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SELECTIVE LASER TRABECULOPLASTY (SLT)

Indications. The laser trabeculoplasty is used for patients with open angle types of glaucoma. The laser is utilized to treat the drainage system of the eye known as the trabecular meshwork. Treating this area of the natural internal draining system is designed to improve the outflow of fluid from the eye. This type of laser surgery will be effective in some patients but not others. Your response is determined by the type of glaucoma you have, and the specific structures found in your drainage system. Your doctor cannot predict how well the laser will work before the laser surgery.

Procedure. The procedure may be performed in one or two trips to the West Coast Glaucoma Centre. The laser is mounted to the examination microscope that the ophthalmologist uses at each visit to look into your eyes or a standalone microscope. The laser itself makes little noise and flashes a light not as bright as the flash on a camera. Nearly all patients find the procedure comfortable and pain free. The procedure generally takes approximately 5 minutes.

Medications. You will be administered one anti-glaucoma drop before the treatment to prevent a pressure spike and one topical anaesthetic drop. You will be prescribe a steroidal anti-inflammatory drop after the laser (usually taken 4x/day for 3 days but dosage may vary.) **In most cases you will be asked to continue your other glaucoma medications after the laser therapy.** The doctor will notify you if there are exceptions to continuing your medications.

Risks and complications. SLT laser may be followed by complications. Most patients notice some blurring of their vision after laser that clears within 10-15 minutes following the procedure and is usually related to the gel that is used on the lens during the procedure. The chance of your vision being permanently affected by this laser is very, very small. It is common to be sensitive to light for 24-48 hours after the treatment. It will take several weeks to determine how much of your eye pressure will be lowered with this treatment. You may require an additional laser session to lower the pressure if you have a response but one that is insufficient to control the pressure.

Patient consent. Not every conceivable complication could be covered in this form, and I understand that no warranty or guarantee has been made to me regarding the result of the proposed laser surgery. I have read and understand the consent form, my questions have been answered and I authorize my surgeon to proceed with the operation on my _____ (state "right" or "left") eye.

Patient (or person authorized to sign for patient)

Date