



**University Hospitals Birmingham**  
NHS Foundation Trust



## **Uveitis**

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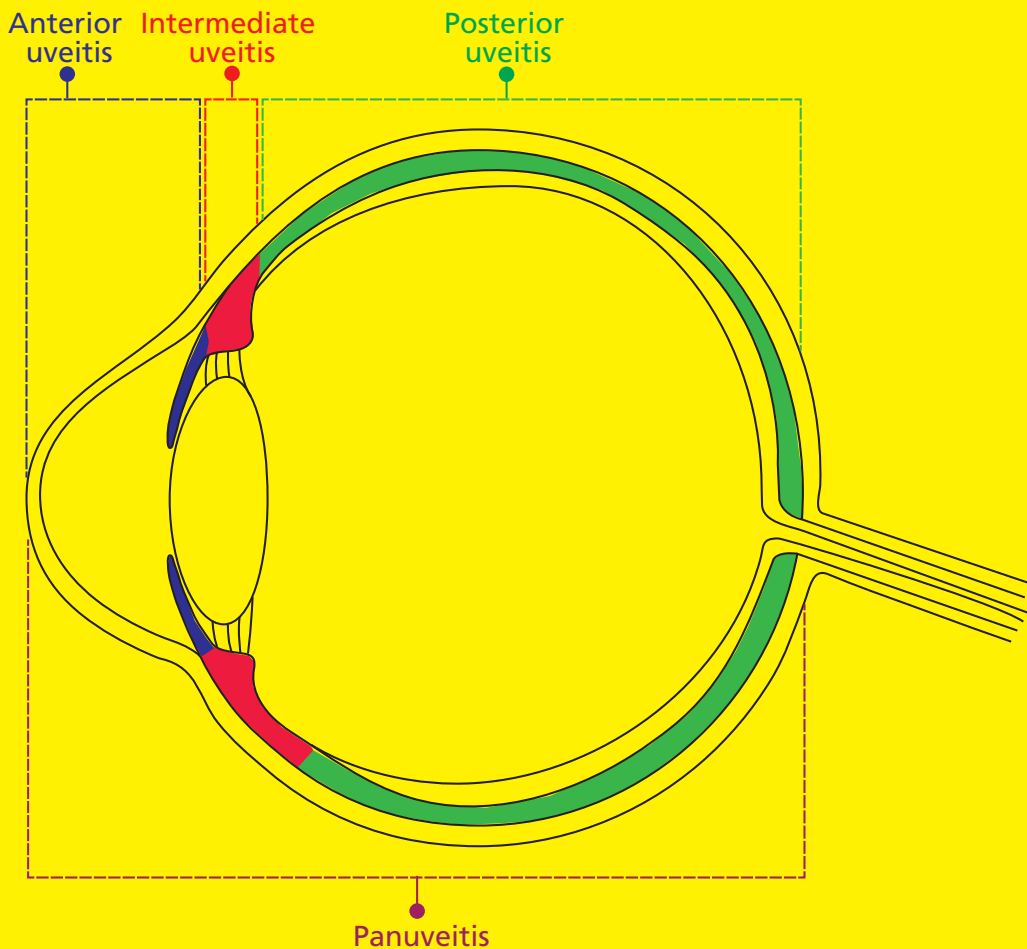
## What is uveitis?

Uveitis is a term used to describe inflammation in the middle part of the eye, known as the uvea. The word 'uveitis' comes from two parts: 'uvea', which is the middle layer of the eye, and 'itis', which means inflammation. Think of the eye as having three layers, like the layers of an onion, and the uvea is the middle layer. Uveitis happens when this layer gets inflamed.

## Types of uveitis

Depending on where the inflammation is, uveitis can be classified as:

- **Anterior uveitis:** inflammation at the front of the eye. This is the most common type of uveitis
- **Intermediate uveitis:** inflammation in the middle part of the eye
- **Posterior uveitis:** inflammation at the back of the eye
- **Panuveitis:** inflammation affecting the entire uvea



**Depending on the duration of inflammation, uveitis can be:**

**Acute:** where the symptoms occur suddenly and typically last for a short period of few weeks.

**Chronic:** the inflammation persists for more than three months and can return after treatment has stopped. The symptoms may develop gradually or there may be flare ups over time.

Both types of uveitis require treatment. However, chronic uveitis may require more long-term management due to its recurring nature.

## **What causes uveitis?**

Uveitis can have many causes such as autoimmune disorders, infections or injury but in most cases, it is often unknown.

Uveitis occurs when the body's immune system gets confused. Normally, the immune system helps protect the body by fighting off harmful invaders, but sometimes it mistakenly attacks healthy tissue instead. In the case of uveitis, this malfunction causes the immune system to attack the uvea. Sometimes, autoimmune or systemic conditions in the body can trigger uveitis.

Infections caused by bacteria, viruses, fungi, or parasites can lead to uveitis.

Rarely, an underlying injury or growth in your eye can cause uveitis.

## **What are the symptoms?**

The symptoms of uveitis can vary depending on which part of the eye is affected, but a thorough eye examination is necessary to confirm the diagnosis.

Uveitis often affects both eyes simultaneously, though it can sometimes occur in just one eye.

## **The main symptoms include:**

### **Anterior uveitis**

- Pain
- Redness of the eye
- Blurry or cloudy vision
- A small pupil or distortion in shape of the pupil
- Increased sensitivity to light
- Headache
- Tearing

### **Intermediate uveitis**

- Floaters (tiny dots or lines that seem to float in you field of vision)
- Blurred vision

### **Posterior uveitis**

- Decreased vision
- Floaters
- Usually, painless
- Slower to develop
- Can last longer and can be more damaging to the eye with loss of sight

**Scleritis** – the outer white coat called the sclera is affected. It can affect the front or back of the eye causing:

- Redness
- Intense pain which can prevent sleep
- Can occur at the front or back of the eye

## **What tests will I need?**

Our primary goal is to identify infectious or non-infectious causes before starting treatment. This ensures we address the underlying issue appropriately and tailor the treatment to your specific needs. The tests and examinations we will conduct include:

- **Medical history:** We will take a detailed history to identify any underlying conditions, such as autoimmune diseases or infections, that may be contributing to the uveitis
- **Eye examination:** A thorough examination of your eye using a microscope, vision tests, and eye scans to assess the condition, particularly at the back of the eye
- **Blood tests:** Since uveitis can be caused by infection, we may perform blood tests to check for infections like tuberculosis (TB), HIV, syphilis, toxoplasmosis, herpes simplex, herpes zoster (shingles) and Lyme disease which can sometimes trigger uveitis. We will perform blood tests to look for autoimmune causes and other conditions linked

to uveitis such as sarcoidosis, Behcet's disease, inflammatory bowel disease (IBD), Lupus, Tubulo-interstitial nephritis (TINU) and inflammatory arthritis

- **Chest X-ray:** A chest X-ray will be done to rule out sarcoidosis, a condition that causes lung inflammation and can be linked to uveitis as well as to detect tuberculosis (TB) in the lungs

It is also helpful to have a clear chest X-ray before taking high dose steroids.

## **How is uveitis managed?**

The primary goal of treating uveitis is to control the inflammation, as it cannot be permanently cured. The treatment approach depends on the underlying cause, as well as the location and severity of the condition. If your uveitis is linked to an autoimmune condition in the body, where the immune system mistakenly attacks healthy tissues, we will work together with specialists such as rheumatologists or gastroenterologists to manage your overall health. If an infection is the cause, we will focus on eliminating that infection. Identifying the exact type of infection is important because using steroids when you have an active infection can make the condition worse.

Once infections are ruled out or treated, the initial treatment usually involves steroids to reduce the inflammation. A steroid called prednisolone is used to treat uveitis. Depending on the severity and location of uveitis, the treatment can be in the form of eye drops, tablets or injections around the tissues of the eye or into the eye.

Steroid drops must be used exactly as prescribed, and it is important not to stop them suddenly. Abruptly discontinuing steroids can lead to a condition known as 'rebound inflammation', where the inflammation returns even more severely. The duration of steroid treatment varies depending on how your body responds, but once the condition is under control, the dose will be slowly reduced over several weeks before being stopped.

Steroid tablets are prescribed when the inflammation is moderate to severe and extends beyond the front of the eye and cannot be treated with eye drops alone. It is given when inflammation is in both eyes. It is also given when the inflammation is related to another condition in the body.

Patients are generally started on a high dose and reduced over a period of time. Long term use of steroids can have side effects and affect your



bone density, blood sugar and blood pressure. It is important to take the steroids as prescribed and not to stop the treatment suddenly as this can make you seriously unwell.

Steroid injections to the eye are effective against certain types of inflammation. Injections can reduce inflammation quickly and improve vision. These injections are typically given every six months, depending on your specific condition. They are performed under local anaesthetic for comfort. Injections can reduce inflammation for a longer period of time, reducing the need for long-term use of steroid eye drops. Possible complications of injections are developing cataracts and increased eye pressure. However, you will be regularly monitored for these effects which can be treated.

In cases where steroid eye drops and local injections are not sufficient, stronger forms of steroids may be required to rapidly control severe inflammation and protect vision. This includes administering a steroid called methylprednisolone by intravenous infusions (administered through a vein). You will be monitored for complications such as blood pressure abnormalities, high blood sugar levels and infection.

To help manage pain caused by uveitis, you may be prescribed cyclopentolate eye drops. These drops work by relaxing the iris muscles in your eye that are affected by the inflammation, which helps to ease the discomfort. Your pupil will remain dilated whilst on this treatment.

For patients whose uveitis is recurrent or cannot be controlled with steroids alone or is autoimmune, long-term immunomodulatory medications may be needed. These include drugs such as mycophenolate mofetil, methotrexate, azathioprine and tacrolimus which work by calming the immune system and preventing it from attacking the tissues in your eye. However, because these medications weaken the immune system, they may increase your risk of infections. When you are taking these medications, you will be monitored by regular clinic appointments and blood tests.

In instances where uveitis cannot be controlled by conventional immunomodulatory treatment including steroids, drugs called biologics are used. Biologics are more targeted and will be individualised depending on the type of uveitis. You will be closely monitored for any side effects arising from use of these drugs. The common biologics used are Adalimumab, Infliximab and Rituximab.

## What are the possible complications of uveitis?

Most cases of inflammation in front of the eye will resolve quickly with treatment. However, uveitis can lead to several complications depending of which part of the eye is affected. This risk is higher when the inflammation is in the middle or back of the eye.

- **Cataract:** Long-term inflammation and steroid use can cause clouding of the lens behind the pupil leading to blurry vision
- **Glaucoma:** Chronic inflammation and steroids can increase eye pressure, damaging the nerve at the back of the eye and affecting your visual field
- **Posterior synechiae:** Chronic inflammation can cause the iris (the coloured part of your eye) to stick to the lens, which in turn can cause high pressure
- **Macular oedema:** Inflammation can cause fluid leakage from blood vessels in the retina (the back of the eye), leading to swelling and visual loss
- **Retinal detachment:** Inflammation at the back of the eye can cause the light sensitive tissue at the back of the eye to detach from its supporting structures causing loss of vision

## Advice and recommendations

Pay attention to any changes in your vision, pain or discomfort. If you notice your symptoms getting worse or any side effects of medications, contact the Uveitis Team using the details given at the end of this information leaflet or your local eye casualty.

Ensure that you attend your regular eye appointments as they are important to monitor the condition and prevent complications. If you are unable to attend your appointment, please contact the appointments team to rearrange it.

Always take your medications as directed, including steroid eye drops. Any sudden adjustments or stopping your medication can result in flare-ups and worsen your condition.

Please inform the Uveitis Team of any changes in your medications or general health.

Protect your eyes from smoke, dust, bright lights, and other irritants that could trigger inflammation. Wear sunglasses when outside to reduce glare and protect your eyes. Avoid activities that cause eye strain such as excessive screen time and reading in dim light.

If you drive and your vision is blurry, please inform us so we can advise you on whether it is safe to drive.

If you're on medications that affect your immune system, take precautions to avoid infections, including washing hands frequently and avoiding contact with sick individuals.

Maintaining a healthy lifestyle with a balance diet and regular exercise may help manage inflammation in your body.

### **Available support and resources**

[www.nhs.uk/conditions/uveitis/](http://www.nhs.uk/conditions/uveitis/)

[www.rnib.org.uk/your-eyes/eye-conditions-az/uveitis/](http://www.rnib.org.uk/your-eyes/eye-conditions-az/uveitis/)

[www.patient.info/eye-care/eye-problems/uveitis](http://www.patient.info/eye-care/eye-problems/uveitis)

[www.uveitis.org/patients/education/patient-guides/](http://www.uveitis.org/patients/education/patient-guides/)

[www.rnib.org.uk/sightline-directory/organisations/queen-elizabeth-hospital-birmingham-eclo-service-c616b0ec-4bec-4784-a65a-74898751d700/](http://www.rnib.org.uk/sightline-directory/organisations/queen-elizabeth-hospital-birmingham-eclo-service-c616b0ec-4bec-4784-a65a-74898751d700/)

### **Department contact information:**

weekdays excluding bank holidays

### **Uveitis email address:**

[uveitis@uhb.nhs.uk](mailto:uveitis@uhb.nhs.uk) (08:00 –17:00)

### **Jacqui Orpe, secretary:**

0121 371 6905 (Monday, Tuesday, Friday)

**Carolyn Rivera, Specialist Nurse:** 07823 827040  
(08:00–17:00, Monday, Tuesday, Wednesday, Thursday)

**Hermey Skew, Specialist Nurse:** 07388 711893  
(08:00–17:00, Tuesday, Wednesday, Thursday, Friday)

**Main ophthalmology outpatient clinic:**

0121 371 6476, 0121 371 6477  
(08:00–18:00, Monday to Friday)

**Appointments Team:** 0121 371 6925, 0121 371 6787  
(08:00–16:00, Monday to Friday)

**Hospital Pharmacy:**

0121 371 5479, 0121 371 5480

**Homecare Pharmacy (deliveries):** 0121 371 3933

**Out-of-hours:** we do not provide an out-of-hours service

**In cases of emergency such as:**

- Sudden drop in vision
- Sudden appearance of or increase in floaters (dots floating across your field of vision)
- Flashing lights
- Redness in the eye with severe pain and sensitivity to light
- Appearance of a shadow or curtain across your vision with a drop in vision

## **Please contact or visit your local eye casualty.**

For you are a Birmingham resident, your local eye casualty is BMEC (Birmingham Midland Eye Centre). Please note that the average wait time can range from two to six hours.

### **Address:**

City Hospital  
Dudley Rd  
Birmingham  
B18 7QH

### **Opening hours:**

08:30–19:00, Monday to Friday  
09:00–19:00, Saturday  
09:00–18:00, Sunday

**Phone number:** 0121 507 6779

## How did we do? 😊 😐 😞

If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. **Thank you.**  
**[www.uhb.nhs.uk/fft](http://www.uhb.nhs.uk/fft)**



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