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My Comments on Surgery Versus Drops for Chronic Glaucoma

Aggarwala K*

Department of Medicine, USA

***Corresponding author:**

Aggarwala K,

Department of Medicine, USA

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Published in year 2019, Tang et al from China is today now 5 years old but has been almost completely ignored by the entire community of eye doctors across the USA, and also India, of these two regions I am acutely cognizant for historical and professional reasons. In summary, to manage elevated eye pressure, the most effective topical drop of prostaglandin variety is also the brand that creates the most havoc [1] for ocular surface signs and symptoms. Prior to the launch of the prostaglandin modality for eye pressure reduction, the mainstay all across America, was either carbonic anhydrase inhibitor or a beta blocker. But the year 1995 saw a dramatic new trend toward prostaglandin analog, and doctors have adopted this on the false assumption that ANY 2-times-a-day drops, AM and PM, *must necessarily* engender non-compliance. I have no data to support my contention that this assumption is patently false, but I am confident that it is indeed completely unfounded. Now please examine what has happened in these intervening years. A new surgical modality has been launched, named MIGS*, under the marketing hubris that it is not invasive. Not so. All surgery is invasive. Surgery must not be chosen for any particular patient, when pharmacological therapy has been attempted not even once. Medical practice protocols can never be adopted upon ANY fashionable whim and fancy even if glaucoma patients of female gender are happy for "eyelash extension." We are first and foremost, honest, and responsible physicians. I suggest that TPA** certified optometrists and ophthalmology MDs should consider reverting back to beta blocker BID and/ or CAI drop BID and should give up prescribing prostaglandin drops. This will save America annually perhaps 400 million dollars billed to insurance, and would substantially reduce untold surgical rehab-distress for unsuspecting patients that were offered a consent form so MIGS could be performed.