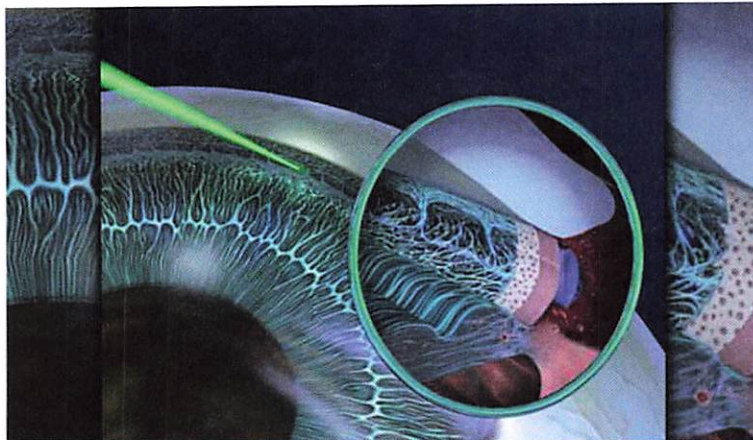


SELECTIVE LASER TRABECULOPLASTY (SLT)

SLT is a highly precise laser treatment, used in the non-surgical treatment of elevated eye/intraocular pressure (IOP). It is targeted at patients with glaucoma or the precursor to it, a condition called ocular hypertension (OHT). It is generally used as a first-line treatment.

SLT is an in-office procedure and takes up to 15 minutes. A pressure lowering and numbing drop is applied to the eye that requires treatment. A lens is then placed on the eye to keep it steady and assist in laser delivery. Laser energy is applied in rapid succession, treating up to 360 degrees of the drainage angle of the eye. This results in an inflammatory response, assisting fluid outflow and reducing the eye pressure.



At the time of treatment, you may experience some discomfort, but this usually settles.

You will need to have an eye pressure check 45 minutes post procedure so please ensure you allocate sufficient time. Occasionally, drops may be required in the treated eye for a week post procedure.

SLT treatment may take up to 3 months to demonstrate a response. These results may last up to 3 years and the procedure can be repeated. Up to 26% of patients may fail to respond to treatment, which may necessitate additional treatment with drops/laser/surgery.

Complications, though uncommon, are as follows:

1. Elevated eye pressure, which may be persistent and require further intervention
2. Inflammation of the coloured part of the eye (Iritis)
3. Fluid build-up within the macula (Macula oedema)
4. Bleed in the eye (Hyphaema)
5. Clouding of the window of the eye (Corneal oedema)

There are no restrictions to activities apart from driving so please organise a driver on the day of your treatment. Please contact us should you have any concerns post treatment. A follow-up is organised at 1 week and 1 month post procedure.

Informed Consent:

I have read and understood the information detailed above. I consent to having Dr Sonia Moorthy perform Selective Laser Trabeculoplasty (SLT) on my ☐ Right ☐ Left ☐ Both eyes(circle as appropriate).

Patient Name: _____

Signature: _____

Date: _____