Wanted: alternatives to trabeculectomy

Trabeculectomy has helped lower IOP in countless glaucoma patients since its introduction by JE Cairns in 1968. However, it has also become clear since then that trabeculectomy is not without problems, including postoperative complications, difficulties with patient management, and perhaps worst of all, endophthalmitis. I just hate going to work the next day and seeing all these manifest complications of trabeculectomy: flat chambers, choroidal detachments, hyphema, high pressures, low pressures, and bleb-related problems.

Viscocanalostomy came about because of all the shortcomings of trabeculectomy. It is an operation based on the logic of going back to the canal of Schlemm where the disease process originates around three structures. The initial results with viscocanalostomy were very encouraging, but shortcomings became evident. This was mainly the re-collapse of the canal of Schlemm. The ostia created during surgery couldn’t be kept patent. This led to the development of canaloplasty, which has the capability of keeping the ostia wide open. Clinical experience with canaloplasty confirms that the procedure provides good visual rehabilitation, greater predictability and better pressure lowering than viscocanalostomy. Moreover, it is clear that the procedure is safe and produces minimal complications. As with viscocanalostomy, canaloplasty is currently reserved for patients with refractory primary open-angle glaucoma who have responded poorly to medical treatment. In the near future I hope we will see a trend towards earlier intervention with canaloplasty. As with so many areas of medicine, earlier intervention will increase our success rates.

In the case of glaucoma, the simple objective is to open up the normal channels of aqueous drainage to their original state. Better diagnostic techniques that will allow us to determine the status of trabecular meshwork, the canal, and the collector channels will help us reach this goal. Recent clinical studies indicate that combining a non-penetrating procedure with phacoemulsification cataract surgery produces good clinical outcomes; this is also particularly exciting. With better diagnostic tools and increasing clinical experience I believe non-penetrating procedures will continue to play an increasing role in the management of glaucoma.

Robert Stegmann

Robert Stegmann MD is chairman of the Department of Ophthalmology at the Medical University of Southern Africa.

The John Henahan Prize

EuroTimes is delighted to announce the launch of the John Henahan Prize, which will be awarded annually to a young ophthalmologist.

John Henahan was the visionary editor and guiding light of EuroTimes from 1996 to 2001 and his work has inspired a generation of young doctors and journalists, many of whom continue to work for EuroTimes.

Ophthalmologists who are members of the ECRS and who are under 40 years of age are eligible to apply for the prize.

Entrants are invited to write a 1,000-word article on “Why I became an ophthalmologist”. The article should give a brief introduction into why the individual ophthalmologist decided on his or her career path and should include reference to his or her early education, including mentors and role models (where appropriate). The article should also look at issues and controversies in ophthalmology, including changing demographics and evidence-based medicine. The closing date for entries is Friday 1 August, 2008.

A distinguished panel of ophthalmologists and medical journalists including Emanuel Rosen, FRCS, Jose Güell, MD, Sean Henahan, editor, EuroTimes and Paul McGinn, editor, EuroTimes will judge the entries.

The winning entrant will receive a prize of £1,000 which will be awarded at the XXVI ECRS Congress in Berlin, 2008 in September. We will publish the winning entry in the October edition of EuroTimes.

To apply please email your article to Colin Kerr, executive editor, EuroTimes at colin.kerr@escrs.org. Your email should also include your full name, home address and phone number, your date of birth and ECRS membership number.

Entries received after 1 August will not be considered. The decision of the judges is final and no correspondence will be considered once they have announced their decision.