



## 1

### INDICATIONS

- **USE AS: Primary therapy for primary open-angle glaucoma.**
- Consider SLT for: patients with significant IOP fluctuation; visual field progression despite controlled IOP; low tension glaucoma (LTG); prior to canal surgery with MIGS or after MIGS; chronic angle closure with 180 degrees of Open angle elevated IOP with Failed Filtering Surgery.
- Considerations for SLT are further made for various other types of glaucoma including pseudoexfoliation; pigmentary glaucoma; pseudophakia; steroid induced glaucoma.

## 2

### LASER SETTINGS

- Laser Lens: **Ocular Instruments - Latina SLT Laser Lens or Latina 5 Bar Indexing Lens**
- Spot Size: **400µm**
- Exposure Time: **4ns**
- Wavelength: **532nm**



## 3

### PRE-TREATMENT

- Patients are typically pretreated with **ipidine** and **brimonidine**.

## 4

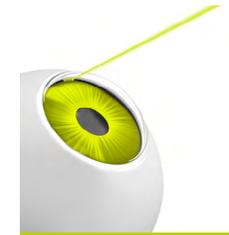
### TITRATION PROCEDURE (COMPULSORY STEP BEFORE TREATMENT)

- When considering energy levels, **energy titration is based on the TM pigmentation.**
- A **“test laser spot”** is used to determine the energy threshold of each patient.
- The desirable endpoint is to see small intermittent **cavitation bubbles**.
- Once this endpoint reached, the threshold energy level obtained is the one to consider for treatment. It is not necessary to see cavitation bubbles for each treatment spot.
- **Heavily pigmented TM** will require an energy setting of approximately **0.6 mJ**; **lighter pigmented TM** will require a setting of approximately 0.9 mJ. The more pigmented, the less energy required.
- Intraoperative, the pulse energy should be adjusted if there is significant variation in TM pigmentation.

## 5

### TREATMENT PROCEDURE

The best results for SLT as a primary therapy occur with 360° of angle treatment, though 180° of angle treatment is also effective.



The treatment is done in single-burst mode by placing:

- > Around **100** contiguous, but not overlapping spots along **360°**
- > Around **50** contiguous, but not overlapping spots along **180°**

Cavitation bubbles formation must be monitored with each pulse.

In cases with significant variation in trabecular pigmentation, the energy should be decreased / increased according to the occurring cavitation bubbles.

#### With pigmentary glaucoma or deeply pigmented TM's:

- It is recommended to use lower energy (0.4 mJ to 0.5 mJ) and fewer spots (180°), persistent IOP spikes can occur with high treatment energies.
- Titrate the pulse energy (0.4-0.5 mJ), so you do not observe cavitation bubble formation.
- Check for postoperative IOP spikes at 1 hour and within several days following treatment.

## 6

### POST-TREATMENT

- Postoperatively, the patient requires very little treatment outside of a topical nonsteroidal anti-inflammatory drug which is used for only 1 to 2 days following the laser treatment.
- Patients undergoing glaucoma drug treatment, the treatment is continued and reassessed according to the IOP evolution.
- If the patient is taking a topical prostaglandin, I recommend not taking the prostaglandin the night of the laser procedure, afterwards, the prostaglandin can be either continued or stopped.