Bleb revision in failed Trabeculectomy

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Despite rapid growth in the number of surgical options for the management of glaucoma . Trabeculectomy still the gold standard glaucoma surgery by Carins since 1968.

indicated ***in***

Failure of medical and surgical therapies to control progression .Young patients , very high IOP very advanced disease , congenital glaucoma.

Newer microstents are also being utilized to create filtering blebs, but long-term outcomes are not yet available in the literature.

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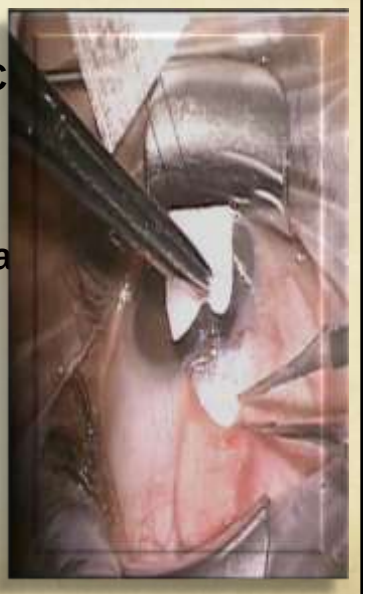
Factors must be considered:

- The dose and duration of MMC should be considered.
- In fragile conjunctiva the time should be minimized.
- Bleb should be planned in area with greatest lid coverage.
- MMC sponges should be abroad as possible.
- Avoid contact between MMC sponges and the conjunctival wound edges



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The most common cause of trabeculectomy surgery failure is:

- **Sub-conjunctival fibrosis** leads to lack of filtration and a flat bleb with subsequent increases in IOP. This can occur at any stage after the operation and is the most common cause for failure after trabeculectomy.

- **Sub-Tenon's encapsulation** of blebs presents as raised, often angry-looking blebs with elevated IOP. This usually occurs in the first 1 to 6 months after surgery and is seen in 10% to 20% of patients after trabeculectomy

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Antifibrotic agents used to rescue a failed or failing Trabeculectomy. If scarring is identified early enough, and the bleb is still present, subconjunctival 5-FU or low dose MMC can be injected 180° away from the surgical site .

Steroids should be used in the postoperative period for several months to enhance the chances of bleb survival following this procedure.

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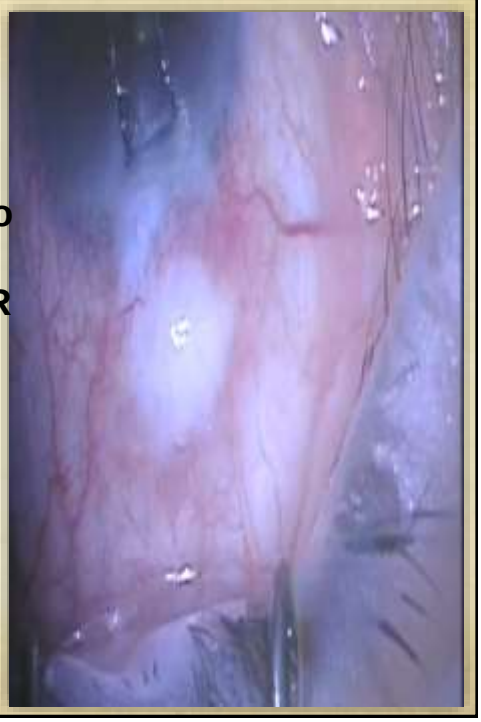
For flat blebs, revision of the trabeculectomy is often required. After injecting MMC posterior to the scarred bleb,a 25-gauge bent needle or MVR blade can be advanced beneath the conjunctiva to the posterior edge of the scleral flap. Once the flap is elevated, an immediate egress of aqueous will be seen, and a diffuse bleb should form



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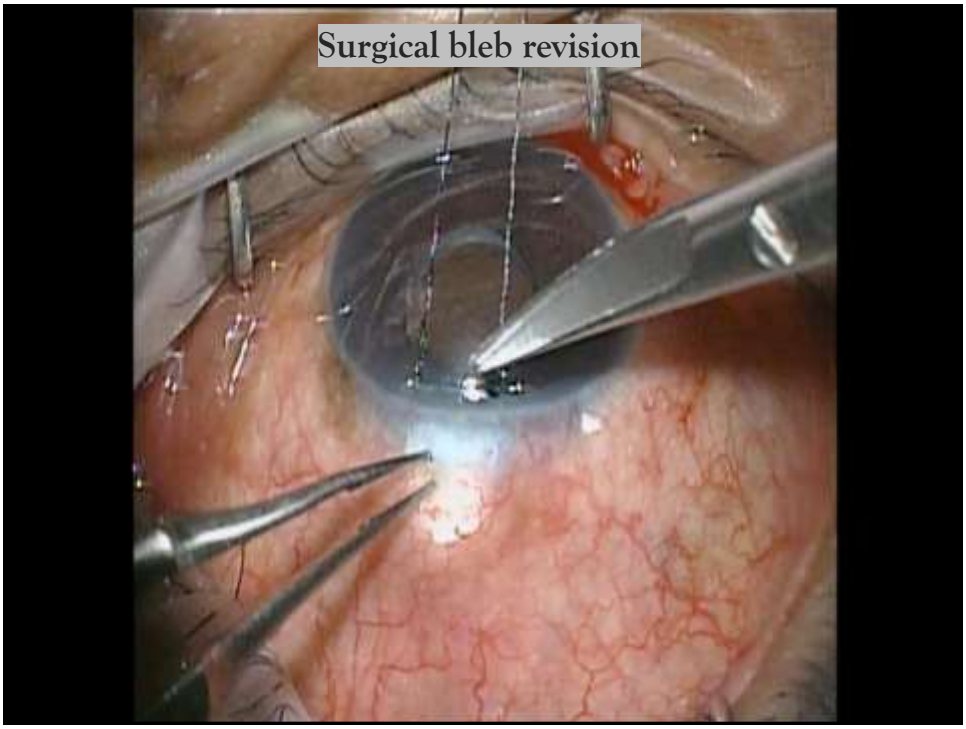

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Conclusion

- Ocular message
- Subconjunctival injection

  of low dose MMC or5FU or

  dexamethasone around bleb.
- Subconjunctival needling by insulin needle or MVR.
- Surgical Bleb revision.
- If failied will do valve implant.

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