



















SUCCESS

- Proper patient selection
- Meticulous surgical technique
- Aggressive post operative management

PATIENT SELECTION understands the need for the procedure · goal of the procedure • frequent post operative visits • compliant with medical regimen • possible subsequent surgical intervention and need for eye drops Trabeculectomy

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PATIENT SELECTION • may experience a decrease in vision • long term follow-up • will patient be better managed with a different procedure • may require transfer of care



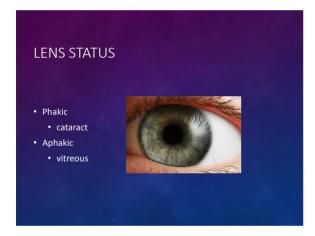












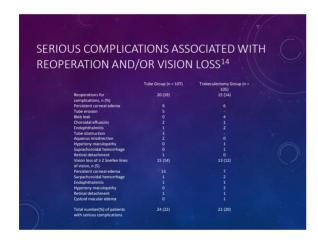


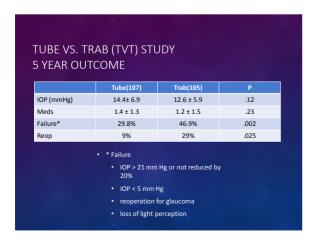
RISK FACTORS FOR FAILURE AGIS 11 9 • Younger age • Higher pre-op IOP • Diabetes • Post operative complications • Marked inflammation • AGIS Investigators, The Advanced Glaucoma Interventional Study (AGIS): 11. Risk factors for failure of trabeculectomy and argon laser trabeculoplasty, Am J Ophthalmol 2002 Oct; 134(4):481-98

	TUBE VS TRABECULECTOMY (TVT) STUDY 5 YEAR RESULT 13		
5 727 117 1125 52			
	n uncontrolled glaucoma with previous cataract coma surgery		
• 107 350-mn	n ² Baerveldt implant vs.		
• 105 Trab wit	th mitomycin C (0.4mg/ml for 4 minutes)		
	Gedde SJ et al, Treatment Outcomes in the Tube Versus Trabeculectomy (TVT) Study after five years of follow-up, Am J Ophthalmology 2012; 153(5):789-803		

Complication	Tube Group (n = 107), n (%)	Trabeculectomy Group (n = 105), n (%)
Choroidal effusion	17 (16)	20 (19)
Shallow or flat anterior chamber	12 (11)	10 (10)
Wound leak		
Hyphema		
Persistent corneal edema		
Encapsulated bleb	2 (2)	
Dysesthesia		
Cystoid macular edema		
Suprachoroidal hemorrhage		
Persistent diplopia		0 (0)
Aqueous misdirection		
Hypotony maculopathy		
Endophthalmitis or blebitis		
Chronic or recurrent iritis		
Bleb leak	0 (0)	2 (2)
Vitreous hemorrhage		
Tube obstruction		
Decompression retinopathy		
Corneal ulcer	0 (0)	
Retinal detachment		
Total number of patients with postoperative complications	36 (34)	







PRIMARY TUBE VS. TRABECULECTOMY STUDY(PTVT) Similar study protocol looking at Baerveldt shunt vs Trab with MMC for primary surgery for glaucoma Start date April 2008, 5 year Study Completion date April 2016 (final data collection date) Compare: IOP, complication rates, Va, FV, Reop rates, medical Tx

PERFECT PATIENT

- Good long term relationship
- Understanding
- Available
- POAG, PXG, Pigmentary
- No anticoagulation
- Healthy eye lid margins
- Pseudophakic from prior clear corneal phaco
- Healthy mobile
- conjunctiva
- Average axial length
- No other pervious ocular surgery
- Good vision other eye

AVOID

- Hx of noncompliance with visits or medical Tx
- Has significant field loss and poor understanding of disease process
- High myopia on Coumadin for mechanical artificial heart valve
- Floppy eye lid syndrome, chronic eye rubbing with injected conjunctiva, chronic blepharitis and has Hx of chronic/recurrent conjunctivitis

CONCLUSIONS Trabeculectomy is a viable surgical method for the control of intra ocular pressure There is a significant incidence in post operative complications There is considered failure rate of approximately 10% per year The TVT study has demonstrated the superior success rate for the Baerveldt shunt over trabeculectomy with MMC in patients who have undergone previous glaucoma or cataract surgery It is an evolving procedure in an evolving matrix of surgical approaches to glaucoma

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	9 AGIS Investigators, The Advanced Glaucoma Interventional Study (AGIS): 11. Risk factors for failure of trabeculectomy and argon laser trabeculoplasty, Am J Ophthalmol 2020 Cct; 13/4(4):481-98

