



CASEY EYE
Institute

John C Morrison, MD
Fred P and Joan Thompson Family
Professor of Ophthalmology

Casey Eye Institute

515 SW Campus Dr.
Portland, Oregon 97239-4197

Tel: 503 494-7667

Fax: 503 494-3075

morrisoj@ohsu.edu

February 9, 2021

Dear Committee:

Thank you for allowing me to comment on HB 2541, which you are now considering. I am a Professor of Ophthalmology at the Casey Eye Institute and have specialized in the diagnosis and treatment of glaucoma since 1986. It is from this 35 year perspective that I write these comments with regard to laser treatment of primary open angle glaucoma, the most common cause of irreversible blindness in the United States.

Treatment of chronic glaucoma typically begins with medical therapy. In some cases, it escalates to laser treatment and then, if necessary, incisional surgery. While laser trabeculoplasty does not involve actual cutting on the eye, its effect on controlling eye pressure (the main goal of all glaucoma therapy) is generally marginal and not long-lasting. More importantly, beginning laser treatment is really an admission that progressive ramping up of increasingly invasive procedures is likely to be needed over the coming years, culminating in a surgical trabeculectomy, the most effective, but most risky of our glaucoma surgeries. Because patients must live with primary open angle glaucoma for many decades, it is imperative that the least invasive procedures be done first, and even then only grudgingly. If laser trabeculoplasty is done unnecessarily early, this accelerates the day when truly invasive and risky procedures are likely to be needed. With time, even these can prove inadequate. In my experience, I know that the worst scenario is that where all that can be done for a patient has been done. It is heartbreaking to watch a patient continue to go blind when you have no further treatment options.

Physicians must consider the long-range implications of their surgical decision-making. This takes experience well beyond just knowing how to do a laser. It requires understanding the long-term consequences of this disease, up to and including "end-stage" glaucoma. Viewed from the perspective of delivering effective, long-range care for patients with a disease that requires many decades of careful management, glaucoma laser therapy is anything but "low-risk".

Thank you for your attention.

John C. Morrison, M.D.
Fred P and Joan Thompson Family
Professor of Ophthalmology
Casey Eye Institute
Oregon Health and Science University