I. Introduction/Relevance: Optimal management of pediatric glaucoma remains controversial, especially for refractory cases. Many of our surgical interventions have both up- and down-sides for young children, and the “right procedure” may vary depending upon the surgeon, institution, and child.

II. “To Mitomycin or not to Mitomycin - that is the question” – use of mitomycin during trabeculectomy surgery
   A. “To Mitomycin” - Pro – Ken Nischal
      1. Indications for trabeculectomy in children (age, glaucoma type, prior surgeries)
      2. Surgical steps and tricks for mitomycin – augmented trabeculectomy in children
      3. Success with mitomycin trabeculectomy in children – how the drug has helped!
   B. “Not to Mitomycin” – Con – Alex Levin
      1. Contraindications for trabeculectomy in children (age, glaucoma type, other factors).
      2. Dangers specific to mitomycin augmentation of trabeculectomy in children
         - thin blebs, leaks, infection, cataract, etc.
      3. Life long risks
   C. Rebuttal/comments (Freedman moderator)

III. “Can I do anything I want to? – the ethics of applying new “adult” surgical glaucoma procedures in children”
   A. Yes – Freedman - how else will we get new tools to use for these poor kids?
      1. Consider use of medications for glaucoma in children – none of them was tested in children, but we used them and learned about them as we went – examples of timolol and brimonidine…
      2. Consider use of glaucoma drainage devices in children
      3. Consider use of the Schlemm canal fiberoptic for trabeculectomy in children
   B. No – Levin! It is not ethical to apply unproven, new technology to a vulnerable population without proof or a research protocol.
   C. Rebuttal (Nischal moderator) if needed (likely will skip this part because you will be so persuasive!)

IV. “Forks in the road to Schlemm canal – comparing various angle surgeries”
   A. How I do it – Levin
      1. Goniotomy – indications and brief tips of technique
      2. What I do when the view is not clear – endoscopic goniosurgery
   B. How I do it – Freedman
      1. Goniotomy vs. trabeculotomy
      2. 360-degree iScience “otomy”
      3. Special cases – uveitis and early onset aphakic glaucoma
   C. How I do it – Nischal
      1. My angle surgery of choice
      2. Why I like combined “otomy-ectomy” and how I do it

V. “Plumbing 101 – what tube do I use”
   A. My choices for tubes and my most common problem with them - Levin
      1. Indications for a glaucoma drainage device in my practice – who gets one?
      2. My preferences – what I use, where I put the tube, tips for surgery
      3. My least favorite problem after this surgery
   B. Same as above - Freedman
   C. Comments (Nischal moderator)

V. “License to kill – options for cyclodestruction”
   A. The case for cryotherapy or transscleral diode cyclodestruction – Nischal
      1. Indications for cyclodestruction
      2. Why it is better to stay “outside the eye”
      3. How to minimize dread complications of phthisis/retinal detachment/hypotony
   B. The case for endoscopic diode cycloablation – Freedman
      1. Indications for cyclodestruction
      2. You must see where you are going!
      3. How to minimize complications
   C. Comments (Levin moderator)

VI. Panel Discussion – wrap-up with audience participation