



Policy Name	Clinical Policy - Laser Peripheral Iridotomy
Policy Number	1322.00
Department	Clinical Product & Development
Subcategory	Medical Management
Original Approval Date	04/25/2018
Current MPC/CCO Approval Date	04/03/2024
Current Effective Date	07/01/2024

Company Entities Supported (Select All that Apply) <input checked="" type="checkbox"/> Superior Vision Benefit Management <input checked="" type="checkbox"/> Superior Vision Services <input checked="" type="checkbox"/> Superior Vision of New Jersey, Inc. <input checked="" type="checkbox"/> Block Vision of Texas, Inc. d/b/a Superior Vision of Texas <input checked="" type="checkbox"/> Davis Vision (Collectively referred to as 'Versant Health' or 'the Company')

ACRONYMS or DEFINITIONS	
FDA	Food and Drug Administration
YAG	Yttrium Aluminum Garnet

PURPOSE

To provide clinical criteria to support the indication(s) for laser peripheral. Applicable procedure codes are also defined.

POLICY

A. BACKGROUND

Laser iridotomy is an ophthalmic surgical procedure for angle closure glaucoma, pupillary block, misdirected aqueous (ciliary block or malignant glaucoma), or iris bombe. The procedure creates a small hole in the far periphery of the iris with a focused laser beam, either argon or Q switched Neodymium: YAG. This opening allows the flow of aqueous humor between the posterior and anterior chambers by opening the angle, decreasing the intraocular pressure (IOP) and risk of acute angle-closure attack or progressive damage in chronic angle closure glaucoma. Additionally, iridotomy can be used as a diagnostic tool if one is unsure whether the pathology is misdirected aqueous or plateau iris syndrome.

B. Medically Necessary

1. Laser iridotomy may be medically necessary for narrow angle-closure glaucoma with any measure of pupillary block, where the procedure is necessary to reverse the appositional angle closure and it prevents or retards formation of peripheral anterior synechiae.¹
2. Iridotomy by laser surgery may be considered medically necessary and reasonable to treat primary angle closure and angle closure glaucoma.^{2 3}
3. Laser iridotomy may be medically necessary to treat primary angle closure suspect when a narrow angle has been confirmed by gonioscopic exam to reduce risk of angle closure glaucoma or angle closure glaucoma crisis in any of the following circumstances:
 - a. Elevation of intraocular pressure on dark adaptation testing;⁴
 - b. Evidence of progressive narrowing or synechia on gonioscopy;⁵
 - c. Medication that increases risk of angle closure or pupillary block;⁶
 - d. Presence of symptoms suggesting intermittent angle closure;⁷
 - e. Health status or occupation that limits access to immediate ophthalmic care
 - f. Poor compliance with follow-up visits;
 - g. Need for frequent dilated eye exams for treatment or monitoring of a condition such as diabetes;⁸
 - h. Fellow eye of a patient who had angle closure glaucoma or angle closure glaucoma crisis in the alternate eye;
 - i. Family history of angle closure or narrow angle closure glaucoma.
4. When a prior medically necessary laser iridotomy is not patent.

C. Documentation

Medical necessity is supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale. Documentation requires at a minimum all the following items. All items must be available upon request. For any retrospective review, a full operative report and the clinical plan of care is needed.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided or ordered must be

¹ Aung, 2021

² Aung, 2021

³ AAO, Primary Angle Closure Disease PPP 2020

⁴ Cho, 2023

^{5 6 7} Emanuel, 2014

⁸ Foster, 2002



authenticated by the physician's handwritten or electronic signature. Stamped signatures are not acceptable.

The required documentation to demonstrate medical necessity includes:

1. Eye exam with description of medical justification for laser iridotomy surgery and absence of contraindications for the surgery. This examination must include a gonioscopy documenting narrow angles that warrant peripheral laser iridotomy.
2. Allied diagnostic testing with physician's order, medical rationale, findings, interpretation, and report.
3. Use of a laser that is FDA approved for iridotomy.
4. Detailed operative report that incorporates:
 - a. Indications; and,
 - b. Procedure description including wavelength, duration, site of iridotomy, spot size, energy, and number of laser applications.

D. Procedural Detail

CPT Codes	
66761	Iridotomy/iridectomy by laser surgery (e.g., for glaucoma) (per session)
66762	Iridoplasty by photocoagulation
Required Modifiers	
RT	Right side
LT	Left side
50	Bilateral procedure
Invalid Modifiers	
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
57	Decision for Surgery



DISCLAIMER and COPYRIGHTS

This clinical policy is provided for information purposes only and does not constitute medical advice. Versant Health, Inc., and its affiliates (the “Company”) do not provide health care services and cannot guarantee any results or outcomes. Treating doctors are solely responsible for determining what services or treatments to provide to their patients. Patients (members) should always consult their doctor before making any decisions about medical care.

Subject to applicable law, compliance with this clinical policy is not a guarantee of coverage or payment. Coverage is based on the terms of an individual’s particular benefit plan document, which may not cover the service(s) or procedure(s) addressed in this clinical policy. The terms of the individual’s specific benefit plan are always determinative.

Every effort has been made to ensure that the information in this clinical policy is accurate and complete, however the Company does not guarantee that there are no errors in this policy or that the display of this file on a website is without error. The company and its employees are not liable for any errors, omissions, or other inaccuracies in the information, product, or processes disclosed herein. Neither the Company nor the employees represent that use of such information, products, or processes will infringe on privately owned rights. In no event shall the Company be liable for direct, indirect, special, incidental, or consequential damages arising out of the use of such information, product, or process.

COMPANY’S COPYRIGHT STATEMENT Except for any copyrights described below, this clinical policy is confidential and proprietary. No part of this clinical policy may be copied, distributed, or used without Versant Health, or its applicable affiliates, expressing prior written approval.

AMA COPYRIGHT STATEMENT CPT© is the 2002-2024 copyright of the American Medical Association. All Rights Reserved. CPT™ is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

RELATED POLICIES AND PROCEDURES
--

n/a

DOCUMENT HISTORY

<i>Approval Date</i>	<i>Revision</i>	<i>Effective Date</i>
04/25/2018	Initial policy	04/25/2018
12/18/2019	Annual review; no criteria changes.	01/01/2020

10/28/2020	Annual review; no criteria changes.	03/01/2021
10/06/2021	Deletion of some requirements for provider records submission for medical necessity review.	04/01/2022
04/06/2022	Annual review; no criteria changes.	05/01/2022
04/12/2023	Annual review; no criteria changes.	07/01/2023
04/03/2024	Clarified procedure as diagnostic to differentiate misdirected aqueous or plateau iris syndrome; updated glaucoma status terms; removed contraindication of severe corneal edema.	07/01/2024

REFERENCES AND SOURCES

1. Adetunji MO, Meer E, Whitehead G, et al. Self-identified Black Race is a Risk Factor for Intraocular Pressure Elevation and Iritis Following Prophylactic Laser Peripheral Iridotomy. *J Glaucoma*. 2022 Feb 4. doi: 10.1097/IJG.0000000000001995. Epub ahead of print. PMID: 35131983.
2. Balas M, Mathew DJ. Dysphotopsia and location of laser iridotomy: a systematic review. *Eye (Lond)*. 2024 Jan 9. doi: 10.1038/s41433-023-02913-1. Epub ahead of print. PMID: 38195925.
3. Baskaran M, Yang E, Trikha S et al. Residual Angle Closure One Year After Laser Peripheral Iridotomy in Primary Angle Closure Suspects. *Am J Ophthalmol*. 2017 Nov; 183:111-117. doi: 10.1016/j.ajo.2017.08.016. Epub 2017 Sep 6. PMID: 28887116.
4. Bayliss JM, Ng WS, Waugh N, et al. Laser peripheral iridoplasty for chronic angle closure. *Cochrane Database Syst Rev*. 2021 Mar 23;3(3):CD006746. doi: 10.1002/14651858.CD006746.pub4. PMID: 33755197; PMCID: PMC8094583.
5. Betts TD, Sims JL, Bennett SL, et al. Outcome of peripheral iridotomy in subjects with uveitis. *Br J Ophthalmol*. 2020 Jan;104(1):8-10. doi: 10.1136/bjophthalmol-2019-314221. Epub 2019 Jul 9. PMID: 31289035.
6. Cai JC, Chen YL, Cao YH, et al. Numerical study of aqueous humor flow and iris deformation with pupillary block and the efficacy of laser peripheral iridotomy. *Clin Biomech (Bristol, Avon)*. 2022 Jan 19; 92:105579. doi: 10.1016/j.clinbiomech.2022.105579. Epub ahead of print. PMID: 35085976.
7. Chan PP, Tang FY, Leung DY, et al. Ten-Year Clinical Outcomes of Acute Primary Angle Closure Randomized to Receive Early Phacoemulsification Versus Laser Peripheral Iridotomy. *J Glaucoma*. 2021 Apr 1;30(4):332-339. doi: 10.1097/IJG.0000000000001799. PMID: 33769358.
8. Chen SL, LoBue SA, Goyal H. Case report: The use of netarsudil to improve corneal edema after laser peripheral iridotomy and Descemet's membrane endothelial keratoplasty. *Am J Ophthalmol Case Rep*. 2021 Apr 14; 22:101087. doi: 10.1016/j.ajoc.2021.101087. PMID: 33997467; PMCID: PMC8094567.
9. Chen S, Liu Y, Li F, et al. Clock position-based iris bow configuration after laser peripheral iridotomy in Chinese angle closure eyes: a swept source optical coherence tomography study. *Eye (Lond)*. 2020 May;34(5):873-879. doi: 10.1038/s41433-019-0601-1. Epub 2019 Sep 25. PMID: 31554946; PMCID: PMC7182565.

10. Cho A, Xu BY, Friedman DS, Foster PJ, Jiang Y, Pardeshi AA, Jiang Y, Aung T, He M. Role of Static and Dynamic Ocular Biometrics Measured in the Dark and Light as Risk Factors for Angle Closure Progression. *Am J Ophthalmol*. 2023 Dec; 256:27-34. doi: 10.1016/j.ajo.2023.07.032. Epub 2023 Aug 6. PMID: 37549818; PMCID: PMC10840898.
11. Conrady Cho A, Xu BY, Friedman DS, et.al. Role of Static and Dynamic Ocular Biometrics Measured in the Dark and Light as Risk Factors for Angle Closure Progression. *Am J Ophthalmol*. 2023 Dec; 256:27-34. doi: 10.1016/j.ajo.2023.07.032. Epub 2023 Aug 6. PMID: 37549818; PMCID: PMC10840898. CD, Young BK, Besirli C. Worsening Angle Closure After Successful Laser Peripheral Iridotomy. *JAMA Ophthalmol*. 2022 Feb 10. doi: 10.1001/jamaophthalmol.2021.4988. Epub ahead of print. PMID: 35142818.
12. Emanuel ME, Parrish RK 2nd, Gedde SJ. Evidence-based management of primary angle closure glaucoma. *Curr Opin Ophthalmol*. 2014 Mar;25(2):89-92. doi: 10.1097/ICU.000000000000028. PMID: 24463418.
13. Foster PJ, Buhrmann R, Quigley HA, Johnson GJ. The definition and classification of glaucoma in prevalence surveys. *Br J Ophthalmol*. 2002 Feb;86(2):238-42. doi: 10.1136/bjo.86.2.238. PMID: 11815354; PMCID: PMC1771026.
14. Furuya T, Kashiwagi K. Longitudinal Change in Peripheral Anterior Chamber Depth of Eyes with Angle Closure after Laser Iridotomy. *J Ophthalmol*. 2018 Dec 24; 2018:9106247. doi: 10.1155/2018/9106247. PMID: 30671261; PMCID: PMC6323459.
15. Filippopoulos T, Danias J, Karmiris E, et.al. Rethinking Prophylactic Laser Peripheral Iridotomy in Primary Angle-Closure Suspects: A Review. *Ophthalmol Glaucoma*. 2023 Nov-Dec;6(6):657-667. doi: 10.1016/j.ogla.2023.06.004. Epub 2023 Jun 13. PMID: 37321374.
16. Gao X, Zhou Y, Zuo C, et al. Predictive Equation for Angle Opening Distance at 750 μm After Laser Peripheral Iridotomy in Primary Angle Closure Suspects. *Front Med (Lausanne)*. 2021 Aug 12; 8:715747. doi: 10.3389/fmed.2021.715747. PMID: 34458290; PMCID: PMC8387715.
17. Gayam K, Ramulu PY, Rengaraj V, et al. Safety and Efficacy of 0.1% Nepafenac versus 1% Prednisolone Acetate Eye Drops after Laser Peripheral Iridotomy: A Prospective, Randomized Trial. *Ophthalmol Glaucoma*. 2020 May-Jun;3(3):174-180. doi: 10.1016/j.ogla.2020.02.006. Epub 2020 Feb 29. PMID: 32672612.
18. Greenfield JA, Smiddy WE, Greenfield DS. Malignant Glaucoma after Laser Peripheral Iridotomy. *J Glaucoma*. 2019;28(3): e44-e45. doi:10.1097/IJG.0000000000001145.
19. He M, Jiang Y, Huang S, et.al. Laser peripheral iridotomy for the prevention of angle closure: a single-centre, randomised controlled trial. *Lancet*. 2019 Apr 20;393(10181):1609-1618. doi: 10.1016/S0140-6736(18)32607-2. Epub 2019 Mar 14. PMID: 30878226.
20. Hoyos CER, Ferreira MC, Libreros-Peña L, et.al. Plateau iris syndrome: Epidemiology, diagnosis, and treatment: A narrative review. *Oman J Ophthalmol*. 2023 Oct 18;16(3):415-420. doi: 10.4103/ojo.ojo_238_22. PMID: 38059089; PMCID: PMC10697250.
21. Hu R, Wang X, Wang Y, et al. Occult lens subluxation related to laser peripheral iridotomy: A case report and literature review. *Medicine (Baltimore)*. 2017 Mar;96(10): e6255. doi: 10.1097/MD.00000000000006255. PMID: 28272229; PMCID: PMC5348177.
22. Imai K, Sawada H, Hatase T, et al. Iridocorneal contact as a potential cause of corneal decompensation following laser peripheral iridotomy. *Jpn J Ophthalmol*. 2021 Jul;65(4):460-471. doi: 10.1007/s10384-021-00830-y. Epub 2021 Mar 16. PMID: 33728544.
23. Jiang Y, Chang DS, Zhu H, et.al. Longitudinal changes of angle configuration in primary angle-closure suspects: the Zhongshan Angle-Closure Prevention Trial. *Ophthalmology*.

- 2014 Sep;121(9):1699-1705. doi: 10.1016/j.ophtha.2014.03.039. Epub 2014 May 15. PMID: 24835757; PMCID: PMC4624262.
24. Kim SJ, Cho HK, Park YM, et al. Corneal topography and angle parameters after laser iridotomy combined with iridoplasty assessed by dual Scheimpflug analyzer. *Int Ophthalmol*. 2020 Feb;40(2):447-457. doi: 10.1007/s10792-019-01205-6. Epub 2019 Nov 13. PMID: 31720953.
 25. Koh V, Keshtkaran MR, Hernstadt D, et al. Predicting the outcome of laser peripheral iridotomy for primary angle closure suspect eyes using anterior segment optical coherence tomography. *Acta Ophthalmol*. 2019;97(1): e57-e63. doi:10.1111/aos.13822
 26. Kuryshva NI, Lepeshkina LV. Selective Laser Trabeculoplasty Protects Glaucoma Progression in the Initial Primary Open-Angle Glaucoma and Angle-Closure Glaucoma after Laser Peripheral Iridotomy in the Long Term. *Biomed Res Int*. 2019 Dec 21; 2019:4519412. doi: 10.1155/2019/4519412. PMID: 31930122; PMCID: PMC6942792.
 27. Le JT, Rouse B, Gazzard G. Iridotomy to slow progression of visual field loss in angle-closure glaucoma. *Cochrane Database Syst Rev*. 2018;6(6):CD012270. Published 2018 Jun 13. doi: 10.1002/14651858.CD012270.pub2
 28. Liebmann JM, Ritch R. Laser iridotomy. *Ophthalmic Surg Lasers*. 1996;27(3):209-227.
 29. Liu YM, Hu D, Zhou LF, et al. Associations of lens thickness and axial length with outcomes of laser peripheral iridotomy. *Int J Ophthalmol*. 2021 May 18;14(5):714-718. doi: 10.18240/ijo.2021.05.11. PMID: 34012886; PMCID: PMC8077006.
 30. Meduri E, Gillmann K, Bravetti GE, et al. Iridocorneal Angle Assessment After Laser Iridotomy with Swept-source Optical Coherence Tomography. *J Glaucoma*. 2020 Nov;29(11):1030-1035. doi: 10.1097/IJG.0000000000001654. PMID: 32890108.
 31. Mou DP, Liang YB, Fan SJ, et al. Progression rate to primary angle closure following laser peripheral iridotomy in primary angle-closure suspects: a randomised study. *Int J Ophthalmol*. 2021 Aug 18;14(8):1179-1184. doi: 10.18240/ijo.2021.08.07. PMID: 34414081; PMCID: PMC8342280.
 32. Ng WS, Ang GS, Azuara-Blanco A. Laser peripheral iridoplasty for angle-closure. *Cochrane Database Syst Rev*. 2012 Feb 15;2012(2):CD006746. doi: 10.1002/14651858.CD006746.pub3. Update in: *Cochrane Database Syst Rev*. 2021 Mar 23;3:CD006746. PMID: 22336823; PMCID: PMC7390262.
 33. Nicholas MP, Vaz T, Idrees S, et al. McCannel Suture Technique Resolves Persistent Dysphotopsia Following Laser Peripheral Iridotomy in Phakic Eyes. *J Glaucoma*. 2021 Jul 1;30(7): e344-e346. doi: 10.1097/IJG.0000000000001841. PMID: 33826601.
 34. Ono T, Iida M, Sakisaka T, et al. Effect of laser peripheral iridotomy using argon and neodymium-YAG lasers on corneal endothelial cell density: 7-year longitudinal evaluation. *Jpn J Ophthalmol*. 2018;62(2):216-220. doi:10.1007/s10384-018-0569-6
 35. Qiu L, Yan Y, Wu L. Appositional angle closure and conversion of primary angle closure into glaucoma after laser peripheral iridotomy. *Br J Ophthalmol*. 2020 Mar;104(3):386-391. doi: 10.1136/bjophthalmol-2018-312956. Epub 2019 Jun 3. PMID: 31160423.
 36. Rozon JP, Des Marchais B. Recommendations for intraocular pressure measurement one hour after laser peripheral iridotomy: Review of the literature. *J Fr Ophtalmol*. 2021 Nov;44(9):1413-1418. doi: 10.1016/j.jfo.2021.04.014. Epub 2021 Sep 24. PMID: 34565658.
 37. Rouse B, Le JT, Gazzard G. Iridotomy to slow progression of visual field loss in angle-closure glaucoma. *Cochrane Database Syst Rev*. 2023 Jan 9;1(1):CD012270. doi: 10.1002/14651858.CD012270.pub3. PMID: 36621864; PMCID: PMC9827451.
 38. Sanvicente CT, Ghahramani A, Ustaoglu M, et al. Effect of Anticoagulants and Surgeon-Related Factors on Short-term Outcomes of Laser Peripheral Iridotomy. *Ophthalmol*

- Glaucoma. 2019 Jul-Aug;2(4):204-209. doi: 10.1016/jo.ogla.2019.05.002. Epub 2019 Jun 13. PMID: 32672539.
39. Sen S, Das M, Singh Chugh TM. Angle Closure with Patent Laser Peripheral Iridotomy - An Unusual Complication. *Int J Appl Basic Med Res*. 2021 Oct-Dec;11(4):270-272. doi: 10.4103/ijabmr.IJABMR_733_20. Epub 2021 Nov 17. PMID: 34912693; PMCID: PMC8633701.
 40. Shakrawal J, Dada T, Mahalingam K. Multimodality imaging aided diagnosis of early zonular dehiscence following laser peripheral iridotomy. *BMJ Case Rep*. 2020 Aug 25;13(8): e236689. doi: 10.1136/bcr-2020-236689. PMID: 32843464; PMCID: PMC7449267.
 41. Teixeira FJ, Sousa FC, Ferreira NP, et al. Impact of laser iridotomy on headache symptoms in angle-closure subjects. *Graefes Arch Clin Exp Ophthalmol*. 2020 Aug;258(8):1771-1777. doi: 10.1007/s00417-020-04672-1. Epub 2020 May 4. PMID: 32367284.
 42. Tom LM, Kavitha S, Varadaraj V, et al. Corneal Endothelium Changes 6 Months after Laser Peripheral Iridotomy: Prospective Study. *Ophthalmol Glaucoma*. 2020 May-Jun;3(3):220-221. doi: 10.1016/j.ogla.2020.01.006. Epub 2020 Jan 22. PMID: 32672621.
 43. Yunard A, Oktariana VD, Artini W, et al. Comparison of Intraocular Pressure and Anterior Chamber Angle Changes between Pilocarpine and Laser Peripheral Iridotomy. *J Curr Glaucoma Pract*. 2019 Jan-Apr;13(1):32-36. doi: 10.5005/jp-journals-10078-1245. PMID: 31496559; PMCID: PMC6710935.
 44. Wang L, Huang W, Han X, et al. The Impact of Pharmacological Dilation on Intraocular Pressure in Primary Angle Closure Suspects. *Am J Ophthalmol*. 2022 Mar; 235:120-130. doi: 10.1016/j.ajo.2021.06.018. Epub 2021 Jun 29. PMID: 34197780.
 45. Xu BY, Friedman DS, Foster PJ, et al. Anatomic Changes and Predictors of Angle Widening after Laser Peripheral Iridotomy: The Zhongshan Angle Closure Prevention Trial. *Ophthalmology*. 2021 Aug;128(8):1161-1168. doi: 10.1016/j.ophtha.2021.01.021. Epub 2021 Jan 23. PMID: 33497730; PMCID: PMC8298586.
 46. Yan C, Han Y, Yu Y, et al. Effects of lens extraction versus laser peripheral iridotomy on anterior segment morphology in primary angle closure suspect. *Graefes Arch Clin Exp Ophthalmol*. 2019;257(7):1473-1480. doi:10.1007/s00417-019-04353-8
 47. Yang F, Wu H. Treatment Preferences and Factors Influencing the Management of Primary Angle-Closure Suspect in China: A National Survey Study. *Ophthalmol Ther*. 2024 Jan;13(1):113-125. doi: 10.1007/s40123-023-00828-4. Epub 2023 Oct 24. PMID: 37874535; PMCID: PMC10776512.
 48. Young SL, Cheng KKW, O'Connell N, et al. PACS plus criteria: a retrospective cohort review of 612 consecutive patients treated with bilateral YAG peripheral iridotomies. *Eye (Lond)*. 2023 Dec;37(18):3834-3838. doi: 10.1038/s41433-023-02626-5. Epub 2023 Jun 20. PMID: 37340048; PMCID: PMC10698168.
 49. Yuan Y, Wang W, Xiong R, et al. Fourteen-Year Outcome of Angle-Closure Prevention with Laser Iridotomy in the Zhongshan Angle-Closure Prevention Study: Extended Follow-up of a Randomized Controlled Trial. *Ophthalmology*. 2023 Aug;130(8):786-794. doi: 10.1016/j.ophtha.2023.03.024. Epub 2023 Apr 6. Erratum in: *Ophthalmology*. 2024 Jan;131(1):126. PMID: 37030454.
 50. Zhou R, Li F, Gao K, et al. Smaller Anterior Chamber Volume Is Associated with Higher Risk of Intraocular Pressure Elevation After Laser Peripheral Iridotomy: A 1-Year Follow-Up Study. *Asia Pac J Ophthalmol (Phila)*. 2020 Sep 8;10(2):188-191. doi: 10.1097/APO.0000000000000317. PMID: 32925295.

SOURCES

1. American Academy of Ophthalmology Laser Peripheral Iridotomy in Primary Angle Closure, Ophthalmic Technology Assessment committee, July 2018.
<https://www.aao.org/education/ophthalmic-technology-assessment/laser-peripheral-iridotomy-in-primary-angle-closure> Accessed 2/2024.
2. American Academy of Ophthalmology, Glaucoma Summary Benchmarks, Preferred Practice Patterns Hoskins Center for Quality Eye Care, 2022.
<https://www.aao.org/education/summary-benchmark-detail/glaucoma-summary-benchmarks-2020>. Accessed 2/2024.
American Academy of Ophthalmology, Primary Angle Closure (Preferred Practice Patterns), 2020. <https://www.aao.org/education/preferred-practice-pattern/primary-angle-closure-disease-ppp>. Accessed 2/2024.
3. Aung, T. Angle closure suspects and LPis: yes or no? Review of Ophthalmology. Oct. 2021.
<https://www.reviewofophthalmology.com/article/angleclosure-suspects-and-lpis-yes-or-no>. Accessed 3/024.
4. Zhongshan Angle-Closure Prevention; Prophylactic Peripheral Iridectomy Prevents Aphakic Angle-closure Glaucoma. Last update March 2019.
<https://classic.clinicaltrials.gov/ct2/show/NCT03610295?term=Zhongshan+Angle-Closure+Prevention&draw=2&rank=1>. Accessed 3/3024.
5. Zhongshan Angle-Closure Prevention; Changes of Trace Elements in Aqueous Humor, Blood and Tears and Analysis of Related Factors. Last updated December 2022.
<https://classic.clinicaltrials.gov/ct2/show/NCT04515030?term=Zhongshan+Angle-Closure+Prevention&draw=2&rank=2>. Accessed 3/2024.