Main purpose for this article was to investigate effectiveness of Avastin injection inside of filtering bleb in the eyes with failed trabeculectomy due to previous cataract extraction with intraocular lens. All procedures were done at the glaucoma department of S.V. Malayan’s Eye Center, Yerevan, Armenia by the same doctor. Trabeculectomies were performed at the same hospital. To evaluate the effectiveness of Avastin intrablebal injection in pseudophakic eyes were trabeculectomy was not enough effective we investigate 23 patients at the years of 2008-2010. All eyes were pseudophakic and some period later after trabeculectomy - from one month to one year - the filtering bleb became function not good enough and IOP normalization was failed even with laser suture lyses. First signs of ineffective trabeculectomy were local hyperemia, flat bleb with high IOP, mild to moderate inflammation. Previously all sclera sutures were cut by laser. Under the local aneasthesia of Tetracaine 1%, antibiotic 2 times and betadine once before the procedure with slit lamp visualization and lid speculum, 0,05 cc of Avastin was injected into the filtering bleb. From 22 patients 8 had injection at one month, 10- at ~3, 2- at ~6 month and 2 after ~9 month from trabeculectomy . 6 patients had second injection in one month from previous. Most valuable point for effectiveness was IOP normalization, filtering bleb formation and decreased hyperemia. Among 22 patients IOP was normalized in 11 cases. All the patients whose Avastin was injected at one month from surgery had IOP lowering to the normal range. 3 patients with normalized IOP were those who had trab done 3 month ago. For the other 11 patients IOP was lowered but not to the necessary level and the bleb was not formed. This could mean that Avastin improved outflow through some parts of filtering bleb, but function of the bleb was not enough. The filtering blebs for all 22 cases was working well right after the surgery, so IOP was fine for short period, which prompt us to reopen those parts, were the intraocular humor could flow through. All the data introduced here are for 6 month follow up from Avastin injection. Second injection was done to keep good results. Our investigations show that Avastin 0.05 injection in the filtering bleb for failed trabeculectomy in pseudophakic eyes is very effective for early (1-2 month) injection. Later injections improve condition, but are not as effective to normalize IOP. Avastin second injection can be done in one month from previous one to keep the results.

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