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David Lubeck, MD

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Pathways to Success

Interactive Discussions for Personalized Glaucoma Care



Ronald Yeoh, MD
Moderator



David Lubeck, MD
Panel



Robert Ang, MD
Panel



Florian Kretz, MD
Panel

At the 32nd APACRS annual meeting in Kyoto, Japan, *EyeWorld Asia-Pacific* hosted a lunch symposium consisting of an informal panel discussion, moderated by Ronald Yeoh, MD, to lead the way for successful clinical outcomes for glaucoma patients.

David Lubeck, MD, began the discussion focusing on using minimally invasive glaucoma surgery (MIGS) to treat the side effects of glaucoma medications. Highlighting the significant impact MIGS has had on his time as a surgeon, Dr. Lubeck said, “After being a cataract surgeon for 25 years, MIGS was the most enjoyable new procedure, and it’s made me a better surgeon overall, so I appreciate it not just for what it is for glaucoma patients, but what it’s done for me as a surgeon with my capabilities.”

In one case of a 67-year-old male, the patient presented with arcuate defect consistent with nerve fiber loss and had previously underwent primary selective laser trabeculoplasty (SLT). This patient’s IOP post-SLT on

no medications was stable after the procedure was completed in 2016.

Dr. Lubeck proposed that the patient will likely undergo cataract surgery with MIGS in the next 1 to 2 years, and if IOP is inadequately controlled after MIGS, the patient may repeat the SLT procedure. Dr. Lubeck continued to say that in 2016, SLT was not a chosen modality for most glaucoma specialists, but the LiGHT trial in 2018 showed that SLT has equal efficacy compared to medication as first line therapy.

Robert Ang, MD, presented a case of a 29-year-old female who was consulted for refractive surgery. In this long and difficult case, the patient underwent implantation of ICL. However, postoperative IOP measurements continually increased even though the patient was put on many IOP-lowering medications. After ICL explantation and canaloplasty Dr. Ang stated that her IOP continued to remain very high while being on a maximum number of medications. Then, after eleven long months, Dr. Ang performed SLT, and the patient was finally

able to discontinue all medications while her IOP lowered in both eyes to 14 mmHg. It was also the first time in 2 years the patient was off medications.

After this complicated case, Dr. Ang stated that the primary lesson he learned was that SLT could have been performed initially in order to allow for MIGS options in the future. Another point Dr. Ang made was that it is important to document structural and functional changes in a patient's glaucoma condition. From this case, Dr. Ang saw a structural change in the retinal nerve fiber layer, yet there was no functional change in the visual field.

Florian Kretz, MD, FEBO, presented a case on the use of iStent inject in his clinical practice. A 64-year-old female glaucomatous patient presented with stable IOP around 18 and aimed for glasses-free vision as well as a glaucoma eye-drop free lifestyle. Dr. Kretz implanted an iStent Inject. One day post-op results showed UCVA at -0.1 logMAR and stable IOP (<16 mmHg). Another case Dr. Kretz presented showed similar outcomes (UCVA 0.0 logMAR and stable IOP <15 mmHg) after iStent surgery on a 75-year-old male with a history of pseudo-exfoliation glaucoma. Dr. Kretz stated that iStent Inject is a good

option to treat cataract patients with mild to moderate glaucoma under stable conditions. He also said that it is possible to combine this procedure with presbyopia correcting IOLs.

During the discussion after the presented cases, a question arose on what the general advice and treatment management was for a glaucoma patient on three to four medications with severe red eye. The panel agreed that surgeons may first try MIGS procedures.

"Many patients are old, and sooner or later will have to have cataract surgery. The opportunity to do MIGS is there when you do cataract surgery," said Dr. Ang. "If you're experienced and competent with MIGS, then you have to bring the option to the patient. The patient in the end has to be the one deciding."

Many elderly patients may decide to continue eye drop medication despite the side effects with medication noncompliance being a risk, while some may wish to be more aggressive in their treatment and decide to undergo surgery. Counseling plays a significant role in what the patient decides for him or herself. If the patient can tolerate the side effects, does not wish to undergo procedures, and understands the importance of



iStent inject trabecular micro by-pass system

Courtesy Glaukos

staying compliant with medications, he or she may continue with eye drops. Ultimately, it is the patient's decision in the end.

All the surgeons in this session's panel discussion agreed

that MIGS is an incredibly important procedure that will not only grow from here on out but will also advance outcomes for patients while becoming easier with time for surgeons to perform.



iStent inject in vivo, 2-3 clock hours apart

Courtesy Glaukos

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