

MIGs Update 2026

1 hour

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- I. **The Why and What of MIGs**
 - a. Human cost in glaucoma
 - b. Optometry current understanding of MIGs using *EOE Glaucoma Survey*
 - c. Current MIGs intraocular surgeries by percentage
 - d. Treatment options discussed
 - i. Drops
 - ii. Selective Laser Trabeculoplasty (SLT)
 - iii. Incisional glaucoma surgery (Tubes and Trabs)
 1. Tube vs. Trab study for data on complication and failure rates
 - iv. Drug delivery
 - e. What is Minimally Invasive Glaucoma Surgery (MIGs)

- II. **MIGs defined and options available**
 - a. What is Minimally Invasive Glaucoma Surgery (MIGS)
 - b. Safety Profile
 - c. Options available with sizing compared to a penny
 - d. Two keys for managing MIGS
 - i. Level in clarity for the natural lens vs. cataract.
 - ii. Gonioscopy
 - e. Overview slide discussing options by mechanism or outflow pathway
 - i. Trabecular meshwork (TM) options
 - ii. Suprachoroidal devices
 - iii. Subconjunctival device

- III. **Currently Available MIGS**
 - a. iStent Trabecular Micro-Bypass Stent (Must be combined with Phaco)
 1. Randomized evaluation of the trabecular micro-bypass stent with phacoemulsification in patients with glaucoma and cataract. *Ophthalmology 2011.*

 - b. iSTENT inject (G2) (Insurance says must be combined with Phaco)
 1. What is it? Two pre-loaded iSTENTs with new injector
 2. FDA pivotal data from clinical trial
 3. Histologic evidence of iStent improving aqueous outflow by aqueous angiography (video).

- c. Hydrus Microstent (Must be combined with phaco)
 1. Stenting and scaffolding the TM to open Schlemms canal
 2. Horizon Trial data
 3. *Compare Study*: iStent x 2 vs. Hydrus in phakic and pseudophakic patients.
 4. *Clinical Ophthalmology study* – on lable CEX+two TM bypass stents vs. CEX +TM scaffold stent.
- d. Three trabecular meshwork (TM) stand-alone
 1. Label: stand-alone TM stenting in patients with failed glaucoma surgery or maximum tolerated medical therapy.
 2. Pivotal trial results and data
 3. Real world experience
- e. ICE Procedure – (iStent + Cataract Surgery + Endocyclophotocoagulation)
 1. Video of the procedure
 2. Review of Cataract surgery+iStent+ECP data.
- f. Suprachoroidal stents
 1. What is it? – Suprachoroidal device
 2. None Currently available (options include Cypass, iStent Supra, more coming in clinical trials)
 3. Voluntary withdrawal from commercial space and by FDA.
 4. Current data on endothelial cell loss (ECL) in all MIGs. *Paper in glaucoma today*
- g. Goniotomy
 1. Video of Kahook Dual Blade KDB
 2. Comparision of KDB vs. trabectome
 3. Internal data of KDB in our patient cohort.
 4. Introduce TM punch procedure with iAccess
- h. Canaloplasty
 1. Procedure goal and mechanism of action.
 2. Options available
 3. Combination canaloplasty and trabeculotomy
 - i. Discuss histologic evidence of opening Schlemm’s canal
- i. Xen45 Gel Stent
 1. Discussion on patient population where this device fits
 2. Procedure explained
 3. Pivotal US FDA approval trial data
- j. MIGs data Metanalysis
 1. Takehome- 4-10mmHG and 0.5-2 medication bottle reductions

IV. **Co-Managing MIGS**

- a. MIGS Indications
- b. MIGS Contraindications & Risks/Complications
 - i. IOP spikes w/ and w/o steroid.
 - ii. Floppy iris/ plugged stents
 - iii. Hyptony- can it happen?
 - iv. Iatrogenic hyphema
- c. MIGS post-operative management
 - i. Topical glaucoma medications
 - ii. Establishing a new baseline IOP
- d. How do you choose which procedure for which patient?
- e. Recap slide discussing options available, trial data, and mechanism.