessels or optic nerve head
* Panuveitis - inflammation of all parts of the uvea

Uveitis may also be described depending on how long it lasts:

* Acute: when the inflammation starts suddenly but improves within three months.
* Recurrent: when the inflammation flares up and settles down over months and years. Anterior uveitis is usually recurrent with acute episodes.
* Chronic: when the inflammation is longer lasting and comes back within three months of stopping treatment. Intermediate and posterior types of uveitis are usually chronic.

## What causes uveitis?

There are several known causes for uveitis but sometimes the cause is unknown (idiopathic). Possible causes include:

* Autoimmune and inflammatory conditions
* Infections
* Injury

### Autoimmune and inflammatory conditions

Often in uveitis, the inflammation only affects the inside of your eye, but sometimes it can be connected to an inflammatory condition elsewhere in your body. Sometimes you may not even know that you have another inflammatory condition at the time the uveitis first develops.

Uveitis may develop in people who have an underlying autoimmune condition which is where the immune system (body’s defence mechanism) mistakenly attacks healthy tissue.

About 50% of people with anterior uveitis have a gene called HLA-B27. This gene is found in people with certain autoimmune conditions including:

* ankylosing spondylitis
* ulcerative colitis
* psoriatic arthritis
* Crohn’s disease
* reactive arthritis

Uveitis is not passed down through families, however, HLA-B27 has been linked to an increased risk of developing anterior uveitis. Although people with one of these conditions have an increased chance of developing anterior uveitis, it does not mean they will definitely go on to develop the condition.

People with other inflammatory conditions such as sarcoidosis, multiple sclerosis or Behҫet’s disease are also more at risk of developing uveitis.

### Infections

Uveitis can be caused by viral, bacterial or parasitic infections. Examples can include:

* Virus – herpes simplex (cold sores), herpes zoster (chickenpox and shingles), or cytomegalovirus
* Bacteria – tuberculosis or syphilis
* Parasites – toxoplasmosis

Many of these infections which cause uveitis are more likely if you have a poorly active or suppressed immune system. This includes people who have had organ transplants, leukaemia or HIV and AIDS.

### Injury

An injury to your eye can cause uveitis in that eye. A very severe injury can even trigger the immune system to cause uveitis in the other eye, known as sympathetic ophthalmitis or sympathetic ophthalmia. This is very rare and only an injury through the eyeball wall (penetrating injury), needing an operation to repair, can lead to sympathetic ophthalmitis.

### Idiopathic

Sometimes it’s not possible to work out what the cause of your uveitis is. This is called ‘idiopathic’ which means that it is not clear what the cause is, and that no other cause can be found. It’s thought that most idiopathic uveitis cases may be autoimmune, but this cannot be confirmed.

## What is anterior uveitis (iritis)?

Anterior uveitis, sometimes called iritis, is when the iris or ciliary body at the front of your eye is inflamed. Anterior uveitis is the most common type of uveitis.

### What are the symptoms of anterior uveitis?

In adults, the symptoms of anterior uveitis usually start over hours or days and often affect one eye at a time. It typically causes eye pain, eye redness and sensitivity to light (photophobia). Your eye can feel achy and the eyeball may be tender. Your vision may be slightly blurred as well.

When symptoms like this occur, it’s important to have your eyes checked straight away either by an optometrist or by attending the hospital eye clinic A&E.

In children, anterior uveitis may start without any obvious symptoms, and may not be noticed by the child or their parents for a long time. This is chronic anterior uveitis. Children known to be at risk – for example children with certain types of arthritis - may have regular screening with an ophthalmologist to spot the uveitis early. In other children, this chronic anterior uveitis may be picked up by an optometrist at a regular eye examination or at the point when the child (or parent) notices that the vision is affected.

### How is anterior uveitis diagnosed?

Anterior uveitis is diagnosed by an ophthalmologist using a piece of equipment called a slit lamp, which consists of a microscope and a powerful bright beam of light. It allows them to check for signs of inflammation.

### What is the treatment for anterior uveitis?

For most people with acute anterior uveitis a course of eye drops is all the treatment needed to clear up the inflammation. In people with chronic anterior uveitis, they may need long-term medication including immunosuppressants (discussed later).

#### Corticosteroid eye drops

Corticosteroid eye drops, often referred to as just steroids, are used to reduce the inflammation at the front of the eye.

Depending on the level of inflammation in your eye, the dose can range from using the steroid eye drops every hour to using them just once a day. As the inflammation gets better, the dose will be reduced slowly by your ophthalmologist. It’s important not to stop using your steroid eye drops until your ophthalmologist tells you that it is safe to do so, even if your symptoms disappear. Stopping your treatment too soon can cause the inflammation to return.

Using steroid eye drops in the short term does not normally cause many side effects. While you’re on steroid drops, your resistance to eye infections will be reduced. Since wearing contact lenses may encourage infection, you’re advised not to wear them during your treatment.

If steroid eye drops are used for long periods of time, they can lead to raised eye pressure (glaucoma). High doses for long lengths of time can also lead to clouding of the lens (cataract), particularly in children, but it is important to realise that not treating the uveitis properly would itself be a big risk for developing cataract. If your uveitis is treated with steroids for several months, then your ophthalmologist will monitor your eye for these possible complications.

#### Cycloplegic or mydriatic eye drops

Cycloplegic or mydriatic eye drops may be given for anterior uveitis in addition to steroid medication, but this is not always the case.

Cycloplegic drops relieve your eye pain by paralysing the muscles of your iris and ciliary body as it is the movement of these inflamed muscles that cause the pain.

Cycloplegic drops are also mydriatic which means they cause your pupils to get bigger (dilate). This helps to reduce the risk of your iris sticking to the lens in your eye, known as synechiae or posterior synechiae. Synechiae can lead to raised eye pressure and cause glaucoma.

These drops can cause temporary blurring of your vision and problems focusing. You may also become more sensitive to the light, as they make your pupil larger. Wearing dark sunglasses can make your eyes feel more comfortable and help with problems of glare during this period. Once you stop using cycloplegic drops, your pupil should react normally to light again.

#### Treating infection

If your uveitis is caused by an infection, the infection will need to be treated with antiviral or antibiotic eye drops too.

### What happens in the long term with anterior uveitis?

An episode of acute anterior uveitis which has been treated promptly does not usually cause any long-term changes to your sight. This is because it responds quickly to treatment initially so only a short course of eye drops is needed, and most people recover within a few weeks.

Some people will only have a single episode of anterior uveitis. However, it can recur or become chronic in which case, it may cause more problems over time.

Some people who have recurrent uveitis learn to recognise their symptoms. Unfortunately, there is little you can do to prevent recurrences in either eye. The best thing is to recognise that it can recur and that it’s important to get the inflammation treated as quickly as possible to prevent complications.

People with chronic uveitis may need long-term treatment to control the inflammation, and to stop the uveitis affecting their vision over time.

## What is intermediate and posterior uveitis?

Intermediate uveitis is when the area behind your ciliary body is inflamed, with most of the inflammation being seen in the vitreous gel, the clear jelly-like substance that fills most of your eye. It is mostly seen in young adults.

Intermediate uveitis can be associated with sarcoidosis or multiple sclerosis.

Posterior uveitis can cause inflammation of:

* the choroid (choroiditis)
* the retina (retinitis)
* the retinal blood vessels (vasculitis) and affect
* the optic nerve head, where the nerve fibres leave your eye to the brain

There are many types of posterior uveitis including birdshot chorioretinopathy and punctate inner choroidopathy (PIC). Posterior uveitis is the least common form of uveitis.

Posterior uveitis can be associated with inflammatory conditions that affect the rest of the body such as Behҫet’s disease or sarcoidosis.

### What are the symptoms of intermediate and posterior uveitis?

Intermediate uveitis can cause dense floaters (black dots, shapes and wispy lines that move across your vision) as a result of inflammatory cells in the vitreous gel. It usually affects both of your eyes. Your vision may gradually become increasingly blurry and occasionally, you may be sensitive to light.

Posterior uveitis causes blurry, distorted vision or patchiness or gaps in your vision. It can also cause problems with colour vision and/or seeing in the dark at night (nyctalopia).

Intermediate or posterior uveitis do not usually cause any eye pain or redness. Both these types of uveitis are often chronic conditions, meaning that they last months or years, although they may vary in severity over that time. Sometimes the uveitis may flare up suddenly whereas other times, it is more gradual. Both eyes are usually affected but not always at the same time or to the same degree.

These conditions may be present for quite some time before they are diagnosed because you may not be aware of any problem. This is partly because floaters are very common – many people have them, even if they don’t have an associated eye condition. Floaters are not always a sign of anything serious, but if you do have a sudden increase in floaters and blurring of vision, then it is important to get your eye health checked.

### How are intermediate and posterior uveitis diagnosed?

There’s a wide range of causes of uveitis and many medical conditions can be associated with it. Your eye examination shows which part of your eye is inflamed but doesn’t show what has caused the inflammation. Your ophthalmologist may want to do further tests to identify the cause which may include blood tests, an X-ray of your chest, and sometimes other scans.

Although these extra tests may not seem connected to your eye concerns, they’re important in finding out the cause of your uveitis. This will help plan the correct treatment for you, give you an idea about how it may develop, and find any connection with a condition elsewhere in the body. If another condition is discovered, you may be referred to see a specialist in that condition.

Some other tests you may have include:

* Fluorescein angiography. This is a way of looking at the circulation of your retinal blood vessels and to find out how much of your retina is being affected by the inflammation. A yellow dye is injected into your arm. The dye travels through the bloodstream to your eye and photographs are taken which allows the ophthalmologist to check for any circulation problems.
* Indocyanine green angiography (ICG) is a similar test to fluorescein angiography but a green dye is used.
* Optical Coherence Tomography (OCT) scans your retina to check for swelling and inflammation.
* Electroretinogram (ERG) is a test to check how well the light- sensitive cells of your retina are working.
* If an infection in your eye is suspected as a cause for your uveitis, the ophthalmologist may take a sample of fluid (aqueous or vitreous) from inside your eye to look for this. This can be done with local anaesthetic eye drops in the eye clinic.

### What are some specific types of posterior uveitis?

#### There are many types of posterior uveitis and the approach to treatment of different types of uveitis is often identical. Two of the better-known types of posterior uveitis are Birdshot chorioretinopathy and Punctate Inner Choroidopathy.

#### Birdshot chorioretinopathy

Birdshot chorioretinopathy (often shortened to birdshot uveitis) is a rare type of chronic posterior uveitis affecting both eyes. It’s thought to be an autoimmune condition which affects the eyes only.

Birdshot uveitis often starts with floaters and/or blurred vision. As these symptoms can also be a sign of many other conditions, birdshot uveitis can be difficult to diagnose initially. The onset of the condition is often gradual and in the early stages, you may continue to see well. As the condition develops, you may also have problems with seeing in the dark and colour vision, flashing lights, patchiness or gaps in your vision and blurred vision.

How birdshot uveitis affects sight in the long term can vary. If you have a milder form of birdshot, your sight can remain good with little or no treatment. However, more severe cases can be difficult to treat and flare ups may cause macular oedema, a swelling in the central part of the retina (the macula). Macular oedema can cause blurriness, distortion, or a missing patch in your central vision.

The Birdshot Uveitis Society (BUS) can offer more information about this specific type of uveitis and can also provide support to those affected. Details of BUS can be found at the end of this factsheet.

#### Punctate inner choroidopathy

Punctate inner choroidopathy (PIC) is a rare form of posterior uveitis which is more common in young women who are short-sighted. Why people develop PIC is not fully understood, but there is evidence that it may be an autoimmune condition.

PIC causes small patches of inflammation in the retina and choroid. Symptoms can include blurred vision in one or both eyes, flashing lights and small ‘blind spots’ in the central vision. Often, the inflammation in PIC can resolve on its own and it does not always require treatment. However, treatment is given if there are many active or central areas of inflammation.

Sometimes new abnormal blood vessels grow through the inflamed spots in the choroid (choroidal neovascularisation). These new vessels are weak and leak which causes swelling and bleeding in the retina; this can lead to scarring and sudden central sight loss. In cases of choroidal neovascularisation, treatment is given to control the inflammation, as well as treating any new blood vessel growth as quickly as possible. Further information on neovascularisation can be found below, ‘What are the complications of uveitis?’

### What are the treatments for intermediate and posterior uveitis?

Treatment for uveitis can differ from person to person quite considerably and will also depend on the cause of your uveitis.

#### Corticosteroid medication

Apart from certain types of uveitis caused by infection, the key to treating uveitis is to use medications that reduce inflammation and control the immune system. Corticosteroids – often referred to as ‘steroids’ for short - work by reducing the activity of your immune system so that it no longer releases the chemicals which cause inflammation.

#### Corticosteroid injections or implants

Injections are used for intermediate or posterior uveitis to deliver the steroid to the parts of the eye that are inflamed. Injections can be given around the eye or into the eye. Steroids can be injected into the eye either as a liquid or as a small implant to treat non-infectious uveitis. Injections and implants are often used if only one eye requires treatment but can be given to both eyes.

An injection given to your eye may be a scary thought, but most people experience only mild discomfort because local anaesthetic eye drops are used to numb the eye beforehand.

An implant, smaller than a grain of rice, can be injected inside your eye. The steroid medication in it is released slowly from the implant. The effect can last between three and six months or up to three years, depending on the type of implant.

#### Corticosteroid oral medicine

Oral (tablet) corticosteroids are another way of treating intermediate or posterior uveitis. They may also be used to treat an underlying inflammatory condition elsewhere in your body.

How long you’ll need to take oral corticosteroids will depend on how well your uveitis responds to treatment and whether you have an underlying inflammatory condition. Some people may only need a three to six week course, while others need to have a course lasting months or possibly years.

Oral corticosteroids work well in relieving inflammation but can cause side effects. These can include weight gain, mood changes (feeling irritable or anxious), osteoporosis (fragile bones), stomach ulcers or diabetes. Most of these side effects will be monitored, using blood or urine tests, measuring blood pressure and weight, etc, but if you are concerned about any side effects, you should ask your GP. You may require additional medications to prevent stomach ulcers or osteoporosis.

Although steroids can cause side effects, the threat to sight in the long term is worse if uveitis is not treated properly. Your ophthalmologist will usually start with a higher dose and once the inflammation is controlled, bring the dose down to a level with fewer side effects but enough to keep the inflammation settled. If it is not possible to control the inflammation at this reduced steroid dose, then you will need the addition of another medication known as an ‘immunosuppressant’.

It’s important you do not stop taking your medication suddenly, because this can lead to the inflammation flaring up again. If your ophthalmologist decides you no longer need treatment, they’ll reduce the dose of your steroid medication gradually.

#### Immunosuppressants

Immunosuppressants can help reduce inflammation by suppressing some of the activity of your immune system. They are important for people who need long-term medication to control their uveitis, since it would not be safe to take high-dose steroids long-term. In some types of uveitis connected with another condition in your body (called a systemic condition), the systemic condition needs to be treated with this medication as much as the eyes do.

Taking immunosuppressant drugs will make you more vulnerable to infections, so you should avoid close contact with anyone who has a known infection. You should also report any symptom of a potential infection, such as high temperature or cough, to your doctor. If you attend any health centre, either as an emergency or for a routine procedure or operation, you should tell the doctors or nurses looking after you that you are taking immunosuppressants.

#### Uveitis caused by infection

If your uveitis is caused by an infection, the infection will need to be treated with antiviral or antibiotic medication, although steroid treatment may be used to help control excessive inflammation.

#### Anti-TNF drugs

Anti-TNF drugs belong to a group of medications called biologics. Biological therapy treatments involve the use of drugs that alter a biological process occurring in your body.

TNF (tumour necrosis factor) is a protein produced in the body that causes inflammation. Anti-TNF drugs block the action of TNF and so can reduce this inflammation.

Anti-TNF medication may be given to people where treatments with corticosteroids or immunosuppressants have not worked or if they are causing health problems and the uveitis is causing worsening of vision. Anti-TNF drugs used for uveitis sometimes come as an injection you give yourself under the skin (subcutaneous), usually in your tummy or thigh, or they may be given by a longer injection (intravenous infusion) in a hospital clinic. You may need to have these injections at set intervals (dependent on the anti-TNF drug used) for up to two years, but your specialist will advise you about this. Once on anti-TNF treatment, you will be regularly monitored by your specialist at least every three months.

Biologics are also used for the treatment of other inflammatory conditions, including rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, ulcerative colitis or Crohn’s disease.

## What is panuveitis?

Panuveitis is inflammation of all parts of the uvea of the eye, which includes the iris, ciliary body, and choroid. The condition can also affect the lens, retina, optic nerve, and vitreous, causing reduced vision or sight loss.

### What are the symptoms of panuveitis?

The symptoms of panuveitis are like those of intermediate and posterior uveitis. Symptoms can include blurring or reduction in your vision, light sensitivity (photophobia), eye pain and redness, or floaters in your vision. Sometimes, panuveitis shows up suddenly and acutely; other times it can be less obvious and chronic. Examination by an ophthalmologist is necessary to get an accurate diagnosis.

### What is the treatment for panuveitis?

As panuveitis affects all parts of the uvea of the eye, the treatment is the same as that for intermediate and posterior uveitis.

The treatment for panuveitis varies depending on its cause and severity. The standard treatment is corticosteroid eye drops, with oral steroid added depending on how severe the panuveitis is. Both are started at a high dose and then gradually reduced. A gradual reduction in steroid medication is vital to prevent the panuveitis from immediately flaring up again.

If the underlying cause of the panuveitis is an autoimmune condition, then immunosuppressants or anti-TNF drugs that alter the immune system response are used to help prevent new episodes of panuveitis from occurring. If an infection is the cause of panuveitis, an antibiotic is used with a steroid.

## What happens in the long term with intermediate uveitis, posterior uveitis and panuveitis?

The way in which your sight may be affected in the long term by intermediate uveitis, posterior uveitis or panuveitis may be due to the direct effects of the uveitis or its complications.

Uveitis affecting the back of your eye tends to heal more slowly so treatment may continue for a longer period. How your sight will be affected in the short and long term varies so much among individuals. The length of time it takes for your eyes to respond to treatment and how long a flare-up lasts also varies from person to person.

If you have chronic or recurrent uveitis you will usually be under the long-term care of an ophthalmologist and will have regular check-ups in the outpatient clinic.

Certain types of uveitis are uncommon and require specialist care. You may be referred by your local ophthalmologist to a specialist eye department and need to travel further for your appointments. This is necessary for you to have specialist care and treatment. However, once the uveitis is controlled you may be able to be referred back to your local eye department.

## What are the complications of uveitis?

Uveitis needs to be treated promptly to try to reduce the risk of further problems that might affect your sight. Good control of inflammation can be achieved in most people, and this reduces the risk of developing complications. The treatments that are used for uveitis can have side effects, and may need monitoring, but controlling the uveitis properly with treatments will give a better outcome for your sight than under-treating and allowing the uveitis to continue.

Some of the complications of uveitis include:

### Raised eye pressure

Untreated anterior uveitis can slow down the drainage of fluid within the eye, causing the pressure in the eye to rise. If not detected, monitored, or treated, this raised pressure causes damage to your optic nerve (made up of nerve cells carrying light signals to the brain), resulting in glaucoma. Your ophthalmologist will check your eye pressure when you attend the eye clinic.

Untreated anterior uveitis can also cause parts of the iris to stick to the front surface of the lens, known as posterior synechiae. If this progresses to involve the whole iris, it prevents fluid draining through the pupil and increases your eye pressure. This can cause your vision to be misty and halos to appear around lights.

Cycloplegic or mydriatic eye drops which cause the pupils to dilate may be given to people with anterior uveitis to help to prevent synechiae.

Using steroids can also cause an increase in eye pressure for some people. At least five percent of the population are steroid eye pressure responders meaning that their eye pressure goes up when steroids are used. Your ophthalmologist will determine whether you fall into this group and may prescribe eye drops to lower your eye pressure.

You can find more information about glaucoma on our website or by calling our Helpline.

### Macular oedema

Macular oedema can affect some people with uveitis. Prolonged inflammation can result in a build-up of fluid inside the central part of the retina called the macula. This can cause difficulty in recognising faces, reading and watching television. Straight lines may appear wavy or distorted. Detecting movement in your side vision is not affected with macula oedema so getting around is generally not a problem.

Macular oedema can be treated using corticosteroid injections or tablets. In most cases, vision can improve with treatment, particularly if it’s treated early. However, this isn’t always the case in severe or prolonged cases of macular oedema, and it’s one of the main causes of sight loss in people with uveitis affecting the back of the eye.

### Cataract

The inflammation inside the eye can sometimes cause cloudiness of the lens. This cloudiness is called a cataract and can cause symptoms such as blurred or misty vision, colours appearing dull, or problems seeing clearly at night.

Cataracts can also be caused by long term steroid treatment (over years), but this has much less of an effect on sight than under-treating the uveitis would.

Cataract is treated with surgery to remove the cloudy lens in your eye and replace it with a clear artificial lens. It is important that the uveitis is settled before having cataract surgery.

You can find more information about cataract on our website or by calling our Helpline.

### Floaters

Floaters are seen as black dots, shapes or wispy lines floating across your vision as a result of clumps of cells in the vitreous. General haziness can occur if there is active inflammation and inflammatory cells in the vitreous or anterior chamber. Light sensitivity can make bright light uncomfortable. Using sunglasses, tinted lenses and sunshields can help to reduce the discomfort and glare you may experience in everyday living.

### New blood vessel growth (neovascularisation)

New blood vessel growth in the choroid and retina can be seen in some forms of posterior uveitis but this isn’t a common complication.

Choroidal neovascularisation (CNV) occurs where abnormal blood vessels grow through from the choroid into the retina, through an area of weakness. This is very similar to what happens in older people (where it is known as ‘wet’ macular degeneration) but occurs in some forms of posterior uveitis where inflammation has broken down the protective barrier between the choroid and retina. PIC is one form of uveitis where this is a common problem.

Anti-VEGF treatments are a group of medicines which prevent this choroidal neovascularisation. Anti-VEGF stands for 'anti vascular endothelial growth factor'. Vascular endothelial growth factor (VEGF) is a protein produced by cells which stimulates the growth of new blood vessels in that area. Anti-VEGF drugs work by blocking the action of these proteins, helping to reduce new blood vessel growth. Anti-VEGF treatment is in the form of an injection into the vitreous gel of the eye, known as an intravitreal injection.

Less commonly, new vessels may arise on the surface of the retina due to lack of oxygen. This may occur where the uveitis has caused inflammation of the normal retinal blood vessels (retinal vasculitis) or even a full blockage of a vessel (retinal vascular occlusion). These new blood vessels are weak and leak which can lead to oedema (swelling) and bleeding of the retina, which may affect sight. Various forms of treatment including laser may be necessary for this.

You can find more information about anti-VEGF treatment on our website or by calling our Helpline.

### Retinal detachment

In posterior uveitis, the inflammation can cause fluid to collect under your retina so that it comes away or is detached from the back of the eye. Alternatively, the inflammation can cause pulling on the retina or a hole to develop in the retina leading to retinal detachment. This is uncommon and tends to occur in specific types of posterior uveitis, including certain infections.

Retinal detachment can cause you to experience flashing lights in your vision, or a shadow in the corner of your vision which does not go away and may progress to come across your vision.

It’s important to seek attention that day if you suspect you’re having a retinal detachment because if it is left untreated, it can cause permanent loss of sight.

You can find more information about retinal detachment on our website or by calling our Helpline.

The different types of uveitis can have many different complications but not everyone experiences complications. Every person’s experience of uveitis is different, so it is not possible for even the most experienced ophthalmologist to predict outcomes. How long your uveitis will last and how your sight may be affected in the longer term cannot be known. The most important thing is that your uveitis is diagnosed, and treatment begins as soon as possible.

## Coping

It’s completely natural to be upset when you have been diagnosed with uveitis and it’s normal to find yourself worrying about the future and how you will manage with a change in your vision.

It can sometimes be helpful to talk over some of these feelings with someone outside your circle of friends or family. At RNIB, we can help with our telephone Helpline and our Counselling and Wellbeing Team. You may also find your GP or social worker can help you find a counsellor if you feel this might help you.

Your eye clinic may also have an ECLO (Eye Care Liaison Officer) who can be on hand to provide you with further practical and emotional support about your eye condition.

## Can I get help to see things better?

If your uveitis has caused reduced vision, then there is much that can be done to help you make the most of your remaining vision and adapt to any changes.

This may mean making things bigger, using brighter lighting or using colour to make things easier to see. We have a series of leaflets with helpful information on living with sight loss, including how to make the most of your sight. You can find out more about our range of titles by calling our Helpline.

You should ask your ophthalmologist, optometrist or GP about low vision aids and having a low vision assessment. During this assessment you’ll be able to discuss the use of magnifiers and aids to see things more clearly.

Local social services should also be able to offer you information on staying safe in your home and getting out and about safely. They should also be able to offer you some practical mobility training to give you more confidence when you are out.

Our Helpline can also give you information about the low vision services available, support with education and employment, and our website offers lots of practical information about adapting to changes in your vision and products that make everyday tasks easier.

## Sources of support

### RNIB Helpline

If you need someone who understands sight loss, call our Helpline on **0303 123 9999**, say "**Alexa, call RNIB Helpline**" to an Alexa-enabled device, or email **helpline@rnib.org.uk**. Our opening hours are weekdays from 8am – 8pm and Saturdays from 9am – 1pm

You can also get in touch by post or by visiting our website:

**RNIB**

Grimaldi Building

154a Pentonville Rd

London N1 9JE

**rnib.org.uk**

### Sight Advice FAQ

Ask the Sight Advice FAQ website your questions about sight loss and get helpful answers: **sightadvicefaq.org.uk.**

### Connect with others

You can meet or connect with others who are blind or partially sighted online, by phone or in your community to share interests, experiences and support for each other. From book clubs and social groups to sport and volunteering, our friendly, helpful and knowledgeable team can link you up with opportunities to suit you. Visit **rnib.org.uk/connect** or call our Helpline.

### Other useful organisations

**Olivia’s Vision**

Olivia’s Vision can provide information, advice and support to anyone affected by uveitis including uveitis in childhood. They can also help you connect with others in the same position.

Email: **info@oliviasvision.org**

Web: **oliviasvision.org**

**Uveitis Information Group**

Uveitis information group have detailed information about uveitis on their website.

Email: **info@uveitis.net**

Web site: **uveitis.net**

**Birdshot Uveitis Society**

The Birdshot Uveitis Society is a charity providing support and information for people with a type of uveitis called birdshot chorioretinopathy.

PO Box 64996

London

SW20 2BL

Email: **info@birdshot.org.uk**

## We value your feedback

You can help us improve our information by letting us know what you think about it. Is this factsheet useful, easy to read and detailed enough – or could we improve it? We would also like your views on the pictures and diagrams, are they appropriate, helpful and are there places where a diagram might have helped?

Send your comments to us by emailing us at **eyehealth@rnib.org.uk** or by writing to the Eye Health Information Service, RNIB, Grimaldi Building,154a Pentonville Road, London N1 9JE.

## Information sources

This factsheet has been written by the RNIB Eye Health Information service. Our factsheets have been produced with the assistance of patient and carer input and up-to-date reliable sources of evidence. The accuracy of medical information has been checked by medical specialists. If you would like a list of references for any of our factsheets, please contact us at **eyehealth@rnib.org.uk**

Our factsheets are available in a range of formats including print, audio and braille.

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**Last updated: April 2023**

**Next review: April 2026**

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