



Dr. Robert Schertzer Inc.  
402 – 1750 East 10<sup>th</sup> Ave  
Vancouver, BC V5N 5K4  
Tel: 604-876-7433  
info@iguy.org

## **DIODE LASER ABLATION OF THE CILIARY BODY (CYCLOABLATION)**

There are several ways to try to treat glaucoma. Medications or surgery are the most common techniques. Both medications and surgery are designed to do one of two things: 1) to decrease the amount of fluid production in the eye from the cells that make the fluid, or 2) to help the fluid flow out of the eye.

The traditional surgical way of treating the cells that make the fluid has been to use a cryoprobe (a freezing probe). This procedure is called **CYCLOCRYOTHERAPY**. This technique involves putting the eye to sleep and freezing the outer part of the eye until an ice ball is formed. This freezes the inside of the eye where the fluid is made. This procedure causes the cells that make fluid in the eye to decrease their usual production. The number of treatments required to help control the intraocular pressure with this technique is variable. Sometimes people require as few as one freezing treatment, while other times they require many treatments. This procedure is not without risk. The greatest risk is a need for further surgery. Other risks would include: 1) loss of vision, 2) pain, 3) eventual shrinkage of the eye (phthisis), 4) corneal or ocular surface irritation, 5) intraocular inflammation, and 6) the usual risk of anesthetic.

Another technique, **CYCLOPHOTOCOAGULATION (CPC)**, has been developed which achieves the same results as using the freezing probe. In place of using the probe, the cyclophotocoagulation procedure utilizes a YAG laser to treat the cells that make the fluid in the eye. The greatest risk involved with the CPC is a need for a repeat laser treatment, probably greater than the need for repeat surgery with cyclocryotherapy. The other risks are essentially the same with the rare exception of the other eye developing inflammation after the laser (sympathetic ophthalmia).

Because of the discomfort involved, some people are kept in the hospital overnight to help control the pain that can occur after either of these treatments. After the first several treatments, however, most people have less pain than they experienced after the initial treatment. There will be a need to change the medications to try to control the inflammation and discomfort of the eye. There also will be a need for the patient to be evaluated after the treatment to see how the inflammation and intraocular pressure response is affecting him/her.

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Patient (or person authorized to sign for patient)

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Date

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Witness

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Date