INSIGHT EYE SURGERY

Laser peripheral iridotomy

What is it?

Laser peripheral iridotomy delivers a concentrated beam of energy to make a small hole in the iris (the coloured part of the eye). Aqueous humour can then flow into the anterior chamber.

How does it work?

In acute angle closure the fluid in the eye (aqueous humour) is unable to pass into the anterior chamber and drain from the eye. The iris may be pushed forward on to the drainage system and restrict the outflow of aqueous so that the pressure within the eye rises.

Laser peripheral iridotomy is the treatment of choice in this situation and in those eyes at risk of acute angle closure to prevent a future attack and rise in pressure.

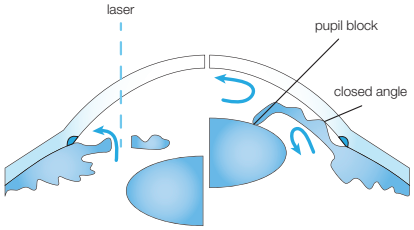
Although it reduces the risk of developing glaucoma, either acute or chronic, it does not eliminate it and Dr Adams will need to continue to check your eyes to ensure they remain healthy.

Who is it suitable for?

Laser peripheral iridotomy is a treatment used for patients who have or are at risk of developing acute angle closure or who have chronic angle closure glaucoma.

What are the benefits?

Laser peripheral iridotomy will reduce the risk of future acute attacks of glaucoma and will reduce intraocular pressure in an acute attack. It will also open the anterior chamber angle which may reduce the risk of progression to chronic angle closure glaucoma.



Before the Procedure

Pilocarpine is used to constrict the pupil prior to the laser. It may sometimes cause a temporary headache. Topical anaesthetic drops are also administered prior to the laser.

During the procedure

After anaesthetic drops are instilled in your eyes, a special lens will be placed on the eye. Some people feel a mild, sharp sensation during the laser treatment. The duration is less than 10 minutes. There is usually no pain after the laser is complete.

After the procedure

After the laser you will have drops to reduce inflammation in the eye: Maxidex four times a day for 5 days to the eye that had the laser.

What are the risks?

Intraocular pressure can rise after an iridotomy, however pressure lowering drops are often given to prevent this. Reports suggest that an iridotomy may accelerate the progression of a cataract or cause microscopic bleeding from the iris. There have been reports of glare and monocular blurring/diplopia following iridotomy but this is rare.

Are there any alternatives?

Cataract surgery will also open a narrow anterior chamber angle and prevent future acute attacks of glaucoma. Cataract surgery is more definitive as it addresses the anatomical issue, but it is surgery requiring admission to hospital.

In the unlikely event that you experience severe pain, sudden loss of vision or discharge, contact Dr Adams at **Insight Eye Surgery** on **07 3154 1515** (Brisbane) or **07 5345 5011** (Noosa) in business hours or attend your local hospital emergency department after hours.