This material will help you understand narrow angles and how they are treated.

What are narrow angles?
Narrow angle is a term used to describe the shape of the drainage angle of the eye. Narrow angles are more common in people who are farsighted. This is because farsighted people have shorter eyes than those who are nearsighted or than those who do not need glasses at all.

A shorter eye can mean that there is less room in the front of the eye to house both the lens and iris. (The iris is the colored part of the eye.) This can make things crowded pushing the iris towards the cornea. (The cornea is the clear front part of the eye). The drain of the eye lies between the cornea and the iris. When the iris gets pushed forward, it can crowd the drain. This puts you at risk for angle closure glaucoma.

What is angle-closure glaucoma?
Angle closure glaucoma occurs when the drain of the eye becomes blocked, causing pressure to rise inside the eye. The iris gets pushed forward inside the eye, closing off the drainage angle completely. If this happens quickly, it is called acute angle-closure glaucoma. If an eye doctor does not treat acute angle-closure glaucoma quickly, you can lose vision.

When the drainage angle of the eye is blocked slowly, the pressure builds up over a longer period. This is called chronic angle-closure glaucoma. If an eye doctor does not treat chronic angle-closure glaucoma, you can also lose vision. Having narrow angles puts you at risk for developing both kinds of angle-closure glaucoma.
Do I have symptoms of narrow angles?

You would not have any symptoms from narrow angles unless you developed an attack of acute angle-closure glaucoma. Acute angle-closure glaucoma can give you sudden vision loss, with or without these symptoms:

- Severe brow ache around your eye
- Nausea
- Vomiting

If you have any of these symptoms, you need to call your eye doctor immediately. If you call the clinic after clinic hours, you will be told how to get in touch with the eye doctor on call. There is an eye doctor on call every day of the year. Your eye doctor may even ask you to meet him/her in the Emergency Room, as your eye pressure may be dangerously high.

How are narrow angles treated?

Not all narrow angles need treatment. Sometimes, your eye doctor does not feel you are risk for an acute angle closure attack. S/he will just continue to monitor your eye.

Other times, your angles are narrow enough that you are at high risk of developing an acute angle closure attack. In these cases, your eye doctor will recommend a laser treatment called a laser peripheral iridotomy.

This laser creates an escape valve inside your eye to prevent an acute angle closure attack. If fluid builds inside the eye, there is a way for the fluid to exit without causing your eye pressure to rise to an unsafe level.

The laser makes a little hole in the iris. This is like what you would do if a house were flooding from the basement. You would punch a hole through an
upstairs window to let the water escape. Once you have had the laser hole, or laser peripheral iridotomy, you will not have an acute attack as you already have an escape valve in case your iris ever tries to close off your drain completely.

If your eye doctor has recommended laser treatment, it is important to avoid things that would dilate your pupil before you have your treatment. When your pupil is dilated, the iris tissue bunches up inside the drain even more. This can cause an acute attack.

Over the counter cold medicines and some medicines for motion sickness can dilate the pupil. You should not take these unless you have already had the laser treatment. You should read all new over the counter and prescription medication labels carefully. If it says that you should not take it if you have glaucoma, do not take it. (The kind of glaucoma they are warning about is the kind for which you are at risk.)
For more information, scan this code with your smartphone or visit the website listed.

http://www.geteyesmart.org/eyesmart/ask/questions/preventative-iridectomy-for-glaucoma-narrow-angles.cfm

Disclaimer: This document contains information and/or instructional materials developed by the University of Michigan Health System (UMHS) for the typical patient with your condition. It may include links to online content that was not created by UMHS and for which UMHS does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Author: Shayla Wilson, MPH candidate
Reviewers: Gale Oren, MILS and Paula Anne Newman-Casey, MD, MS

Patient Education by University of Michigan Health System is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License. Last Revised 11/2014