THE CONDITION
Acute angle closure glaucoma usually presents with an acutely painful red eye with a very high intraocular pressure (IOP) and a fixed mid-dilated pupil. It occurs in susceptible eyes with relatively small anterior segments as a result of a closure of the drainage angle by a forward bowing iris. Breaking the attack involves initial medical treatment to lower the IOP followed by the creation of a full thickness hole in the iris allowing the iris to bow backwards instead of forwards, thereby opening the angle.

1948 treatment
Medical treatment was limited to pilocarpine and surgery was necessary to create the iridectomy (hole in the iris). A stay in hospital of well over a week was common and both eyes were often operated on at the same time running the risk of bilateral blindness from infection.

2008 Treatment
Topical and intravenous agents lower the IOP quickly and safely. A YAG laser creates a small hole in the iris without the need for formal surgery and avoiding any risk of infection.

1 A cut is made in the cornea
2 The iris is expressed
3 The iris is cut to create an iridectomy

Laser iridotomy demonstrating transillumination