

Table 2. Risk factors for failure due to scarring after GFS

Risk factors	Risk 1–3+	Comments
<i>Ocular</i>		
Neovascular glaucoma (active)	+++	Very high risk. Panretinal photo-coagulation and anti-VEGF therapy may be required
Previous failed filtration surgery	++ (+)	
Previous failed surgery with anti-fibrotic agent	+++	Tube surgery may be indicated
Previous conjunctival surgery	++	
Severe conjunctival inflammation	+++	Tube surgery should be considered if this is intractable
Previous cataract extraction (conjunctival incision)	++ (+)	
Aphakia (intracapsular extraction)	+++	
Previous intraocular surgery	++	Depends on type of surgery
Uveitis (active, persistent)	++	
A red, injected eye	++	
Previous topical medications		
Beta-blockers + pilocarpine	+ (+)	Any topical agent that causes a significantly red eye probably increases the scarring response
Beta-blockers + pilocarpine + adrenaline	+++	
Current medications (if eyes red ++)	++ (+)	
High preoperative IOP (increases with every 10 mm Hg rise)	+ (+)	
Time since last surgery (especially if within last 30 days)	+ ++ (+)	Recent surgery is a very significant risk factor for scarring after filtration surgery
Inferiorly located trabeculectomy	+	Increased risk endophthalmitis
<i>Patient</i>		
Ethnicity (vs. white Caucasian)		
African-Caribbean origin (may vary)	++	This is not one group – considerable ethnic diversity
West Africans	++ (+)	
East Africans	+	
Indian subcontinent origin	+	
Hispanic origin	+	
Japanese origin	+	
Chinese origin	+	
Age		
Young (16–40 years)	+ (+)	Uncertain, different reports in literature. Outcome more likely related to underlying condition
Children	++	