YAG LASER PERIPHERAL IRIDOTOMY FOR THE TREATMENT OF ANATOMICALLY NARROW ANGLES

Q: WHAT IS ANATOMICALLY NARROW ANGLES?

The eye is a hollow structure, and is filled with fluid, which inflates the eye and gives the eye its shape. Fluid is made inside the eye, and drains out of the eye at a relatively constant rate, so the pressure of the eye remains stable. However, in some people, especially people who are farsighted, the drain inside the eye (called “the angle”) can start to close. This is referred to as “anatomically narrow angles.”

Q: WHAT HAPPENS IF THE ANGLE (THE DRAIN INSIDE THE EYE) CLOSES?

If the angle closes, then fluid is made inside the eye, but it cannot drain out. Imagine what would happen if you kept inflating a basketball after it was already filled with air. Inside the eye, if the angle closes, then fluid will build up in the eye – causing increased eye pressure. If the pressure in the eye becomes too high, your eye will become very painful, and you may have permanent vision loss.

Q: IS ANATOMICALLY NARROW ANGLES THE SAME AS GLAUCOMA?

No. Anatomically narrow angles can cause high pressure in the eye (often referred to as glaucoma) if the angle becomes closed. Anatomically narrow angles are a risk factor for glaucoma, but it does not mean that you have glaucoma now.

Q: CAN ANATOMICALLY NARROW ANGLES BE TREATED?

Yes. We can use a laser beam (the YAG laser) to make a microscopic hole in the iris (the colored part of the eye.) The hole (iridotomy) creates a “release valve” and creates an alternate channel for fluid to flow through the eye. The iridotomy decreases the risk of having angle closure and vision loss from glaucoma.

Q: WHAT HAPPENS IF I HAVE ANATOMICALLY NARROW ANGLES BUT I DO NOT HAVE THE LASER IRIDOTOMY.

There is a small risk (1-2%/year) that you will develop angle closure, and severe eye pain and vision loss. Once angle closure develops, it is hard to treat. There is also the chance that the angle will close slowly and cause scarring, and slowly increase pressure in the eye. There is often no pain with chronic angle closure, and you can loose vision without being aware that your eye pressure is high.
Q: WHAT IS YAG LASER IRIDOTOMY?

The laser iridotomy is performed in the laser room at the Ambulatory Surgery Center. You do not need to go to the operating room. You do not need any blood work or a medical exam prior to the procedure. You will be awake, but your eye will be numbed. The laser procedure is brief – it takes between 1-2 minutes for the entire procedure. There are no restrictions on your activities after the procedure.

Your vision may be blurry for a few minutes after the procedure, but your vision should return shortly.

Q: WHAT ARE THE RISKS OF YAG LASER IRIDOTOMY?

Some people will feel brief “twinges” of discomfort during the laser procedure. There is rarely a small amount of bleeding inside the eye, but this resolves quickly. Some people will have pain with light for a few days after the procedure. We will give you eye drops to prevent this from occurring.

There is also a risk of increased eye pressure, and we monitor your eye closely after the procedure. There is a very rare risk of glare and halos after the procedure (less than 1/1000.)

Q: WILL I SEE BETTER AFTER YAG LASER IRIDOTOMY?

No. Your vision should not get better or worse.

Q: WHAT IS THE AFTER CARE AFTER YAG LASER IRIDOTOMY?

You will use steroid eye drops (your doctor will give you a prescription) 3x/day for 5 days. You will see your doctor in 1-2 weeks to recheck your eye pressure and to dilate your pupil (to check if the laser procedure is working.)

Q: WHAT DOES YAG STAND FOR?

Yttrium aluminium garnet. This is a synthetic gemstone used to create the specific wavelength of light for the laser procedure.