

Patient Information

Iritis

Introduction

This leaflet gives you information about the management and treatment of iritis.

What is iritis?

Iritis is an inflammation of the iris or coloured part of the eye. It is sometimes called 'anterior uveitis' when the inflammation is mainly in the front part of the eye, affecting the iris and ciliary body. Similar inflammation can affect the back of the eye and in some cases both front and back.

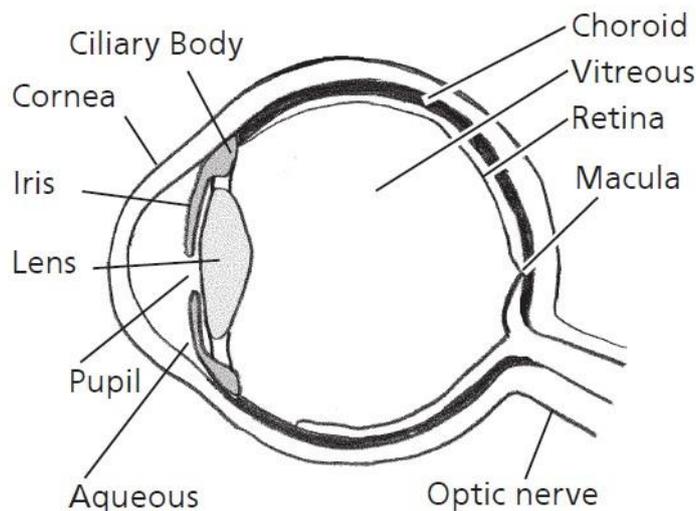


Figure 1: Parts of the eye

What causes iritis?

In most cases of iritis, we never discover a cause, and we do not understand why it happens. In some people, it is linked with inflammation elsewhere in the body such as the lower back in ankylosing spondylitis or the chest in sarcoidosis. It can happen with infection inside the eye or after operations such as cataract surgery.

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What are the symptoms?

Symptoms depend on how bad the iritis is, but include:

- Sensitivity to light (photophobia)
- Aching or pain in the eye
- Aching in the bones around the eye
- A red eye
- Blurred vision
- A small or odd shaped pupil

Iritis can develop in one, or both eyes. It can happen once, or may recur several times. Sometimes it does not clear completely and becomes a chronic (ongoing) condition.

Attacks of iritis can happen following stressful or emotional times.

Will I have any tests?

The clinic doctor will order any tests if needed. Tests are requested when iritis comes back or when the inflammation includes the back of the eye. You may have blood tests, chest and lower back X-rays.

Treatment

Dilation (enlargement) of the pupil

You may be given eye drops that make the pupil larger; this is to help stop the pupil sticking to the lens in your eye. If this happens it can interfere with the circulation of the fluid inside the eye and cause a painful rise in eye pressure. The drops will rest the eye by stopping the muscles going into spasm and causing pain.

Dilating drops will blur your vision and make reading difficult.

Steroid drops settle the inflammation in the eye. How often the steroid drops are used depends on the severity of the iritis. As the iritis improves, you will be asked to reduce the number of times you use the drops. **Do not stop** the drops without talking to your eye doctor or triage nurse.

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Some people can develop a rise in eye pressure while using steroid eye drops. If you develop increasing eye pain, a feeling of pressure in the eye, nausea or vomiting, you should telephone the Eye Triage Line on 300 422 3578 for advice. You may require an urgent eye examination and further treatment.

It is important to keep all follow-up appointments. The only way of knowing the eye is better is by the doctor looking at your eye using a slit lamp in clinic.

If drops are not working, you may need an injection around the eye or to take tablets.

Complications

These are rare. Usually, an attack of iritis settles over 6 to 8 weeks and the eyesight returns to normal when the eye drops are stopped. Before discharge it is important that you have an eye examination to rule out any complications requiring further monitoring or treatment such as:

- Raised eye pressure or glaucoma
- Cataract
- Swelling at the macula (part of the retina)

If you have another attack

Contact the Eye Triage Line and ask to be seen in the next eye casualty clinic. Do not go to your GP as this will delay treatment.

If you have had iritis many times you may have been given a prescription/supply of eye drops for future attacks. If you are sure that you have iritis, start your usual dilating and steroid drops. You will still need to ring the Eye Triage Line to arrange a casualty appointment to check that your eye is getting better.

Contact information

Eye Triage Line

Tel: 0300 422 3578

Monday to Friday, 8:30am to 5:30pm

Outside of these hours your call will be transferred to the Gloucestershire Hospitals switchboard. Please ask to speak to the on-call eye doctor.

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