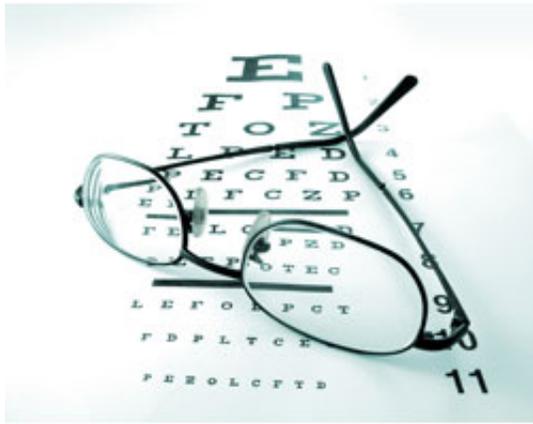


Vision—Glaucoma



A generally progressive condition that damages the optic nerve, glaucoma is one of the leading causes of vision loss among adults 60 and older. African-Americans are six to eight times more likely to develop glaucoma than Caucasians. Other high-risk groups are Asians, individuals with family history of glaucoma or who have had blunt-trauma to the eye, diabetics, and long-term steroid users. If glaucoma has occurred in one eye, it is likely to develop in the other.

In glaucoma, canals through which the fluid drains become clogged and prevent the fluid from leaving the eye, even while new fluid is being produced behind the iris. This backup of fluid increases eye pressure. When the pressure becomes higher than the optic nerve can tolerate, glaucoma occurs.

Open-Angle (chronic) Glaucoma

This is the most common type of glaucoma. In open-angle glaucoma, the blockage of fluid is gradual, over a period of months or even years. Pressure rises slowly, since the canals are only partially clogged. This type of glaucoma is painless and causes no early symptoms. Patches of vision loss that cause blind spots may occur, but slowly, over months or years. Eventually, the blind spots grow larger and merge. Peripheral (side) vision is generally lost first, occurring so slowly it often isn't noticed until the vision loss is significant. Left untreated, glaucoma will eventually spread inward until it deteriorates a person's central vision to blindness.

Closed-Angle (acute) Glaucoma

Although closed-angle is a far less common type of glaucoma, it is more damaging because of the abruptness with which it occurs. Eye pressure rises rapidly. There is often an abrupt onset of eye pain accompanied by headache, redness, blurred vision and a colored halo when looking at lights. There may be nausea and vomiting due to the increased pressure. Blindness can occur within two to three hours after symptoms begin, unless quickly treated.

Regular eye exams every one to two years are the best method of diagnosing glaucoma, as there are often no warning symptoms in the early stages. The comprehensive exam should include measuring pressure in the eye, examination of the optic nerve for damage, testing peripheral vision for blind spots, and examining drainage canals in the eye. Although glaucoma isn't curable or reversible, once diagnosed, it is possible to halt further loss of vision.

Your aviation medical examiner cannot issue a medical certificate when you initially report glaucoma; it will require an FAA decision. You will need to provide the following:

- Completed [Glaucoma Eye Evaluation Form 8500-14](#)
- Visual Fields testing that includes interpretation.

[How/Where to Submit to FAA](#)

AASI for Glaucoma or Ocular Hypertension

After initial certification by FAA staff doctors, subsequent renewals qualify for AME Assisted Special Issuance (AASI), a process that provides examiners the ability to issue an airman medical certificate to an applicant who has a medical condition that is disqualifying under 14 CFR Part 67.

The authorization letter received from FAA, granted in accordance with Part 67 ([14 CFR Part 67.401](#)), is accompanied by attachments that specify what information the treating physician(s) must provide for the renewal issuance.

Examiners may issue renewal of an airman medical certificate if the applicant provides the following:

- An [authorization](#) granted by the FAA
- A [current status report](#) performed within 90 days that must include all the required follow-up items and studies as listed in the authorization letter and that confirms absence of disease progression.
- The examiner should defer to the AMCD or Region if there is adverse change in condition.