

# Global Ophthalmology and Glaucoma Conference

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### Management of failing bleb

A failed glaucoma filtration bleb is an expected outcome. The body wants to seal off the fistula. Early after surgery the body mounts an aggressive inflammatory reaction which can quickly result in scarring of the bleb. Fibroblast proliferation, synthesis of the extracellular matrix, subconjunctival fibrosis, fibrosis at level of sclera causes sealing of flap and finally external bleb failure. The signs of bleb failure are: local conjunctival hyperemia, vascularization, increased IOP, flat bleb, highly elevated cystic bleb/Tenon's cyst and small avascular cystic blebs. IOP which does not decrease after massaging risk factors are: Young age, Black race, congenital and juvenile glaucoma, subconjunctival hemorrhage, ICE syndrome, secondary glaucoma following PKP, RD, excessive inflammation, long-term topical glaucoma therapy, traumatic glaucoma, NVG, etc. The options when bleb/trab fails are digital ocular massage, argon laser suture lysis, Release of releasable sutures, loosening of adjustable sutures, medical treatment with bleb needling, revision of trab, repeat trab, GDD, cyclophotocoagulation, etc. The procedures will be discussed with videos.

### Biography

M Nazrul Islam is Professor of Ophthalmology at Bangladesh Eye Hospital. He is the President of Bangladesh Eye Care Society and Immediate Past President of the Bangladesh Glaucoma Society. At present, he is the Chairman of Jessore Community Eye Hospital in Bangladesh, Board Member of the Asia Pacific Glaucoma Society (APGS) and Board Member of Asian Angle Closure Glaucoma Club (AACGC). He is the Chief Editor of the Journal of Bangladesh Glaucoma Society and author of 60 scientific articles published in different journals.

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