Glaucoma: Condition that damages optic nerve
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ABOUT THE STUDY
Glaucoma is one all told the leading causes of blindness for people over the age of 60. It can occur at any age but is more common in older adults. Glaucoma may well be a significant, lifelong disease which is able to lead to vision loss if not controlled. For several people, glaucoma doesn't must cause blindness. That's because glaucoma is controllable with modern treatment, and there are many choices to help keep glaucoma from further damaging your eyes. Treatment cannot reverse damage that has already occurred, but it can prevent further vision loss. Glaucoma is a watch fixed disease that occurred, but it's always possible to prevent further damage.

Types include:
- Normal tension glaucoma
- Acute (angle closure) glaucoma
- Secondary glaucoma

Normal tension glaucoma
This is a form of open angle glaucoma not related to atmospheric state. People with normal tension glaucoma is additionally unusually sensitive to normal levels of pressure. Reduced blood supply to the second cranial nerve may play employment in normal tension glaucoma.

Acute (angle closure) glaucoma
Those of Asian and Native American descent are at higher risk for this sort of glaucoma. It occurs when the system of the eye becomes blocked. It causes a sudden rise in pressure, requiring immediate, emergency medical care. The signs are usually serious and can include blurred vision, severe headaches, eye pain, nausea, vomiting or seeing rainbow-like halos around lights. Occasionally, the condition is additionally without symptoms; similar to open angle.

Secondary glaucoma
Secondary glaucoma is that the results of another condition or disease, like inflammation, trauma, or tumor. Learn more about uveitis, an inflammation which is able to cause secondary glaucoma.

The most common surgical approach currently used for the treatment of glaucoma is trabeculectomy, during which the sclera is punctured to alleviate pressure.

Non Penetrating Deep Sclerectomy (NPDS) surgery is also an analogous, but modified, procedure, during which instead of puncturing the scleral bed and trabecular meshwork under a scleral flap, a second deep scleral flap is formed, excised, with further procedures of deroofing the channel, upon which, percolation of liquid from the inner eye is achieved and thus alleviating pressure, without penetrating the eye. NPDS is demonstrated to possess significantly fewer side effects than trabeculectomy.