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## Glaucoma Gauntlet: Managing Cases from Diagnosis to Treatment

Justin Schweitzer, OD, FFAO  
Vance Thompson Vision, Sioux Falls, South Dakota  
Optometric Externship Director  
Associate Director Residency Program



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### PollEverywhere

- Open the internet browser on your phone
- Scan QR Code
- Type in:  
[pollev.com/vision](http://pollev.com/vision)
- Text to 22333 vision

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### Financial Disclosure – Justin Schweitzer, OD, FAAO

- Aerle – C/L
- Alcon – C/L
- Allergan – C/L
- Bausch + Lomb – C/L
- Ocular Therapeutix - C
- EyePoint – C
- Sight Sciences – C/L
- Dompé – C/L
- Zeiss – C/L
- Visus – C
- Science Based Health – C
- Kala – C
- RVL – C
- Tarsus – C/L
- Sun – C/L
- Equinox - I
- Reichert - C
- J&J – C/L
- Glaukos – C/L
- Horizon – C
- Quidel – C
- MedPrint – C
- LMC – C/L
- Avellino – C
- Novartis – C
- Imeric bio – C
- Occuphire - C

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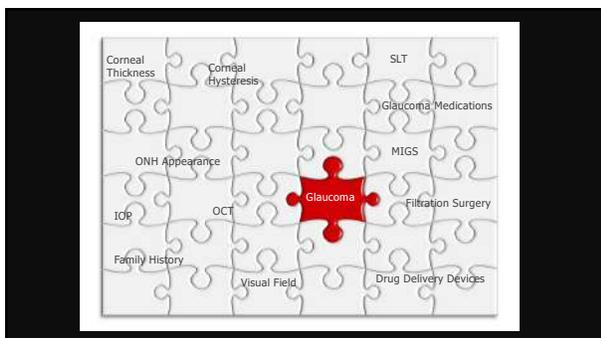
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### Case 1

- **71-year-old African-American male – irritated eyes.**
- **Medical History:** HTN
- **Family History:** HTN, DM
- **BCVA:** 20/20 +1 OU
- **TMAX:** 29 mm Hg OD; 28 mm Hg OS
- **Ocular Meds:**  
Latanoprost qd OU, fixed combo agent bid OU
- **IOP:** 20 mm Hg OD; 19 mm Hg OS
- **C/D:** 0.75/0.75 OD 0.65/0.65 OS
- **Pachymetry:** 510 OD; 514 OS
- **Corneal hysteresis:** 8 OD 8.9 OS
- **Gonioscopy:** Open to CB OU w/ trace pigment in TM
- **SLE:** PCIOL OU and See image
- **VF's** – See next slide
- **OCT's** – See next slide

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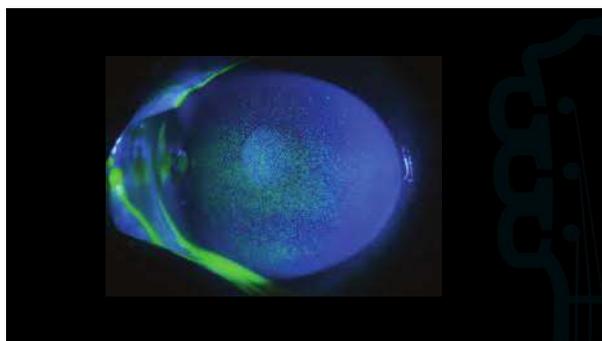
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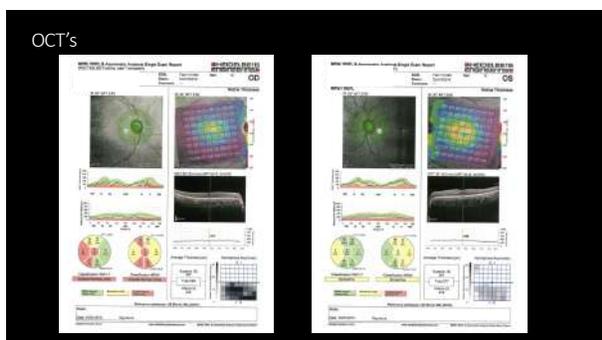
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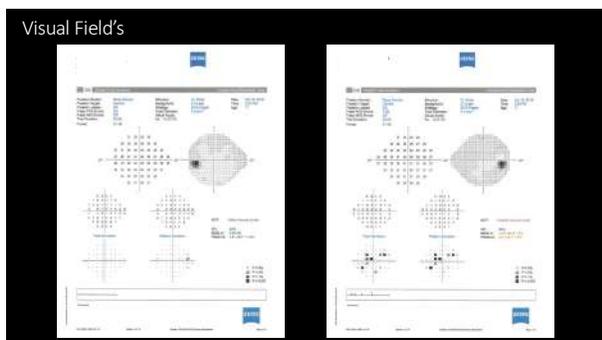
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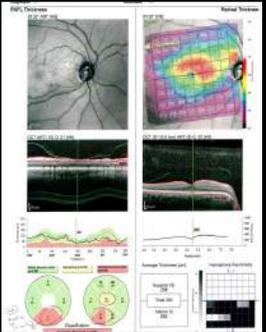
## OCT

Pay attention to TSNIT curve.

Pay attention to the actual numbers in the segmentation plot

Pay attention to the numbers between the eyes in the segmentation plot

Beware of the artifact!



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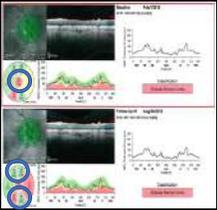
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## What Change Matters?

Average RNFL = ~ 4 microns

Superior/Inferior RNFL = ~ 7 microns

Macular GCL-IPL = ~ 4 microns



• Mizuno, K.C. et al. Ability of dual HD-OCT optic nerve head parameters to discriminate normal from glaucomatous eyes. Ophthalmology 2011  
• Kim HJ. Long-term reproducibility of macular ganglion cell analysis in clinically stable glaucoma patients. Invest Ophthalmol Vis Sci. 2015

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## Case Conclusion

- Performed bimatoprost SR + SLT OU – gave patient “drop holiday”
- IOP 17 OD; 16 OS @ 6 weeks – eyes feel so much better
- Monitoring the patient every 4 months initially
- Recent visit – stable VFT, OCT, and IOP (schedule q 6 mos)

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### Impact of Multiple Glaucoma Medications on Dry Eye Disease

Number of Drops	Incidence of DED among 61 glaucoma patients <sup>1</sup>	Incidence of DED among 19,665 glaucoma patients <sup>2</sup>
1 	11%	51%
2 	39%	55%
3+ 	40%	60%

©2010 Redwood Software. All rights reserved.  
 1. Fakhoury RD et al. Cornea. 2010;29:1418-1421. 2. Shi C et al. Graefes Arch Clin Exp Ophthalmol. 2008;46:1593-1601. 3. Leung EW et al. J Glaucoma. 2008;17:350-355.

Slide Courtesy of Paul Singh MD

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### Effects on Meibomian Glands

Effect on lids/meibomian glands  
 Study on glaucoma patients 18mo stable treatment with different medications.  
 Reduced number of meibomian glands  
 Reduced numbers of acinae and increased dysfunction in patients  
 Patients on multiple medications with preservatives = increased dysfunction and reduced number of acinae

	DDP score	DDP	DT	Current blinking	Meibomian score	Meibomian score
Control	55.6 ± 2*	12.0 ± 2*	18.8 ± 1.0*	6.5 ± 1*	0.12 ± 0.02*	1.30 ± 0.2*
Group 1	58.6 ± 2**	7.5 ± 2**	9.3 ± 1.1**	1.8 ± 1	0.48 ± 0.12	2.0 ± 0.3*
Group 2	58.6 ± 2***	7.5 ± 2***	9.3 ± 1.1***	1.8 ± 1	0.48 ± 0.12	2.0 ± 0.3*
Preserved drug	18.3 ± 1****	6.1 ± 1****	9.6 ± 1****	1.8 ± 1	0.53 ± 0.14	2.1 ± 0.3*
Group 3	58.6 ± 2	6.1 ± 1	7.2 ± 1	2.2 ± 1	0.56 ± 0.14	2.2 ± 0.3*
Group 4	58.6 ± 2	5.9 ± 1	4.8 ± 1	2.2 ± 1	0.53 ± 0.14	2.2 ± 0.3*

\*p < 0.05 vs group 1, 2 and 3  
 \*\*p < 0.05 vs group 2 and 3  
 \*\*\*p < 0.05 vs group 1, 2 and 3 and 4  
 \*\*\*\*p < 0.05 vs group 1, 2 and 3 and 4

Agarwal L, et al. Br J Ophthalmol 2013.



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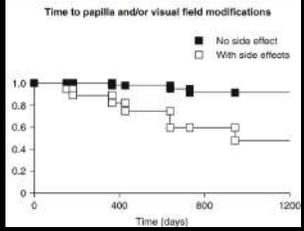
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### Treatment Challenges

Time to papilla and/or visual field modifications



■ No side effect  
 □ With side effects

Time (days)

\*Doris, Philippe, et al. Medical outcomes of glaucoma therapy from a nationwide representative survey

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### Low-Energy SLT Repeated Annually: Rationale for the COAST Trial

Tony Realini, MD, MPH, Gus Gazzard, MD, Mark Latina, MD, Michael Kass, MD

Newly diagnosed POAG treated with:

1. ALT 360 x 1
2. Standard SLT 360 as needed
3. Low-energy SLT 360 repeated annually

#### 10-year Results

##### Medication Free Rates

1. ALT – 22.6%
2. Standard SLT -25.0%
3. Low-energy SLT – 58.3%

#### 10-year Results

##### Median Times to Treatment

1. ALT – 2.8 years
2. Standard SLT -3.2 years
3. Low-energy SLT – 6.2 years

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### Glaucoma Drug Delivery

Bimatoprost SR <sup>(Allergan)</sup>  
(10-microgram bimatoprost sustained-release implant)



- Biodegradable bimatoprost sustained-release implant
- FDA-approved and indicated to reduce IOP in patients with open angle glaucoma or OHT
- Single intracameral administration
- Phase I/II/III Studies



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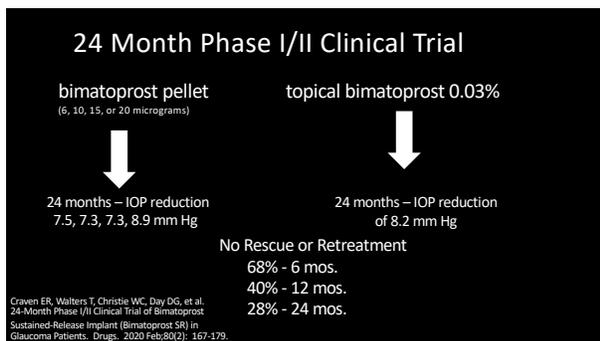
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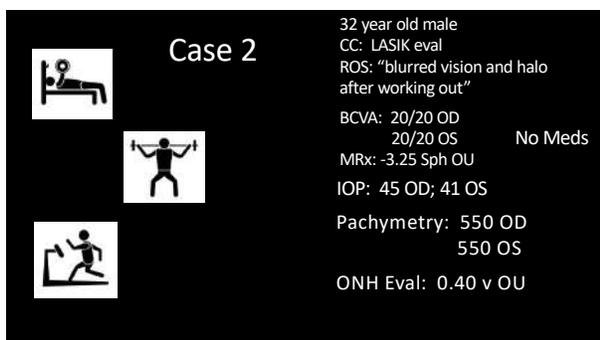
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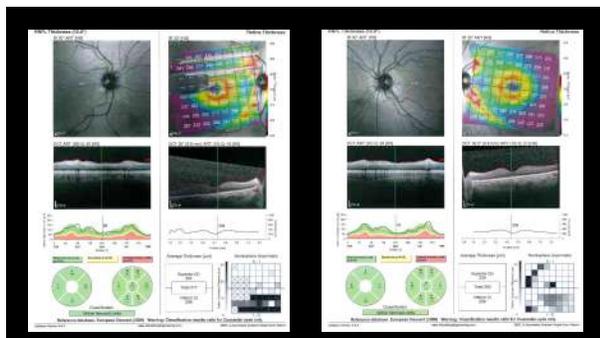
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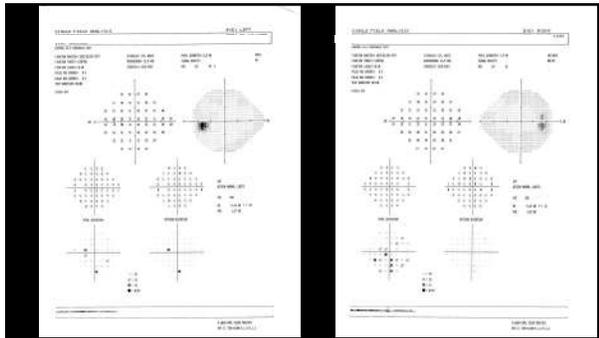
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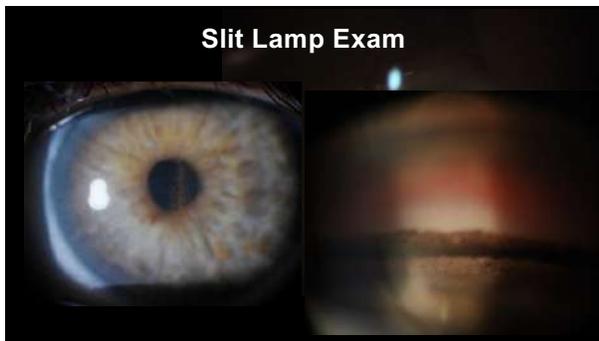
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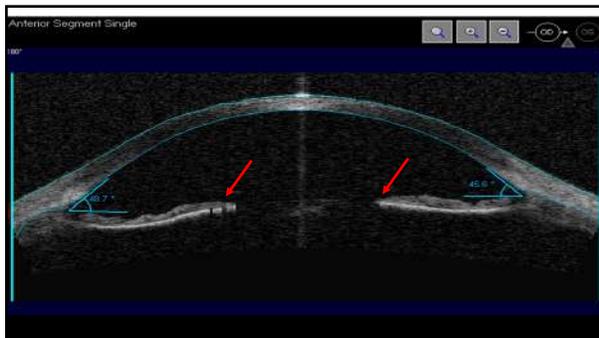
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### Case Conclusion

- S/P laser peripheral iridotomy and SLT OU
- IOP 18 OD; 16 OS
- Stop topical medications
- Return for LASIK eval

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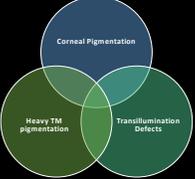
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### Pigment Dispersion Syndrome/PD-Glaucoma

**Mechanism of Disease**  
 Abnormal irido-zonular/irido-lens contact  
 Iris pigment deposited on Cornea, Lens, AC angle  
 Concave Iris approach

- Fluid from PC to AC causing higher IOP in AC than PC (Ball-Valve Mechanism)
- Pressure gradient causes the iris to bow concave with higher iridolenticular contact in some people= Reverse pupillary block
- Blinking, accommodation, *exercise* may promote



**Elevation in IOP and IOP spikes secondary to pigment occlusion of physiologic outflow.**

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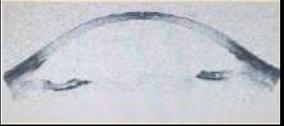
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### Estimated prevalence of PDS is 2.45% in the US

Disease less severe as patient ages and pigment release slows



Lahola-Chomiak AA, Walter MA. Molecular Genetics of Pigment Dispersion Syndrome and Pigmentary Glaucoma: New Insights into Mechanisms. J Ophthalmol. 2018;2018:5926906.

Mechanism: Crystalline lens thickens causing an adjustment of zonular-iris contact

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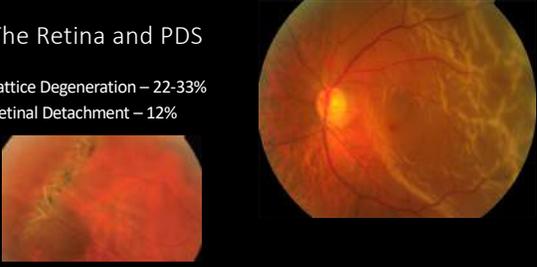
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**The Retina and PDS**

Lattice Degeneration – 22-33%  
Retinal Detachment – 12%



1. Weeley P, Liebmann J, Webb J B, Birch R. Lattice degeneration of the retina and the pigment dispersion syndrome. *American Journal of Ophthalmology*. 1992;114(5):539-543. doi: 10.1016/0002-9398(94)47446-0.  
2. Sobrinho G, Pagan A, Nazzari C, Ghisla L. Retinal involvement in pigment dispersion syndrome. *International Ophthalmology*. 1995;19(8):575-578. doi: 10.1007/BF00123908.  
3. Schein H G, Cameron I D. Pigment dispersion syndrome: a clinical study. *The British Journal of Ophthalmology*. 1982;66(4):264-269. doi: 10.1136/bjo.66.4.264.  
4. Sampaolo R. Retinal detachment and pigment dispersion syndrome. *Klinische Monatsblätter für Augenheilkunde*. 1995;208(2):29-32. doi: 10.1007/s-2008-305401.

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**What Is the Risk of Developing Pigmentary Glaucoma From Pigment Dispersion Syndrome?**

YASMIN SIDDIQUI, MD, RICHARD D. TEN HULZEN, MD, I. DOUGLAS CAMERON, MD, DAVID O. HODGE, MS, AND DOUGLAS H. JOHNSON, MD

- **CONCLUSION:** The risk of developing pigmentary glaucoma from pigment dispersion syndrome was 10% at 5 years and 15% at 15 years. Young, myopic men were most likely to have pigmentary glaucoma. An IOP greater than 21 mm Hg at initial examination was associated with an increased risk of conversion. (Am J Ophthalmol 2003;135:794-799. © 2003 by Elsevier Inc. All rights reserved.)

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**Case 3**



Patient JT - 59 year old female presents with recent blurred vision in OD > OS that seems to fluctuate and started 2-3 months ago, but worsening.

BCVA: 20/30 OD, 20/20-2 OS  
BAT: 20/100 OD, 20/100 OS  
Med: Latanoprost qd OU

IOPS 48 OD, 19 OS  
Pachy: OD: 545, OS 545  
CH: OD: 9.0, OS: 9.0

SLE: trace – 1 NS Cataracts OU  
Trace K edema OD  
Gonioscopy – OD and OS = No structures  
No synechiae noted 360 degrees

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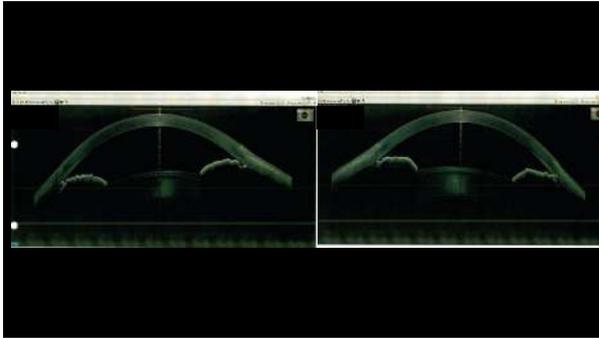
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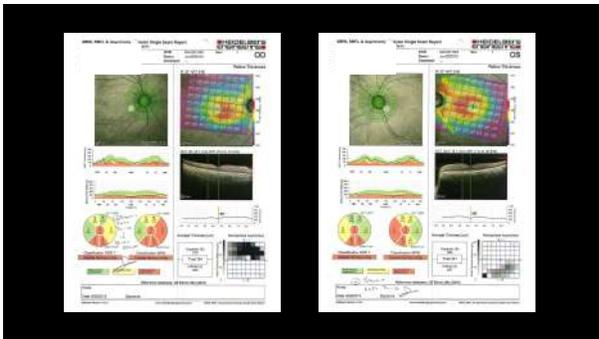
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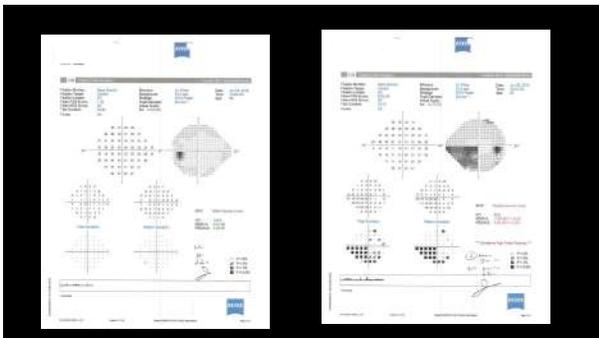
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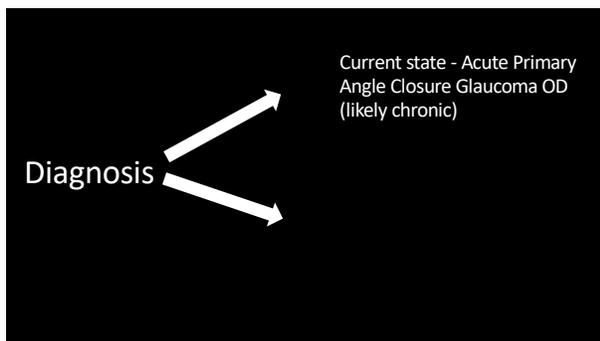
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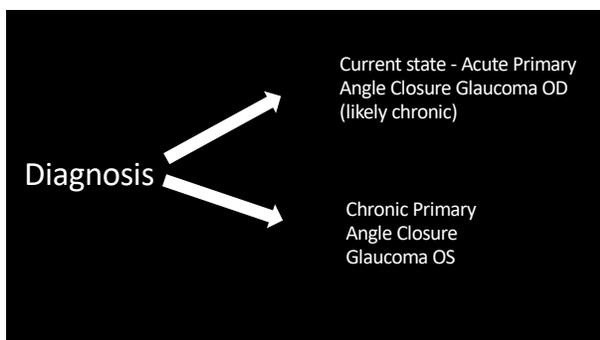
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**Diagnostic accuracy of AS-OCT vs gonioscopy for detecting angle closure: a systematic review and meta-analysis**

Thomas Desmond<sup>1,2</sup> · Vincent Tran<sup>2</sup> · Monish Maharaj<sup>3,4</sup> · Nicole Carnot<sup>1,2,5,6</sup> · Andrew White<sup>1,2,5</sup>

Received: 12 January 2021 / Revised: 13 May 2021 / Accepted: 3 June 2021 / Published online: 5 July 2021  
© The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature 2021

- It is currently unclear how AS-OCT fits into clinical practice for detecting angle closure.
- AS-OCT is sensitive for detecting angle closure.
- AS-OCT may be a good screening tool for angle closure.
- AS-OCT has a high rate of false positives when measured against gonioscopy.
- AS-OCT is not yet able to replace gonioscopy.

Desmond T, Tran V, Maharaj M, Carnot N, White A. Diagnostic accuracy of AS-OCT vs gonioscopy for detecting angle closure: a systematic review and meta-analysis. *Graefes Arch Clin Exp Ophthalmol*. 2022; Jan; 60(1):1-23. doi: 10.1007/s00147-021-05271-4. Epub 2021 Jul 5. Erratum in: *Graefes Arch Clin Exp Ophthalmol*. 2021 Sep 20; PMID: 34229969; PMCID: PMC8553367.

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Randomized Controlled Trial | Lancet, 2019 Apr 20;393(10181):1029-1036.  
doi: 10.1016/S0140-6736(18)32817-2. Epub 2019 Mar 14.

### Laser peripheral iridotomy for the prevention of angle closure: a single-centre, randomised controlled trial

Mingqiang He<sup>1</sup>, Yuxian Jiang<sup>2</sup>, Shengqiang Huang<sup>3</sup>, Dely S Chang<sup>4</sup>, Beatriz Munoz<sup>4</sup>, Yin Aung<sup>5</sup>, Paul J Foster<sup>6</sup>, David S Friedman<sup>6</sup>

889 subjects (Treated eye=LPI Untreated eye = control) – followed for 6 years

Criteria for Primary Angle Closure Suspect

1. No PAS present in any quadrant
2. No visible TM 6 clock hours or greater

Criteria considered as not preventative

1. IOP > or equal to 24 (measured twice)
2. PAS covering 1 or greater clock hours
3. Acute Angle Closure

4,19/1,000 – LPI arm  
7,97/1000 – control arm  
47% reduction

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Randomized Controlled Trial | Lancet, 2019 Apr 20;393(10181):1029-1036.  
doi: 10.1016/S0140-6736(18)32817-2. Epub 2019 Mar 14.

### Laser peripheral iridotomy for the prevention of angle closure: a single-centre, randomised controlled trial

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**Interpretation:** Incidence of angle-closure disease was very low among individuals classified as primary angle closure suspects identified through community-based screening. Laser peripheral iridotomy had a modest, albeit significant, prophylactic effect. In view of the low incidence rate of outcomes that have no immediate threat to vision, the benefit of prophylactic laser peripheral iridotomy is limited; therefore, widespread prophylactic laser peripheral iridotomy for primary angle-closure suspects is not recommended.

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Lancet, 2015 Oct 1;386(10062):1388-1397. doi: 10.1016/S0140-6736(15)10056-4

### Effectiveness of early lens extraction for the treatment of primary angle-closure glaucoma (EAGLE): a randomised controlled trial

Abbas-Basoul<sup>1</sup>, Basu J<sup>2</sup>, Ramnar C<sup>3</sup>, Casanova D<sup>4</sup>, Faria R P<sup>5</sup>, Fakhroo D S<sup>6</sup>, Sothel D<sup>6</sup>, Jambhalkar M<sup>7</sup>, Cochrane C<sup>8</sup>, Nouri J<sup>9</sup>, EAGLE Study Group

- Randomized trial: PAC and PACG patients > 50 yo without cataract
  - Clear Lens Extraction
  - LPI with topical meds

30% reduction in IOP and 53% decrease in number of medications

ACUTE ACG – 71% IOP reduction and almost no need for post-phaco medications

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## Our Goal for JT

Attempt to get IOP in the low 30s or less OD  
Oral Diamox 2 x 250 mg in office  
Rotate topical meds every 5 minutes

Send patient home with topical meds and oral Diamox until LPI performed or cataract surgery

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## Case #4

65-year-old, Caucasian female referred for a second opinion for possible glaucoma. She states she has never had high eye pressures and doesn't understand how she could have glaucoma.

### Ocular History

- POHX: Cataract extraction OU 2014, YAG capsulotomy OU 2014
- FHx: Mother – glaucoma, age-related macular degeneration
- Previous Treatment Regimen: None
- Current Treatment Regimen: None
- IOP max
  - OD: 17 mm Hg
  - OS: 17 mm Hg

### Medical History

- PMHX: Hyperlipidemia
- All Medications: Fluoxetine, Atorvastatin
- Allergies: Penicillin
- Blood Pressure: 118/75

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## Ocular Exam

- Uncorrected visual acuity (UCVA): 20/20 OD, 20/20 OS
- External exam: Normal appearance, symmetrical
- Pupil exam: Equal, round, reactive to light and (-) APD
- Slit-lamp exam
  - Lids/Lashes: Clear, no debris, no signs of MGD OU
  - Conjunctiva: Clear, no injection OU
  - Cornea: Clear, no corneal staining OU, no pigment present OU
  - Anterior Chamber: Clear, no cells, no flare OU
  - Iris: Clear, no exfoliative material present, no transillumination defects OU
  - Lens: Well centered posterior chamber intraocular lens, open posterior capsule OU
- Goldmann Applanation Tonometry: 16 mm Hg OD, 17 mm Hg OS
- Central corneal thickness (CCT): 499 OD, 504 OS
- Gonioscopy: Open to CB in all quadrants, no pigment in the TM, and normal iris approach
- Corneal Hysteresis: 9.4 mm Hg OD, 9.3 mm Hg OS

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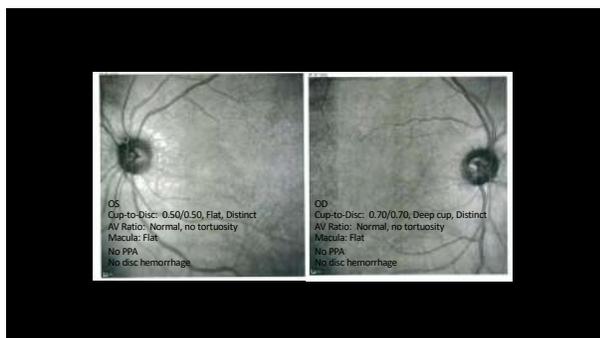
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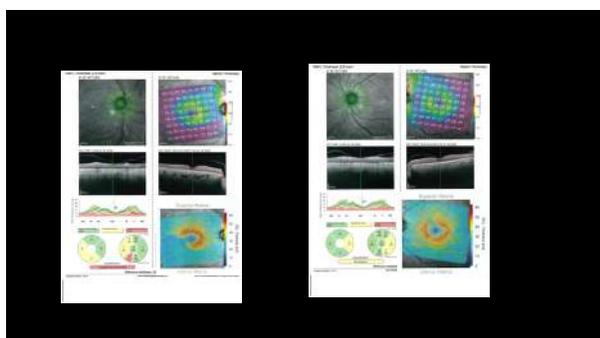
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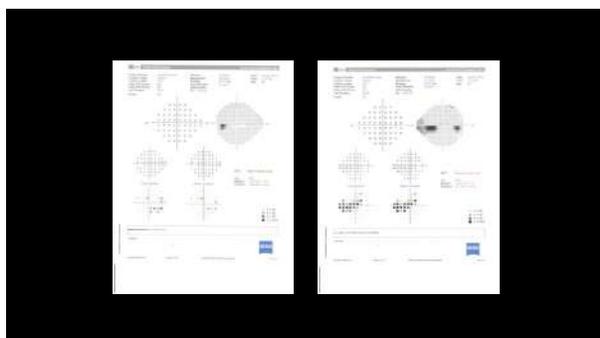
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## Diagnosis

Moderate Normal Tension Glaucoma OD  
Pre-perimetric Normal Tension Glaucoma OS

Other diagnoses: SPO Cataract Extraction OU, SPO YAG Capsulotomy OU

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## Initial Follow-up and Plan

### Follow-up at 1 month

latanoprostene bunod 0.024% was well tolerated, easy to instill, and patient states compliance with medication.

Follow-up ocular exam: Vision and SLE stable from last examination 1 month ago.

### Tonometry:

OD: 12 mmHg

OS: 12 mmHg

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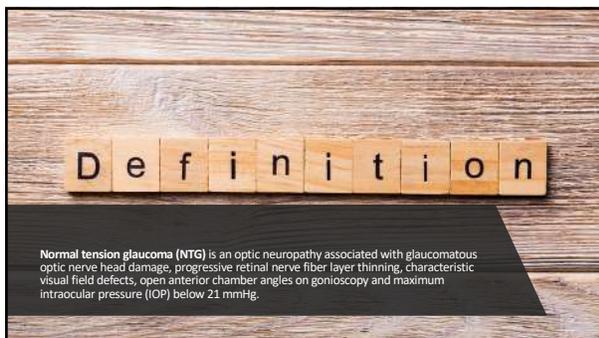
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### Normal Tension Glaucoma –Landmark Studies

Only 50% of treated eyes achieve a 30% IOP lowering  
 34% of treated NTG patients show progression  
 9.9% of NTG patients go blind in 1 eye  
 1.5% of NTG patients go blind in both eyes

Lowering IOP 20-30% slows progression significantly  
 A 20-30% reduction of IOP confers a 93-96% chance of stability  
 Achieving an IOP of 10-11mmHG confers a 90% chance of stability  
 Achieving a 20% reduction results in 1.4-fold reduction in Progression  
 Achieving a 40% reduction results in a 5.7-fold reduction in Progression

1. The advanced glaucoma intervention study (AGIS). *Am J Ophthalmol* 2000;130:429-440.  
 2. Eckman PR, et al. Systemic arterial hypertension in the collaborative normal glaucoma treatment study comparing initial treatment randomized to timololol or surgery. *Ophthalmology* 2001;108:1941-1951.  
 3. The effectiveness of individual pressure reductions in the treatment of normal-tension glaucoma. Collaborative Normal Tension Glaucoma Study Group. *Am J Ophthalmol* 1998;126:499-505.  
 4. Wang Y, et al. Early Manifest Glaucoma Trial Group. Reduction of intraocular pressure and glaucoma progression: Results from the early manifest glaucoma trial. *Arch Ophthalmol* 2002;120:1224-1232.

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- Increased IOP
- Nocturnal and Diurnal IOP Rise
- Female
- Myopia
- Age
- Hypotension
- Low ocular perfusion pressure
- Not Being Overweight
- Migraines/Raynaud's Phenomenon
- Sleep Apnea
- Thin Cornea or Low Corneal Hysteresis
- Decreased CSF Pressure

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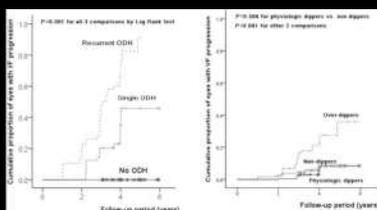
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### Degree of Nocturnal BP “Dip” in NTG patients & Glaucoma Progression



Kwon, J., Lee, J., Choi, J., Jeong, D., & Koak, M. S. (2017). Association between nocturnal blood pressure dips and early-onset, low-tension glaucoma in patients with normal-tension glaucoma. *American journal of ophthalmology*, 176, 87-101.

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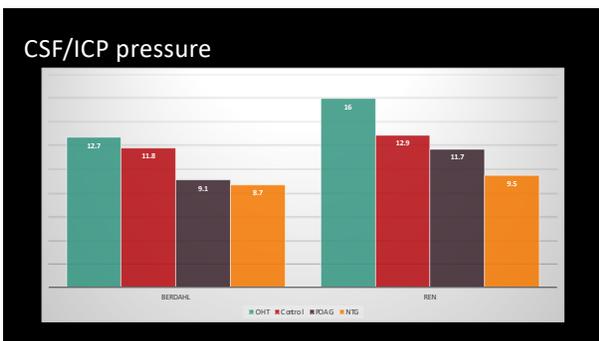
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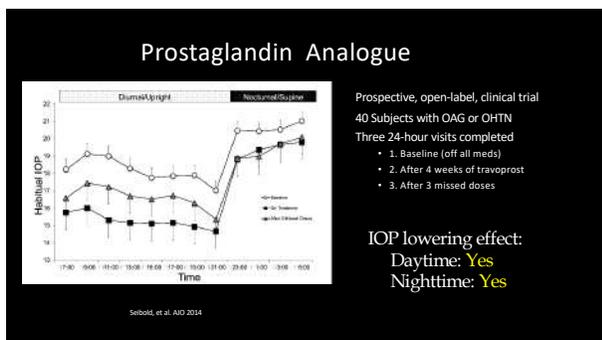
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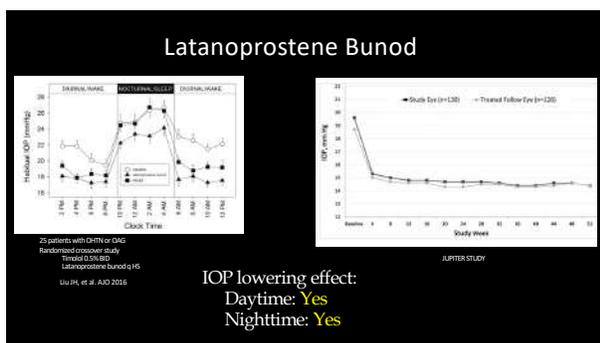
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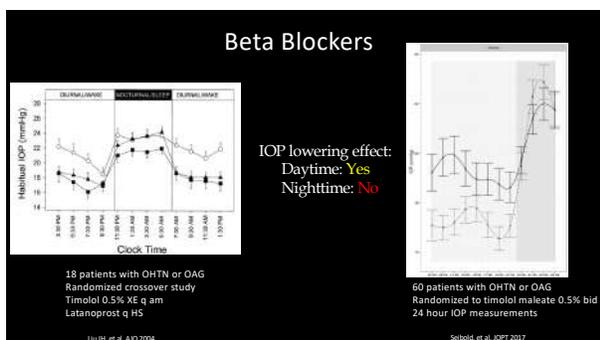
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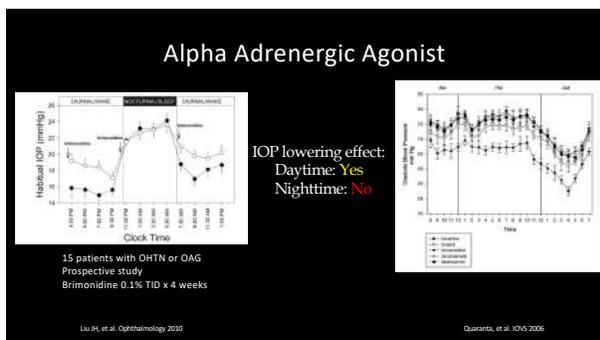
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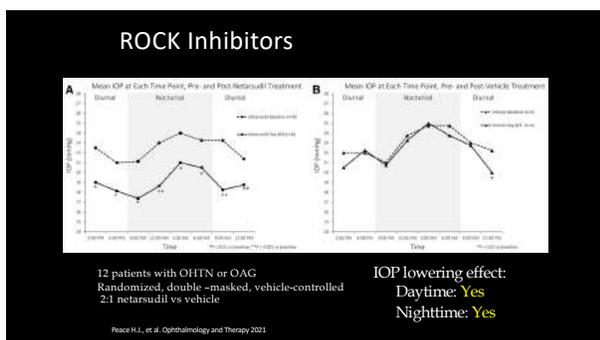


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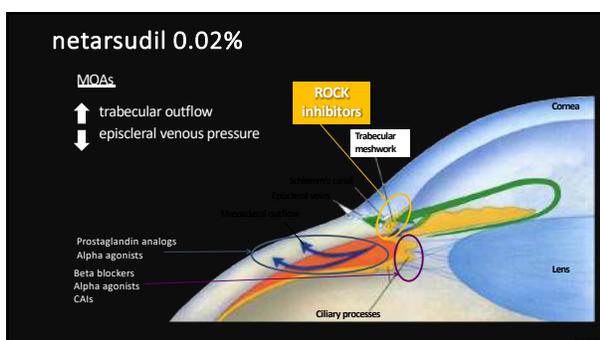
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### CASE #5 History of Present Illness: Ocular

84-year-old, Caucasian female

**Ocular History**  
Diagnosed with POAG – 2012-2014  
OD – latanoprostene bunod 0.024% qd, brimonidine tartrate/timolol maleate 0.2%/0.5% bid, brinzolamide bid  
OS – history of tube shunt, no current medications  
Cataract extraction: 2009 OU  
Family History: POAG - Father

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History of Present Illness: Medical

Medical History

Systemic Medications: Amitriptyline HCL, Alprazolam 0.25 mg, Carbamazepine 200 mg

Allergies: Codeine, Ultram

Social History: Unremarkable

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Ocular Exam:

VAcc: OD – 20/20 OS – 20/40

Tmax IOP: OD – 24 mmHg OS – 28 mm Hg

SLEX: Tube shunt OS, otherwise unremarkable

ONH: OD – 0.80/0.80 OS – 0.95/0.95

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Ocular Exam:

Pachymetry: 510 OU

Gonioscopy: Open to CB

IOP History:

OD – consistently 10-12 mm HG (on medications)

OS – consistently – 10-11 mm HG (tube shunt)

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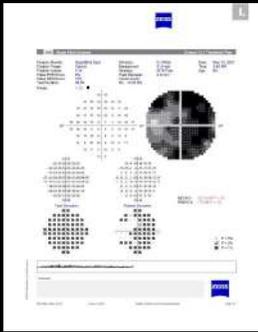
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Testing:

Stable for years  
with tube shunt  
controlling IOP



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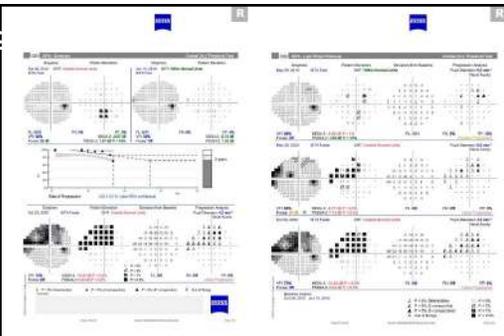
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Testing:



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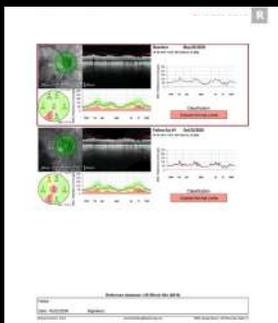
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Testing:



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**Additional Testing:**

IOP monitoring – at home device

Measurement time	IOP (Right)	Quality (Right)
10/22/2020 11:56	20	EXCELLENT
10/23/2020 7:56	10	EXCELLENT
10/23/2020 7:58	12	EXCELLENT
10/23/2020 18:04	26	GOOD
10/24/2020 7:58	13	EXCELLENT
10/24/2020 8:08	13	EXCELLENT
10/24/2020 11:50	20	EXCELLENT
10/25/2020 8:00	15	EXCELLENT
10/25/2020 10:13	15	EXCELLENT
10/26/2020 18:15	19	EXCELLENT
10/26/2020 8:02	14	GOOD
10/26/2020 10:32	17	EXCELLENT
10/26/2020 16:06	21	GOOD
10/26/2020 18:09	29	GOOD
10/26/2020 18:49	29	EXCELLENT
10/27/2020 7:58	15	EXCELLENT
10/27/2020 10:08	30	POOR
10/27/2020 10:21	20	EXCELLENT
10/27/2020 18:51	28	EXCELLENT
10/28/2020 8:11	15	POOR
10/28/2020 8:11	18	EXCELLENT
10/28/2020 12:14	18	EXCELLENT
10/28/2020 16:04	14	EXCELLENT
10/28/2020 18:02	25	EXCELLENT
10/29/2020 18:44	16	HEARTSTOP
10/29/2020 10:36	27	EXCELLENT

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**Case Summary:**

**Subconjunctival Stent**




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**Case #6**  
**Patient GM- Demographics & Entrance Testing**

- New Glaucoma eval – patient had previous CEX
- GAT → 17, Tmax 26  
           → 18, Tmax 25
- Meds: Artificial tears, PGA qd OU, fixed combo bid OU
- PACH → 550  
           → 560
- C/D → 0.75v  
           → 0.80v
- Gonio: open to CB OU, mild pigment

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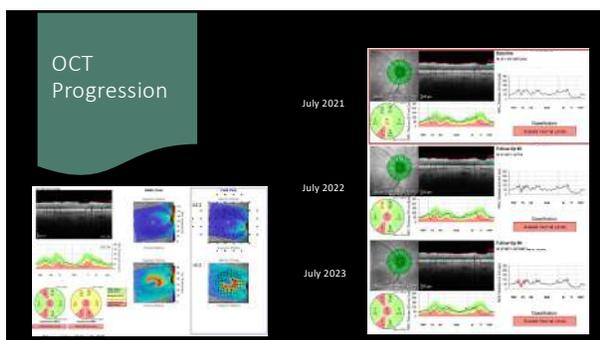
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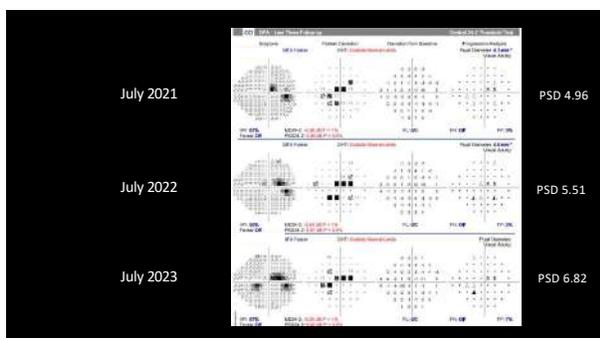
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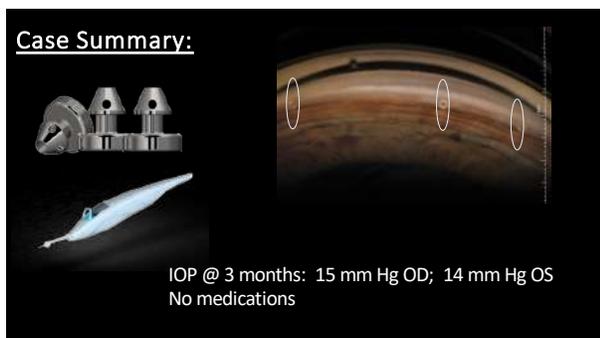
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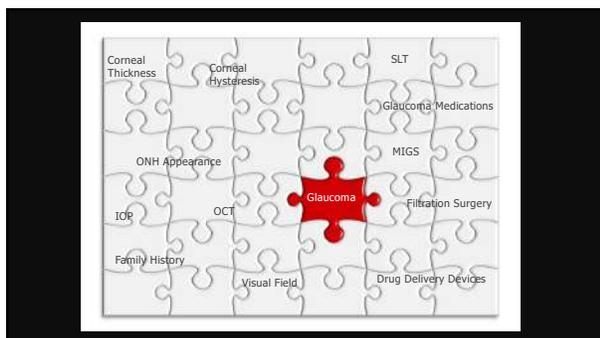
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