



Investigating the Consistency in Outcomes of Ab-Interno Canaloplasty as a Standalone Procedure

Poster

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Purpose: To study the consistency in outcomes of standalone canaloplasty performed via an ab-interno surgical technique in reducing intraocular pressure (IOP) and number of medications in uncontrolled open angle glaucoma (OAG) eyes over a 12-month period.



Method: This retrospective, multicenter case series included patients who underwent standalone canaloplasty via an ab-interno surgical technique using the iTrack microcatheter (Nova Eye, Inc., Fremont, USA), and had preoperative uncontrolled OAG (IOP \geq 18mmHg) along with no previous history of glaucoma surgery. The iTrack microcatheter is used to circumnavigate 360° and viscodilate Schlemm's canal. Consistency of IOP and medication reduction on an eye-by-eye basis were evaluated.

Results: 64 eyes (60 patients, age 71.5 \pm 13.4 years) were included. Six eyes (9%) that underwent additional glaucoma surgery were considered a failure and were subsequently excluded from analysis. At 12 months, IOP was reduced in 57 of the 58 (89%) remaining eyes; one eye had the same IOP with a reduced number of medications. Of the 57/58 eyes with a reduced IOP: 44 eyes (69%) required fewer medications while 12 eyes (19%) required the same number of medications. Of these 58 eyes, 78% of eyes had a \geq 20% reduction in IOP compared to baseline; 69% eyes had a postoperative IOP \leq 15 mmHg, and 86% eyes \leq 18 mmHg at 12 months. 40% of the eyes were medication-free at 12 months compared to none at baseline.

Conclusions: Canaloplasty performed via an ab-interno surgical technique as a standalone procedure consistently reduced IOP and the number of glaucoma medications in almost all eyes.

Disclosures: Dr. Khaimi and Dr. Gallardo are consultants to Nova Eye, Inc. Dr. Ondrejka and Prof. Koerber are investigators for the CATALYST study