INTRODUCTION
INTRODUCTION

Since ages people are trying to find a definitive treatment for glaucoma but the search is still on to find ways to prevent visual field losses in glaucoma.

In spite of more than 200 years of treatment by pressure lowering medication in glaucoma, it is still not brought to evidence that decreasing the intraocular pressure is our ultimate goal.

Glaucoma is now considered an optic neuropathy, not a disease of anterior chamber angle.

Many different drugs have been developed to lower the intraocular pressure: Pilocarpine, beta-blockers, adrenaline drugs and recently the prostaglandin analogs & prostanides. The older drugs facilitate the escape of aqueous humor through the trabecular meshwork. During the last 20 years drugs that diminish the aqueous production have been introduced and now recently drugs that facilitate the uveoscleral outflow have been put as a weapon to fight high intraocular pressure in Glaucoma.

The quests for the surgical management of glaucoma begin in the 18th century when William Mackenzie in 1830 suggested sclerotomy and Paracentesis as surgical treatment for chronic stage of glaucoma. Albert Von Graefe (1857) introduced iridectomy for treatment of glaucoma. Later many different operations were tried. Lately trabeculectomy, a guarded filtering procedure has been seen as the gold standard. Trabeculectomy is a well
tested operation to lower the intraocular pressure, but has quite a few complications as hyphema, shallow or flat anterior chamber, hypotony, choroidal detachment, and hypotony maculopathy all due to excessive filtration, blebitis and later cataract in 50% of the operated eyes.

A new approach to glaucoma surgery has evolved to minimize the complications just mentioned. Robert Stegmann of South Africa in 1996-1999 introduced a Non Penetrating Filtering operation known as VISCOCANALOSTOMY as a substitute for medical therapy for control of intraocular pressure as primary surgical procedure or in patients of primary open angle glaucoma who are on anti-glaucoma medication with uncontrolled intraocular pressure. Here the surgical complications due to conjunctival blebs and anterior chamber entry are almost eliminated.

The overall results of viscocanalostomy, a non penetrating filtering operation were encouraging, so viscocanalostomy was performed on patients of primary open angle glaucoma in the present study for further evaluation.

Also we at the Department of Ophthalmology, Maharani Laxmi Bai Medical College, Jhansi, modified viscocanalostomy by combining it with trabeculectomy in which sub scleral lake was made, without the formation of the conjunctival filtering bleb as a treatment for patients of primary open angle glaucoma and termed it SUB SCLERAL LAKE TRABECULECTOMY. The results of sub scleral lake trabeculectomy are also evaluated in this study.

*****