



April 2007

International Council of Ophthalmology/  
International Federation of Ophthalmological Societies

## ICO International Clinical Guidelines

### Primary Open Angle Glaucoma (Initial Evaluation)

**(Ratings:** A: Most important, B: Moderately important, C: Relevant but not critical  
**Strength of Evidence:** I: Strong, II: Substantial but lacks some of I, III: consensus of expert opinion in absence of evidence for I & II)

#### Initial Exam History (Key elements)

- Ocular history **(A:III)**
- Systemic history **(A:III)**
- Family history **(A:II)**
- Assessment of impact of visual function on daily living and activities **(A:III)**
- Review of pertinent records **(A:III)**

#### Initial Physical Exam (Key elements)

- Visual acuity **(A:III)**
- Pupils **(B:II)**
- Slit-lamp biomicroscopy of anterior segment **(A:III)**
- Measurement of IOP **(A:I)**
  - Time of day recorded because of diurnal variation **(B:III)**
- Central corneal thickness **(A:II)**
- Gonioscopy **(A:III)**
- Evaluation of optic nerve head and retinal nerve fiber layer with magnified stereoscopic visualization **(A:III)**
- Documentation of the optic disc morphology, best performed by color stereophotography or computer-based image analysis **(A:II)**
- Evaluation of the fundus (through a dilated pupil whenever feasible) **(A:III)**
- Visual field evaluation, preferably by automated static threshold perimetry **(A:III)**

International Council of Ophthalmology  
Jean-Jacques DeLaey, MD, Secretary General  
Department of Ophthalmology, Ghent University Hospital, de Pintelaan 185, B-9000  
Ghent, Belgium  
Fax: (+32-9) 240-49-63 E-mail: [info@icoph.org](mailto:info@icoph.org) Web: [www.icoph.org](http://www.icoph.org)

### **Management Plan for Patients in Whom Therapy is Indicated**

- Set an initial target pressure of at least 20% lower than pretreatment IOP, assuming that the measured pretreatment pressure range contributed to optic nerve damage. **(A:I)** The more advanced the damage, the lower the initial target pressure should be. **(A:III)**
- In many instances, topical medications constitute effective initial therapy. **(A:III)**
- Laser trabeculoplasty is an appropriate initial therapeutic alternative. **(A:I)**
- Filtering surgery may sometimes be an appropriate initial therapeutic alternative. **(A:I)**
- Choose a regimen of maximal effectiveness and tolerance to achieve desired therapeutic response. **(A:III)**

### **Surgery and Postoperative Care for Laser Trabeculoplasty Patients**

- Ensure the patient receives adequate postoperative care. **(A:III)** Plan prior to and after surgery includes:
  - Informed consent. **(A:III)**
  - At least one preoperative evaluation and IOP measurement by the surgeon. **(A:III)**
  - At least one IOP check within 30 to 120 minutes following surgery. **(A:I)**
  - Examine within 6 weeks of surgery or sooner if concerned about IOP-related optic nerve damage. **(A:III)**

### **Surgery and Postoperative Care for Filtering Surgery Patients**

- Ensure the patient receives adequate postoperative care. **(A:III)** Plan prior to and after surgery includes:
  - Informed consent. **(A:III)**
  - At least one preoperative evaluation by the surgeon. **(A:III)**
  - Follow-up on first day (12 to 36 hours after surgery) and at least once from the second to tenth postoperative day. **(A:II)**
  - In absence of complications, additional routine postoperative visits during a 6-week period. **(A:III)**
  - Use topical corticosteroids in the postoperative period, unless contraindicated. **(A:II)**
  - Add more frequent visits, if needed, for patients with postoperative complications. **(A:III)**
  - Additional treatments as necessary to maximize chances for long-term success. **(A:III)**

### **Patient Education for Patients with Medical Therapy**

- Discuss diagnosis, severity of the disease, prognosis and management plan, and likelihood that therapy will be lifelong. **(A:III)**

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- Educate about eyelid closure or nasolacrimal occlusion when applying topical medications to reduce systemic absorption. **(B:II)**
- Encourage patients to alert their ophthalmologist to physical or emotional changes that occur when taking glaucoma medications. **(A:III)**
- Educate about the disease process, rationale and goals of intervention, status of their condition, and relative benefits and risks of alternative interventions so that patients can participate meaningfully in developing an appropriate plan of action. **(A:III)**

\* Adapted from the [American Academy of Ophthalmology Summary Benchmarks, November 2006 \(www.aaopt.org\)](http://www.aaopt.org)

(For more ICO International Clinical Guidelines, see [www.icoph.org/guide](http://www.icoph.org/guide))

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### Preface to the Guidelines:

International Clinical Guidelines are prepared and distributed by the International Council of Ophthalmology on behalf of the International Federation of Ophthalmological Societies.

These Guidelines are to serve a supportive and educational role for ophthalmologists worldwide. These guidelines are intended to improve the quality of eye care for patients. They have been adapted in many cases from similar documents (Benchmarks of Care) created by the American Academy of Ophthalmology based on their Preferred Practice Patterns.

While it is tempting to equate these to Standards, it is impossible and inappropriate to do so. The multiple circumstances of geography, equipment availability, patient variation and practice settings preclude a single standard.

Guidelines on the other hand are a clear statement of expectations. These include comments of the preferred level of performance assuming conditions that allow the use of optimum equipment, pharmaceuticals and/or surgical circumstances.

Thus, a basic expectation is created and if the situation is optimum, the optimum facets of diagnosis, treatment and follow up may be employed. Excellent, appropriate and successful care can also be provided where optimum conditions do not exist.

Simply following the Guidelines does not guarantee a successful outcome. It is understood that, given the uniqueness of a patient and his or her particular circumstance, physician judgment must be employed. This can result in a modification in application of a guideline in individual situations.

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Medical experience has been relied upon in the preparation of these guidelines, and they are whenever possible, evidence-based. This means these Guidelines are based on the latest available scientific information. The ICO is committed to provide updates of these guidelines on a regular basis (approximately every two to three years).

(Also see the Introduction to the ICO International Clinical Guidelines at [www.icoph.org/guide/guideintro.html](http://www.icoph.org/guide/guideintro.html) and the list of other Guidelines at [www.icoph.org/guide/guidelist.html](http://www.icoph.org/guide/guidelist.html).)