

## The March Towards Reducing Incision Size & Being Sutureless

Dear friends,

Innovations and updation is the heart and soul of ophthalmology. As we move towards reducing the incision size, we also aim to be sutureless. Traditional glaucoma surgery requires the placement of several sutures and so has its associated disadvantage too. Now the trend is sutureless glaucoma surgery, where comes the expanding role of various MIGS (Micro incision/Micro Invasive Glaucoma surgery) procedures comes.

The MIGS procedures can be Ab interno or Ab externo that are primarily divided into four types based on the site of enhancing aqueous humor drainage or reducing inflow are following<sup>1</sup>

1. Increasing outflow across the trabecular meshwork and through Schlemm's canal<sup>2,3,4</sup>
2. Enhancing uveo-scleral outflow through supra-choroidal space<sup>3</sup>
3. Shunting aqueous into the sub-conjunctival space<sup>5</sup>
4. Decreasing aqueous production by ablation of the ciliary processes<sup>6</sup>

The results are promising in properly selected patients. The advantages are improved safety and reduced risk of complications like choroidal detachment, hypotony, hemorrhage, and effusion.<sup>1</sup> Moreover, there is physiological aqueous outflow with minimal angle structure disruption. Good post-operative recovery with minimal bedtime for patients is also an important factor while offering MIGS as an option to the indicated patients.

Although MIGS is coming up as an excellent alternative to traditional angle surgery in lowering the IOP but the amount of IOP reduction is lesser than trabeculectomy and is reported to be at least 20%-30%.<sup>2-6</sup> But even that is good as it shall control IOP in mild/moderate glaucoma, thus eliminating or reducing the requirement of daily medications.

There are certain contraindications to the procedure like angle closure glaucoma, inflammatory glaucoma/uveitic glaucoma, neovascular glaucoma, glaucoma with angle dysgenesis etc where angle visualization is poor or not possible.<sup>1</sup> Moreover, it has a learning curve and so shall be attempted only after proper understanding of the anatomy of angle structures and training.

Happy to bring before you another issue of UP Journal of Ophthalmology. We have a wonderful guest editorial from very renowned vitreoretinal surgeon of international repute, Dr S. Natarajan Sir. There are other interesting articles to quench your thirst for knowledge. I thank to all the contributors for their excellent write-ups.

I sincerely thank President UPSOS Dr Dharmendra Nath, Secretary Dr Mohita Sharma, Joint Editor Dr Divya Kesarwani for their support and the whole editorial team and executive body. Till then, happy reading.



Warm Regards

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