

(The term 'glaucoma' refers to a characteristic pattern of damage to the optic nerve)

Pseudoexfoliation (PXF) is an eye condition in which material flakes off the front surface of the lens, much like paint chipping of a wall. This material then circulates around in the anterior chamber of the eye and blocks the drainage channels in the angle of the anterior chamber. It is not a common condition, but it is strongly associated with very high intraocular pressure (IOP) and with glaucoma that can rapidly progress towards blindness and require surgery to control it.

The condition not only affects the drainage channels in the eye, but also weakens the supporting ligaments which hold the lens in place. It stiffens the pupil preventing it from dilating widely. Furthermore, it weakens the capsule which encloses the lens, allowing it to grow very large and narrow the angle of the anterior chamber, thereby closing the drainage channels of the eye. This may have further effects on raising the IOP.

If a patient with PXF requires cataract surgery, there may be several aspects which will complicate the surgery, making it very challenging. The patient's pupil may be quite small making it impossible to adequately view the lens and perform surgery. The surgeon will commonly use a variety of techniques to widen the pupil, including self-retaining iris hooks or a pupil expanding ring. The supporting ligaments holding the lens may partially give way, necessitating the inserting of a capsular tension ring which splints the remaining ligaments and helps to hold the lens in place. The capsule may be very loose and prone to tearing during the operation, which would allow the jelly in the back of the eye (vitreous) to come forward into the front of the eye. This would need to be removed from the front of the eye in a procedure known as an anterior vitrectomy, before the surgery can be completed. Depending on the circumstances then, an intraocular lens may or may not be able to be implanted into the eye during the surgery. If it is not able to be implanted at the time of surgery, the patient may need to return for a second operation some weeks later.

After the operation, the patient may be prone to developing a high spike in IOP. This can be managed with topical or oral medication either before the IOP rises or if an IOP spike is detected. However, if the lens was very large and the drainage channels were consequently closed, then following cataract surgery, the drainage channels may be more open and the IOP may be reduced and under better control.

Our Mission: To eliminate glaucoma blindness