



## Canaloplasty Performed with the iTrack Microcatheter to Reduce IOP in Uncontrolled Glaucoma Eyes

*Paper*

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**Purpose:** To evaluate intraocular pressure (IOP) control and medication reduction in uncontrolled glaucoma eyes.

**Method:** Eyes which received canaloplasty performed with an ab-interno approach with the iTrack microcatheter (Nova Eye Medical) with a preoperative IOP above 18mmHg (defined as uncontrolled IOP) were collated from the International Glaucoma Surgery Registry - IGSR. Primary endpoints were IOP reduction, control of IOP equal or below 18mmHg, and medication reduction.

**Results:** 168 eyes with a mean preoperative IOP (mmHg) of  $23.9 \pm 5.5$  and on  $1.82 \pm 1.2$  medications were recruited. IOP and medications were reduced to  $15.1 \pm 4.9$  and  $15.4 \pm 4.6$  and  $1.12 \pm 1.4$  and  $0.74 \pm 1.1$  at the 6- (n=91) and 12-month (n=58) follow-ups ( $p < 0.001$ ), respectively. 81.0% of the eyes were controlled (equal or below 18 mmHg) at the 12-month follow up. Mean IOP decreased in 96.6% of the eyes, while the number of medications decreased in 62.1% of the eyes, stayed the same in 29.3%, and increased in 8.6% of the eyes. Potentially related adverse events were: cystoid macular edema (2/168); hyphema >10% anterior chamber (3/168), and intraocular inflammation/uveitis (1/168).

**Conclusions:** Canaloplasty performed via an ab-interno technique resulted in a generic decrease of IOP in uncontrolled glaucoma eyes. The majority of baseline uncontrolled glaucoma eyes were IOP controlled following the canaloplasty procedure.

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