The use of Preserflo® MicroShunt in Aphakic Glaucoma

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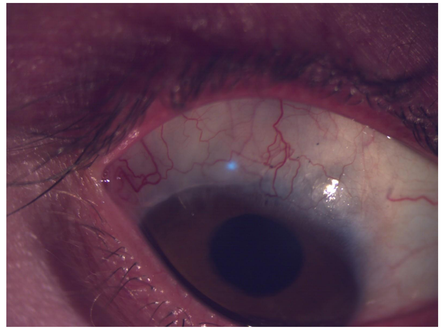
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1 INTRODUCTION

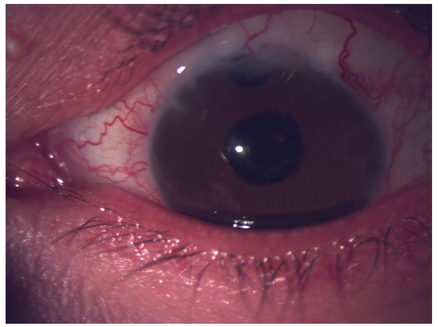
- Preserflo® MicroShunt offers significant IOP lowering with fewer complications than trabeculectomy [1-5].
- Lower rates of postoperative hypotony observed [1-5].
- Filtration surgery in aphakic glaucoma carries higher failure and complication rates [6-7].
- No prior studies have reported use of Preserflo® MicroShunt specifically in aphakic glaucoma.

2 METHODS

- 4 eyes with aphakic glaucoma underwent Preserflo® MicroShunt implantation.
- Anterior vitrectomy (25G bimanual) was performed at the start of all surgeries.
- Sponge-applied Mitomycin-C 0.4mg/ml for 4 minutes.
- Post-op dexamethasone 0.1% pf q2h and chloramphenicol 0.5% qid with review as clinically indicated

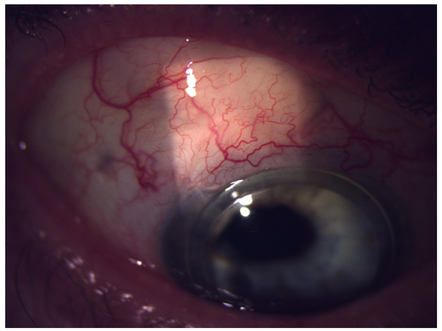


Case 1 – Superior temporal preserflo® with a diffuse posterior bleb

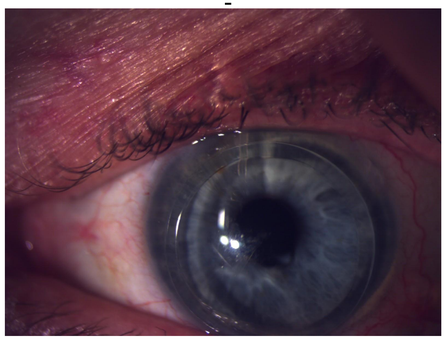


Case 2 – Superior preserflo® with surgical PI visible from previous trabeculectomy

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Case 3 – Diffuse posterior bleb with RGP contact lens in situ



Case 4 – Superior preserflo® visible with RGP contact lens in situ

3 RESULTS

Pre-op IOP **24.8mmHg** (17-35mmHg)

Post-op IOP (1 year) **11.8mmHg** (10-14mmHg)

75% eyes IOP ≤14mmHg at all time points

Mean Drops at 1 year **0.5** (0-2)

VA maintained
Visual Fields stable

No intra or post-op complications

4 CONCLUSIONS

- Aphakic glaucoma poses challenges for traditional filtration surgery.
- Preserflo® MicroShunt offers a promising alternative.
- Anterior vitrectomy may help reduce failure due to vitreous incarceration.
- Further studies are needed for long-term outcomes.

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