

Phakic Cases: Mild -> Moderate -> Severe

Deborah Ristvedt



Phakic
Mild POAG

66 yo female

New referral: new onset flashes/floater OS

VA: 20/30 OU

IOP: 27mmHg, 26mmHg

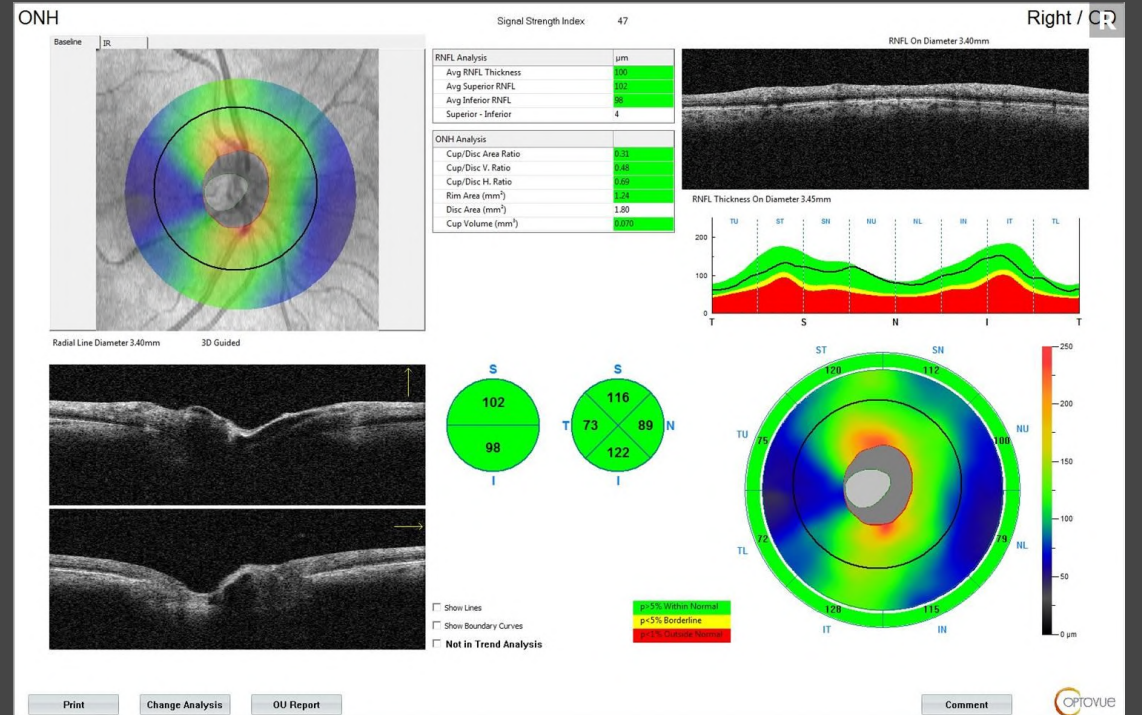
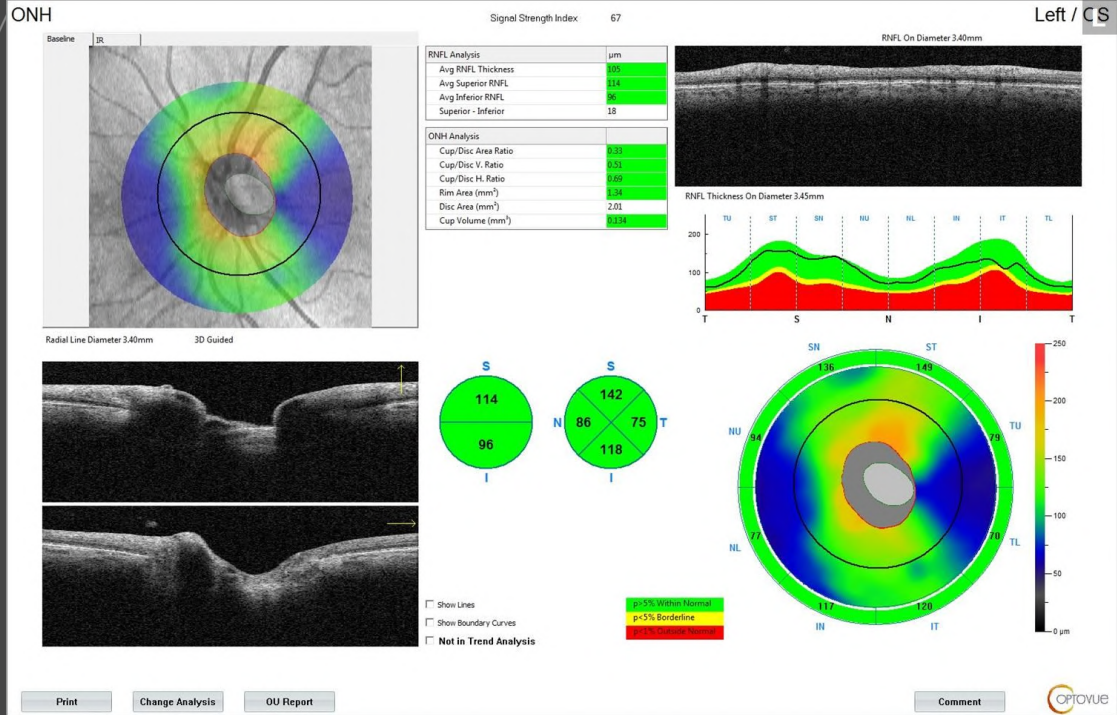
SLE: 1.5+NSC w/ CSC OU, Grade III angle

C/D: 0.45V, 0.4V

Fundus: PVD OS

CCT: 513um, 505um

Family hx OAG



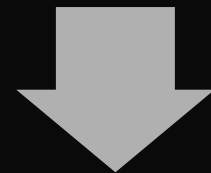
```
graph LR; A[Latanoprost started OU: 20/19mmHg] --> B[Patient ready for cataract surgery: options?????]
```

Latanoprost
started OU:
20/19mmHg

Patient
ready for
cataract
surgery:
options?????

Treatment

iSTENT inject OU



6 months post
op:
14mmHg OD
15 mmHg OS



Phakic
Moderate POAG

59 yo male

New referral: 26mmHg on 2 meds (dorzolamide, timolol)

POH: Intolerance to PG and Netarsudil, Hx of SLT x 1 OD

VA: 20/20 –

SLE: 1.5+NSC w/ CSC

C/D: 0.85 V

Gonio: Grade III

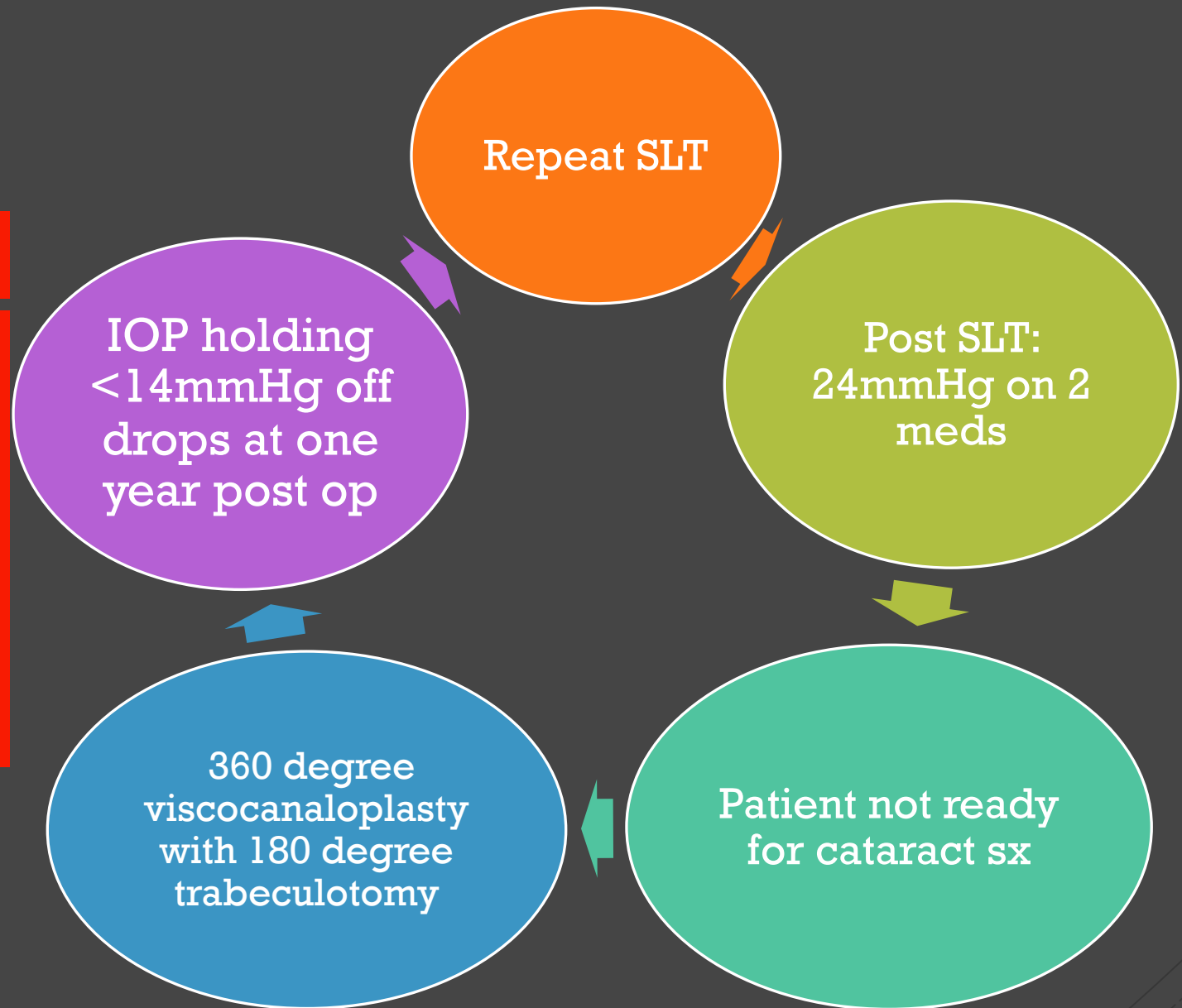
CCT: 598um



Options???

Plan

Treatment Course





Phakic
Severe POAG

New referral

82 yo female

POH: 3 antiglaucoma meds with IOP 15/16mmHg, reported progression

CCT: 514um/517um

VAcc: 20/30 OD, 20/25 OS

SLE: 2+NSC w/ trace PSC OU

C/D: 0.95 V OD, 0.9 V OS

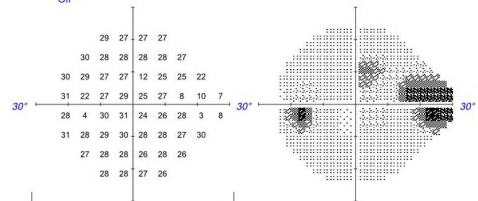
Patient: **Fiekum, Lois**
Date of Birth: **Aug 07, 1938**
Gender: **Female**
Patient ID: **2017416086**



Vance Thompson Vision

OS Single Field Analysis Central 24-2 Threshold Test

Fixation Monitor: Gaze Monitor Stimulus: Ill, White Date: Jul 20, 2020
Fixation Target: Central Background: 31.5 asb Time: 1:57 PM
Fixation Losses: 0/0 Strategy: SITA Faster Age: 81
False POS Errors: 15% XX Pupil Diameter:
False NEG Errors: Off Visual Acuity:
Test Duration: 03:11 Rx: +1.75 DS
Fovea: Off



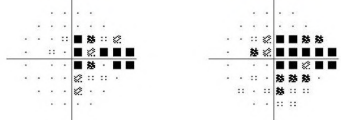
4 2 2 1	2 0 0 -1
3 1 0 0 0 0	1 -1 -2 -1 -2 -2
3 1 -2 -3 -18 -5 -4 -6	1 -1 -4 -5 -20 -7 -5 -8
2 -4 -2 -6 -4 -22 -18 -18	0 -6 -4 -8 -6 -24 -20 -20
-1 -1 0 -7 -5 -2 -26 -18	-3 -3 -2 -9 -7 -4 -28 -20
2 -1 -2 -1 -4 -3 -3 2	0 -3 -4 -3 -5 -5 -5 0
-2 -1 -2 -4 -1 -3	-4 -3 -4 -6 -3 -4
-1 -1 -2 -2	-3 -3 -4 -4

GHT: Outside Normal Limits

VFI: 87%
MD24-2: -4.00 dB P < 1%
PSD24-2: 6.95 dB P < 0.5%

Total Deviation

Pattern Deviation



*** Excessive High False Positives ***

:: P < 5%
⊗ P < 2%
⊗ P < 1%
■ P < 0.5%

© 2015 Carl Zeiss Meditec, Inc. All rights reserved.

Comments



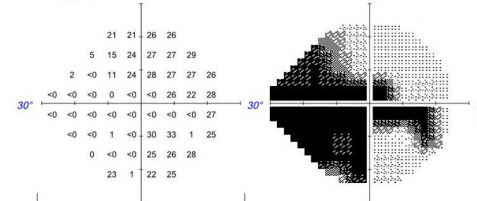
Patient: **Fiekum, Lois**
Date of Birth: **Aug 07, 1938**
Gender: **Female**
Patient ID: **2017416086**



Vance Thompson Vision

OD Single Field Analysis Central 24-2 Threshold Test

Fixation Monitor: Gaze Monitor Stimulus: Ill, White Date: Jul 20, 2020
Fixation Target: Central Background: 31.5 asb Time: 1:50 PM
Fixation Losses: 0/0 Strategy: SITA Faster Age: 81
False POS Errors: 0% Pupil Diameter:
False NEG Errors: Off Visual Acuity:
Test Duration: 03:53 Rx: +2.00 DS
Fovea: Off



-4 -5 0 1	-3 -4 1 2
-22 -15 -4 -1 0 3	-21 -13 -4 0 1 4
-26 -31 -10 -6 -2 -1 -1	-25 -30 -16 -5 -1 -1 0 0
-28 -30 -32 -31 -33 -33 -4 -1	-27 -30 -31 -30 -32 -32 -3 0
-28 -31 -32 -33 -34 -33 -33 -2	-27 -30 -32 -33 -33 -33 -32 -1
-30 -32 -29 -33 -1 2 29 4	-29 -31 -29 -33 -1 3 28 4
-29 -32 -32 -5 -4 -1	-28 -31 -31 -5 -3 0
-5 -28 -7 -4	-4 -27 -6 -3

GHT: Outside Normal Limits

VFI: 38%
MD24-2: -18.29 dB P < 0.5%
PSD24-2: 14.85 dB P < 0.5%

Total Deviation

Pattern Deviation



:: P < 5%
⊗ P < 2%
⊗ P < 1%
■ P < 0.5%

© 2015 Carl Zeiss Meditec, Inc. All rights reserved.

Comments





Options???

Plan

**Cataract extraction
w/ Xen OD**

**Cataract extraction
w/ OMNI 360/360
OS**

11mmHg
OD

12mmHg
OS

3 months POST-OP



Case JB

Let's talk outflow

Leslie O'Dell

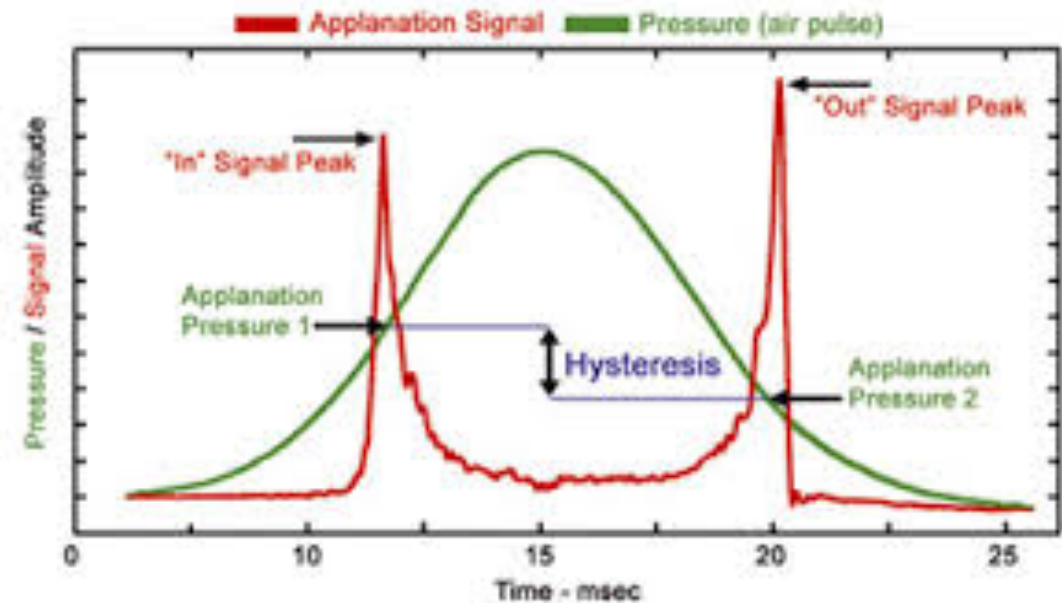


Meet JB

- 84 year old Caucasian female - Dx with POAG for many years
- No known Family history of glaucoma
- Surgical Hx: PCIOL OU, SLT OS 1 year prior
- Extensive allergies to medication: Travatan, Alphagan, Dorzolamide, Rhopressa, Dorzolomide/Timolol - all resulted in severe atopic reaction to the lids
- Current Meds: Zioptan OU qhs, Timoptic Ocudose PF BID OU

Ocular Evaluation

- Acuity cc: 20/20 OD 20/20 OS
- IOP: OD: 16 OS: 17 Goldman
- CCT: OD: 499 OS: 505
- CH: OD: 10.0 OS: 10.6
- No APD
- Blepharitis OU
- Keratitis OU
- PCIOL OU
- POAG OU - T_{max}: OD: 18 OS: 24



Optic Disc Evaluation

- OD: 0.45/0.5
- OS: 0.7/0.95

- Progression on VF and OCT - prompting surgical referral

Surgical Evaluation

- Primary Open-angle glaucoma OS - moderate stage
- Primary Open-angle glaucoma OD - mild stage
- Target IOP OS: 16 or less

- S/P SLT OS with continued elevation to IOP and intolerance to medication due to allergy
- Recommend surgical intervention with 360 canuloplasty with 180 goniotomy OS

Post Surgical F/U – 1 month

- Meds: Zioptan qhs OD, Timoptic Ocudose Qam OD
- Acuity OD: 20/20 OS: 20/30
- IOP:
 - Goldman- 17 OD 7 OS
 - ORA IOPg: OD: 15.6 OS: 8.6 IOPcc OD: 16.5 OS: 9.8
 - Tonography OD: 0.145 OS: 0.25
- Plan: IOP well below target, off meds and will monitor closely for progression over time

Conclusions

- Earlier intervention is essential with glaucoma patients, regardless of disease severity levels
- MIGS is an effective treatment option both as a standalone procedure and in combination with cataract surgery
- Mastering pre-op and post-op patient conversations are key to effective co-management of MIGS patients

Audience Question #17

After what you learned today, how confident are you in your understanding of short-term complication rates and long-term tissue removal risks of various glaucoma surgical procedures?

- a) Very confident
- b) Confident
- c) Neutral
- d) Not so confident
- e) Not confident at all

Audience Question #18

A 69-year-old female underwent a trabecular meshwork stent combined with phaco one year ago. Pressure has remained roughly unchanged. What is the most likely cause of the resistance?

- a) Trabecular Meshwork
- b) Narrow Angle
- c) Ciliary Body
- d) Collector Channels

Audience Question #19

How has this program impacted your plans to co-manage your glaucoma patients with MIGS devices as both standalone procedures and in combination cataract surgery?

- a) I plan to significantly increase the number of patients that I co-manage with MIGS.
- b) I plan to have little change in the number of patients that I co-manage with MIGS.
- c) I do not plan to change the number of patients that I co-manage with MIGS.
- d) I plan to have fewer patients that I co-manage with MIGS.
- e) I plan to significantly decrease the number of patients that I co-manage with MIGS.