CONCLUSION
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The present study which was meant to study the effectiveness of trabeculectomy in primary glaucomas and comparative assessment of the results of two modification in conjunctival flap formation, concluded with the following points emerging out in focus.

* Trabeculectomy is most successful in primary glaucomas with I.O.P. ranging below 35 mm Hg and very less effective in pressure levels above 45 mm Hg.

* Young patients tolerated the surgery well as compared to the elderly. This can be attributed to better healing capacity in young individuals.

* It was found that fornix-based conjunctival flap trabeculectomy is a safer addition to previous classical trabeculectomy devised by Cairns and carries following advantage over the later —

(i) In fornix-based flap it is easier to perform a conjunctivo-tenon's incision and both the layers are dissected from the limbus as a single flap. Further tenon capsule will scar at the limbus when replaced and not within the bleb as occurs in limbus-based type.

(ii) It improves exposure for the dissection of the scleral flap well into the cornea. This ensures a trabeculectomy well in front of the root of the Iris and ciliary body and prevents obstruction of the trabeculectomy opening by hyper trophic ciliary pigment or Iris adhesions.
(iii) This procedure is technically easier than dissecting a limbal based flap especially in cases of scarred conjunctiva, due to previous surgery or trauma.

(iv) Possibility of damaging the conjunctiva, especially button-holing of the flap is completely eliminated. None of our fornix-based flap had any button-hole as compared to one in limbus-based.

(v) Post-op control of I.O.P., was better in fornix-based flaps. Since size of my study groups is small this finding carries less significance and further study in this regard is required.

(vi) The risk of shallow or absent anterior chamber post-operatively is considerably reduced in Gp-A. (fornix-based type).

(vii) There is early and well formed thick bleb formation in fornix-based Gp. as compared to limbus based type in which bleb formation is delayed and it is not that well formed in most of the cases.

(viii) Risk of post-op. Hyphema and trauma to the lens are less in fornix based type. None in this group showed any trauma to the lens per-operatively as compared to one case in other type (Limbus-based).

(ix) Other complication rate were quite low in my study and the results were almost equal in two groups.

Thus it can be wisely said that in terms of I.O.P. control, Quality of bleb, Minimum chances of Button-holing, Prolonged anterior chamber depth, and in cases of scarred or damaged conjunctiva fornix-based conjunctival flap is a better alternative to the limbus-based conjunctival flap.