

A new method to treat NVG: Cyclophotocoagulation by sclera depress with non-contact wide angle surgical system

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Abstract

The treatment of neovascular glaucoma aims at controlling IOP, saving vision and enhancing visual function. PDR and RVO are main reasons of NVG. Endoscope treatment introduces seriously intraoperative injury. Comparing with traditional and endoscope treatment, vitrectomy (23G/25G) with cyclophotocoagulation by sclera depress using non-contact wide angle surgical system to cure NVG can significantly reduce intraoperative injuries, meanwhile this method shows widespread availability.

This study includes 36 eyes from 27 NVG patients. 10 eyes of these cases were RVO and 26 eyes were PDR. All cases were treated NVG with vitrectomy (23/25G) and cyclophotocoagulation by sclera depress with non-contact wide angle surgical system. BCVA in logMar, IOP and anterior segment neovascularization were evaluated. At postoperative 1 and 3 months, BCVA was improved from 0.04 ± 0.126 to 0.18 ± 0.231 and 0.18 ± 0.412 ; IOP was declined from $69.28 \pm 22.53 \text{ mmHg}$ to 15.79 ± 1.38 and 23.21 ± 3.94 , respectively. At postoperative one-month, 95% patients can control the IOP well and anterior segment neovascularization of all cases subsided.

Cyclophotocoagulation by sclera depress with non-contact wide angle surgical system is a safety and practical method to treat NVG.

Biography

I am an academic visitor in Moorfields Eye Hospital in London at the moment. I am also a consultant ophthalmologist in Beijing Tongren Eye Center, clinical assistant professor in Capital Medical University, standing committee member of Chinese aging well association, member of Academic Group of Diabetic Eye Diseases of Chinese Research Hospital Association, member of Ophthalmologic Society of China Association of Medical Equipment, editorial board member of Chinese Journal of Ophthalmology. I have a special interest in clinical research of Retina & Vitreous. I have authored 19 research papers in reputed journals.

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