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Glaucoma is one of the leading cause of blindness and is responsible for 3-5% of all blindness in India. It refers to a group of disease that differ in their clinical presentation, pathophysiology and treatment. It can be defined as a disturbance of the structural or functional integrity of the eye that can be arrested or diminished by adequate lowering of I.O.P. (Intra Ocular Pressure) as in most cases of glaucoma progressive change in the visual field and optic nr. are related to increased I.O.P.

Despite the best medical treatment available for control of open angle glaucoma and almost no effective medical therapy for narrow angle glaucoma, the importance of surgical control of intra-ocular pressure in glaucoma remain highly debatable issue, as to which surgical procedure is method for choice.

In our quest for the ideal surgical treatment and the advent of surgery with microscope of better magnification coupled with, better instrumentation recent focus is now on trabecular surgery, because of its anatomico-physiological pertinence Some of the operations in summerised way are:

1. *Iridencleisis*

2. *Schie's operation*

3. *Lumboscleral trephine*
4. **Trabeculotomy**

5. **Trabeculectomy**

6. **Trypano-Trabeculectomy**

Of the above given operations for glaucoma trabeculectomy is most acceptable because till date many authors believe that "trabeculectomy" started by Sugar (1961) offers the best control of I.O.P. in open angle glaucoma which has failed on Medical Therapy and narrow angle glaucoma for which many authors describe their own method with the slight modification of basic "trabeculectomy" as described by Sugar in 1961.

"Trabeculectomy" is the most widely used filtering surgery in glaucoma because it has low risk of post operative complications when compared with previous filtering operations which are innumerated above. This does not mean however, that this is the best choice of operative procedure in every eye for adult glaucoma.

"Trabeculectomy" has its own limitations which must be recognised when selecting the most appropriate operative procedure in the eye that required surgery.

"Trabeculectomy" on an average reduces the intra-ocular pressure by 16 mm. Hg ranging from 12 mm. Hg. to 25 mm. Hg. (Jakoble and Sigelman). This means that trabeculectomy is unlikely to adequate control the I.O.P. in eyes in which the preoperative I.O.P. with full medications exceed 40 n.m. Hg. In eyes
with very poor visual fields, this measurement would need to be reversed downwards. In these eyes, a subscleral schie's would be the better choice then trabecuclectomy.

1. Trabecuclectomy achieves the best result in the following cases:

(a) Eye with primary open angle glaucoma where pressure ranges equal or less than 40 mm. Hg.

(b) Eye with advanced glaucoma when visual field is closed to fixation, 'trabeculaectomy' is a procedure of choice whatever the initial I.O.P. because of low risk of excessive post operative hypotony or a flat anterior chamber or shallow anterior chamber when compared with schie's operation.

2. Trabecuclectomy does less well and is not the operation of choice in following cases:

(a) Eye in which intra-ocular pressure on medication is 40 mm. Hg. or more.

(b) Eye with chronic angle closure glaucoma particularly if angle is more than 75% closed.

(c) Secondary glaucoma.

(d) Aphakic glaucoma.