



# Interventional Glaucoma Treatment Post-Operative Guide

## Post-Op Appointment Schedule - MIGS/iDose

Timepoint	Appointment Focus	Tests/Tasks to Perform	Rationale
<b>Day 1 Post-Op</b>	VA IOP Slit lamp exam	Distance VA check IOP check Slit lamp exam (look for wound leaks, hyphema, infection)	Ensure IOP is acceptable Detect early complications
<b>Week 1 Post-Op</b>	VA IOP Adherence, drop review Slit lamp and wound evaluation	Distance & near VA check IOP check Assess stent or device Slit lamp exam (examine for inflammation, wound healing) Medication review	Monitor ongoing healing Adjust post-op medications Reinforce hygiene and activity precautions Detect early complications
<b>Month 1 Post-Op</b>	VA IOP Medication adjustment	Manifest refraction IOP check Re-assess device	Assess stable recovery and effectiveness Modify treatment if IOP is elevated or low Consider steroid washout period
<b>Month 2-3 Post-Op</b>	VA IOP Extended monitoring Detect late complications Medication adjustment if needed	VA check IOP check Slit lamp exam Glaucoma imaging/testing per doctor	Ensure long-term control Identify need for additional intervention

### Post-Operative Monitoring

**Watch for complications  
such as:**

- Hyphema
- Infection
- Inflammation
- Wound leak
- Elevated or very low IOP

### Special Notes for MIGS

- Post-op visits typically at Day 1, Week 1, and Month 1 (mirroring cataract surgery schedules when simultaneous)
- Some devices need additional gonioscopic wound or device assessment as early as post-op week 1
- The final IOP lowering results may not be apparent until several weeks after all steroid drops have been stopped
- IOP lowering medications may be adjusted up or down throughout the post-operative period
- *See back side for laser treatment aftercare*



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## Post-Op Appointment Schedule - SLT/DSLT

Timepoint	Appointment Focus	Tests/Tasks to Perform	Rationale
<b>Same Day Post-Op</b> (with Vance Thompson Vision)	Post-Laser pressure check Monitor for acute IOP spike	IOP check	Some patients may have a significant pressure rise after SLT, especially those with heavy angle pigment or advanced glaucoma
<b>Week 1-2 Post-Op</b> (High-risk patients)	Early follow-up Assess early response and inflammation	IOP check Check anterior chamber for inflammation (slit lamp exam)	Detects inflammation or pressure rise that could require intervention
<b>Week 6-8 Post-Op</b>	Initial response check Determine effectiveness and need for adjustments	IOP check Evaluate optic nerve and visual field if needed	Early assessment of IOP lowering guides decisions about medications or repeat SLT
<b>Month 3 Post-Op</b>	Confirm treatment success Establish long-term IOP trend post-SLT	IOP check Document optic nerve status Repeat visual field or OCT if due	Ensures that the IOP reduction is maintained and no glaucoma progression is occurring

### Post-Operative Monitoring Watch for complications such as:

- IOP spike
- Anterior chamber inflammation
- Corneal edema
- Lack of IOP Response

### Special Notes for SLT/DSLT

- If the IOP is borderline at week 6-8, it is advised to recheck again in 1 month
- If recheck is still not at goal, there is good evidence that repeat SLT can be performed with success