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## XEN IMPLANT AND FAKOEMULSYPHICATION

**Strahil Gazepov**

Clinic hospital, Stip, Macedonia

**Топов А.**

Acibadem city clinic hospital, Tokuda

**Gordana Panova**

Faculty of medical sciences, University Goce Delchev, Stip, Macedonia gordana.panova@ugd.edu.mk

**Gjorgji Shumanov**

Faculty of medical sciences, University Goce Delchev, Stip, Macedonia

**Abstract:** The goal of our research is to describe the positive results of combined phaco surgery in patients with long-term glaucoma and the placement of xen implant, leading to the discontinuation of medical therapy.

**Materials and methods:** Eight patients undergoing long-term glaucoma and cataract medical therapy have been included from march 2017 until september 2017.

**Results:** Post-operative decrease of iop and better vision was found in all eyes part of the research.

**Conclusion:** The use of the implant leads to a safe and effective decrease of iop in patients with primary open-angle glaucoma, not controlled with medical therapy. The gel-implant is an alternative treatment method for patients with glaucoma, as well as a stand-alone option for patients with either cataract, or glaucoma.

**Keywords:** IOP, XEN

## XEN ИМПЛАНТ И ФАКОЕМУЛСИФИКАЦИЯ

**Страхил Газепов,**

Клиничка болница . Щип,

**А. Топов,**

Аджибадем Сити Клиник болница Токуда,

**Гордана Панова,**

Факултет за медицински науки „Гоце Делчев“ Штип, Македонија gordana.panova@ugd.edu.mk

**Ѓорѓи Шуманов**

Факултет за медицински науки „Гоце Делчев“ Штип, Македонија

**Резюме:** Пациенти с катаракта и глаукома, са подложени на комбинирана хирургия с хеп имплант, поради отсъствие на контрол на iop с медикаментозна терапия.

**ЦЕЛ:** Целта на нашето проучване е да се представят резултати при комбинирана факохирургия при пациенти с дългогодишна глаукома, и поставяне на хеп имплант, с цел премахване на медикаментозна терапия.

**МАТЕРИАЛ И МЕТОДИ:** За периода март 2017-септември 2017, са направени 8 пациента, с дългогодишна медикаментозна терапия за глаукома и катаракта.

**Резултати:** при всички очи се получи намаляване на iop, и подобряване на зрението в ранния постоперативен период.

**ЗАКЛЮЧЕНИЕ:** Имплантът води до безопасно и ефективно понижаване на iop при пациенти с първична откритоъгълна глаукома, неконтролирани с медикаментозна терапия. Гел-имплантът е алтернативно средство за лечение при пациенти с глаукома както като самостоятелна опция, така и при пациенти с катаракта и глаукома заедно.

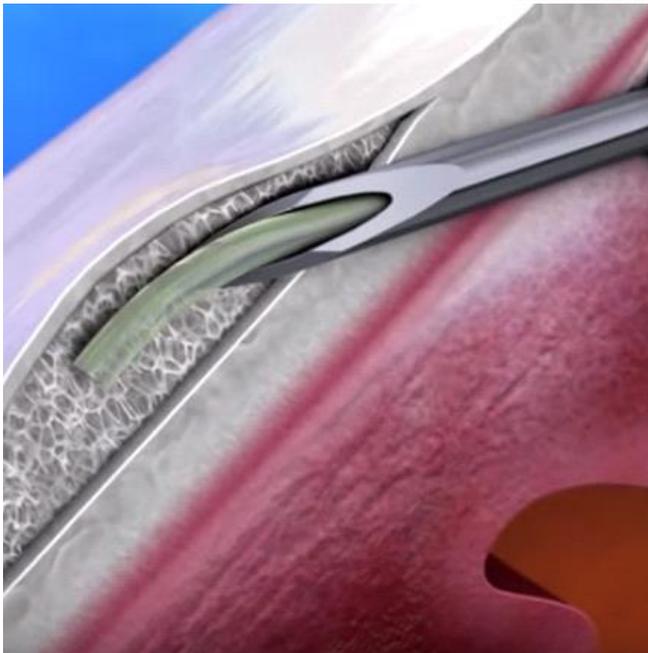
**Ключови думи:** IOP, ВОН, XEN

### ВЪВЕДЕНИЕ

XEN / Allergan/, е миниинвазивен, субконюнктивен желатиноподобен имплант, който се използва за лечение на високо ВОН при пациенти с откритоъгълна Глаукома, неповлияващи се от медикаментозна терапия, както и при пациенти в комбинация с катарактна хирургия. фиг. 1 и фиг.2.



фиг.1

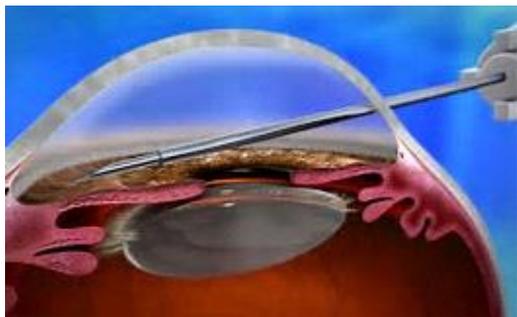


фиг.2

XEN води до редуция на вътреочното налягане, използвайки същите принципи като конвенционалната трабекулектомия, без необходимостта от инцизия на конюнктивата или наличието на склерален флеп. Имплантът е с вътрешен диаметър 45 микрона, който генерира ВОН между 5-8 mm Hg, и намалява риска от постоперативна хипотония. Самият имплант се поставя с наконечник с предпазител, субконюнктивно, който се адаптира към подлежащата тъкан и следва физиологичните движения на очите. фиг.3. и фиг.4



фиг.3



фиг.4

XEN образува нов отводящ път за повишеното количество преднокамерна течност, от преднокамерният ъгъл до субконюнктивното пространство, с нов блеб.

### **МАТЕРИАЛ**

За периода от март 2017-септември 2017 г. са оперирани 8 пациента, 10 очи. При 4 от пациентите е извършена комбинирана факохирургия, поради катаракта, и поставяне на XEN имплант, поради високо ВОН. При всички пациенти е установена Глаукома с открит ъгъл, на дългогодишна медикаментозна антиглаукомна терапия.

За определяне на подходящ пациент, за поставяне на XEN, съществуват включващи и изключващи критерии:

1. Включващи критерии
  - ВОН между 18-33 mm Hg
  - видим трабекуларен апарат
2. Изключващи критерии
  - Закритоъгълна/ вторична глаукома
  - предишна антиглаукомна оперативна интервенция
  - очни възпалителни заболявания

### **МЕТОДИКА**

Гел-имплантът се поставя самостоятелно и/или в комбинация с факоемулсификация.

- може да бъдат оперирани и двете очи, последователно с 30 дни разлика.
- Уточняване мястото за поставяне на XEN, преди инцизиите - къде точно ще са основната инцизия и side port; маркира се таргетната зона; проверява се инжекторът.
- Инжектора винаги трябва да бъде в хоризонтално положение, успоредно на очната повърхност; докато иглата с импланта е в инжектора, не се упражнява натиск върху него.
- в Предна камера се поставя вискосубстанция
- Поставяне на иглата през склерата - на около 3-3.5 mm; като мястото върху конюнктивата преди това е белязано с маркер и поставяне на Митомицин субконюнктивно;
- завъртане на буталото на инжектора на 45° и поставяне на импланта.
- проверява се дали импланта е видим под конюнктивата - добре оформен блеб, горе назално на 3.5 mm от лимба.

### **МОНИТОРИРАНЕ НА ПАЦИЕНТИ И ПОСТОПЕРАТИВНО МАНИПУЛИРАНЕ**

- Редовно мониториране на ВОН, между 12-14 mm Hg - 6 месеца

- стероидни капки - 4 пъти дневно - 1 месец

- антибиотични капки - 4 пъти дневно - 1 седмица

Постоперативно мониториране на пациенти след 1 седмица - при нормално ВОН и високо ВОН.

- при нормално ВОН - XEN имплантът изглежда плосък на конюнктивната повърхност, добре оформен блеб, ВОН варира между 12-15 mm Hg.

- при повишено ВОН - блеб не се наблюдава, фиброза на тъканите, ВОН е повишено >20 mmHg.

### **ЗАКЛЮЧЕНИЕ**

- При всички очи, на които се постави XEN - се постигна таргетно налягане 12-14 mmHg, без медикаментозна

терапия, за 6 месеца остана в същите стойности на ВОН.

-с XEN няма нужда от шев на конюнктивна, както и риска от постоперативни компликации е в много нисък процент.

-сравнително бърза и безкръвна манипулация, изискваща минимални усилия

КНИГОПИС: АЛЕРГАН, СОБСТВЕНИ РЕЗУЛТАТИ 2017

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