

BÖLÜM 4

MİKRO-İNVAZİV GLOKOM CERRAHİSİ

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GİRİŞ

Günümüzde glokomun tedavisi, optik sinir hasarının gelişiminin veya ilerlemesinin önlenmesine yönelik müdahalelere evrilmiştir ve genel olarak değiştirilebilir tek risk faktörü olan göz içi basıncının (GİB) düşürülmesiyle başarılıdır. Tedaviye tipik olarak topikal medikasyonlarla başlanır. Oftalmik lazer seçenekleri ilk basamak tedaviye uygun hastalarda eklenebilmektedir. Tüm bunlara rağmen GİB için hedeflenen değere ulaşamadığında, geleneksel insizyonel glokom cerrahileri (trabekülektomi, tüp şant cerrahileri) halen altın standart olarak kullanılmaktadır. Belirtilen cerrahilerin etkinliği çok öncelerden kanıtlanmış olmasına rağmen, ciddi potansiyel komplikasyonlara neden olabilmektedirler.¹⁻³

Mikro-invaziv glokom cerrahisi (MIGC) glokom hastalarındaki medikal tedavi ile insizyonel cerrahi arasındaki boşluğun kapatılması amacıyla ön plana çıkarılmıştır.⁴ MIGC, tipik olarak ab interno yaklaşımı kullanmaktadır. Tanım olarak 5 kriterin karşılanması gerekmektedir: mikro-invaziv bir yaklaşım olması, minimal doku travması gerçekleştirilmesi, en azından orta seviyede etkinlik, yüksek güvenlik profili ve hızlı iyileşme.⁵

Günümüzde genel olarak, en sık hafif-orta evre glokomlarda antiglokomatöz ilaçlara karşı düşük tolerans veya kompliyansı bulunan hastalarda tercih edilmektedir. MIGC içerisinde birçok farklı cerrahi yöntem veya cihaz, farklı yollarla GİB'ni düşürmeyi başarmaktadır:

A) Schlemm Kanalı Cihazları:

Gonyoskopi lensi yardımıyla ab interno şekilde konvansiyonel yoldan aköz hümör drenajını artırmak amacıyla yapılan cerrahilerdir. Bu nedenle ameliyat sonrası potansiyel aköz drenajı episkleral venöz basınçtan etkilenmektedir. En sık uygulanan prosedürler:

1) iStent mikrostent: iStent (Glaukos, Kaliforniya, ABD) ön kamarayı direkt olarak Schlemm kanalına bağlayan ve kalıcı bir bağlantı oluşturan birinci nesil

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