2009 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):

Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.

3. PRESENTATION PREFERENCE (REQUIRED) Check one:
☐ Paper
X Poster
☐ FAST Paper

4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"

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Scientific Section Descriptions (two-letter code):

(BE) OCULAR BIOENGINEERING
(CO) CORNEA AND EXTERNAL DISEASE
(CA) CATARACT
(EF) ELECTROPHYSIOLOGY
(EP) EPIDEMIOLOGY
(EX) EXPERIMENTAL SURGERY
(GL) GLAUCOMA
(LA) LABORATORY
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(NO) NEURO-OPHTHALMOLOGY
(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(PH) PHARMACOLOGY
(RE) RETINA AND VITREOUS
(RS) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: Oct 12, 2009

FORMAT:
Abstract should contain:
Title
Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.

Poster guidelines:
ARVO Abstract Book (1.10 x 1.70m)

110. FIRST (PRESENTING) AUTHOR (REQUIRED):
Must be the author listed first in abstract body.

( ) R1 (X) R2 ( ) R3 ( ) PIBIC
( ) PG0 ( ) PG1 ( ) Fellow ( ) Technician

Last Name: Nascimento
First Name: Bruna
Middle: Andrade e

Service (Sector): GL

CEP Number:1665/09

5. ABSTRACT (REQUIRED):

OUTCOMES OF MODIFIED SCHOCKET DRAINAGE IMPLANT FOR REFRACTORY GLAUCOMA

B.A.Nascimento, B.A.Furlani, R.A.B.Fernandes, R.A.Nascimento, I.M.Tavares, L.A.S.Melo Jr.

Purpose: To analyze the efficacy and safety of the modified Schocket drainage implant surgery in refractory glaucoma

Methods: A total of 35 patients (38 eyes) with refractory glaucoma who underwent filtering surgery using an anterior chamber tube shunted to a 90-degree encircling band (modified Schocket implant), from january 2003 to december 2006 in the Glaucoma Service of the Federal University of São Paulo – Paulista School of Medicine, were included in this study. Data on intraocular pressure (IOP) and postoperative complications were analyzed. The adopted criteria for failure of the surgical procedure included IOP above 21 mmHg after 2 months of surgery and performance of additional glaucoma surgical procedure.

Results: The mean (± SD) preoperative IOP was 30.0 ± 10.0 mmHg. At the 1-month, 6-month and 12-month postoperative visits, the mean IOP decreased to 19.9 ± 8.7 mmHg ($P < 0.001$), 16.3 ± 6.2 mmHg ($P < 0.001$) and 20.0 ± 10.7 mmHg ($P = 0.06$), respectively. The median survival time was 12 months. The most frequent postoperative complications were transient hyphema in 6 eyes (16%) and iris-tube touch in 5 eyes (13%) eyes.

Conclusion: Modified Schocket implant surgery presents modest results regarding efficacy and safety for the treatment of refractory glaucoma.

Keywords: glaucoma, filtering surgery, modified Schocket drainage implant