

Table 45-1

## Surgical Plan Recommendations Based on Patient Characteristics

<i>Surgical Option</i>	<i>Ideal Patient Characteristics</i>
Cataract surgery alone	<ul style="list-style-type: none"> <li>• Stable, early glaucoma on 2 ocular hypotensive medications or less</li> <li>• Able to tolerate an early cataract postoperative IOP elevation</li> <li>• Narrow angles or pseudoexfoliation that may result in greater IOP lowering</li> </ul>
Cataract and glaucoma surgery	<ul style="list-style-type: none"> <li>• Uncontrolled IOP</li> <li>• Inability to tolerate a short-term elevation in IOP from cataract surgery alone</li> <li>• Rapidly progressing glaucoma</li> <li>• Desire to reduce or eliminate ocular hypotensive medications</li> <li>• Need to lower IOP by more than 15% postoperatively</li> </ul>
Glaucoma surgery alone	<ul style="list-style-type: none"> <li>• Poor visual potential despite cataract extraction</li> <li>• High risk of cataract extraction compromising concurrent trabeculectomy</li> </ul>

trabeculectomy surgery to lower IOP and avoid long-term ocular hypotensive medications, while some surgeons prefer primary seton placement. In situations where the pressure does not need to be lowered so drastically, surgeons may recommend the iStent, trabectome, and other ab interno trabecular bypass surgeries. These emerging therapies forfeit the magnitude of IOP reduction to gain a safer risk profile and shorter postoperative course. These surgeries usually result in IOP in the mid to high teens with ocular hypotensive medications and frequently require subsequent glaucoma surgery.

Finally, one must use a holistic approach. Elderly or systemically sick patients with a modest life expectancy or difficulty returning for postoperative care may elect to forgo glaucoma surgery despite clear progression. Conversely, patients with stable disease but a strong desire to be independent from eye drops may ask to have concurrent glaucoma surgery. In either case, one must engage in an earnest and thorough discussion about the benefits and limitations of each approach to ensure that patient expectations are aligned with the anticipated outcome.

## Summary

We recommend cataract extraction alone in patients with glaucoma who are stable on 2 or fewer ocular hypotensive medications, are able to tolerate a postoperative pressure spike, or may have a greater than average response due to a narrow angle (see Table 45-1). Patients who meet these