

MEETING NEWS COVERAGE

Combined phaco, CLASS procedure reduces IOP in patients with open-angle glaucoma

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LONDON — CO₂ laser-assisted sclerectomy in combination with cataract surgery demonstrated efficacy in lowering IOP among patients with open-angle glaucoma, according to a surgeon here.

After cutting a rectangular sclera flap in the superior quadrant, 60% into the scleral depth, phacoemulsification was performed through a temporal clear corneal route. Laser ablation was then applied under the flap until opening of the Schlemm's canal. The flap was then loosely sutured.

“The use of the laser makes the procedure easier and safer because the ablation stops as soon as the Schlemm's canal is opened and the aqueous starts percolating,”

Rengaraj Venkatesh, MD, said at the European Society of Cataract and Refractive Surgeons Congress.



**Rengaraj
Venkatesh**

The safety and efficacy of the combined phacoemulsification/CO₂ laser-assisted sclerectomy (CLASS) procedure was evaluated in a prospective trial including 17 patients with open-angle or pseudoexfoliation glaucoma and cataract during a period of 2 years. Main preoperative IOP was 21 mm Hg without glaucomatous drugs or with maximally tolerated medical treatment. Complete success, defined as IOP between 5 mm Hg and 18 mm Hg without medication, was achieved in 75% of the patients and qualified as success, where the same IOP levels were achieved with the aid of medication in 88% of the patients, according to Venkatesh.

No vision-threatening intraoperative adverse events due to phacoemulsification or CO₂ laser were reported. Wound-related complications were not seen in any of the eyes, and none needed additional surgery, Venkatesh said.

Venkatesh pointed out that the surgical option is particularly important in the developing world, where the cost of life-long medical treatment is often an unsustainable burden.

Disclosure: Venkatesh has no relevant financial disclosures.