

OR-063

Postoperative complications after filtration glaucoma surgery: trabeculectomy and implantation of the Preserflo microshunt

Makedonka Atanasovska Velkovska, Barbara Cvenkel

Očesna klinika, Univerzitetni klinični center (UKC) Ljubljana, Slovenia

Purpose: Trabeculectomy and Preserflo microshunt implantation are the most commonly performed filtration surgeries for reducing intraocular pressure (IOP) in glaucoma patients at the Eye Clinic in Ljubljana. Despite their effectiveness and widespread use, postoperative complications remain a significant clinical challenge that can impact the long-term success of the procedure and the patient's visual function. The aim of this presentation is to highlight the most common complications to facilitate their prevention, recognition, and timely management.

Methods: A literature review was conducted using PubMed.

Results: One of the most frequent early postoperative complications following these procedures is hypotony, which can arise from various causes. It manifests as reduced visual acuity, a shallower anterior chamber, choroidal folds and detachment, and maculopathy due to low intraocular pressure. Although Preserflo microshunt implantation is considered less invasive compared to trabeculectomy, similar complications may still occur. Late complications include fibrosis of the filtration bleb, which can develop at any time, particularly in patients who have received long-term topical antiglaucoma therapy. The fibrosis process is influenced by various individual biological tissue responses to surgery and may occur despite the use of antimetabolites. Additional ocular procedures before or after glaucoma surgery further increase the risk of fibrosis. Another common complication following filtration surgeries is the accelerated formation and progression of cataracts, which is especially concerning in younger patients. Among the most severe complications are blebitis and endophthalmitis, both of which can significantly impair visual function.

Conclusion: Early recognition and appropriate management of these complications are crucial for preserving long-term visual function and preventing further glaucoma progression. Proper surgical planning, identification of risk factors for complications, careful postoperative monitoring, and tailored therapy improve surgical outcomes, reduce the incidence of postoperative complications, and minimize the need for additional interventions.

Pooperativni zapleti po filtracijski glaukomijski operaciji: trabekulektomija in implantacija Preserflo mikrošanta

Makedonka Atanasovska Velkovska, Barbara Cvenkel

Očesna klinika, Univerzitetni klinični center (UKC) Ljubljana, Slovenia

Nemen: Trabekulektomija in implantacija Preserflo mikrošanta sta najpogostejše izvajani filtracijski operaciji za zniževanje intraokularnega tlaka (IOT) pri bolnikih z glavkomom na Očesni kliniki v Ljubljani. Kljub njuni učinkovitosti in široki uporabi, pooperativni zapleti še vedno predstavljajo pomemben klinični izziv, ki lahko vpliva na dolgoročno uspešnost posega in vidno funkcijo bolnika. Namen predavanja je predstaviti najpogostejše zaplete, da bi jih lahko preprečili, prepoznali in čim prej pravilno rešili.

Metode: Pregled literature v PubMed.

Rezultati: Med najpogostejšimi zgodnjimi zapleti po teh operacijah je hipotonija, ki je lahko posledica različnih vzrokov. Kaže se s slabšo vidno ostrino, plitvejšim sprednjim prekatom, gubami in odstopom žilnice ter makulopatijo zaradi nizkega tlaka. Čeprav se implantacija Preserflo mikrošanta šteje za manj invazivno v primerjavi s trabekulektomijo, so prav tako možni podobni zapleti. Kasnejši zapleti vključujejo fibroziranje filtracijske blazinice, ki se lahko pojavi kadar koli, zlasti pri bolnikih, ki že vrsto let prejemajo lokalno antiglavkomijsko terapijo. Proces fibrozacije je pogojen z različnimi biološkimi odzivi tkiva posameznika na kirurški poseg in se lahko razvije kljub uporabi antimetabolitov. Dodatni očesni posegi pred ali po glavkomijski operaciji prav tako povečujejo tveganje za fibroziranje. Pogost zaplet po filtracijskih operacijah je tudi pospešeno nastajanje in napredovanje sive mrežnice, kar je posebej moteče pri mlajših bolnikih. Med najresnejšimi zapleti sta blebitis in endoftalmitis, ki lahko pomembno poslabšata vidno funkcijo.

Zaključek: Pravočasno prepoznavanje in ustrezno obvladovanje teh zapletov sta ključnega pomena za dolgoročno ohranitev vidne funkcije in preprečevanje nadaljnjega napredovanja glavkoma. Pravilno načrtovanje operativnega posega, prepoznavanje dejavnikov tveganja za zaplete, skrbno pooperativno spremljanje in prilagojena terapija omogočajo boljše rezultate, zmanjšujejo pogostost pooperativnih zapletov in zmanjšujejo potrebo po dodatnih posegih.

