

INTRODUCTION

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Glaucoma filtration surgery is a procedure in which a fistula between the anterior chamber of the eye and the subconjunctival space is created to reduce IOP. Trabeculectomy, introduced by Cairns in 1968, has become the gold standard filtering procedure for many eyes with glaucoma (Cairns 1968).

A number of variations on the original technique have been described. These have included changing the size, shape and the position of the sclerostomy and trapdoor limbal, or fornix based conjunctival incisions, and altering the method of performing the sclerostomy by trephination, sclerectomy and the use of scleral punch (Sanders *et al.*, 1993).

The use of adjunctive antimetabolite treatment in high risk cases has gained popularity over the last decade (Lanigan *et al.*, 1994)

Phillips (1968), and later Cairns (1985) described a trabeculectomy technique through a clear corneal incisions avoiding the conjunctiva and Tenon's capsule. Cioffi and Van Buskirk (1993) described a modification to this procedure providing a better access to the subconjunctival space.

The modification based on the anatomical fact that Tenon's capsule inserts 2 mm posterior to the limbus, and the sclera can be approached, through this 2 mm space without violating Tenon's capsule insertion. This may avoid the dissection and cauterization of Tenon's capsule and episclera, which is an important stimulus to the wound healing process (Lerner 1997).