

Taotlus nr 1362 „Vesivedelikku dreeneeriv mikroshunt (mikroseade)“

- Kas mikroshunt asendaks hetkel kasutuses olevaid makroshunte? Kas teenuse 2876L nimetust (Silma vesivedelikku dreeneeriv seade) oleks tarvis muuta, et eristada mikro- ja makroshunte? Mikroshundid on kasutusel glaukoomihaigetel enamasti esmase kirurgilise protseduurina, makroshundid aga korduvalt opereeritud ja / või sekundaarse glaukoomiga patsientidel. Seega mikroshundid ei asenda makroshunte. Teenuse nimetust peaks muutama.
- Kas kõik teenuse osutamise tagajärjel tekkinud tüsistuste ravimeetodid on haigekassa poolt rahastatavad?
Ja
- Palume esitada ravitulemuste võrdlus täna rahastatavate alternatiividega (glaukoomi fistuliseeriv operatsioon või oleks alternatiiviks makroshunt 2876L?) Makroshundi ja mikroshundi võrdlevaid uuringuid ei ole Pubmed andmetel saadaval. Mikroshuntide paigaldamine on oluliselt vähem traumeeriv võrreldes makroshuntidega, seega pole võrdlus asjakohane.

XEN[®] implant and trabeculectomy medium-term quality of life assessment and comparison of results

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Abstract

AIM

To evaluate and compare the quality of life of patients submitted to XEN[®] implant or trabeculectomy and the relationship with potentially involved variables.

METHODS

A cross-sectional study of patients with advanced open-angle glaucoma who underwent implantation of XEN[®] (group 1) and trabeculectomy (group 2) between October 2015 and February 2017. The studied variables were: age, gender, follow-up time, need of topical anti-hypertensive therapy, visual acuity and intraocular pressure (IOP). The quantification of the quality of life was attained through the Glaucoma Symptom Scale (GSS) questionnaire.

RESULTS

Totally 34 eyes (34 patients) were included, 17 in each group. The mean GSS scores for group 1 were 42.6±6.8 (median, 47; p25, 36.5; p75, 48.5) and for group 2 it was 41.6±7.0 (median, 43; p25, 36.5; p75, 47.0; $P=0.34$). There was a strong negative correlation between the need for topical anti-hypertensive drugs and the GSS result in both groups ($r=-0.88$, $P<0.01$, $r=-0.59$, $P=0.01$, respectively) and a moderate negative correlation with IOP in group 1 ($r=-0.50$, $P=0.03$).

CONCLUSION

The analysis demonstrates the non-inferiority of medium-term quality of life of one group in relation to the other (XEN[®] implant and trabeculectomy). The number of topical anti-hypertensive drugs and IOP negatively influenced the quality of life.

An Update on Implants for Minimally Invasive Glaucoma Surgery (MIGS).

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- [Erratum to: An Update on Implants for Minimally Invasive Glaucoma Surgery \(MIGS\).](#) [Ophthalmol Ther. 2017]

Abstract

For several years, the gold standard for surgical treatment of glaucoma has been trabeculectomy. Although very successful at reducing intraocular pressure (IOP), there are several potential complications of trabeculectomy, including sight-threatening ones. This has stimulated much research aimed at the development of new and effective procedures to lower IOP with an enhanced safety profile. Minimally invasive glaucoma surgery (MIGS) procedures prioritise patient safety but also demonstrate efficacy in reducing IOP. We performed an online search of peer-reviewed literature using PubMed, entering keywords relevant to this clinical discipline. In summary, there is a lack of long-term safety and efficacy data, a lack of comparative data and a lack of data on standalone (i.e. without simultaneous cataract surgery) procedures. Most implants are not yet FDA approved. Although not exhaustive, since it does not discuss MIGS procedures that are not implants, this article summarises the range of different MIGS implants that are available to the ophthalmic surgeon.

- Kas operatsiooni aeg on mikro- ja makroshundi kasutamisel sama?
Mikroshuntide paigaldamisel on operatsiooni aeg oluliselt lühem kui makroshuntide kasutamisel.
- Kas teenus võiks olla osutatud ka haigekassa valikupartnerite poolt? Kui ei, siis miks?
Teenus on osutatav valikupartneri (silmakirurgi) poolt, kellel on vastav väljaõpe ja operatsioonitoa kasutusvõimalus.
- Kui palju on täna Eestis implantaadi paigaldamise oskusega kirurge?
Hetkel on mikroimplantaadi paigaldamise oskusega kirurge 5, makroshunte paigaldavad 4-5 kirurgi.
- Kas seadet kasutakse alati koos teenusega 050906? Millised võiksid olla mikro ja makroshundi kasutamise osakaalud teenuse 050906 osutamisel?
Jah , kasutatakse koos teenusega 050908, osakaal võiks olla 70 % mikroshundid, 30 % makroshundid.
- Palume esitada ravijuhtude arv 1 isiku kohta aastas.
1 ravijuht 1 isiku kohta.
- Palume esitada tervishoiuteenuse mahtude jagunemine teenust osutatavate raviasutuste vahel.

Raviasutuse nimi	Raviarve eriala raviasutuste lõikes	Teenuse osutamise kordade arv raviarve erialade lõikes
ITK	oftalmoloogia	50
SA TÜK	<i>Oftalmoloogia</i>	40
IVKH	oftalmoloogia	40

- Taotluse punktis 11.2 olete kirjutanud, et esitatud on lisa 1. Haigekassale saadetud kirja ja taotluse juures lisa 1 ei olnud. Palume lisa 1 uuesti edastada.
Palun küsida dr.Marko Pastaku käest
- Palume esitada mikroshundi arve/hinnapakkumise koopia.
Järelepärimine XEN implantaadi kohta saadetud firmale Allergan.