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ORIGINAL ARTICLES

• **1 LXIII Edward Jackson Memorial Lecture: eye care: dollars and sense.** *Hugh R. Taylor, AC, MD*

Health economic data on vision loss can be calculated from population-based data on the extent of vision loss, data on the economic impact of vision loss, and its effect on quality of life, census data, and health care costs. These analyses show vision loss to be the seventh leading cause of loss of well-being and interventions to be very cost effective. This information is important in setting health policy priorities.

• **9 Treatment outcomes in the Tube Versus Trabeculectomy Study after one year of follow-up.** *Steven J. Gedde, MD, Joyce C. Schiffman, MS, William J. Feuer, MS, Leon W. Herndon, MD, James D. Brandt, MD, Donald L. Budenz, MD, MPH, and the Tube Versus Trabeculectomy Study Group*

The Tube Versus Trabeculectomy (TVT) Study is a multicenter randomized clinical trial comparing the safety and efficacy of non-valved tube shunt surgery to trabeculectomy with mitomycin C (MMC) in patients who had previous ocular surgery. Tube shunt surgery was more likely to maintain intraocular pressure control and avoid persistent hypotony or reoperation for glaucoma than trabeculectomy after one year of follow-up.

• **23 Surgical complications in the Tube Versus Trabeculectomy Study during the first year of follow-up.** *Steven J. Gedde, MD, Leon W. Herndon, MD, James D. Brandt, MD, Donald L. Budenz, MD, MPH, William J. Feuer, MS, Joyce C. Schiffman, MS, and the Tube Versus Trabeculectomy Study Group*

There were a large number of surgical complications during the first year of follow-up in the Tube Versus Trabeculectomy

Study (TVT), but most were transient and self-limited. The incidence of postoperative complications was higher following trabeculectomy with mitomycin C (MMC) than nonvalved tube shunt surgery. However, serious complications resulting in reoperation and/or vision loss occurred with similar frequency with both surgical procedures.

• **32 A prospective randomized clinical trial of phacoemulsification vs manual sutureless small-incision extracapsular cataract surgery in Nepal.** *Sanduk Ruit, MD, Geoffrey Tabin, MD, David Chang, MD, Leena Bajracharya, MBBS, Daniel C. Kline, MD, William Richeimer, MD, Mohan Shrestha, MA, and Govinda Paudyal, MD*

World cataract blindness is a tremendous and growing problem. We performed a prospective randomized study of 108 patients with visually significant cataracts and compared phacoemulsification to small incision sutureless cataract surgery. Both phacoemulsification and small incision sutureless cataract surgery achieved excellent visual outcomes with low complication rates. We found small incision sutureless cataract surgery to be significantly faster, less expensive, and less technology dependent than phacoemulsification. Small incision sutureless cataract surgery may be the more appropriate surgical procedure for the treatment of advanced cataracts in the developing world.

• **39 Changes in corneal biomechanics and intraocular pressure following LASIK using static, dynamic, and noncontact tonometry.** *Jay S. Pepose, MD, PhD, Susan K. Feigenbaum, PhD, Mujtaba A. Qazi, MD, Jeffrey P. Sander-son, MD, and Cynthia J. Roberts, PhD*

After laser in situ keratomileusis (LASIK), intraocular pressure (IOP) measurement with the Pascal dynamic

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