



Safety and Efficacy of Ab-Interno Canaloplasty (ABiC) Using the iTrack in Angle Closure Glaucoma: 12-Month Results

Paper

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Purpose: Report the safety and efficacy of ab-interno canaloplasty using the iTrack™ device (Nova Eye Medical, Fremont, USA) in patients with primary angle closure glaucoma (PACG).

Method: Prospective multicenter (Australia, USA, Canada, United Kingdom) case series of 49 eyes in 41 patients with PACG undergoing canaloplasty via an ab-interno technique, with or without cataract extraction. Data was retrieved from the International Glaucoma Surgery Registry. Outcome measures included intraocular pressure (IOP), number of glaucoma medications and adverse events. 12-month results are presented.

Results: Mean IOP (mmHg) and number of medications decreased from 20.9 ± 6.19 and 1.98 ± 1.45 at baseline ($n=49$) to 13.3 ± 3.35 ($p < 0.001$) and 0.88 ± 1.34 ($p < 0.001$) at 6M ($n=34$), and to 12.8 ± 3.19 ($p < 0.001$) and 0.57 ± 0.93 ($p < 0.001$), respectively, at 12M ($n=21$). The 6 eyes operated with canaloplasty as a standalone procedure had baseline IOP of 21.0 ± 5.93 and required 2.17 ± 1.60 medications, which reduced to 14.0 ± 2.53 ($p=0.036$) and 0.83 ± 1.33 ($p=0.054$), respectively, at 6M postoperatively. 20% and 47% of the eyes had an IOP ≤ 15 mmHg and ≤ 18 mmHg at baseline, respectively, vs 68% and 94% at 6M postoperatively; 66.7% (14/21) of the eyes were medication-free at 12M from 16.3% (8/49) at baseline. One eye had a hyphema ($>10\%$ anterior chamber) that resolved without late sequela.

Conclusions: Canaloplasty, with or without phacoemulsification, performed on PACG eyes resulted in significant IOP and medication reductions, with most eyes medication-free at 12 months.

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