A STUDY ON LONG TERM CONTROL OF INTRAOCULAR PRESSURE IN PATIENTS UNDERGOING SMALL INCISION CATARACT SURGERY WITH TRABECULECTOMY

INTRODUCTION

In patients with visually significant cataract and glaucoma, a combined technique of cataract extraction with trabeculectomy is considered as a standard surgical procedure.

AIM

To study the long term control of intraocular pressure and bleb morphology in patients undergoing combined Small incision cataract surgery and trabeculectomy.

MATERIAL AND METHODS

83 eyes of 75 patients with both glaucoma and cataract were operated for SICS with trabeculectomy. A detailed history, preoperative and postoperative evaluation including visual acuity, slit lamp examination, applanation tonometry, gonioscopy, automated perimetry and fundus examination was done. Patients were followed up till one year.

RESULTS

In the study 60% had POAG, 30% PACG, 7% SOAG, 3% had SACG. 78% had severe glaucomatous damage. Early postoperative IOP of > 10mmHg on day 5 or 13mmHg on 10th postoperative day was associated with poor IOP control at 1 year. P value 0.003 and 0.0005 respectively. Vascularisation was a risk factor for both flat bleb and poor control of postoperative IOP with a P value of 0.0001, and 0.012 at 1 year. Complete success rate of procedure was 60.5%, and qualified success rate was 96%.

CONCLUSION

Success rate in PACG was higher than POAG. Early high postoperative IOP was a risk factor for poor control of intraocular pressure at the end of 1 year. Vascularisation of bleb was found to be a risk factor for flat bleb.

KEYWORDS: Trabeculectomy, Bleb, Vascularisation, Intraocular pressure.