CONCLUSION
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In the light of the present work and with a view of studies in the past from the literature the following can be concluded:

(1) Lens induced glaucoma affected usually after 5th decade of life and commonly between 51 - 60 years of age ($M \pm SD 55.7 \pm 12.46$ years of age).

(2) In present study the incidence of lens induced glaucoma in relation to total senile cataract operated in the same duration is $10.6\%$, much higher than previous studies. $3.91\%$ because people in this region are very poor, ignorant about health, and illiterate, live in the village and this disease is much commoner in poor, villagers.

(3) If affected both the sexes, females out numbered the male with a ratio of $1.12 : 1.0$.

(4) The important symptoms and signs of this disease are gross diminution of vision due to cataract and glaucomatous attack, redness of eye, eyeache, circumciliary congestion, raised intraocular pressure, shallow anterior chamber and dilated pupil.
All the patients put on medical and surgical therapy. The tension was reduced temporarily by miotics and acetazolamide and then increased again. If the glaucoma is present and the pressure is under 30 mm. mg. do not hesitate to do a combined extraction because removal of the lens as Dr. Heath has stated brings relief in such cases.

In present study the most commonest type of lens induced glaucoma is phacotoxic type (phacolytic and phacoanaphylactic) in 29 (80.55%) cases.

The most common types of complications occur during and after surgery in these type of cases were hyphaema, rupture of the lens capsule, vitreous prolapse and iritis etc.

Pre-operative rise of intraocular pressure, accuracy of light projection and final visual recovery were significantly related to the duration of the acute attack of glaucoma. A good functional recovery was obtained, if the attack lasted less than 3 weeks, beyond which only hand movement or perception of light could be recovered.
(9) The condition of disc is also depends upon the duration of acute attack of disease.

(10) The condition has by and large an excellent prognosis even in the apparently hopeless cases, if treated within a week of acute attack. Even in patient with the doubtful perception of light at admission good visual improvement did takes place after adequate treatment.