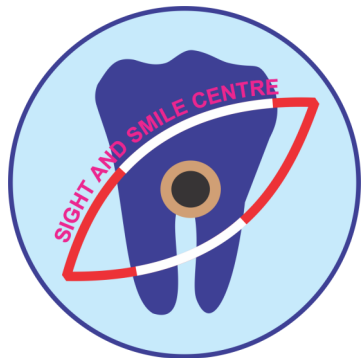


About Sight and Smile Centre

Sight and Smile Centre is a state-of-the-art eye and dental care facility established in 2008 in the heart of the Indian capital, New Delhi with the aim of providing world-class healthcare services at affordable costs to all sections of society. Located in Central Delhi, 100 metres from the Patel Nagar Metro station (on the blue line of the Delhi Metro transit system), the facility is also easily approachable by road. Vehicle parking facility is available. Spread over an area of 7200 sq ft, the centre is fully air-conditioned and has an elevator facility for patient convenience. It complies with all fire safety regulations. The comforting ambience, the warm atmosphere and cleanliness make it stand apart. Medical records of patients are maintained for future reference. The facility prides itself in having a fully-equipped ultra-modern eye operation theatre, which is one of the largest in the city. The centre is registered with the Directorate of Health, Govt. of NCT of Delhi and functions from 9 am to 9 pm (Monday - Saturday). Emergency services can be availed round-the-clock. Dr. Pankaj Malik heads the eye department while Dr. Jyoti Malik heads the dental department. It is our constant endeavour to provide such preventive and restorative services to patients that they have the best of sight and smile.



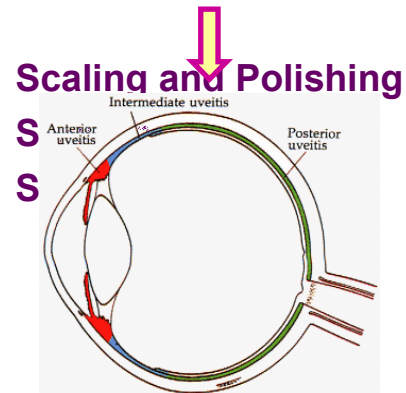
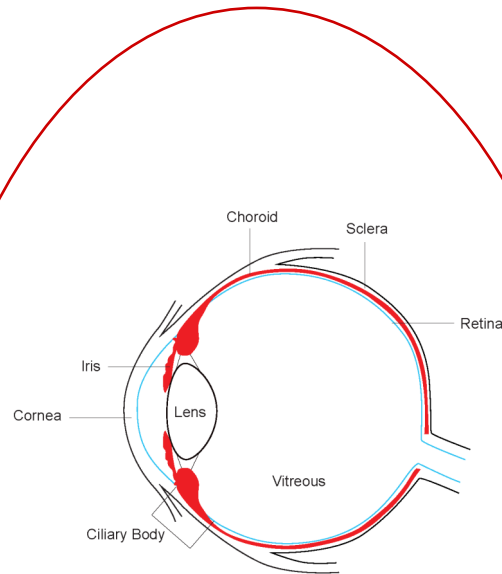
Website: www.sightandsmilecentre.com

Address: 3/29, West Patel Nagar, New Delhi-110008
Tel: 011-25882945

24 hours helpline: 0-85-0605-0705
E-mail: info@sightandsmilecentre.com

UVEITIS

A not-to-be-ignored eye inflammation!



Patient Information Brochure *Not valid for legal purposes

What is uveitis?

The iris, the ciliary body and the choroid form the uvea of the eye. **Uveitis is inflammation of any part of the uvea.**

Why is the uvea so important to the eye?

The uvea is the vascular layer of the eye and provides nourishment to the eye. Being richly vascular, the uvea is especially vulnerable to get affected by diseases originating elsewhere in the body.

Causes of uveitis

Majority of cases of uveitis are idiopathic (in which the cause cannot be identified despite thorough investigations).

Other causes are broadly categorized into autoimmune disorders, systemic diseases, infections, eye trauma etc.

Classification of uveitis

- ♦ **Based on the location of inflammation in the eye:** *anterior uveitis* (involving the front compartment of the eye), *intermediate uveitis* (middle compartment), *posterior uveitis* (rear compartment) and *panuveitis* (multiple compartments).
- ♦ **Based on time course:** *acute* (inflammation occurring for a limited time), *chronic* (long-term inflammation with incomplete resolution) and *recurrent* (multiple acute episodes with resolution in between episodes).

Symptoms of uveitis

- Redness of the eye.
- Eye pain.
- Watery.
- Blurred vision.
- Extreme light sensitivity (photophobia).

Anterior uveitis

- Floaters.
- Flashes of light.
- Blurred vision.

Intermediate and posterior uveitis

Diagnosis of uveitis

A thorough eye examination, including a dilated retina examination is done to assess the type of uveitis.

To ascertain the cause of uveitis, a variety of tests like routine blood tests, skin test (Mantoux test), serological tests, HLA typing, X-Rays and CT scans may be recommended.

Treatment options in uveitis

Treatment of uveitis may require a multi-speciality approach involving rheumatologists and medical specialists in cases where eye involvement is only a part of a broad systemic disease. Wherever the cause of uveitis can be established, specific therapy is initiated to eradicate the cause.

- ♦ **Eye drops:** Eye drops are the mainstay of ocular treatment and include steroids and pupil dilators.
Steroids - Steroid eye drops reduce pain and inflammation in the eye. They are given more frequently in the initial phase of treatment to reduce inflammation quickly and are gradually tapered off later.
Pupil dilators - Pupil dilators widen the pupil and relax the intraocular muscles.
- ♦ **Peri-ocular injections:** Peri-ocular injections of depot steroids are indicated mainly in intermediate and posterior uveitis. Depot preparations deliver maximum dose to the eye and only miniscule amounts, if any, reach the systemic circulation.
- ♦ **Oral and intravenous steroids.**
- ♦ **Immunosuppressants:** Immunosuppressants may be needed in cases of severe uveitis, steroid intolerance or in those requiring systemic steroids for prolonged periods.
- ♦ **Surgery:** Surgery may be required to address the complications of uveitis such as cataract and glaucoma.

What if a cause for uveitis cannot be found?

Although a cause for the uveitis cannot be found in most cases, treatment is well-defined and outcomes are proven.

In cases of acute uveitis, early control of inflammation prevents any visual loss. In chronic uveitis, visual loss is likely as a result of complications like cataract, glaucoma or macular edema but is reversible with treatment.