

AMJAD P. KHOKHAR, M.D.

Comprehensive Ophthalmologist
Refractive Surgeon
Board Certified
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Glaucoma Co-Management Policy

Policy

As you know, glaucoma is an irreversible process. In addition to licensure as an optometric glaucoma specialist, the optometrist must have proper knowledge of glaucoma diagnosis, examination, and management. If the optometrist is not completely comfortable, he or she should call our office to spend some time with us in our clinic seeing glaucoma patients. No later than 30 days after your initial diagnosis or follow-up examination, the Glaucoma Co-Management Form needs to be faxed to our office. We will fax you a confirmation of receipt. **The consultation has been made only after you receive the faxed confirmation of receipt. We must be consulted again using the Glaucoma Co-Management Form when any change in medication and/or examination occur.**

When We Should See The Patient

At any point in the patient's course, consider whether you clearly understand that patient's complete clinical picture. If there are any questions in regard to diagnosis, etiology, examination, management, or prognosis, the patient needs be referred to us to see if clarification is possible. Examples of patient's we should see

- C:D greater than 0.85 in any direction
- Visual fields encroaching on the visual axis
- Angle closure glaucoma
- Secondary glaucoma such as neovascular glaucoma
- Uncontrolled glaucoma

Never hesitate to call should you have any questions. Telephone consultations are always available.

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Management

First Line:

- Xalatan, Travatan, Travatan Z, Lumigan
- Timoptic, Timoptic GFS
- Alphagan P – especially when patient might need cataract surgery

Second Line:

- Before adding second agent, consider switching agent (e.g. Xalatan to Lumigan)
- Add Alphagan, Azopt, Trusopt.
- Consider combination agents such as Cosopt or Combigan

Uncontrolled With Medication:

- Laser Trabeculoplasty (ALT or SLT)
- Trabeculectomy
- Cataract Extraction
- Valve (techniques and technology have improved greatly)
- Other (ECP, mini-shunt)

Sample Protocol

- Start medications with monocular trials
- ***Never hesitate to have patients “inconvenienced” for follow-up. We have patients come multiple times in one day when we were concerned.***
- In most case, you should see patients 3-4 weeks after any medication change.
- Follow stable patients every 3 months.
- Complete Visual Fields, Disc Photos, OCT every 6 months
- Complete Gonioscopy every year

If you have any questions, don't hesitate to give us a call.