CATARACT SURGERY IN THE GLAUCOMA PATIENT

MY APPROACH (Most Of The Time)
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DISCLOSURES

- No Financial Disclosures
- Talk Has Some Facts
- Talk Has Some Biased Opinion
- Talk will be out of date soon
THINGS WE KNOW

• Glaucoma is a disease
• Cataracts are not a disease
• Cataracts & glaucoma frequently coexist
• Prevalence increases with age
• Uncontrolled glaucoma irreversibly damages visual field first and eventually visual acuity
• Cataracts reversibly reduce visual acuity
MORE THINGS WE KNOW

• Glaucoma surgery has a lower success rate, higher complication rate, and slower recovery than cataract surgery
• Glaucoma surgery often induces corneal astigmatism and reduces axial length
• Cataract surgery often has an early IOP rise
• Cataract surgery often reduces IOP late
• Cataract surgery often causes failure of previous glaucoma surgery
• Combined surgery has a lower success rate compared to each surgery done separately
• Combined surgery cost less and is more convenient
VARIABLES

- Severity of the glaucoma
- Control of the glaucoma
- Type of glaucoma
- Severity of the cataract
- Age of the patient
- Health of the patient
- Patient’s preference
- Social situation of the patient
- Surgeon’s time, desire, and ability
MY OPINION ON GLAUCOMA MANAGEMENT

- Medicines, then LTP if applicable, then surgery
- I do not do glaucoma surgery if:
  1. They can afford the medicines
  2. They can use the medicines appropriately
  3. The medicines have tolerable side effects
  4. The medicines control the glaucoma
- I do not do combined surgery just to reduce the medicines if the glaucoma is controlled
- I avoid destructive procedures if possible
MINIMALLY INVASIVE GLAUCOMA SURGERY

- Canaloplasty
- Trabectome
- Istent
- CyPass
- Gold Micro Shunt
- ECP
- Fewer complications
- Less IOP reduction
- Effective for mild to moderate glaucoma
MY CURRENT GLAUCOMA SURGERY OPTIONS

• Filtration surgery is my first choice
  • Trabeculectomy with Mitomycin C
  • Express mini-shunt with Mitomycin C
  • Glaucoma tube shunt

• Cyclodestructive surgery is my last choice
  • Diode trans-scleral cyclophotocoagulation
TREATMENT OPTIONS

- Medical management only
- Glaucoma surgery only followed by cataract surgery later if needed
- Cataract surgery only followed by glaucoma surgery later if needed
- Combined glaucoma & cataract surgery
  - One site: saves time, less familiar, ? less success
  - Two site: more time, more familiar, ? more success
MY RECOMMENDATIONS

• Use a glaucoma based treatment approach
• Control the glaucoma either prior to surgery or as a result of the surgery
• Consider the cataract as less important unless it is the cause of the glaucoma
• Attempt to educate the patient and the family prior to the surgery concerning visual expectations, potential complications and length of recovery
MY RECOMMENDATIONS

- No surgery if:
  - Glaucoma is controlled
  - Patient is satisfied
- Cataract surgery only if:
  - Glaucoma is controlled
- Glaucoma surgery only if:
  - Glaucoma is not controlled
  - Patient can wait for cataract surgery later
- Combined surgery (two site) if:
  - Glaucoma not controlled
  - Patient cannot wait for cataract surgery