



Laser Procedures for Angle Closure

FACT SHEET

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

Laser Peripheral Iridotomy

Laser peripheral iridotomy is a treatment used for patients who have or are at risk of developing acute angle closure or who have chronic narrow angle glaucoma.

In acute angle closure the fluid in the eye (aqueous humour) is unable to pass into the anterior chamber and drain from the eye. The iris may be pushed forward on to the drainage system and restrict the outflow of aqueous so that the pressure within the eye rises.

Laser peripheral iridotomy is the treatment of choice in this situation and in those eyes at risk of acute angle closure to prevent a future rise in pressure.

The laser delivers a concentrated beam of energy to make a small hole in the iris (the coloured part of the eye). Aqueous humour can then flow into the anterior chamber.

After anaesthetic drops are instilled in your eyes, a special lens will be placed on the eye. Some people feel a mild, sharp sensation during the laser treatment. There is usually no pain after the laser is complete.

After the laser you will have drops to reduce inflammation in the eye. The pressure in your eye will be checked after the laser procedure.

Argon laser peripheral Iridoplasty

Argon laser peripheral Iridoplasty is another laser used in the treatment or prevention of angle closure. The Argon laser is delivered in a circumferential manner to the peripheral iris near the anterior chamber angle to widen the drainage angle. This laser is usually painless and can be done in an acute angle closure situation if a peripheral iridotomy is not possible.

Our Mission - To eliminate glaucoma blindness

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