

# Uveitis of the eye in children and young people

## Paediatric Ophthalmology

Information for Patients

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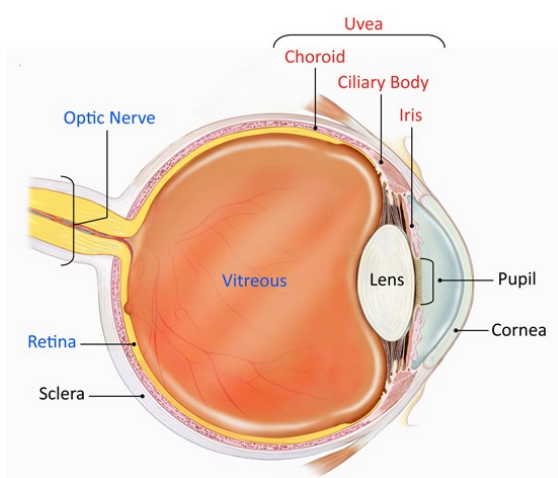
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## What is the uvea and uveitis?

The eye is shaped like a ball. It has 3 layers.

- The outer or white layer is called the **sclera**.
- The inner layer is called the **retina**. It changes the light that enters the eye into signals that go to the brain via the optic nerve.
- The middle layer is called the **uvea**. It includes the coloured part of the eye. The front (or anterior) part is known as the iris. The back (or posterior) part of the uvea is called the choroid. The part of the uvea next to the lens is called the ciliary body.

**Uveitis** (say it like: you-vee-itis) is when the uvea, the iris, the ciliary body and the choroid become swollen and inflamed.



Courtesy: National Eye Institute, National Institutes of Health (NEI/NIH)

Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## Types of uveitis

Uveitis can be split into 4 types. It depends on where the inflammation is:

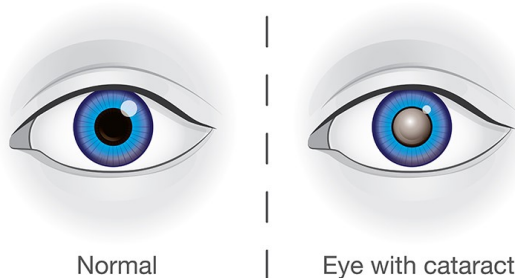
- **Anterior (also called iritis):** It affects the front part of the eye. The most common form. It is mostly linked with Juvenile Idiopathic Arthritis (JIA)
- **Intermediate:** It affects the middle section of the eye
- **Posterior:** It affects the back of the eye
- **Panuveitis:** It affects all parts of the eye

## Why is it important?

The uvea helps nourish the eye. If it gets inflamed, it can damage the other parts of the eye and can stop them from working properly.

This inflammation can also damage other parts of the eye. It can make the lens cloudy (cataract). It can raise the pressure in the eye (glaucoma). Some patients can have distortion of their pupil or have fluid trapped at the back of the eye. It can reduce vision if left untreated.

Uveitis can affect either one or both eyes at any time.



Distorted pupil (posterior synechiae)

## Why does it happen?

Uveitis can be caused by infections, eye injuries, kidney disease or joint problems like arthritis. In children, Juvenile Idiopathic Arthritis (JIA) is the most often condition linked with uveitis.

Sometimes no clear cause can be found. This makes it hard to know how long it will last. Most children need regular check-ups and treatment. These could last for months or even years.

## What are the symptoms?

**Young children:** They may not complain of pain or even reduced vision. The eye can look normal until the disease has become severe. It is important to have regular check-ups.

**Older children and teenagers:** They might have blurry vision, be sensitive to light and have a red eye for a few days or weeks but the eyes are not usually sticky.

Symptoms to be aware of:

- Red eyes
- Blurry vision
- Sensitivity to light

Please note: many children with uveitis have no symptoms.

## How is it treated?

Treatment depends on the cause and on how bad it is. Treatment may need a mix of eye drops, tablets and/or injections.

Eye drops are used to make the pupil larger (dilate) and help stop the pupil changing shape. Steroid eye drops and tablets treat the inflammation.

If these do not work, then we use injections of drugs such as methotrexate or biological agents, or tablets such as mycophenolate.

Young children need both general and eye doctors (paediatricians and ophthalmologist) to work together to monitor the medication, health and growth during treatment.

## How often do patients come for follow-up appointments?

This depends on how bad the uveitis is, and how quickly it gets better. Usually, patients visit every 2 months but it can range from weekly to just 4 times a year.

Children with JIA and some other conditions will have eye screening for uveitis for as long as the British Society for Paediatric and Adolescent Rheumatology (BSPAR) and Royal College of Ophthalmology (RCO) recommends.

## What happens at a visit to the eye clinic?

At the eye clinic:

- the orthoptist checks vision and the eye pressure using a tool called an iCare tonometer.
- eye doctors will look at the eyes for signs of inflammation.
- We take pictures and measurements of the retina (OCT) to track progress.
- Children under 5 years of age have measurements taken using a hand held portable OCT in the paediatric eye department. Older children go to the eye photography department.
- All children will have their eyes checked using a microscope called a slit lamp (either handheld or table mounted).

Young people (adolescents) from 14 to 16 years of age will start to meet the adolescent uveitis ophthalmology team, to prepare to move to adult care if needed. If uveitis carries on into adulthood they will move to the adult clinic between 16 and 18.



Vision Assessment



iCare Tonometer



Table mounted slit lamp



Handheld slit lamp

## What happens at a visit to the Paediatric Rheumatology department?

Children with uveitis will have regular checks with the paediatric rheumatology team to look for general health problems, such as arthritis and any other causes for uveitis.

Tests may include blood and pee (urine) tests, as well as X-rays.

The paediatric rheumatology team also helps manage children with serious uveitis that need special medicines like methotrexate, mycophenolate, steroids and biological therapy.

## Where can I get more information?

If you have any questions or worries, please feel free to ask any member of the uveitis team caring for your child.

The uveitis team also do audit and research. They look at the results of check ups and treatment of patients in Leicester's hospitals. They will be happy to answer queries. There are also chances for patients and their families to be enrolled on to National Research Trials that look into the causes and treatments for uveitis.

We also welcome feedback from patients, parents and carers and conduct surveys. The results of should be available in the department.

**There are also websites for more information:**

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

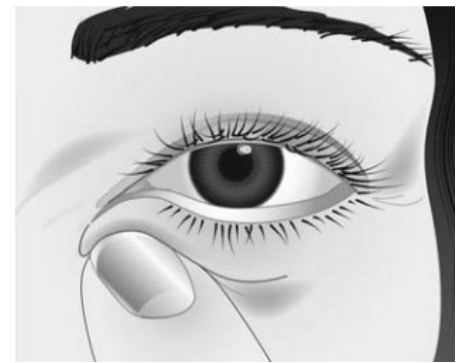
[www.uveitis.net](http://www.uveitis.net)

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

The logo for Olivia's Vision features a stylized eye icon in blue and pink, followed by the text "Olivia's Vision" in a blue, sans-serif font.

## How to put in eye drops

1. Wash your hands.
2. Check the expiry date of the drops before putting them in. Do not use them if they are out of date. Call the department for advice.
3. If it helps ask another adult to help.
4. Have your child lie down and look up to the ceiling. Hold the eye drops in your main hand. Use the other hand to gently pull down the lower eyelid to form a pocket (as shown in the picture). Encourage your child to look up to the ceiling.
5. Squeeze drop into this pocket. Make sure that the tip does not touch the surface of the eye. It may cause injury.
6. Press gently on the inner corner of the eyes after giving the drop, as shown in the picture. This stops the drops from draining away too soon.
7. Gently wipe your child's face.



## Contact details

### Ophthalmology Team:

For information regarding appointments please call:  
0116 258 5277 or 0116 258 5900

To contact Eye Casualty please call: 0116 258 6273.

**If your child is having urgent eye symptoms please go to Eye Casualty, Windsor Eye Clinic, Windsor Building, Level 1, Leicester Royal Infirmary.**

### Eye Casualty's opening hours:

Monday to Friday - 8.30am to 4.30pm

Saturday, Sunday and Bank Holidays - 8.30am to 12.30pm



## Rheumatology Team:

For any questions about your child's treatment or rheumatology condition please email: [paedrheumadvice@uhl-tr.nhs.uk](mailto:paedrheumadvice@uhl-tr.nhs.uk)

**If your child is very unwell please contact your GP, NHS 111 or go to your local Emergency Department.**

After these conversations or treatment advice whilst your child is unwell, please contact 0781 547 7674 (please do not text this number as it may not be responded to).

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)

