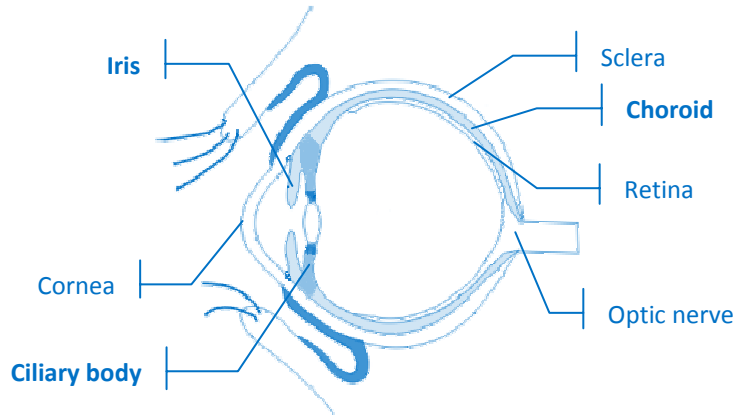


What is uveitis?

If we think of the eye as a hollow, fluid-filled, 3-layered ball, then the outer layer is the sclera (a tough coat), the innermost is the retina (the thin light-gathering layer), and the middle layer is the **uvea**.

The uvea is made up of the **iris**, the **ciliary body** and the **choroid** (see diagram). When any part of the uvea becomes inflamed it is called **uveitis**.



A big problem, for patients and doctors alike, is that there are **many** different types of uveitis. This is because:

1. The uvea is made up of different parts. If the iris is affected, the condition and its treatment could be totally different to that if the blood vessels in the choroid part of the uvea are affected.
2. The inflammation in the uvea very often affects other parts of the eye (such as the retina) so a variety of other problems can be present to complicate the picture.
3. There are a large number of medical conditions where uveitis is a feature among the other symptoms of the disease (eg Behcet's syndrome, sarcoidosis, toxoplasmosis).
4. There are many different causes of uveitis.

All this means that we will hear many different names and descriptions: **intraocular inflammation** is commonly used to describe the various types, so don't worry if you cannot find a single, simple name to describe your condition.

Tests and examinations

If it is suspected that you have uveitis, you can expect to be examined very thoroughly to see exactly what type you have and, importantly, to check for evidence of any other underlying conditions (unless another condition is already known of). This may involve a variety of tests (such as blood tests, x-rays of your back, other scans), all of which are straightforward and painless but can take some time.

Your eyes will be thoroughly examined, which will usually involve the use of eye-drops to **dilate** your pupils (make them larger) so that the doctor can see into your eye more easily. The doctor will then look into your eyes using a variety of optical instruments, all of which will just be like looking into a bright light.

You may also have a **fluorescein angiogram**, which involves a small amount of yellow dye being injected into your bloodstream (usually in your arm), while photographs are taken of your eyes using a special camera. This procedure is painless and involves looking at bright lights and flashes.

The drops used to dilate your pupils will affect your eyesight for a short time after the procedure. For this reason, you will not be able to drive or read for a couple of hours after your appointment.

Sight tests

An important part of the examination will be the simple and familiar sight tests to measure your **visual acuity**, using a sight chart just like those used by your optician.

Normal eyesight is **6/6**: this means that the 2nd smallest row of letters can be seen six metres away. **6/60** means that you can only see the top letter from three metres. Your near vision is measured by how small a print you can read. These are numbered (normal eyesight being **N5**, newspaper print normally being **N8**). When you are at the clinic, it may be useful to ask for your measurements, and keep them safe: they will be useful when consulting others about your condition, or if you need to contact the RNIB for help with low vision aids.

CAUSES OF UVEITIS: As suggested above, there are a large number of possible causes of uveitis. It may result from an **infection** such as a virus (eg herpes) or a fungus (eg histoplasmosis). It may also be due to a **parasite** such as toxoplasmosis. It may be related to **autoimmune disease** (with or without involvement of other systemic disease). **Trauma** to the eye, or even the other eye in the past, can lead to uveitis. In many cases, the cause remains unknown.



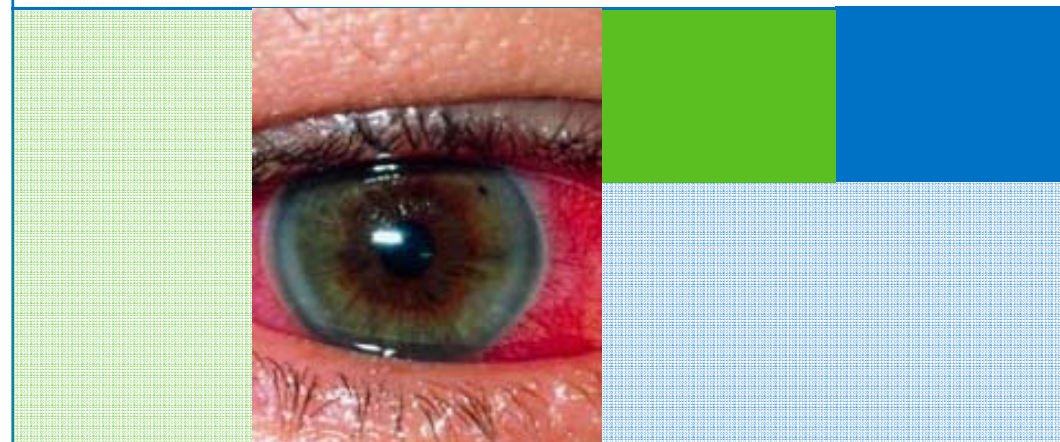
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Ophthalmology

Uveitis



Information for patients

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