Endoscopic cyclophotocoagulation useful for cataract patients with unmanageable glaucoma

Farrell Tyson MD

“By reducing not only IOP but also medications needed to control glaucoma, patient compliance is greatly increased resulting in better glaucoma management,”

Dr Tyson regularly performs ECP on his medically controlled glaucoma patients who undergo cataract surgery. Currently 15% of his cataract surgery patients have a combined ECP/Phaco procedure.

He presented results of a study in which 125 patients with well-controlled glaucoma with an average IOP of 17 mmHg and medication use of 1.5 meds underwent cataract surgery and ECP surgery at the same time. One year after surgery, the IOP dropped to 13.89 mmHg and medication use declined by 63%.

ECP’s biggest drawback is not complications, but that it is not as effective as trabeculectomy or shunt placement where you can get an IOP of 12 mmHg with no medications. But in those procedures there is more risk involved, commented Dr Packer.

“I think there is too high a risk of the eye developing a cataract. You’re operating right around the crystalline lens, even if you don’t directly bump into it, you’re going to get very close to it and almost certainly cause a cataract,” said Dr Packer.

“Ike Ahmed MD, who also uses ECP in his cataract surgery patients has a combined ECP/Phaco procedure.

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