

# Is Glaucoma a Surgical Disease?

## Customized Glaucoma Surgery

In this edition of *Glaucoma Today*, an esteemed group of leaders in our field weighs in on some of the recent advances in glaucoma surgery. Clearly, glaucoma surgery has evolved significantly. Filtration procedures have become more predictable and safer with improvements in surgical technique. With the advent of nonpenetrating glaucoma procedures and now microinvasive glaucoma surgery, the option of earlier surgical intervention can legitimately be entertained. Even cataract surgery alone may slow the course of glaucomatous progression in certain patients. All of this raises the following question: is glaucoma now a surgical disease?

The answer is a matter of debate, but the fact that we can consider the question points to the remarkable progress in our field. We can now offer surgeries that are remarkably safe, target etiologies of glaucomatous disease, and provide patients with a rapid postoperative recovery. As the cost of glaucoma medications rises and problems with adherence continue, less invasive glaucoma surgical techniques have the potential to benefit a large number of people.

In the past, we generally approached glaucoma surgery as a last resort. This should no longer be the case, thanks to the much wider variety of surgical options now available to us. In light of our growing understand-

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ing of the disease, I would like to propose the concept of customized glaucoma surgery. My hope is that our improved ability to assess aqueous outflow and the health of the collector and uveoscleral outflow systems will allow us to select the glaucoma procedure based on pathophysiologic findings. With this knowledge, we could halt glaucoma at a much earlier stage and potentially reduce glaucoma-related blindness throughout the world. Although we have not yet arrived at that point, we are definitely paving the road there. My gut tells me that the prognosis for our glaucoma patients will improve dramatically in the months and years ahead. ■

—Steven D. Vold, MD, chief medical editor