Management of complications of shunt implant

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Valved/ non valved

• Studies ABC/ AVB

*The BGI produced greater IOP reduction and a lower rate of glaucoma reoperation than the AGV, but the BGI was associated with twice as many failures because of safety issues.*

• The BGI is effective and safe in the management of primary and secondary glaucoma. When angle surgery has proved to be unsuccessful or inappropriate in paediatric patients, a BGI is a good treatment option. One must be prepared to deal with the tube related problems. Waard et al BJO 2006
Complications
EXPOSED TUBE

• Why?
• How to avoid?
RETRACTED TUBE
AQUEOUS MISDIRECTION IN VKH
OVER DRAINING SHUNT
LEAKING ENTRY SITE IN BUPHTHALMOS
Nanophthalmos

• Max distance average 10 mm
• "The maximum distance that a GDD can be placed posterior to the limbus, before encroachment around the optic nerve, varies between different devices and quadrants of placement. Taking a measurement of the exact distance of the plate from the limbus during GDD surgery is recommended." Kahook et al Br J Ophthalmol. 2006
• Nanophthalmos (AXL x 3.14 π / 2 ) – 6 mm- plate antero-posterior length 15 BVT& 16 Ahmed’s)
EXPOSED PLATE IN NANOPHTHALMOS
DRAINING OF CHOROIDALS IN SMALL EYES
ENDOTHELIAL DECOMPENSATION
RETRACTED CONJ
Conclusion

• Shunt is put as a part of long term plan not just pressure control.
• Put the tube only if you can manage complications.

Thank you

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