Evaluation of Efficacy of Phaco-Trabeculotomy in Management of Cases With Coexisting Cataract and Glaucoma

Ahmad K Khalil, MD, PhD

Research Institute of Ophthalmology, Cairo, Egypt

The author has no financial interest in any of the products described here

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## **Purpose**

 To evaluate the effectiveness of a combined procedure of modified trabeculotomy, phacoemulsification and intraocular lens implantation in the management of cases with coexisting cataract and late onset developmental glaucoma (LODG)

#### **Patients**

• 20 eyes (12 patients) with coexisting cataract and late-onset developmental glaucoma (Adult onset glaucoma associated with gonio-(trabeculo-dysgenesis).

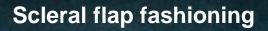
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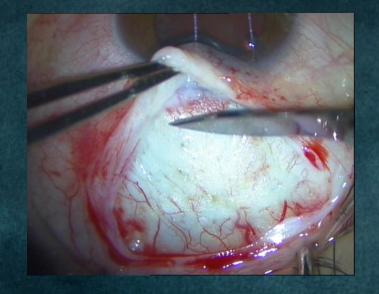
### **Methods**

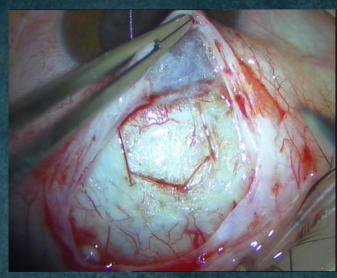
- A combined procedure of phacoemulsification, intraocular lens implantation and modified trabeculotomy was performed by 1 surgeon.
- Glaucoma surgery site was at 12 o'clock. 2 Phaco incisions were placed at 2 and 11 o'clock positions. Follow-up visits were made at 1 day, weeks 1, 2, month 1, 2, then bi-monthly till 18.

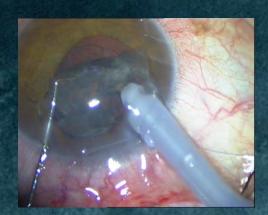
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## Limbal based conjunctival incision









Phacoemulsification

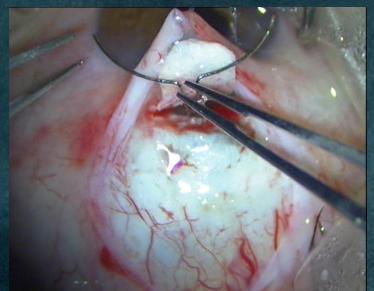


**Wound hydration** 

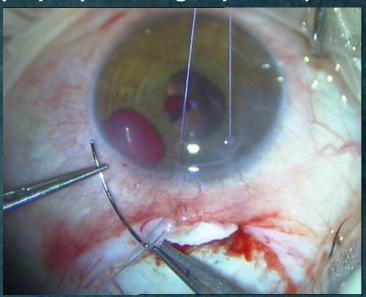


Radially incising Schlemm's Canal RIO

# Simultaneous insertion of modified trabeculotomy probes



Rotation of probes often associated with hyphema, lovely hyphema, confirming proper positioing of probes!)





flap closure



Wound re-hydration

#### Results

- All eyes showed significant IOP lowering at day 1 (12.2mmHg (SD 5.4)).
- Peri-operative complications included:
  - hyphema in 14 eyes (70%), which resolved within 1 week, and IOP spikes to
  - 21mmHg or more, at weeks 1, 2 in 8 eyes (40%).
- By month 18, 17 eyes had complete success, (IOP < 21 mmHg without medications), 3 eyes had IOP < 21 mmHg with medications.</li>
- At 18 months postsurgery, the mean number of medications had fallen from 2.45 (SD 1.2) to 0.25 (SD 0.3) (p < 0.001).</li>
- Visual acuity improved by a mean value of 1.8 lines (SD 2.0) over baseline (p = 0.016).

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## Conclusion

Modified phaco-trabeculotomy is an effective option with minimal complications for managing eyes of co-existing cataract and late onset developmental glaucoma

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