

Clinical Outcomes and Safety Profile of Standalone Canaloplasty Vs. Canaloplasty Combined with Cataract Surgery Using iTrack Microcatheter

Paper

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Purpose: To evaluate the clinical outcomes and safety profile of standalone ab-interno canaloplasty performed using the iTrack microcatheter (Nova Eye Medical) compared to ab-interno canaloplasty combined with cataract surgery.



Method: Data were collected from the prospective multicenter cloud-based database (iTGDR, part of the International Glaucoma Surgery Registry – IGSR), including eyes with glaucoma diagnosis and 12 months of follow-up. Patients underwent canaloplasty using the ab-interno technique with the iTrack or iTrack Advance (Nova Eye Inc., Fremont, USA), either as a standalone procedure (standalone group) or combined with cataract surgery (+phaco group). All glaucoma types were included except for angle closure glaucoma.

Results: In the standalone canaloplasty group (37 eyes; n=28 phakic, n=9 pseudophakic) baseline IOP (mmHg) and medications significantly decreased from 20.8±6.5 and 2.32±0.88 to 15.6±7.20 (-25.3%; p=0.015) and 1.19±1.38 (-48.9%; p=0.008) at 12 months (n=16). In the canaloplasty +phaco group (338 eyes) IOP and number of medications significantly decreased from 17.4±5.8 and 2.01±1.17 to 13.81±3.54 (-20.7%; p<0.001) and 0.79±1.21 (-60.9%; p<0.001) at 12 months (n=122). In the phakic eyes standalone group the reduction in IOP and medications was significant (p=0.022; p=0.02); there were not enough standalone pseudophakic eyes to return a meaningful p value. No serious adverse events were recorded.

Conclusions: Both standalone canaloplasty and canaloplasty combined with cataract surgery using the iTrack microcatheter significantly reduced intraocular pressure and the number of medications over a 12-month period, with no serious adverse events observed.

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