

# 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



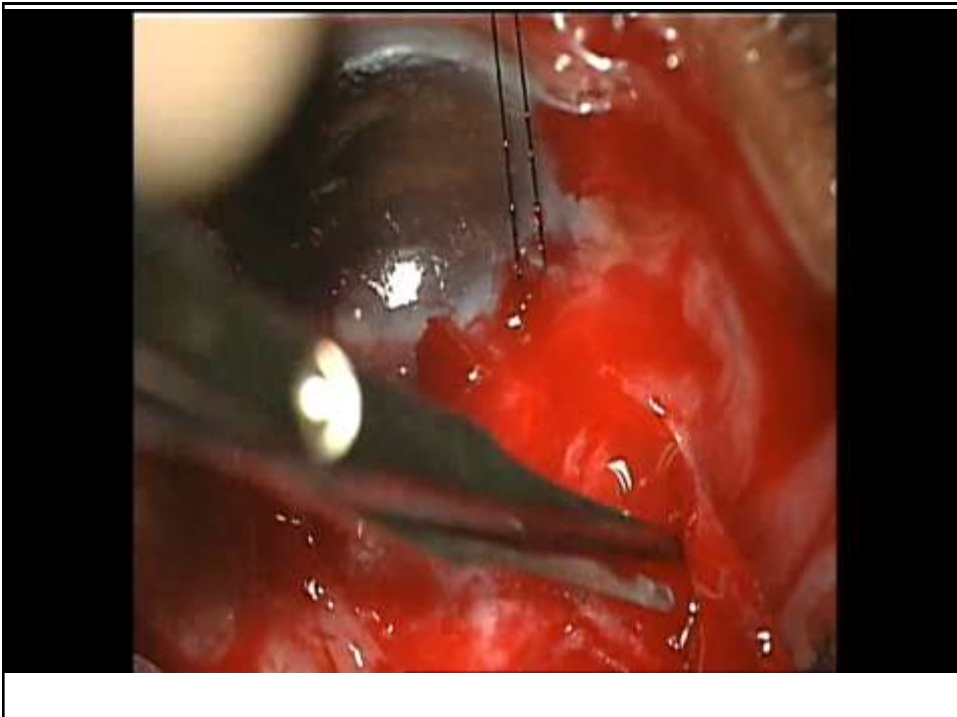
## Complications

## EXPOSED TUBE

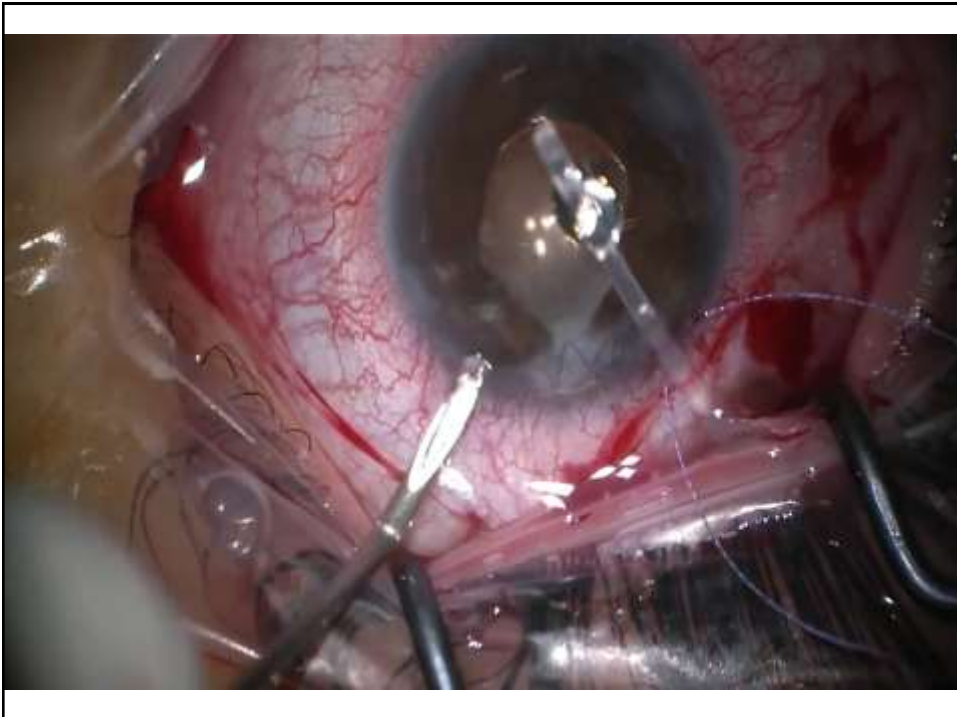
- Why?
- How to avoid?



# RETRACTED TUBE

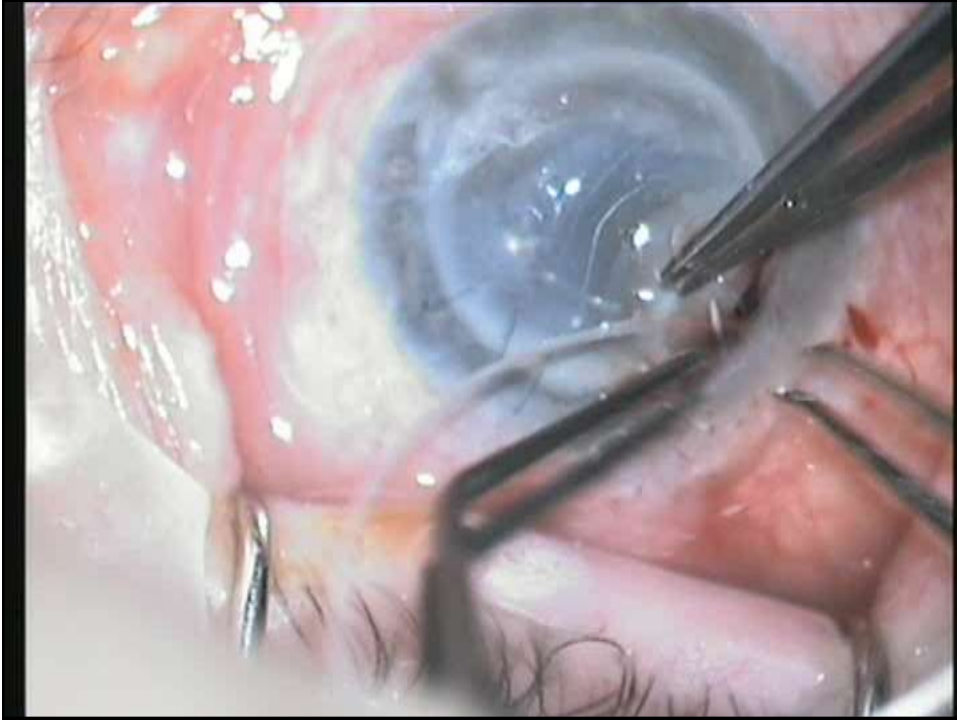


# AQUEOUS MISDIRECTION IN VKH



# OVER DRAINING SHUNT





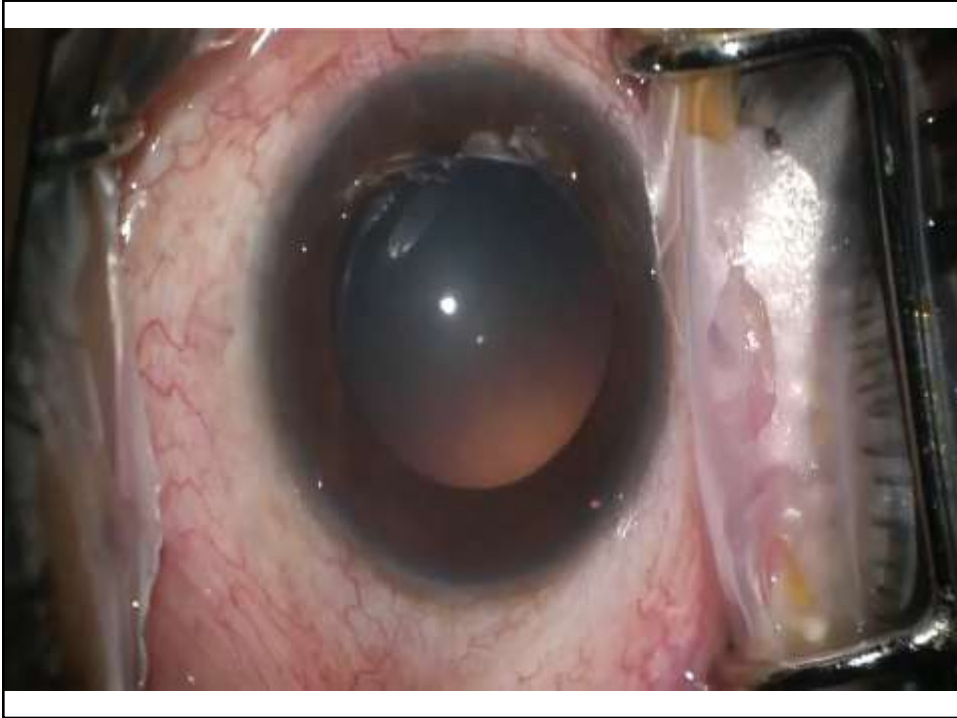
LEAKING ENTRY SITE IN  
BUPHTHALMOS



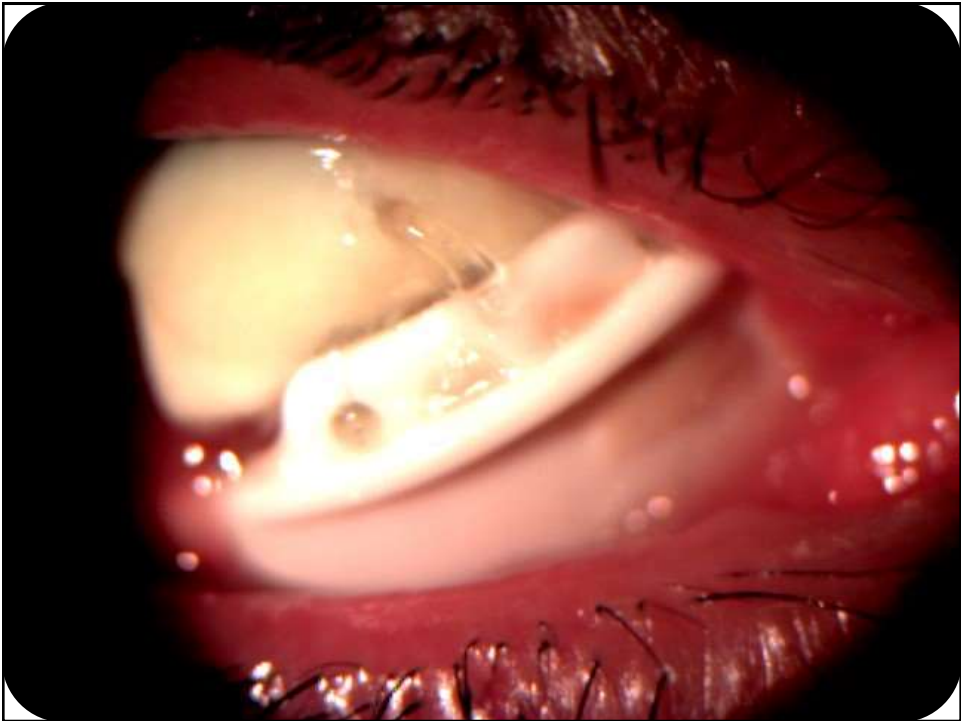
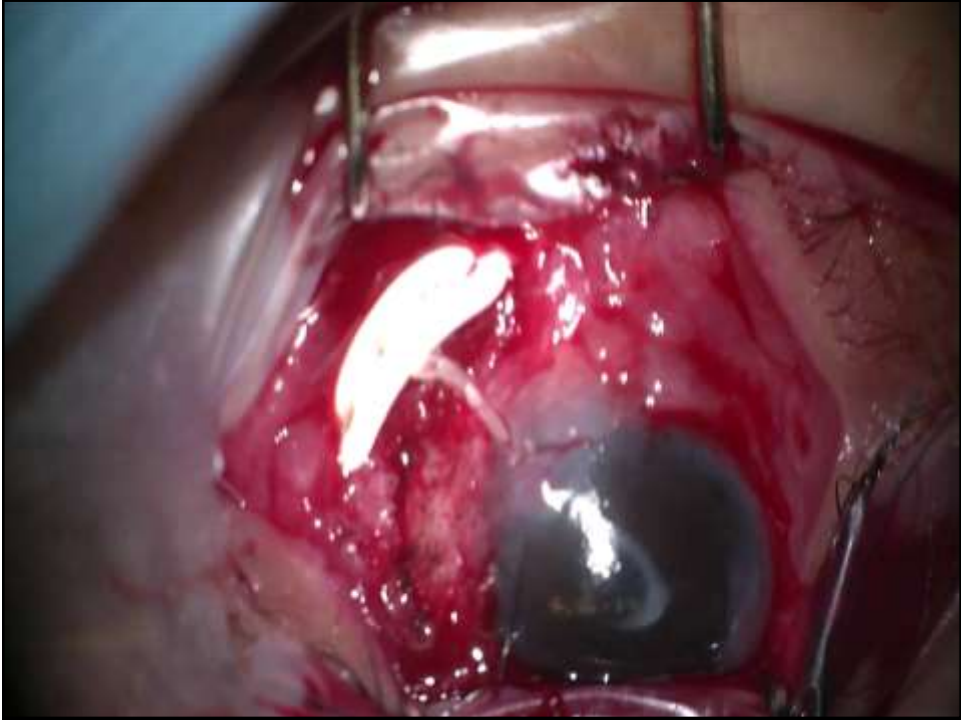
## Nanophthalmos

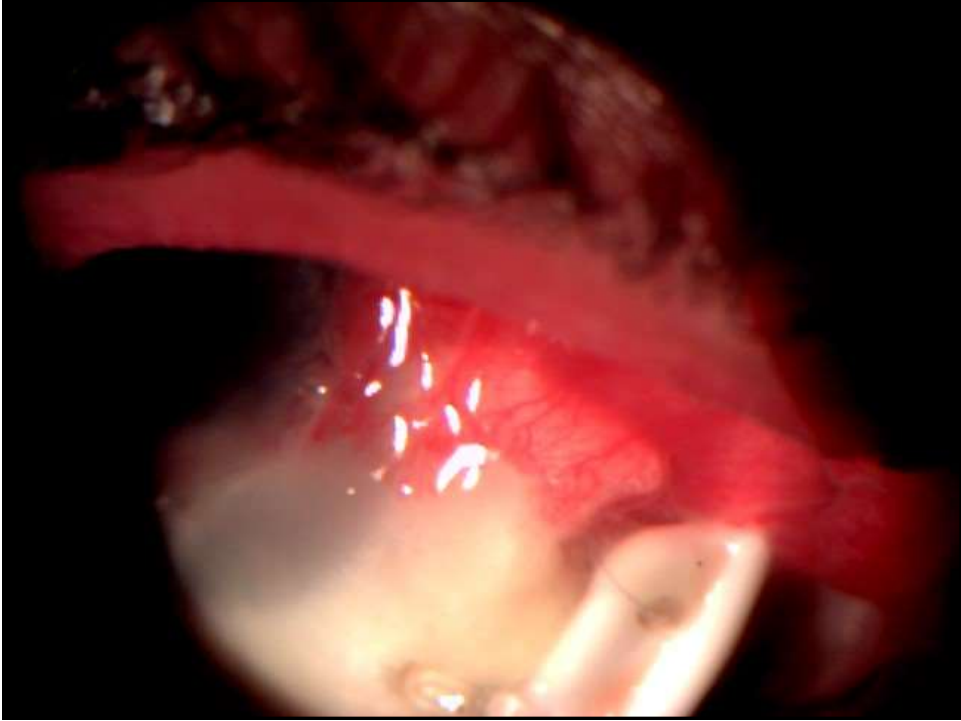
- Max distance average 10 mm
- "The maximum distance that a GDD can be placed posterior to the limbus, before encroachment around the optic nerve, varies between different devices and quadrants of placement. Taking a measurement of the exact distance of the plate from the limbus during GDD surgery is recommended." [Kahook etal Br J Ophthalmol. 2006](#)
- Nanophthalmos (  $AXL \times 3.14 \pi / 2$  ) – 6 mm- plate antero-posterior length 15 BVT& 16 Ahmed's)





EXPOSED PLATE IN NANOPHTHALMOS





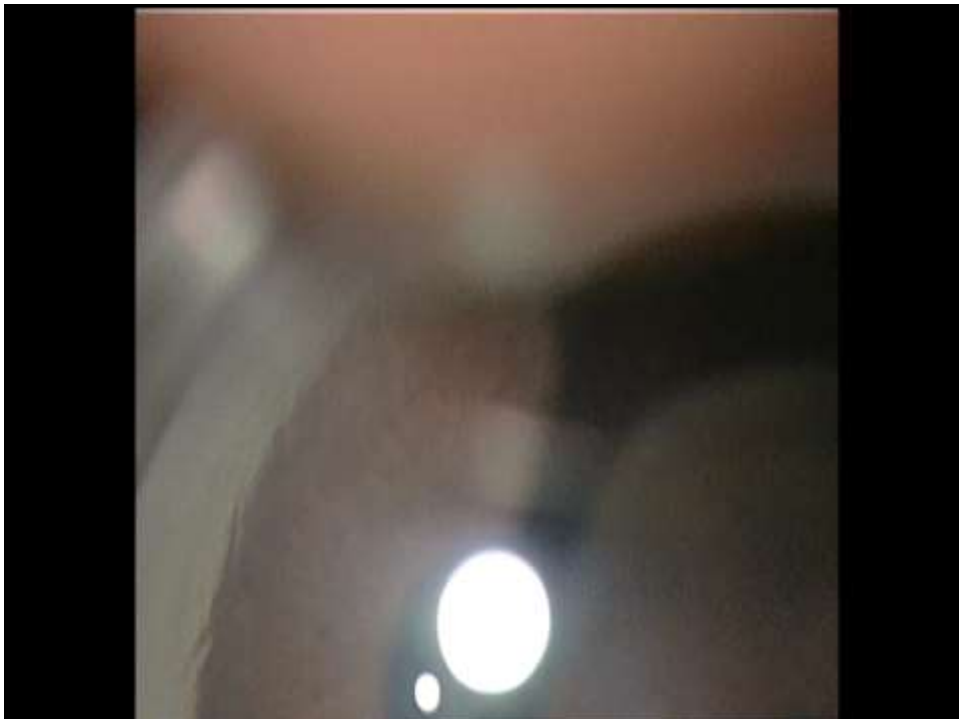


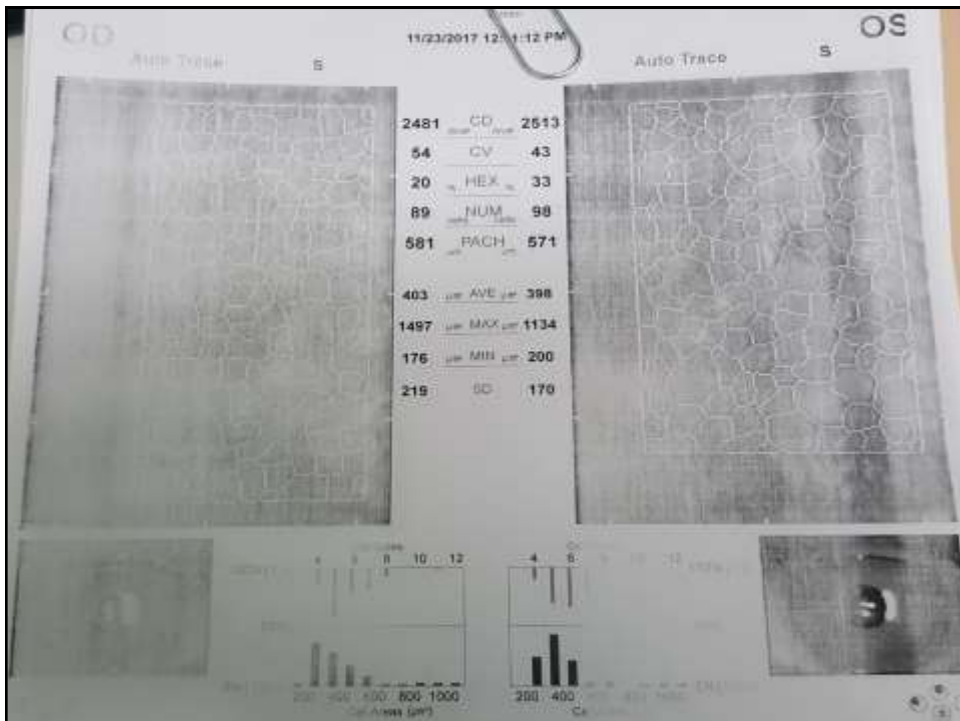
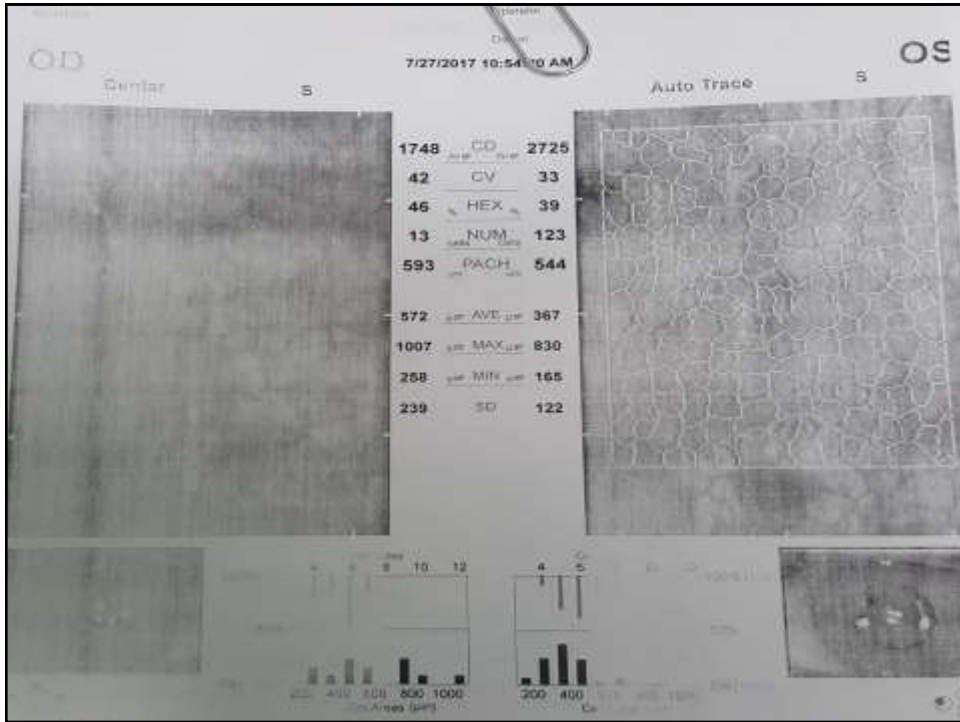


DRAINING OF CHOROIDALS IN SMALL EYES



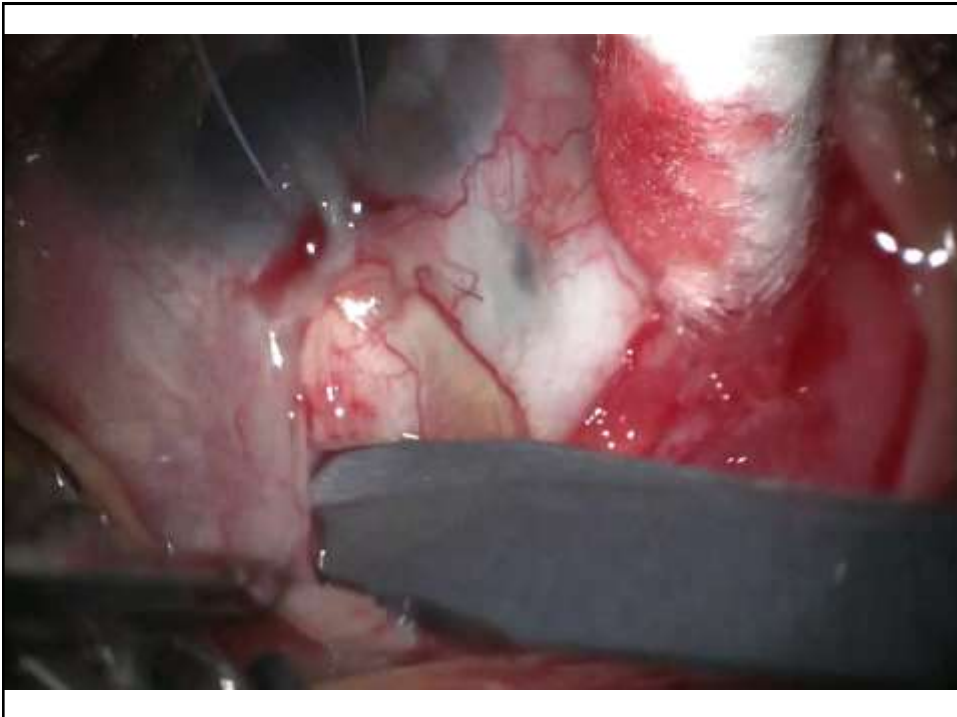
# ENDOTHELIAL DECOMPENSATION







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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