

Cataract and Glaucoma, the **NO** Single Solution

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Cataract and Glaucoma

- Cataract developing in a glaucomatous patient
(Glaucoma discovered with cataract progression)
- Glaucoma complicating a cataract (phacomorphic glaucoma,..)
- Cataract and glaucoma complicating another eye pathology (uveitis, trauma,..)

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Variants of Co-existing Cataract and Glaucoma

- Age group (*adult and pediatric*)
- Glaucoma angle type
 - *Open*
 - *Closed*
- Specific entities
 - Exfoliation
 - Uveitic
 - Neovascular

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GLAUCOMA
CATARACT

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How to tackle.....?

Glaucoma with a cataract is a challenging combination

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Shall we keep the meds
and no surgery?



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Shall we operate on the glaucoma and wait for the cataract till it significantly impairs sight?



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Shall we operate on the cataract alone and get its well documented pressure lowering effect?



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Shall we operate on both together?



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Shall we operate on both together regardless of the stage of cataract or the control of glaucoma?

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In instances

Shall we keep the meds
and no surgery!



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In instances

Shall we operate on both together regardless of the stage of cataract or the control of glaucoma!



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- Glaucoma is well controlled with medications
- No significant topical or social or financial side effects for meds!
- Clinically insignificant cataract

keep the meds and no surgery!

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There will be an inciting factor to proceed for surgery

• A significant cataract developing in an eye with a medically controlled glaucoma

• A glaucoma not controlled by meds with some associated cataract

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- Cataract is clinically insignificant
- Glaucoma not well controlled with meds
- Anti-glaucoma meds are causing serious topical, social, or financial side effects

we operate on the glaucoma and wait for the cataract till it significantly impairs sight

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- When we perform cataract surgery..

Cataract surgery alone in itself is found to have an IOP lowering effect.

Some even daresay it is the most commonly performed glaucoma surgery!!

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- Clinically significant cataract in:
 - Mild POAG controlled with one med
 - Acute and subacute angle closure glaucoma
 - Not chronic angle closure glaucoma!!!

we operate on the cataract alone and get its well documented pressure lowering effect

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- Glaucoma
 - not well controlled with meds
 - meds intolerated
- Cataract
 - Clinically significant
 - anticipated to progress significantly with glaucoma surgery

we operate on both together

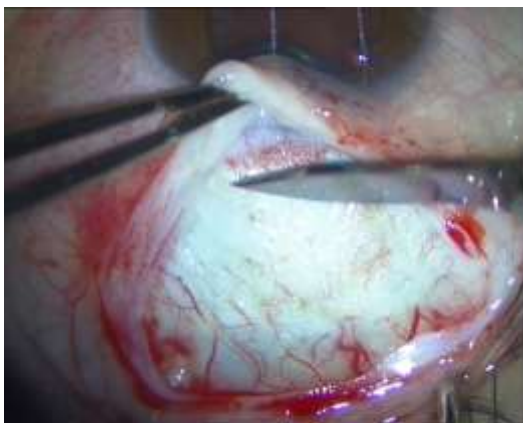
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- Nither of the above but patient is not amenable for regular timely follow up or has a poor compliance

we operate on both together regardless of the stage of cataract or the control of glaucoma

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Limbal based conjunctival incision

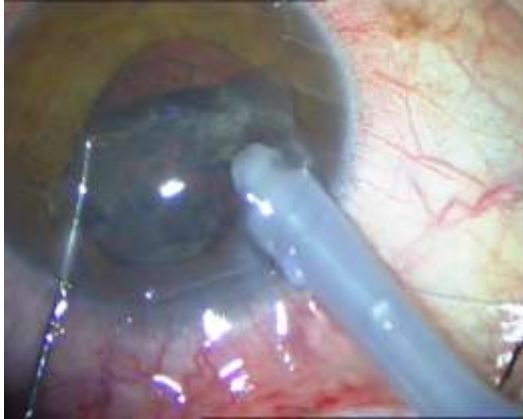


Scleral flap fashioning



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Phacoemulsification



Wound hydration



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flap closure



Wound re-hydration



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In cases with coexisting Cataract and Glaucoma, there is simply **NO** Single Solution, and each case has to be evaluated and have its tailored management

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