30	ARIPEN	OR	IGINAL RESEARCH PAPER	Surgery		
Indian		TO F AND CAT	O FIND THE VARIATION IN PREOPERATIVELY ND POST OPERATIVELY FOLLOWING CATARACT SURGERY			
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Cataract may be bilateral or unilateral. After obtaining permission from IEC the study was taken up. It is a cross sectional study.Patients are examined for IOP preoperatively and postoperatively following cataract surgery in POAG and CACG patient intraocular pressure in both primary open angle glaucoma and chronic angle closer glaucoma patients is decreased. There is decrease in IOP more in CACG than POAG.

# INTRODUCTION

A cataract is clouding of the normally clear lens of the eye most cataract develops slowly over the course the time. Cataract may be bilateral or unilateral. Cataract is commonly seen in males and female, predominately in female. Cataract may be congenital and acquired, it may be associated with skin diseases like dertmotgenic cataract or osseous diseases etc. Cataract surgery maybe of different types like intrac apsular, extracapsular surgery cataract and glaucoma are ranked as leading causes of blindness worldwide (51% and 8% respectively) cataract surgery is one of the most commonly perform surgical procedure worldwide, it is suggested to be clinical benefits for both diseases cataract and glaucoma. *This study was done* to find the variation in IOP preoperatively and postoperatively following cataract surgery

### **METHODOLOGY**

After obtaining permission from IEC the study was taken up. It is a cross sectional study. Patients are examined for IOP preoperatively and postoperatively following cataract surgery in POAG and CACG patient had reported to Saveetha medical college hospital during January 2019 to march 2019, have been included in the study. Inclusion criteria are patients more than 18 years of age POAG and CACG patients with glaucoma complaints. Exclusion criteria are patients other than POAG and CACG and patients of age group less than 18 years

### RESULT

Out of 161 patients who are included in study, 86 people are suffering with POAG and 75 with CACG  $\,$ 

The following table shows:

	People	Average	Average difference in IOP
POAG	86	53.4	-2.1
CACG	75	46.5	-4.6

Out of 161 patients, 17 belong of age group of 18-40,61 belongs to age group of 40-60,83 belong to age group of 60 and above. Males who belongs to age group of 18 - 40 are 8, 40-60 are 41, above 60 are 5. In female, who belongs to age group of 18-40 are 9, 41-60 re 20, above 60 are 31.

### DISCUSSION:

Out of 161 patients, male & female ratio is 1.6: 1. Out of 161 patients, 86 patients are having the problem of primary open angle glaucoma. Out of which 56 patients are male and 30 are female. In 56 male patients, 5 patients are from age group of 18-40, 13 are from 40-60, 38 ae from age above 60 years and out of 30 females, 4 patients belong to age group of 18-40, 11 patients belong to age group of 40-60, 15 patients belong to

age group of above 60. And 75 patients are having problem of chronic angle closer glaucoma, out of which 45 belongs to male and 30 belongs to female. In male 45 patients, 3 patients belong to age group of 18-40,28 patients belong to age group of 40-60, 14 patients belong to age group of above 60, out of 30 female patients, 5 patients belong to age group of 18-40, 9 patients belong to 40-60, 16 patients belong to age group of above 60. Difference in IOP in my study in POAG patients is -2.1. This is similar to study done by Mathalone et al where the difference in IOP is -1.9. Whereas study done by Lai et al, Hayashi et al shows higher change in IOP which is -4.7 and -5.3 respectively whereas study done by Shingleton et al shows lesser change in IOP -1.1. Difference in IOP in my study in CACG patients is -4.6. This is similar to study done by Lai et al. Where the difference in IOP is -4.2. Whereas study done by Hayashi et al shows higher change in IOP which is -6 respectively.

### CONCLUSION

From my study, it is evident that intraocular pressure in both primary open angle glaucoma and chronic angle closer glaucoma patients is decreased. There is decrease in IOP more in CACG than POAG. This is done on a smaller study population. Future this study should be done on larger population.

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