

Augmentation of Filtration during Visco canalostomy by ExPress Shunt

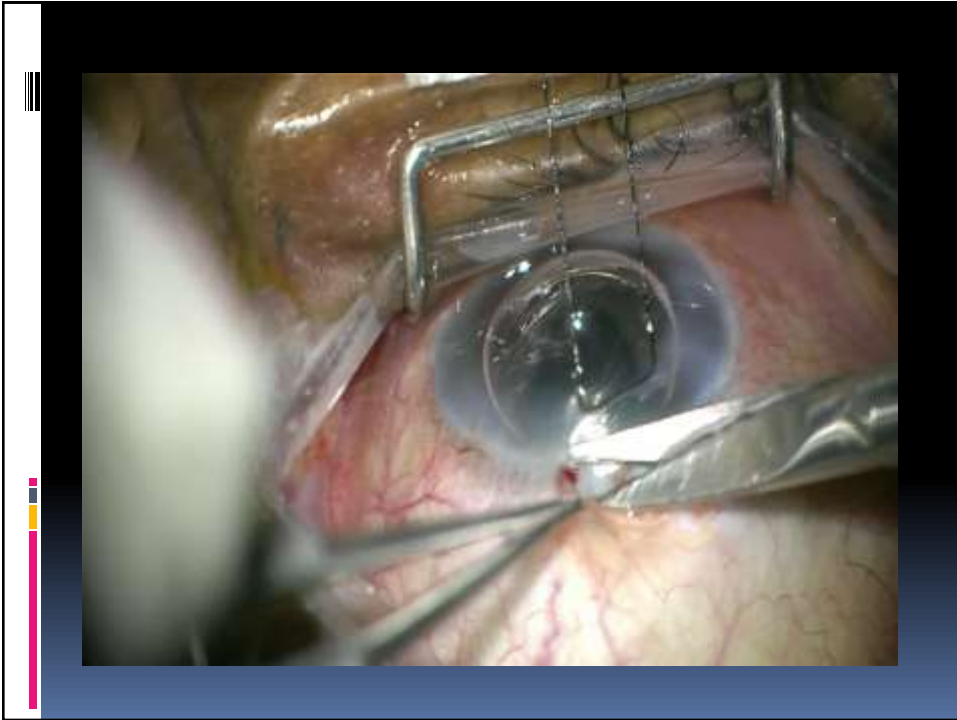
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Why NPGS... ???



IDEA OF VISCOCANALOSTOMY

- To bypass the **trabecular meshwork**
- By creating a **trabeculodescematic** membrane
- To the **intrascleral lake** or reservoir created by deep scleral block excision
- Into the newly created **ostia of Schlemm's** canal
- To the normal **collector channels**.

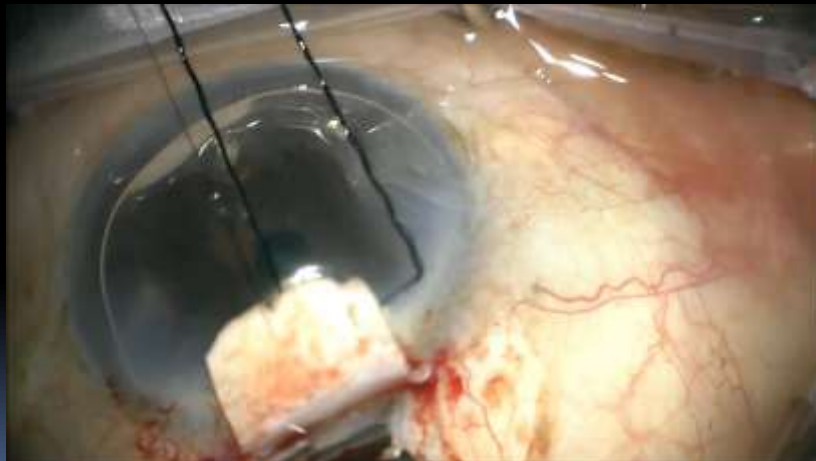


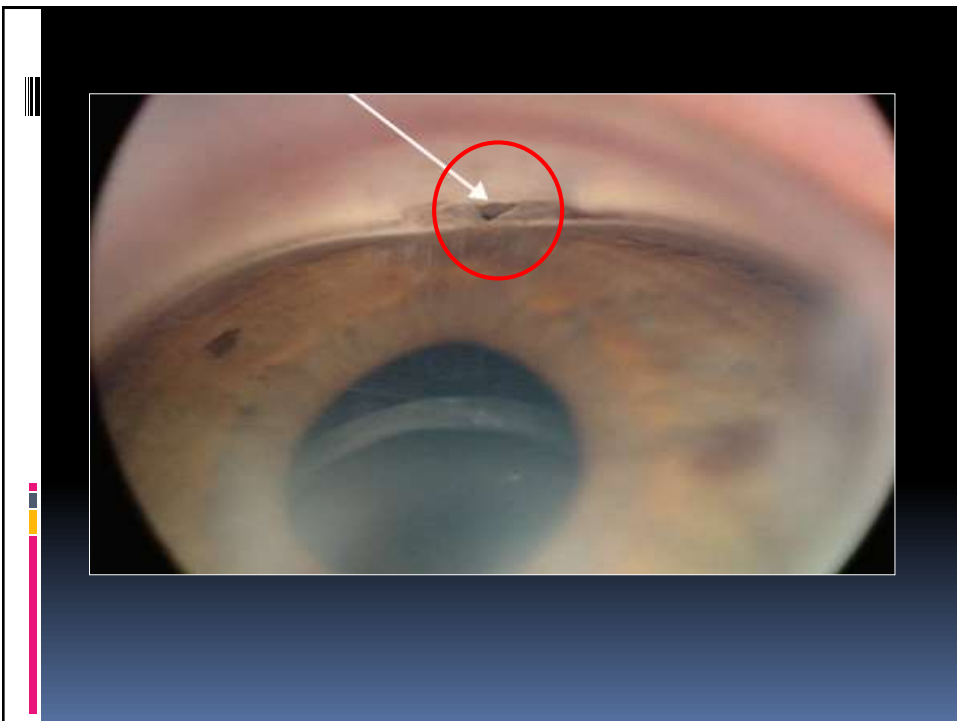
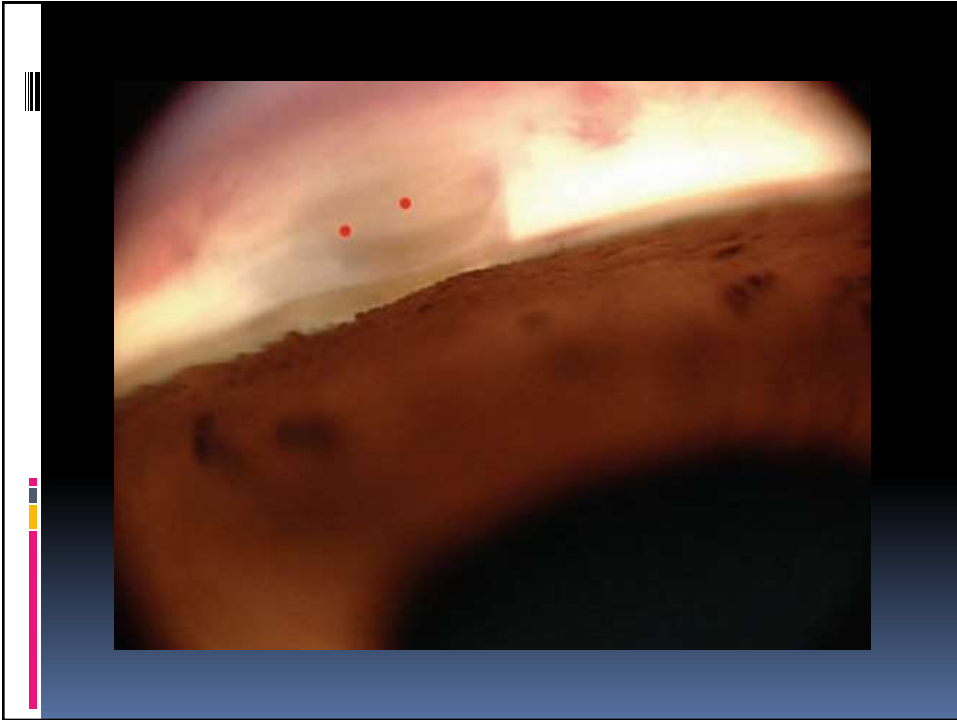
IOP Reduction
Viscocanalostomy
Vs
Trabeculectomy

Increase in IOP

1. Insufficient surgical dissection
2. Rupture of the TDM with iris prolapse
3. PAS
4. Scarring with decrease of aqueous percolation

Perforation of the TDM





Viscocanalostomy + ExPress

New hybride technique

- Avoid intraoperative TM rupture during deep flap dissection
- Scarring and decreased filtration through the TDW
- No need for goniotomy

- If you couldn't reach the target IOP
- Suture manipulation and allow subconjunctival drainage



INDICATIONS (OLD)

- Early surgical intervention required
- One eyed patient
- High risk of hypotony
- High risk of choroidal effusions or hemorrhages

INDICATIONS (NEW)

Advanced POAG

High IOP at presentation

OR

Lower Target IOP is needed

Viscocanalostomy + ExPress

The efficacy of PGS

+

The safety of NPGS

THANK YOU