

July 11, 2022

To: Optometry Technical Review Committee Members (Nebraska)

The American Glaucoma Society (AGS) is an organization comprised of 1,600 glaucoma subspecialists, surgeons, and researchers dedicated to improving the lives of people with glaucoma by advancing knowledge and care through education, research, advocacy, and leadership. We are the voice of glaucoma in the United States.

The AGS seeks to ensure the safest and highest quality care for people with glaucoma. The determination of when to operate and which surgical procedure is best for the individual requires the skills and judgment of a surgeon who has graduated from a medical school, followed by the extensive experience gained during internship and ophthalmology residency. The additional three years of residency in ophthalmology after medical school and internship provides faculty supervision of multiple and varied surgical procedures and training in the selection of appropriate surgical procedures for patients, as well as the assessment and treatment of surgical complications.

All glaucoma surgery, including lasers, requires knowledge of anatomic variations and complications that can be learned only by examining and treating large numbers of patients with the disease, as is provided in ophthalmology residency training.

Surgery for glaucoma includes the use of laser, incisional surgery with and without devices, and injections into or around the eye, and should be performed only by physicians who have been licensed and credentialed in allopathic (MD) or osteopathic (DO) medicine.

Sincerely,

Christopher A. Girkin, MD

President,

American Glaucoma Society

Alan L. Robin, MD

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Executive Vice President,

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## American Glaucoma Society Position Statement: Glaucoma Surgery by Surgeons

Cynthia Mattox, MD,\* and James C. Tsai, MD, MBA,† on behalf of the Patient Care Committee of the American Glaucoma Society

Position Statement: The American Glaucoma Society seeks to ensure the highest quality care for patients with glaucoma. The surgical care of the glaucoma patient requires the skills and judgment of physicians who have graduated from the rigorous training and hands-on experience provided by a complete curriculum in allopathic or osteopathic medicine with subsequent subspecialty training in Ophthalmology. Surgery for glaucoma includes the use of laser, incisional surgery with and without devices, injections into or around the eye, and should be performed only by physicians who have been licensed and credentialed in allopathic (MD) or osteopathic (DO) medicine.

**Key Words:** lasers, incisional surgery, injections, allopathic medicine, osteopathic medicine, surgical training, credentials

(J Glaucoma 2013;22:515)

Claucoma is the leading cause of irreversible blindness worldwide. It is a complex neurodegenerative disease that impacts tissues in the anterior and posterior segments of the eye and the central nervous system. Current treatment of glaucomatous disease includes medications given as eyedrops and systemically, it also includes surgical therapies for glaucoma, some of which require the use of laser, and others that are incisional.

The determination of when to operate and which surgical procedure is best for the patient requires the skills and judgment of a surgeon who has graduated from a medical school, followed by the extensive experience gained during internship and Ophthalmology residency. The additional 3 to 4 years of residency in Ophthalmology after medical school and internship provides faculty supervision of multiple and varied surgical procedures and training in the selection of appropriate surgical procedures for

patients, as well as the assessment and treatment of surgical complications. All glaucoma surgery, including lasers, requires knowledge of anatomic variations and complications that can be learned only by examining and treating large numbers of patients with the disease, as is provided in Ophthalmology residency training. Glaucoma fellowship training, an additional 1- to 2-year program, after residency that focuses on advanced treatment of the glaucoma patient, provides even more experience in the optimal surgical care of the glaucoma patient.

The best possible outcome for a patient being considered for glaucoma surgery depends on the physician making an accurate diagnosis, consideration of the patient's health status and visual needs, choice of an appropriate treatment within the spectrum of alternatives, timing of the treatment, and the use of prescription drugs perioperatively. As with any sophisticated treatment, patient outcome is also determined by the technical skill, dexterity, and coordination needed to perform the surgery, which is gained by hands-on experience in a supervised setting. Optimization of the postoperative outcome depends on the correct and timely recognition and management of both the anticipated and unforeseen vision-threatening complications.

The American Glaucoma Society deems that all laser therapies, incisional surgery with or without devices, and injections into or around the eye for glaucoma are surgical procedures and should be considered as such. Further, the American Glaucoma Society takes the position that all surgery for glaucoma, including lasers, should only be performed by surgeons who have graduated from the rigorous training and hands-on experience provided by a complete curriculum in, and licensed and credentialed in, allopathic (MD) or osteopathic (DO) medicine with subsequent subspecialty training in Ophthalmology.

Received for publication February 9, 2012; accepted May 19, 2013.

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Disclosure: The authors declare no conflict of interest.

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DOI: 10.1097/IJG.0b013e31829d9af3