SUMMARY
Glaucoma is a leading cause of blindness in India. It is due to the disturbance of the filtration of the aqueous formed in the eye. The underlying principle of the trabeculectomy, one type of filtering operation, is to make a drainage channel for aqueous from anterior chamber to sub conjunctival tissues.

Trabeculectomy traditionally uses a limbal-based conjunctival flap Luntz (1980) first reported favourable results by using fornix-based conjunctival flap, which being anteriorly placed was away from the filtration thereby decreasing the resistance to the filtration.

Hence the present study had been carried out in the Department of Ophthalmology, M.L.B. Medical College, Jhansi, comparing the effectiveness of fornix based conjunctival flap over limbus - based flap in trabeculectomy for primary glaucoma which were not controlled by maximum medical therapy.

Such studies have been carried out in the past by many workers. Jerry N. Shuster et. al. (1984), found that fornix based surgery was easier to perform. Carlo E. traverso et. al. (1987) found no difference in two groups in terms of post-operative I.O.P. control. J Franklin et. al. (1990) found similar long term results of I.O.P. control and visual acuity in trabeculectomy with ECCE using these two modifications. A.M. Khan & Jilani (1992) found out that fornix-based surgery was better in terms of technical easiness and anterior chamber formation.

The patients were selected from the O.P.D. cases. All patients went through complete Ophthalmic examination and complete relevant investigation viz.
Tonometry (Shiotz), Gonioscopic examination and visual field charting when and where required. Routine Blood and Urine investigation were done and the findings were recorded on a preformed working - proforma. The patients were randomly selected for two types of modifications. Conjunctival flap was cut at the limbus in fornix-based type and near fornix in limbus-based type.

The findings were made and evaluated in terms of I.O.P. control, condition of bleb, condition of anterior chamber depth, post-op hyphema, and complications viz, Button - holing of conjunctiva, Hypertrophy of bleb, Iridocyclitis, Trauma to the lens, and Hypotony of eye. The complications were classified into early, Intermediate and late depending upon their time of occurrence post-operatively.

By the end of the study it was seen that fornix-based type of surgery is technically easier to perform, provides better exposure for corneo-scleral dissection and can be performed in scarred or damaged conjunctiva. It was also seen that bleb formed are well formed and thick, I.O.P. control was also better but there was not significant difference between the two groups. The risk of shallow anterior chamber was considerably reduced. Risk of hyphema and trauma to lens were eliminated. Other complication rates were similar in both groups. It was thus concluded that fornix-based conjunctival flap trabeculectomy is a safer and better addition to the classical limbus-based type surgery.