# 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 and so uveitis may not be detected 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, which 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 attend for regular eye examination 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 at an early stage and investigated further by their optometrist, who will refer to an ophthalmologist if deemed 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 [www.oliviasvision.org](http://www.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 which produces the aqueous fluid inside the eye
* Choroid – a layer of pigmented tissue and blood vessels which supply your retina. Your retina can also be affected in uveitis.

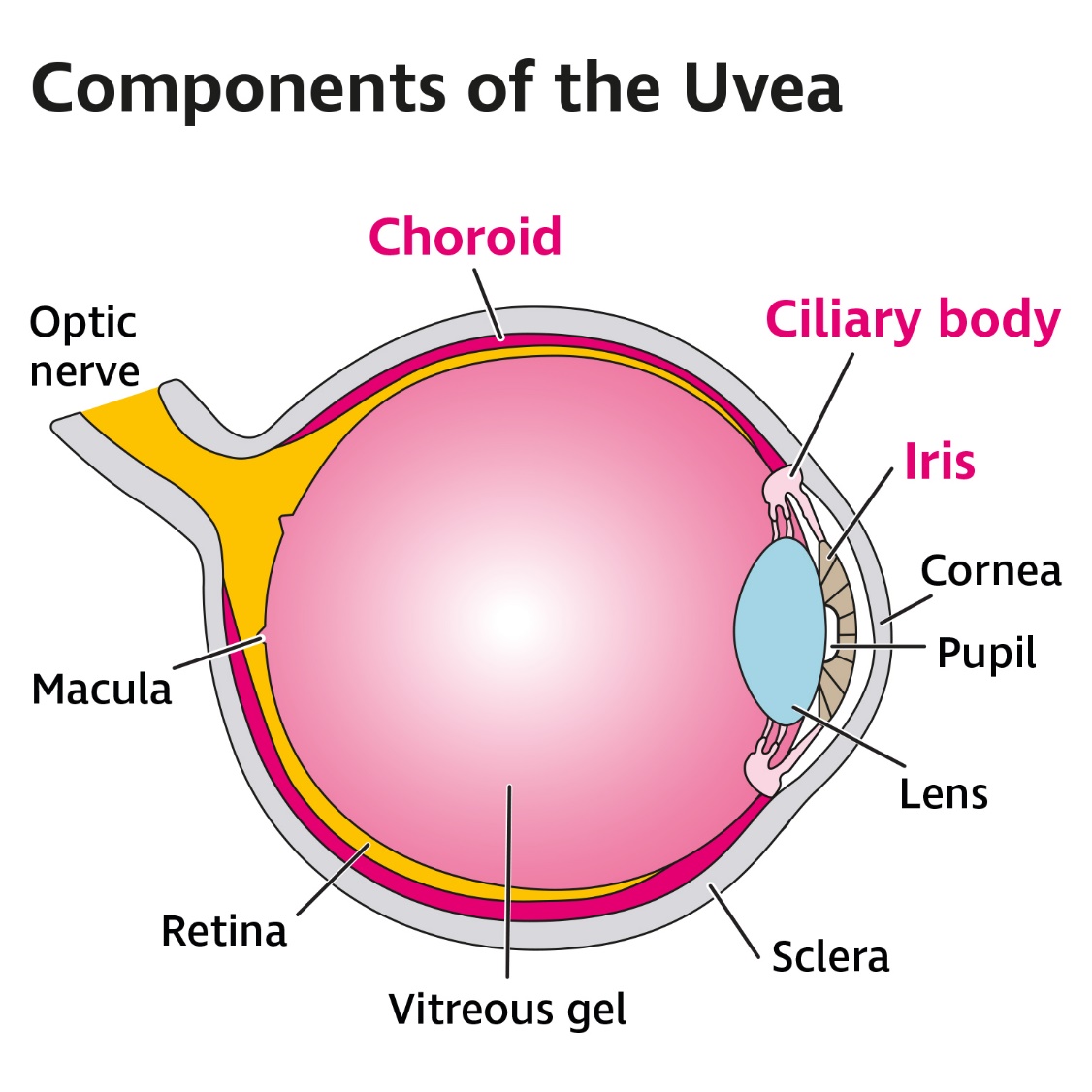


Diagram of cross section of eye (labels choroid, ciliary body, iris, cornea, pupil, lens, sclera, vitreous gel, retina, macula, optic nerve)

## 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 your uveitis starts suddenly but improves within 3 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 also comes back within 3 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 may 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

People with one of these conditions have an increased chance of developing anterior uveitis, but it does not mean that you definitely will go on to develop uveitis.

People with other inflammatory conditions such as sarcoidosis, multiple sclerosis or Behҫet’s disease are also more prone to 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?

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.

### How is anterior uveitis diagnosed?

Anterior uveitis is usually 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 anterior uveitis a course of eye drops is all the treatment needed to clear up the inflammation.

#### Steroid eye drops

Corticosteroid eye drops 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 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 eye drops until your ophthalmologist tells you that it is safe to do so, even if your symptoms disappear, as stopping your treatment too soon can cause the inflammation to return.

Using steroid eye drops in the short term doesn’t 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 usually 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 periods of time can also lead to clouding of the lens (cataract), particularly in children. If your uveitis is treated for a number of months, then your ophthalmologist will monitor your eye for these 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 some 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 these 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 doesn’t 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 ever 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.

## What is intermediate and posterior uveitis?

Intermediate uveitis is when the area behind your ciliary body is affected, with most of the inflammation being seen in the vitreous gel, the jelly-like substance that fills your eye. Types of intermediate uveitis include vitritis - inflammation of the vitreous gel, and pars planitis - inflammation of the narrowed area (pars plana) between the iris and the choroid. Intermediate uveitis is most commonly seen in young adults.

Intermediate uveitis can be associated with sarcoidosis or multiple sclerosis.

Posterior uveitis affects the choroid (choroiditis) or retina (retinitis) or both. It can also affect the retinal blood vessels (vasculitis), or 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 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). It usually affects both of your eyes. Your vision may gradually feel more blurry and occasionally you may be sensitive to light. Some people with intermediate uveitis may also get anterior uveitis.

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 don’t usually cause any eye pain or redness. Both these types of uveitis are more chronic than anterior uveitis, lasting months or years, with a tendency to flare up at times. 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.

### 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 or an X-ray of your chest.

Although these extra tests may not seem connected to your eye problem, 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 more specialist eye tests you may have can include:

* Fluorescein angiography. This is a way of looking at the circulation of your retinal blood vessels and 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 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?

#### Birdshot chorioretinopathy

Birdshot chorioretinopathy (often shortened to birdshot uveitis) is a rare type of chronic posterior uveitis affecting both eyes, which can last a long time and the inflammation can often flare up and down. It’s thought to be an autoimmune condition which affects the eyes only.

Birdshot uveitis often starts with floaters (black dots, shapes or wispy lines) and/or blurred vision. As these symptoms can also be a sign of a number of other conditions, birdshot uveitis can difficult to diagnose initially. The onset of the condition is usually 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 at night and colour vision, sensitivity to bright lights, flashing lights and distortions in your in vision.

How birdshot uveitis affects sight in the long term can be very varied. People with milder forms of birdshot can often maintain good sight 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 some 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 doesn’t 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 and can lead to scarring and sudden sight loss centrally. In cases of choroidal neovascularisation, treatment is aimed at controlling the inflammation, as well as treating any new blood vessel growth as quickly as possible (see ‘What are the complications of uveitis?’ below).

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

Treatment for uveitis can differ from person to person quite considerably and will also take into account the cause of your uveitis.

#### Steroid medication

Apart from certain types of uveitis caused by infection, steroid medication (corticosteroids) is the mainstay of treating uveitis. Corticosteroids work by reducing the activity of your immune system so that it no longer releases the chemicals which cause inflammation.

#### 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 3-6 months or up to 3 years, depending on the type of implant.

#### Oral medicine

Oral (tablet) corticosteroids are another way of treating intermediate or posterior uveitis and are preferred in certain conditions or situations, such as if you have another 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 autoimmune 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.

It’s important to 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 medication gradually.

#### Immunosuppressants

Immunosuppressant medication may be recommended if uveitis doesn’t respond to other treatments or to allow the dose of steroids to be reduced if they are causing you significant side effects. 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.

#### Treating infection

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

#### Surgery

In rare cases, surgery may be needed to treat uveitis. However, this is usually only used if you have repeated or severe uveitis that affects the back of your eye.

An operation called a vitrectomy to remove the vitreous (jelly that fills the eye) may be used. This jelly will be removed and temporarily replaced during the operation with either a bubble of gas or a liquid substitute. Eventually, your eye will naturally replace the vitreous with a slightly different clear fluid called aqueous humour.

If your uveitis isn’t responding to treatment or your ophthalmologist suspects that there is something else affecting or causing the uveitis, they may want to get a sample of the vitreous to test for infection or tumours.

#### Anti-TNF drugs

Anti-TNF drugs belong to a group of medications called biologics.

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.

Treatment with anti-TNF medication may be given to people where treatments with corticosteroids or immunosuppressants haven’t 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, usually in your tummy or thigh, or they may be given by a longer injection (infusion) in a hospital clinic.

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 information under ‘What are the symptoms of intermediate and posterior uveitis?’ also applies to panuveitis. Common symptoms of panuveitis include blurring or reduction in vision, light sensitivity (photophobia), eye pain and redness, or floaters in the 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 information under ‘What are the treatments for intermediate and posterior uveitis?’ also applies to panuveitis.

The treatment for panuveitis varies depending on its cause and severity. The standard treatment is steroid 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 and 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 of time. 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 eye(s) 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 therefore 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 generally 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 (‘steroid 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 www.rnib.org.uk/eyehealth or by calling our Helpline 0303 123 9999

### Macular oedema

Macular oedema can affect some people with chronic uveitis or uveitis that affects the back of the eye.

Prolonged inflammation can result in a build up of fluid inside the central part of the retina (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.

### 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 lens in your eye and replace it with an artificial one. It is important that the uveitis is settled before the cataract surgery is done.

You can find more information about cataract on our website www.rnib.org.uk/eyehealth or by calling our Helpline 0303 123 9999

### 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 retina and choroid can be seen in some forms of posterior uveitis but this isn’t a very common complication. Blood vessels allow oxygen to reach your retina. When the retina is inflamed the retinal blood vessels can become damaged and blocked, causing a reduced blood supply and less oxygen to the retina. The body tries to fix the lack of oxygen by growing new blood vessels. Unfortunately, these new blood vessels are weak and leak which can lead to swelling and bleeding of the retina, causing further damage to the retina and to sight.

Anti-VEGF treatments are a group of medicines which reduce new blood vessel growth (neovascularisation) or oedema (swelling) under the macular area of the retina. They aren’t used to treat the actual inflammation in uveitis but can be used to treat some of the complications of some forms of posterior uveitis such as PIC.

Anti-VEGF stands for 'anti vascular endothelial growth factor'. Vascular endothelial growth factor (VEGF) is a protein produced by cells when there is not enough oxygen or blood flow to an area. It promotes leakiness of blood vessels and can stimulate 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 or swelling in the macula.

Anti-VEGF treatment is in the form of an injection into the vitreous (clear gel) of the eye, known as an intravitreal injection.

You can find more information about anti-VEGF treatment on our website www.rnib.org.uk/eyehealth or by calling our Helpline 0303 123 9999

### 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 www.rnib.org.uk/eyehealth or by calling our Helpline 0303 123 9999

The different types of uveitis have many different complications but that is not to say that you will definitely experience such complication(s). 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 can’t 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 Clinic 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?

In whatever way the uveitis has affected your sight, there are lots of things you can do to make the most of your vision.

If uveitis has affected your sight then ask your ophthalmologist, optometrist or GP about low vision aids, like a magnifier, and ask for a referral to your local low vision service. You should also ask whether you are eligible to register as sight impaired (partially sighted) or severely sight impaired (blind). Registration can act as your passport to expert help and sometimes to financial concessions. Even if you aren’t registered a lot of this support is still available to you.

Further information can be found in our Making the Most of Your Sight booklet available free through our online shop on our website www.rnib.org.uk/eyehealth or by calling our Helpline 0303 123 9999.

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, education and work support and our website offers lots of practical information about adapting to changes in your vision and products that make everyday tasks easier.

## What support is available?

Whether you have just been diagnosed with uveitis or have been living with it for a while, at RNIB, we are here to help and support you at every step.

**Royal National Institute of Blind People (RNIB)**

105 Judd Street

London

WC1H 9NE

The RNIB Helpline is your direct line to the support, advice and products you need. We'll help you to find out what's available in your area and beyond, both from RNIB and other organisations.

Whether you want to know more about your eye condition, buy a product from our shop, join our library, find out about possible benefit entitlements, be put in touch with a trained counsellor, or make a general enquiry, we're only a call away.

It’s also a way for you to join RNIB Connect, our community for anyone affected by sight loss. RNIB Connect is free to join and you’ll have the chance to meet other people with similar experiences in our helpful, welcoming and supportive community.

**RNIB Helpline**  
Tel: 0303 123 9999  
Email: [helpline@rnib.org.uk](mailto:helpline@rnib.org.uk)

We’re ready to answer your call Monday to Friday 8am to 8pm and Saturday 9am to 1pm.

### Other useful organisations

**Uveitis Information Group**

Email: [info@uveitis.net](mailto:info@uveitis.net)

Web site: [www.uveitis.net](http://www.uveitis.net)

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

**Olivia’s Vision**

Email: contact@oliviasvision.org

Web: [www.oliviasvision.org](http://www.oliviasvision.org)

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.

**Birdshot Uveitis Society**

PO Box 64996

London

SW20 2BL

Email: [info@birdshot.org.uk](mailto:info@birdshot.org.uk)

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

## 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?

Send your comments to us by emailing us at [eyehealth@rnib.org.uk](mailto:eyehealth@rnib.org.uk) or by writing to the Eye Health Information Service, RNIB, 105 Judd Street, London, WC1H 9NE.

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

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

**Last updated: September 2020**

**Next review: September 2023**