



Laser peripheral iridotomy is a **small hole** created in the outer part of the coloured portion of the eye (the **iris**). The aim of this treatment is to restore, or maintain, a **normal flow of fluid** inside the eye.

The eye is a pressurised ball. Fluid is made behind the iris, flows through the hole in the iris (the pupil) and drains out of the eye at the edge of the iris. If this flow of fluid is blocked the pressure inside the eye can increase which can result in blindness.

As we get older the lens inside the eye gets bigger, but the eyeball does not. In some people, there is not enough room in the front part of the eyeball for the growing lens. The lens can then push the iris forwards and block the flow of fluid in the eye (**angle closure disease**). This blockage can result in a sudden increase of pressure inside the eye with pain and blindness if it is not treated quickly. More commonly though the increase in pressure is gradual and painless.

The laser peripheral iridotomy is done in people who are thought to be **at risk of getting high pressure** and the damage from it. It is also done in people who **already have high pressure** and angle closure.

An iridotomy is not guaranteed to work. It will nearly always prevent a sudden increase in pressure. However, it is not as successful at preventing or treating a gradual increase in pressure from angle closure disease. A lens replacement (same operation as cataract surgery) is often required if the treatment does not work, but an iridotomy is less risky so is usually tried first. Note that the treatment is done to prevent vision loss and blindness from high pressure, it will not improve vision and will not get rid of the need to wear glasses afterwards.

A drop of a medication called pilocarpine is put in to the eye prior to the treatment. This makes the pupil small and takes 30 mins to work. It is normal for this to cause an ache around the eye and blurred vision for a few hours. The treatment is then done whilst sitting up with the chin on a microscope just like the one used to view the eye in clinic. A laser pulse takes a split second, often only one is required but sometimes more are needed. Either way the whole treatment usually only takes about 5 minutes. The laser pulse can feel like a short, sharp poke in the eye. However, it is over very quickly and most patients don't find it too uncomfortable.

Risks of the treatment include, but are not limited to, inflammation inside the eye, bleeding, high pressure, and altered vision afterwards. Serious complications that cause permanent loss of vision are extremely rare (less than 1 in 1000). It should be noted that the treatment is only done if your doctor feels the risk of blindness is less with the treatment than without it.

Vision will be too blurry to drive for a couple of hours after the treatment. Other than that, no special precautions are required and normal activities can be resumed. Steroid anti-inflammatory eyedrops should be used for 7 days afterwards. On the day of the treatment put 4 drops in spaced out before bedtime (eg 4pm, 6pm, 8pm, 10pm), then for the 6 days after that space them out over the day (breakfast, lunch, dinner, before bed). If this is done the eye should settle down quickly and feel normal 24 hours afterwards. If there is any prolonged pain, redness or blurred vision you should contact the clinic or see your local optometrist for a pressure check.