Figure 28-4 Eyelid speculum in place; shown is the location on the sclera for the sweeping applications of the MP3 probe. *(Courtesy of IRIDEX.)*
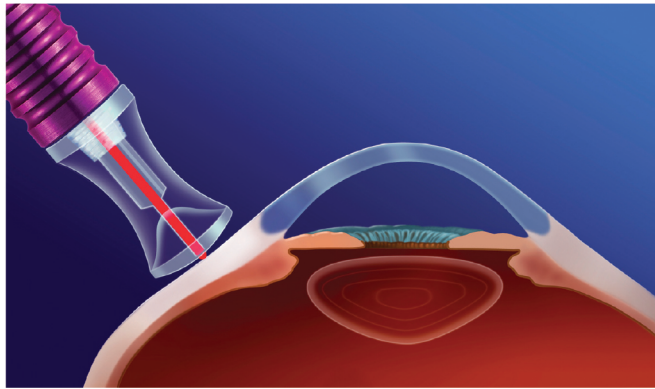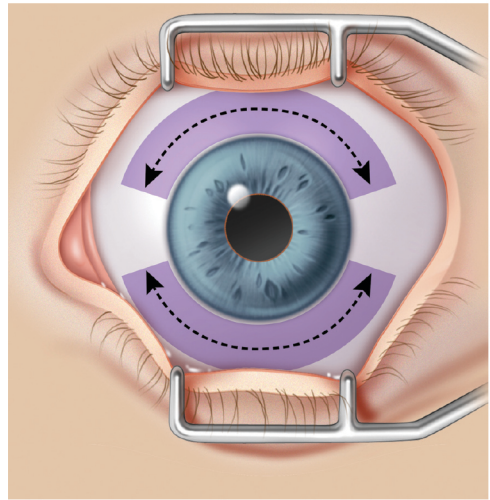

Figure 28-5 Proper placement and application of the MP3 probe. *(Courtesy of IRIDEX.)*

- Difluprednate 0.05% 4 times a day. Taper as inflammation subsides. (This is not necessary for patients treated with the Diode G6/MP3 laser.)
- A topical nonsteroidal anti-inflammatory agent may be helpful for management of postoperative discomfort and prevention of cystoid macular edema in eyes post-ECP treatment.
- Sub-Tenon or intravitreal dexamethasone 4 mg or triamcinolone 4 mg may be considered as well.
- Cycloplegia with atropine 1% 2 times a day may be beneficial for pain control in phakic and/or uveitic eyes.
- Topical antibiotic eyedrops are indicated in ECP patients for the first week postoperatively.
- On rare occasions, oral narcotics may be required for pain control.

Complications

Transscleral Diode Laser Cylcophotocoagulation with G-probe:

- failure to control IOP
- pain
- inflammation
- loss of vision
- cataract
- conjunctival burns
- hypotony
- cystoid macular edema
- corneal edema
- hyphema
- uveitis
- hypopyon
- vitreous hemorrhage
- choroidal hemorrhage
- cystoid macular edema
- sympathetic ophthalmia
- phthisis

Endoscopic cyclophotocoagulation (ECP):

- failure to control IOP
- pain
- inflammation/uveitis
- infection
- cystoid macular edema
- hypotony
- choroidal detachment
- choroidal hemorrhage
- traumatic iris injuries
- retinal detachment

Diode G6 Laser Transscleral Cyclophotocoagulation with MP3 Probe:

- failure to control IOP
- inflammation/uveitis (although to a lesser degree than with the G-probe)
- hypotony (also to a lesser degree than with the G-probe)

Ansari E, Gandhewar J. Long-term efficacy and visual acuity following transscleral diode laser photocoagulation in cases of refractory and non-refractory glaucoma. *Eye* (London). 2007;21(7):936–940.

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