3.3 Advanced and End-stage Primary Open Angle Glaucoma

**ADVANCED PRIMARY OPEN ANGLE GLAUCOMA DEFINITION**
Pale cupped optic disc with VCDR of >0.9, Open angles, Visual Field Mean Deviation (MD) >12

**Diagnosis and Counselling**
- Visual acuity - unaided and best-corrected visual acuity
- Anterior segment examination to detect exfoliation, iris configuration, new vessels on iris, lens morphology, signs of trauma or inflammation
- Applanation tonometer - document starting IOP. This is important for monitoring disease management and progression
- Gonioscopy - grade angles, look for angle abnormalities - exfoliation materials, pigments, blood in Schlemm's canal, new vessels in the angles, etc.
- Dilated slitlamp stereoscopic biomicroscopic examination of the optic disc with +66/+78D lens

**Visual Field**
- Document structure (Fundus photography/OCT) and Function (Visual Fields) at least 2 reliable in the first month

**TREAT OTHER MORBIDITIES**
- Neovascular glaucoma
- Lens related glaucoma, etc.

**Central visual field (CVF)**
- Reliable and reproducible

**WHERE AVAILABLE**
- Fundus photography
- Optical coherence tomography (OCT)

**TREATMENT**
- Management depends on current vision and vision potential in both eyes
- If VA at least CF or better i.e. reasonable vision
- If no vision (NPL), and no vision potential, Consider IOP & Pain

**TREATMENT OPTIONS**
- Start with anti-glaucoma medication (AGM) to reduce IOP
- Trabeculectomy & antimetabolites
- Glaucoma drainage device (GDD) especially if very advanced and need to minimise risks and complications of trab
- MIGS - if IOP is not too high
- May consider MP TLT, if appropriate
- If IOP not adequately controlled post-op, add AGM Need good follow-up and well-motivated and counselled patient

**NOTES**
- If IOP is suboptimal post-trabeculectomy, add one AGM and encourage compliance
- If IOP remains suboptimal, consider compliance issues and offer GDD
- If trabeculectomy fails even with 1-2 AGM, consider GDD

- High IOP
- Painful blind eye
- No Pain
- TSCPC
- TSCPC or Retrobulbar alcohol or Retrobulbar chlorpromazine
- No surgery