Temporal placement of a laser peripheral iridotomy is safe and is less likely to result in linear dysphotopsia than if the PI is placed superiorly

**The Science behind the Tip**

To prevent pupil block, a laser peripheral iridotomy (PI) is the initial treatment for patients with primary angle-closure/glaucoma. When placed superiorly, 2-4% of patients subsequently report linear dysphotopsia (1) (2). This is described as a hazy, hair-like horizontal line, silver or blue-grey in colour, worse in bright light and less pronounced in dim light. The cause is thought to be an optical aberration secondary to the base-up prismatic effect of the tear meniscus, particularly when the PI is partially covered by the upper lid (2).

In a recent trial, 10.7% of patients had linear dysphotopsia after a superiorly placed PI (6.5% despite complete lid coverage) compared with 2.4% of patients after a temporal PI (3). Ophthalmologists should warn patients of this visual consequence of laser PI and should consider placing the PI in the temporal peripheral iris.

**References**


**Contributor: J F Salmon MD FRCS, Oxford Eye Hospital**