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## Two-year data: Canaloplasty combined with phaco dramatically reduces IOP, medications

Apr 5, 2009  
Ophthalmology Times Meeting E-News

**San Francisco**—The combination of canaloplasty and phacoemulsification surgery in patients who have both cataracts and primary open-angle glaucoma (POAG) results in a dramatic decrease in both IOP and the number of anti-glaucoma medications patients must take. Bradford J. Shingleton, MD, a glaucoma and cataract specialist with Ophthalmic Consultants of Boston, presented 2-year results of an ongoing prospective, randomized international study of canaloplasty in patients with POAG who also presented with a visually significant cataract.

The patients were treated with combined surgery by one of nine surgeons at 11 sites. Twenty-three combined-surgery patients have been followed for 24 months.

Preoperative IOP levels in the study eyes were an average of 23.8 mm Hg, and the patients were taking an average of 1.5 anti-glaucoma medications. At 24 months postoperatively, IOP was an average of 13.9 mm Hg, and patients were taking an average of 0.2 anti-glaucoma drugs.

"The pressure reduction is very significant—we're not talking about 20% to 30%, we're talking about 40% to 50% reductions," Dr. Shingleton said. "We're also seeing a very profound reduction in medication requirements."

Even better news for these patients is that the positive results are being maintained over time.

"When we look at the IOP results, we started with mean pressures of about 25 [mm Hg], and we've maintained mean pressures of below 15 [mm Hg] for over 24 months," he said. "Both the pressure reduction and dramatic reduction in anti-glaucoma medication requirements have been sustained; we're not seeing an incremental requirement increase in this group, as we have tended to see with phacoemulsification alone in POAG in some other studies."

All of the patients' LogMAR visual acuity scores also have been very good, Dr. Shingleton added, and no sight-threatening complications such as hypotony or gross hyphema have been reported.

"With the well-known complications that are involved with trabeculectomy, in canaloplasty combined with phaco we certainly have a procedure that has potential to help us achieve a greater pressure reduction in this patient population than cataract surgery alone," he concluded.

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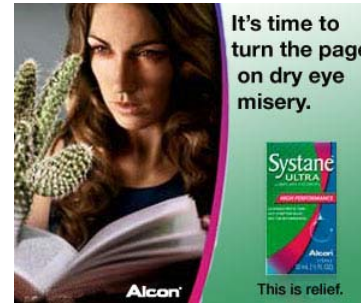
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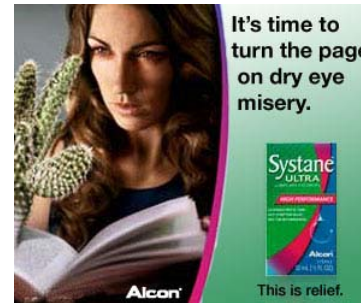
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