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Specialty News and Views: Glaucoma - June 2005

The Specialty News and Views section represents the opinions of the contributing authors and does not imply endorsement by the American Academy of Ophthalmology. The Glaucoma team members are: Mark Sherwood, MD; Jeffrey Freedman, MD; Silvia Orengo-Nania, MD; Quang Nguyen, MD; Adam Reynolds, MD; Douglas Rhee, MD; and Darrell WuDunn, MD.

Glaucoma Golden Shunt

Six months of data presented at the International Glaucoma Symposium (IGS) revealed that use of a glaucoma golden shunt (GGS) in combination with a SOLX titanium sapphire laser resulted in a greater reduction in intraocular pressure (IOP) than when either the laser or implant were used alone. The GGS is a new microscopic, 24-carat, ultra-thin, 30-micron gold shunt containing laser-activated microtubules (channels). Its purpose is to increase aqueous outflow into the supraciliary space.

After performing pachymetry at the corneal periphery, a value of minus-20 microns is calculated, and an RK diamond knife is used to make the 6-mm circumferential corneal cut. Then a deep scleral/supraciliary pocket is made by posterior dissection with a crescent knife at the Descemet membrane level, followed by placement of the GGS using a specially designed inserter. Once the GGS is in position, its anterior part is inserted into the anterior chamber after the Descemet membrane is obliquely dissected. A 200-micron spot from a titanium sapphire laser may then be used to activate each microchannel to increase outflow through the device.

The use of this new shunt and laser may result in a technique for lowering IOP by eliminating the possibility of postsurgical fibrosis as well as the presence of a bleb, large or small. However, the costs of the device and proprietary laser as well as the longer-term efficacy and complication rate need to be further established.

REFERENCE

S Melamed, G. Simon et al. International Glaucoma Symposium Meeting, Cape Town, South Africa, March 2005, <http://www.kenes.com/glaucoma/>

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