FOR IMMEDIATE RELEASE

For further information, contact:

Laurie Brown
Oregon Eye Associates
541-687-2110

Eugene, Ore. – Eugene ophthalmologist **Mark Packer, MD**, is the first surgeon in the western United States to perform Laser Assisted Deep Sclerectomy, an advanced, non-penetrating surgical procedure for glaucoma. The surgery was performed on February 14 at the Oregon Eye Surgery Center in Eugene.

The patient was a candidate for this surgery because he had glaucoma that could not be controlled with medication. The elevated pressure in his eye was causing gradual loss of vision, which would have eventually resulted in blindness.

Traditional glaucoma surgery involves the construction of a drainage channel in the wall of the eye that reduces eye pressure by increasing outflow. Laser Assisted Deep Sclerectomy is a newer approach that does not penetrate the wall of the eye, but rather creates a very thin window through which the aqueous fluid drains. This non-penetrating surgery has a better safety profile than the standard surgery.

The laser used for this procedure is the erbium: yttrium-aluminum-garnet laser (Er: YAG), produced in Germany by Asclepion-Meditec. This laser offers an improved technique for non-penetrating surgery because of an elegant physical principle: The wavelength of light emitted by the laser is highly absorbed by water. As the laser sculpts the tissue, aqueous fluid begins to

drain from the eye and absorb the laser energy. As the flow of fluid increases, more laser light is absorbed by water and less by tissue. Eventually, all of the laser's energy is absorbed by water, at which point no further tissue is removed, and a perfect thin drainage window has been created. A collagen implant, the Aqua Flow, manufactured by Staar Surgical, is employed to prevent scarring.

Candidates for Laser Assisted Deep Sclerectomy are patients with glaucoma whose eye pressure is inadequately controlled by medication, or who are unable to tolerate medication. The surgery is performed on an outpatient basis, and patients may rapidly resume normal activities. They generally return once each week for four weeks following surgery, and again every three months for follow-up.

Previous studies of Laser Assisted Deep Sclerectomy indicate a complete success rate of about 85 percent, meaning adequate control of eye pressure without additional medication. The procedure was developed by Carlos Verges and Elvira Llevat at the University of Barcelona, Spain, and reported at the American Society of Cataract and Refractive Surgeons Symposium in San Diego, California, in May, 2001.

A Clinical Assistant Professor in the Department of Ophthalmology at Oregon Health and Science University, **Packer** joined the practice of doctors **I. Howard Fine and Richard Hoffman** at the Oregon Eye Center in April of 2000. He specializes in lacrimal, glaucoma and refractive surgery; small-incision intraocular lens implantation; and pediatric cataract surgery.

###