When performing a laser peripheral iridotomy (LPI) for primary angle closure the position of the iridotomy in relation to the eyelid should always be considered

The Science behind the Tip

The incidence of reported dysphotopsias after an LPI varies from 2% to 11% with linear dysphotopsia and monocular blurring being the commonest types. Recent prospective studies have debated the benefit of temporal versus superior placement and the effect on these reported symptoms. Although the results do contrast and the optimal clock hour location remains debatable (including inferior and nasal positions), all studies show that a partially covered LPI poses the greatest risk to potentially disturbing dysphotopsias post-laser.

A superior or temporal placement can therefore equally be selected, depending on anatomy and surgeon preference, but partial exposure of the LPI in relation to the eyelid should be avoided.

References


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