CONCLUSIONS
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The present study of role of viscocanalostomy and sub scleral lake trabeculectomy in open angle glaucoma was carried out in Department of Ophthalmology, M.L.B. Medical college, Jhansi between November 2001 to March 2003. During this period 20 patients of open angle glaucoma were operated by viscocanalostomy procedure and 40 patients of open angle glaucoma were operated by sub scleral lake trabeculectomy. All the patients were followed up. The review of observations and results lead to following concluding points:

1. Open angle glaucoma is basically a problem of geriatric people.
2. Incidence of open angle glaucoma appeared mainly in females in Bundelkhand region.
3. Post operative visual acuity shows that there was minimal diminution of vision in viscocanalostomy group after surgery; but rate of diminution of vision in Sub scleral lake trabeculectomy is almost equivalent to conventional trabeculectomy.
4. Rate of post operative cataract progression after viscocanalostomy procedure was minimal as compared to trabeculectomy; but it was almost same as that of trabeculectomy in sub scleral lake trabeculectomy.
5. The intraocular pressure control was very good in both viscocanalostomy and sub scleral lake trabeculectomy, almost similar to trabeculectomy.

6. There were very less post operative complications in viscocanalostomy. There was no case of flat or shallow anterior chamber. The complications in sub scleral lake trabeculectomy were similar to trabeculectomy but there was no case of shallow or flat anterior chamber which is a most dreaded complication in trabeculectomy. These procedures were independent of filtering conjunctival bleb hence complication due to the bleb such as blebitis, leaking of filtering bleb, dellen, and non functional bleb were not seen.

7. The mean post operative intra ocular pressure obtained after viscocanalostomy was 16.9 mm Hg and sub scleral lake trabeculectomy was 14 mm Hg 12 months post operatively. Intra ocular pressure control with sub scleral lake trabeculectomy is better than that of viscocanalostomy.

8. Viscocanalostomy and sub scleral lake trabeculectomy seems promising procedures for lowering intra ocular pressure in glaucomatous eyes. If the positive preliminary results continue, the procedure could be indicated in all eyes at high risk of failure with trabeculectomy due to bleb related problems and hypotony.

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