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Special Issue Reprint

Clinical Debates in Minimally Invasive Glaucoma Surgery (MIGS)

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Glaucoma surgery is entering the era of precision surgery. Rather than relying on a single standard procedure, surgeons can now select from a wide range of surgical options tailored to each patient's disease characteristics and therapeutic goals.

Lens extraction plays an important role in opening the anterior chamber angle in eyes with primary angle closure. Minimally invasive bleb surgery (MIBS), using the PreserFlo MicroShunt and XEN Gel Stent, provides controlled aqueous outflow and reduces the risk of postoperative overfiltration. When very low postoperative intraocular pressure (IOP) is required, trabeculectomy, the traditional gold standard, remains an essential option.

Likewise, aqueous shunt surgery is indispensable for eyes with refractory glaucoma.

Endoscopic or transscleral cyclophotocoagulation may also serve as valuable adjunctive procedures to achieve additional IOP reduction in selected cases.

Because many patients with glaucoma have mild or early-stage disease, effective treatment at this stage is of paramount importance. Tissue-sparing microinvasive glaucoma surgery (MIGS) offers effective IOP reduction with a favorable safety profile and has transformed the surgical management of early glaucoma.

This reprint focuses on MIGS, highlighting recent advances in surgical techniques, clinical outcomes, and future directions. We hope it provides readers with a comprehensive overview of the evolving role of MIGS in the era of precision glaucoma surgery.

