Failed trab + epithelial downgrowth

Everything else try trab if fails

Q:  CAI contraindications

Liver failure

Kidney failure + stones

Adrenal

Sulfa

DTs and cirrhosis

Digitalis

Prostaglandin agonists systemic sx

Burning, keratitis

Upper resp synd

Back and joint pain

## Betagan first line in normal IOP

2 types of normal iop glaucoma

progressive vs non-progressive

all actually progressive have to work up

Everything say  the great masqueraders

Syphilis

Sarcoid

Myasthenia

Trauma/Surgical

TB

Radiation

Meds

Lyme

Plateau Iris

Inserted ant and cb rotated anteriorly

Syndrome vs not

Syndrome – patent PT, and still closed angle

Thymoxamine vs Pilo

Beam broken along iris root in clinical slide of angle

Short term comp of tube shunts

IOP too high or low

Dellen

Tube malposition

Advanced vs retracted

Corneal inj

Lens injury/cataract

Late comp

IOP too high from encapsulated tube

Too low maculopathy

Chronic iritis

Cme

Corneal graft rejection

Tube malposition

Strab

Saucerization of disc is most specific sign and most reliable sign of glaucoma – optic atrophy does not give you sloping sauceriization effect

## Schnables cavernous atrophy in end stage glaucoma in path pictures

Angle closure acute causes optic atrophy noyt cupping

Controversy of PI in PDS

Don’t shoot for nothing

Only if medical management not working

Count spokes and increasing

B blocker + pilo 0.5% weak + other stuff

PI

ALT

trab

SURGERY

Informed consent

Anesthesia

Procedure

How do you stab incision for acute angle PI all else failed

10 o/c clear/blue line, preplace 8-0 nylon, helps open wound prolapse iris, cut parallel to limbus do not put forceps in the eye

argon iridoplasty for PAS

Rule of 5s for 0.5 s, 500mW, 500 spot

Slight enlaregment and coloring of peripheral iris

Cloudy cornea

Pediatric Glaucoma

10-15 mg/kg div by 4 doses