Title Canaloplasty for Open Angle Glaucoma (OAG)

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Aim
To assess the canaloplasty procedure for the treatment of OAG in terms of its effectiveness and safety. The variables targeted for assessment were changes in intraocular pressure (IOP); and a reduction in the drugs needed to control pressure.

Conclusions and results
Canaloplasty reduces IOP and the number of topical drugs needed with values being maintained 3 years after the intervention. The procedure showed itself to be safe, with a low incidence of adverse effects, in both the short and medium/long term.

Of the 135 papers yielded by the bibliographic search, 6 met the inclusion criteria. The scientific evidence was obtained from two systematic reviews covering 6 primary studies that we analysed, and a further 4 not included in the reviews. Apart from one study classified as a multicentre non-randomised uncontrolled trial, the rest were case series with very few patients. The results obtained were uniform and showed a reduction in both IOP and the number of topical drugs administered. In addition, the technique displayed a high safety margin with few side-effects in both the short and long term. Even so, current evidence is based on studies with small sample sizes and for the most part, a short follow-up.

Recommendations
Canaloplasty displays an efficacy and safety similar to that of trabeculectomy (gold standard), and can be used as a surgical treatment in OAG patients who are unable to achieve a target IOP. It would be advisable for reference centres to be set up to implement this procedure, with due attention paid to the learning curve required by the technique.

Methods
A search was made of the scientific literature to July 2012, in: a) specific databases (Health Technology Assessment, Cochrane Library Plus, International Network of Agencies for Health Technology Assessment, etc); b) general databases (Medline, Embase, Índice Médico Español, etc.); and c) databases of ongoing studies (Clinical Trials).

Two reviewers, acting independently, selected and reviewed the papers on the basis of pre-established inclusion criteria. The data were then summarised in evidence tables.

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