

An Audit of 81 Cases of Trabeculectomies in Primary Glaucoma in NWFP

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To evaluate the short and long term complications of trabeculectomy in our population, we carried out a project on trabeculectomy. Eighty-one trabeculectomy operations were performed between June, 1997 and February 1999. They were performed on patients with primary glaucomas of various types. The patients age ranged between 16 years and 80 years. Each patient underwent complete preoperative ocular and systemic examination with special reference to visual acuity, intraocular pressure, lens opacities, optic nerve head, visual field and gonioscopy. Classical trabeculectomy technique was adopted in each case. 46 eyes (56.8%) were available for one year follow-up. Trabeculectomy was able to control intraocular pressure below 21mmHg in 42 eyes 91.3%. The most common short-term complications were shallow anterior chamber in 19.7%, of which flat anterior chamber was present in 16.1%, hyphema in 14.8%, choroidal detachment in 6.1% and ciliary block glaucoma in 2.5%. The long-term complications constituted accelerated cataract formation in 13.0%, visual field loss progression in 15.2% and progression of optic disc cupping in 15.2%. Trabeculectomy, thus seems to be associated with short and long-term complications but if managed properly has no long-term deleterious effect on visual acuity in majority of cases. It controls intraocular pressure in over 90% of adult patients with primary glaucoma.