Eyelights

November 2026



I needed to ask lots of questions

What's glaucoma surgery like?

Glaucoma research in NZ

Public health system delays

GLAUCOMA NZ
TO SAVE SIGHT

AKARANA
COMMUNITY TRUST

Thank you for being part of Glaucoma NZ



One part of my role I value most is hearing individual glaucoma stories. No two are ever the same. Some people are coming to terms with a recent diagnosis, while others have lived with glaucoma for many years and are still learning about their eye health.

Understanding your glaucoma can give you confidence to ask questions. Hearing someone else's story can reassure you that you're not alone. Learning about a treatment option might start a new conversation with your eye care professional. Sharing your own experience can also help us better understand what people living with glaucoma need.

We're very grateful to the Freemasons Foundation, whose support has helped make 13 regional patient education events possible this year, and to the ophthalmologists, optometrists and volunteers who shared their time and knowledge. We're looking forward to our next patient education event in South Auckland on 14 November.

A heartfelt thank you to our Sight Savers who donate each month, and our Glaucoma Guardians who have chosen to leave a gift to Glaucoma NZ in your Will. Your generosity means a great deal to us.

As the year comes to an end, I want to acknowledge you. Thank you for sharing your experience, attending events, learning about glaucoma and supporting this work.

We look forward to doing more for you and with you in 2027.

With warm wishes,

Pippa

Pippa Martin
General Manager

Marie's story: I needed to ask lots of questions

My glaucoma was diagnosed 5 years ago. I knew I was genetically prone to this disease because 2 of my brothers had glaucoma treatments. After the initial shock, disbelief and anger of diagnosis I decided on a campaign to find out everything about glaucoma. I delved into research and information online but also realised I needed to ask lots of questions and share concerns with others.

The Tauranga Glaucoma Support Group gave me opportunities to talk to others, watch webinars and share findings on research and new developments available. Opportunities to attend local symposium meetings broadened my knowledge and experience to learn from Ophthalmologists and Optometrists locally.



Being told I would be blind in 5 years was a scary incentive to do all I could to prevent that from happening. Glaucoma NZ were very proactive in my need for support and encouragement. I received a call from Lisa who is Glaucoma NZ's clinical educator. We spoke at length about my concerns and anxieties. She showed understanding and empathy for my situation. The Eyelights magazine has a

wealth of information about new research and treatments.

Meanwhile my personal campaign continues. I am confident from what I've learned that new breakthroughs are happening regularly and NZ has some leading specialists at the forefront.

You can see in Marie's story the many kinds of support that became part of her journey. There was her conversation with Lisa, our clinical educator. Her local glaucoma support group. Webinars and events where she could learn from ophthalmologists and optometrists. And Eyelights, where she could keep up with research and treatment developments.

These are all ways Glaucoma NZ can support you too. But you don't have to start a campaign of your own. You don't need to understand what's available or even know what kind of help to ask for.

It can be as simple as giving us a call on 0800 GLAUCOMA. Ask about SiGHTWiSE, tell us what's on your mind, and we can start there.

Pam's story: What is it really like to have glaucoma surgery?

"Having eye surgery, for anyone who hasn't had it, is seriously weird because you are awake and you do hope you never hear the 'oops' word.

"It is a challenge, but it was amazing. And it was worth it."

That's Pam's take on glaucoma surgery.

For a time, Pam's glaucoma had been stable. Then the pressure inside her eyes progressively increased and her ophthalmologist, Dr Divya Perumal, recommended a type of glaucoma surgery called PRESERFLO™.

They operated on one eye first and, after a successful result, went ahead with the second.

This surgery can be performed under local anaesthetic. Divya explains that being awake allows the surgeon to communicate with you during the operation, including asking you to look in different directions when needed.



"It is weird and people do need to recognise that it's the oddest feeling."

Would she do it again?

Pam continued to be monitored after her surgery. She was due to see Divya three months after a later follow-up consultation, but more than a year passed before she was seen again in the public system.

Divya says overdue follow-ups are a reality in the public health system. Fortunately, when Pam was eventually seen, her eye pressures were still good and her visual function was still fine.

Divya asked Pam whether she would have the operation again.

" Oh gosh yes, without any doubt. I was initially frightened by my glaucoma diagnosis and what it can do but that eased as I started to understand more about it.

"You don't think there's anything there, but when you start to recognise the problems with your peripheral vision and depth perception it could have a longstanding impact."

Pam hopes sharing her experience will

encourage other people to get tested and treated.

"I'm happy to share what I went through, to encourage other people to get tested, but also to get treated if they can."

And after these two operations, how does she feel about the treatment?

"For me, it's been a gift."

Pam's experience is her own. Glaucoma treatment is individual, and surgery may not be appropriate for everyone. Talk with your eye-care professional about the treatment options appropriate for you.

Clinical trial on preservative-free glaucoma drops

If you use glaucoma eye drops every day, you may know that treatment isn't only about lowering the pressure inside your eye. It's also about how well your eyes tolerate the drops.

For some people, side effects can make daily treatment uncomfortable. A research team led by Professor Dame Helen Danesh-Meyer is preparing for a clinical trial looking at both what people with glaucoma experience and what can be measured on the surface of the eye.

Gordon Sanderson Scholar Robin Yang spoke to Glaucoma NZ about how the trial will work and what researchers hope to learn.

Currently funded glaucoma eye drops in New Zealand contain preservatives, most commonly benzalkonium chloride (BAK), which helps prevent microbial contamination and extend their shelf life.

"BAK has been associated with damage to the ocular surface with symptoms such as dryness, burning and irritation, negatively affecting the quality of life of many glaucoma patients," Robin says.



Robin Yang

This can lead to people using their medication less consistently, which can compromise glaucoma control and increase the risk of vision loss.

Preservative-free (PF) glaucoma medications offer a potential alternative. Previous studies suggest they can provide comparable pressure-lowering effects while improving ocular surface tolerability and patient satisfaction.

However, Robin says existing evidence is limited by differences in study design, relatively small sample sizes, inconsistent reporting of ocular surface outcomes and limited assessment of objective inflammatory biomarkers.

Researchers also don't yet fully understand the relationship between patients' own experience and measurable changes to the surface of the eye.

How will the clinical trial work?

The research team aims to recruit New Zealand patients with glaucoma who have been on stable treatment for at least three months.

Participants will be randomly allocated to either preserved or preservative-free eye drops and followed over 12 weeks to see how the different measures change over time.

"The primary outcome will be changes in patient-reported ocular surface symptoms, measured using the validated 12-item Ocular Surface Disease Index (OSDI-12)," Robin explains.

The team will also measure the prevalence of dry eye disease and quantify ocular surface damage by analysing tears for inflammatory markers, visualising oil gland damage and using specialised equipment and dyes to look at the surface of the eye.

The findings may help identify meaningful differences between preserved and preservative-free medications, both in patients' experience of using their eye drops and in measurable effects on the ocular surface.

Relevance to Aotearoa, New Zealand

"In New Zealand, this study has important implications to advocating for improved access to preservative-free eyedrops," Robin says.

Providing locally relevant evidence may contribute to future decisions about the optimal form of eye-drop therapy for people with glaucoma.

This research also comes as patient and whānau voices gain a stronger place in decisions about access to medicines. According to NZ Optics, Pharmac is establishing a new Community and Patient Advisory Committee (CPAC) to give patients and whānau an earlier and stronger voice in its decision-making.

The New Zealand Association of Optometrists also told NZ Optics that preservative-free glaucoma medications are among the treatments it believes would benefit New Zealanders through improved access and funding.

What's next?

The clinical trial is planned to coincide with National Glaucoma Awareness Month in March 2027.

"Please keep an eye out for when this study becomes active and we are recruiting patients for this study," Robin says. "We would greatly appreciate your involvement."

We'll share more information as the research team moves into the next stage.

Want to read more?

Read Robin Yang's full research update at glaucoma.org.nz/GSSRobinYang

Glaucoma treatment in New Zealand: What 10 years of national data tells us

Glaucoma is a leading cause of irreversible blindness, and lowering intraocular pressure remains the only proven way to slow disease progression. Yet until now, there has been no comprehensive national analysis of how glaucoma medications are actually dispensed in New Zealand. Our study examined ten years of Ministry of Health pharmacy dispensing data, from 2012 to 2021, to better understand how glaucoma treatment has changed over time and whether access to treatment differs between population groups.

More than 3 million glaucoma prescriptions were dispensed during the study period, accounting for 27.6% of all ocular medications. The number of people receiving glaucoma medication increased from 39,725 in 2012 to 50,048 in 2021 — a 25.9% rise, which was faster than population growth over the same period. This suggests a growing burden of treated glaucoma and ocular hypertension, likely influenced in part by New Zealand's ageing population. Around three-quarters of people receiving glaucoma medications were aged 65 years or older.

The study also showed a clear shift in the medicines used to manage glaucoma. Latanoprost was the most frequently dispensed medication, accounting for about 40% of all glaucoma prescriptions, followed by timolol and bimatoprost. This reflects the modern role of prostaglandin analogues as commonly used first-line therapy, supported

by their effectiveness, safety profile and convenient once-daily dosing. Compared with older New Zealand data, this marks a move away from beta-blockers such as timolol as the dominant treatment.

One of the most important findings was the marked difference in glaucoma medication dispensing between ethnic groups. Europeans received 87% of all glaucoma prescriptions. By comparison, Māori received 1.9% and Pasifika peoples 1.4%, despite making up substantially larger proportions of the New Zealand population. These differences remained significant after adjusting for age. The study cannot determine exactly why these disparities exist, and differences in the true prevalence of glaucoma between ethnic groups may contribute. However, the size of the gap raises important questions about access to eye care, referral pathways, cost, communication, cultural barriers and other health-system factors.

There are important limitations. Pharmacy dispensing data do not include details such as glaucoma subtype, disease severity, visual field progression or whether medications were actually used. Some glaucoma medicines may also be prescribed for ocular hypertension or other indications. For this reason, the prevalence figures should be interpreted as pharmacologically treated glaucoma or ocular hypertension, rather than confirmed glaucoma prevalence.

Overall, this study provides the most comprehensive picture to date of glaucoma medication use in New Zealand. It highlights both the increasing demand for glaucoma care and the need to better understand and address inequities in access to treatment. We hope these findings help inform future research, service planning and efforts to ensure equitable glaucoma care for all New Zealanders.

Dr Jane Shi is a New Zealand ophthalmologist and researcher at Te Whatu Ora Health New Zealand and the University of Auckland. She is lead author of Glaucoma prevalence and prescribing trends in New Zealand: A 10-year study.

LOVE your eyes

Auckland South



Upcoming Patient Education Event

Join us at our **Auckland South Patient Education Event** to hear from optometrists and ophthalmologists, ask questions and connect with others living with glaucoma. You're welcome to bring a friend or family member too. Please register everyone attending in advance.

- Saturday 14 November 2026
- 10.00am – 11.30am
- AUT South Campus, Building MH Lecture Theatre
- 640 Great South Road, Manukau City Centre

Register online at glaucoma.org.nz/loveyoureyes or call 0800 452 826

Have delays affected your **glaucoma care?**

Thousands of New Zealanders are waiting longer than recommended for follow-up appointments with public ophthalmology services.

Radio New Zealand (RNZ) reported in August that, as of February 2026, Health New Zealand had 125,105 outstanding ophthalmology follow-ups. Of those, 36,306 people had been waiting 50 percent longer than their doctor recommended and 20,280 had been waiting twice as long.

Ophthalmology New Zealand chair Dr Sonya Bennett told RNZ hospital specialists were seeing people lose vision.

"We see, as hospital specialists, we see patients who haven't been seen in a timely fashion and they're losing vision, and it really concerns us."

Dr Bennett said timely follow-up was especially important for people with glaucoma and age-related macular degeneration.

"But if they're not being seen within that time frame, the risk of them having disease progression that goes on to lose vision that we can't bring back is very real."

She said ophthalmology services were facing growing demand from an ageing population. Only 80 percent of specialist positions were filled nationally, with



shortages also affecting optometrists, nurses, technicians and administrative staff within ophthalmology departments.

Health New Zealand said it was working to improve access and reduce waiting times, including recruiting for vacancies and making greater use of community-based care. This includes expanding shared care with community optometrists where clinically appropriate.

We want to hear from you

The numbers tell us how many people are waiting. They don't tell us what it's like to be the person waiting.

If your glaucoma follow-up has been delayed, we'd like to hear what happened. Did you find another way to get the care you needed, or did you simply have to wait?

Help us understand what happens when glaucoma care is delayed.

Share your experience with Glaucoma NZ by emailing **info@glaucoma.org.nz** or phoning **0800 GLAUCOMA.**



Glaucoma can run in families. So can your legacy.

2% of Kiwis have glaucoma, and your risk is 10 times higher if a close blood relative has the condition.

Leave just 2% of your estate to Glaucoma NZ and 98% to those you love, while helping protect sight for generations to come.

What nearly 200 SiGHTWiSE **calls tell us**

From understanding a diagnosis to having someone to talk to, conversations with people around the country are revealing where glaucoma support is most needed.

Nearly 200 SiGHTWiSE support calls are giving Glaucoma New Zealand an insight into the questions and concerns people are living with alongside glaucoma.

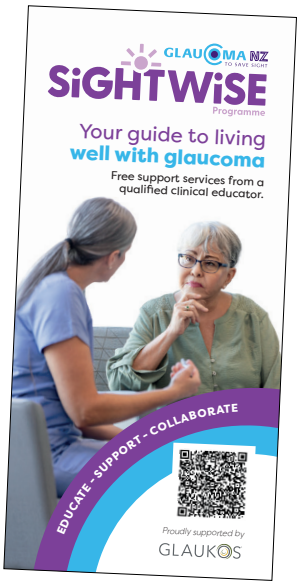
And one thing is clear: having glaucoma care doesn't necessarily mean having all the answers.

Among initial SiGHTWiSE members who have had a support call:

- 50% didn't know what type of glaucoma they had.
- 34% felt they had low or no understanding of their diagnosis.
- 81% felt some anxiety about their diagnosis.
- 27% had low or no peer support around their diagnosis.

Clinical Educator and optometrist Lisa says people generally have trust in their eye-care professionals and are engaged with their treatment and appointments. But the calls show there can still be things they don't fully understand.

Questions about treatment options such as SLT, eye-drop side effects and dry eye come up. So does the need for connection, particularly for people who don't have a support group nearby or can't easily access one.



Sometimes a conversation is enough to help.

One call has stayed with Lisa. She had been trying to reach a young patient who was very anxious about her glaucoma. Lisa initially emailed her but didn't receive a response.

When they eventually spoke, the patient admitted she'd seen the email but thought:

"What's the point in talking about it?"

They spoke for around 40–45 minutes.

There wasn't a solution at the end of the call. But the patient told Lisa that talking through her whole journey had helped.

Other SiGHTWiSE members have described their calls as "helpful", "educational" and "reassuring".

For Lisa, that's an important part of the programme.

"As an Optometrist, I find it rewarding that a phone call can reassure and bring a patient back who may have drifted away from their treatment plan and appointments, and give them the options so that they can advocate and take control of their eye health."

And perhaps one patient summed it up best:

"It's good to know that someone cares about my glaucoma."

SiGHTWiSE works alongside the care people receive from their optometrist and ophthalmologist, giving members another place to ask questions, build their understanding and find support.

Would you like a SiGHTWiSE call?

You don't need to know exactly what to ask. Visit glaucoma.org.nz/sightwise to register.

Glaucoma NZ is a registered charitable trust (No. CC21421) that receives no government funding. Education resources & support are free thanks to the generosity of Glaucoma NZ members. Donations of $5 and over are tax deductible.

Glaucoma New Zealand | Department of Ophthalmology, The University of Auckland Private Bag 92019 Auckland 1142
FREEPHONE 0800 GLAUCOMA (452 826)
info@glaucoma.org.nz www.glaucoma.org.nz