

Glaucoma is a lifelong disease where a high pressure inside the eye results in damage to the optic nerve and loss of vision. It cannot be cured but can, in most people, be controlled. The pressure inside the eyeball depends on production of a clear fluid (called aqueous humour) which circulates through the eye and drains out of the natural drainage system called the trabecular meshwork.

In some patients, this drainage system will be affected if the front part of the eye is narrow. Sometimes in some patients this drainage site may be totally closed leading to a sharp rise of the intraocular pressure causing severe eye pain, vomiting and sometimes abdominal pain. This leads to permanent and irreversible loss of sight if untreated. Laser peripheral iridotomy reduces the risk of this by creating a hole in the iris to bypass the closure and reduce the pressure in the eye.

The Procedure

Peripheral Iridotomy is performed in the laser clinic. The laser treatment itself takes approximately 10 minutes per eye. You will need a one-off dose of eye drops, including Pilocarpine 2% eye drops, approximately 15 minutes beforehand, so be prepared for an appointment lasting an hour. The drops can blur your vision slightly and some patients report a slight headache after use.

The procedure involves a machine much like the one used in the main clinic. A local anaesthetic eye drop is used to allow a contact lens to be positioned on the eye. This will be held in place by the doctor performing the procedure and is removed at the end of procedure. The treatment does not hurt and afterwards the eye may be somewhat dazzled by the bright light but this will fully resolve within 30 minutes.

Usually one eye is done at a time and sometimes one eye may need more laser power than the other eye, this is normal.

After the procedure

After the treatment, a single eye drop will be administered by your doctor to prevent a transient rise in your intraocular pressure. You will be given a prescription for a week long course of anti-inflammatory eye drops to be used 3 -4 times per day. Depending upon circumstances, you will be seen in the Clinic usually 1 week after the procedure.

A letter will be sent to your GP explaining the treatment you have had and details of your follow-up appointment.

Dos and Don'ts after laser peripheral iridotomy

Watch television, read and write as normal.

Go back to work should you need to, although be aware that the Pilocarpine eye drop used might blur your vision slightly.

Don't restrict your physical exertion, there is no need

Don't be concerned if your vision is markedly affected immediately after the treatment – this is normal and is due to the bright light used. It will settle spontaneously within 30 minutes to 24 hours.

Risks of peripheral iridotomy

No medical procedure is entirely risk-free but YAG Peripheral Iridotomy has very few side effects or complications.

- Transient pressure rise post-procedure – as mentioned above, an eye drop will be administered by the doctor performing your procedure immediately before and afterwards to prevent this
- Inflammation – a certain amount of inflammation is required for the treatment to work but you will be given a prescription for some anti-inflammatory eye drops to settle things down after the treatment.
- Sometimes treatment can cause a transient small amount of bleeding - usually controlled by slight increase of pressure of the contact lens to stop bleeding.
- The treatment is usually only done once – rarely laser treatment may need to be repeated on another day to achieve full thickness hole in the iris.
- Laser iridotomy reduces the risk of acute angle closure glaucoma and therefore sight loss. The risk is not reduced to zero. It is therefore possible to get acute glaucoma even in an eye that has been adequately treated.

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