

6th Global Ophthalmologists Annual Meeting

May 16-18, 2016 Osaka, Japan



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Canaloplasty for POAG with failed filtering surgery

Canaloplasty for POAG with failed filtering surgery: Glaucoma is a leading cause of irreversible blindness. For many patients, surgical intervention is finally necessary to preserve the remaining vision. Glaucoma filtering surgery (GFS) is the main choice, which creates constant shunting of aqueous from anterior chamber into newly built subconjunctival space. Despite a great improvement, GFS has documented high complications and failure rate especially for primary open angle glaucoma (POAG) received repeated GFS, who runs higher risk of bleb insufficiency. Canaloplasty, a new non-filtering, bleb-free method, provides good IOP reduction with a favorable safety profile for POAG as initial procedure. We practiced 24 canaloplasty on POAG with failed GFS. For 18 patients with intact SC, a standard canaloplasty was done. Circumferential catheterization achieved in 89.2% eyes. In one year, IOP decreased by 34.1% (from 28.3 ± 8.4 to 15.5 ± 2.5 mm Hg), with topical medication reduced from 2.9 ± 0.7 to 0.7 ± 1.5 . Surgery rate was 52.4% for complete success and 77.4% qualified criteria, both of which were similar as canaloplasty as an initial procedure. For patients with broken SC, we proposed modified canaloplasty, relying on our new technique of relay suture guided by illuminated trocar. Circumferential catheterization achieved in 83.3% eyes. At 9-months, IOP reduced to 17.7 ± 4.5 mmHg and mean glaucoma medication use was 1.0 ± 1.0 (baseline values were 32.5 ± 5.2 for IOP and 3.2 ± 0.4 for medication). For both groups, hyphema and clinically detectable bleb were the most common complications. According to our results, canaloplasty is a new, efficient and safe option for POAG with failed GFS.

Biography

Ningli Wang is the Director of Beijing Tongren Eye Center and the vice president of Beijing Tongren Hospital, which is one of the two largest eye centers in China and provides a comprehensive and seamless Ophthalmic Service for 30,000 outpatients and 54,000 surgeries annually. He is also the Director of Beijing Institute of Ophthalmology and the president of School of Ophthalmology, Capital Medical University.

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