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Minimally Invasive Glaucoma Surgery (MIGS): Less is More.

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Trabeculectomy and glaucoma drainage device implantation are traditional surgeries and most commonly performed for glaucoma treatment, however, they carry the high rate of many complications and can lead to failure.

Minimally Invasive Glaucoma Surgery (MIGS) is a term which was coined in 2009 by Iqbal Ike Ahmed, MD, and describes a new group of implants, devices or surgical techniques that are less invasive and have lower risks than those of previously established procedures. All MIGS procedures share a number of common characteristics (ab interno microincision, minimal trauma, efficacy, high safety profile, and rapid recovery)¹ and have four main mechanisms of IOP reduction as follows:²

1. Increasing trabecular outflow by bypassing juxtacanalicular trabecular meshwork
2. Increasing uveoscleral outflow via suprachoroidal pathways
3. Reducing aqueous production from ciliary body
4. Creating subconjunctival drainage pathway

These new alternative options are mainly indicated for patients with mild to moderate open angle glaucoma and modest targeted IOP reductions. MIGS are frequently combined with cataract surgery and currently be the most common indication for surgery. Avoiding conjunctival dissection can preserve the tissue and suits for the future invasive surgeries. MIGS can help minimize the number of medications, reduce the high cost of glaucoma treatment, and increase quality of life.

Some MIGS had already been approved by US FDA eg. Trabectome, iStent, Kahook Dual Blade, Cypass, and XEN. And some are still under investigations eg. InnFocus, Hydrus, iStent inject, and iStent supra.³⁻⁷

Biography

Nuttamon Srisamran, MD, is a glaucoma consultant at Advanced Ophthalmology Center, The World Medical Center in Nonthaburi, Thailand. She also serves as clinical instructor of the Department of Ophthalmology, Faculty of Medicine at Thammasat University and Hospital. She completed her medical school in 2000, diploma of clinical sciences in 2005 and ophthalmology residency training in 2007 at Faculty of Medicine, Chulalongkorn University. After that, she pursued her postdoctoral glaucoma fellowship at Hamilton Glaucoma Center, Shiley Eye Institute at the University of California San Diego in 2008 and 2009 followed by clinical glaucoma fellowship training at Rajavithi Hospital in 2010. Additionally, she also gained pediatric glaucoma experience as attending staff at the Queen Sirikit National Institute of Child Health, Ministry of Public Health during 2010-2012. Apart from glaucoma diagnosis and treatment, her special clinical interests include perimetry and related devices, glaucoma progression, pediatric glaucoma, and intraocular pressure.

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