

# Trabeculectomy Surgery

Patient Information



We Care  
Because  
You Matter

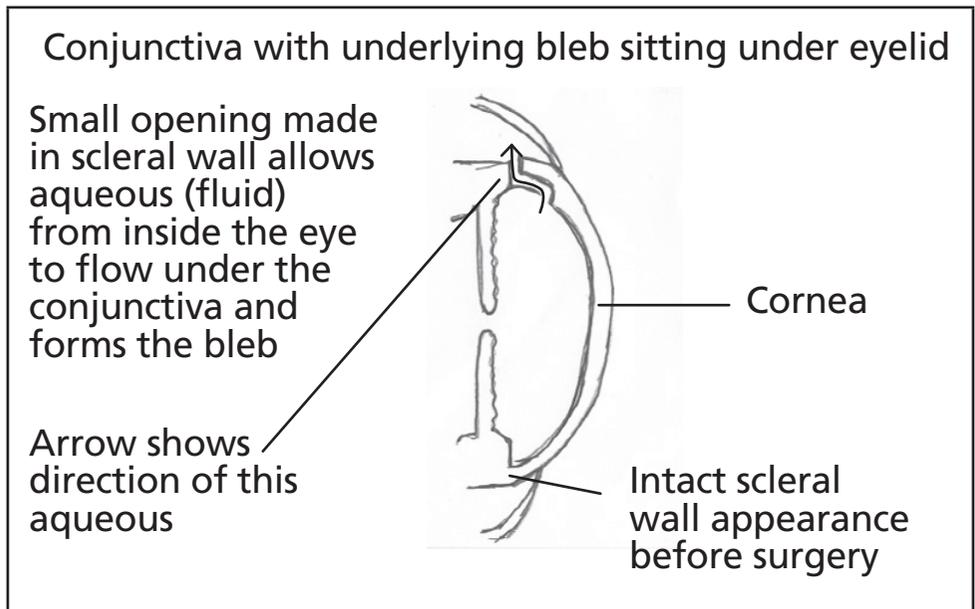


## Why do I need a Trabeculectomy?

During a consultation with the eye doctor it has been suggested to you that an operation is advisable. This is because the eye drops you are using for glaucoma are not lowering the pressure in your eye enough or the eye drops are not suitable for you. This is resulting in worsening of your visual fields and perhaps causing less clear vision.

## What does a Trabeculectomy mean?

The technical term is a penetrating filtering glaucoma surgery. We use a microscope to do the surgery. A small partial thickness flap is formed in the white part (sclera) of your eye. Through this a small channel is made, to provide a drainage route for the fluid from the front of your eye to the outer layer of your eye, the conjunctiva, thus lowering the eye pressure.



Although the small flap is stitched down, a small amount of aqueous filters through under the overlying conjunctiva. The flap sits under the upper lid so it is less noticeable and causes less irritation. As the fluid drains under the flap and under the conjunctiva it forms a "bleb". The fluid is reabsorbed into the blood stream.

At the time of surgery we sometimes use a liquid that reduces scarring if we think you are at greater risk of scarring. This increases the success rate of the surgery.

### **How will I benefit?**

The aim of the operation is to reduce the pressure in your eye and therefore prevent the visual field from becoming worse, which can affect you more if it affects your central vision. It may be the operation will only slow down the damage being done to the optic nerve. But this may provide you with enough visual field to do your everyday activities for longer. The operation will not undo any damage that has already occurred to the optic nerve nor will it restore any visual field that has been lost.

### **What are the risks of the surgery?**

- Red eye, irritation and itching
- Bleeding at the front of your eye (hyphaema) which usually gets better
- Cataract progression (which can be removed with surgery)
- Over drainage of the bleb resulting in low pressure in your eye (hypotony)

- Leakage around the bleb resulting in low pressure in your eye. Rarely, patients have to be taken back to theatre
- Choroidal detachments which are the result of low pressure in your eye. These are self-limiting and settle once pressure increases in your eye. Only rarely is the vision compromised
- High pressure in your eye
- Infection inside your eye (1 in 1000)
- Blebitis – Infection of the bleb which requires hospital admission and intensive antibiotics
- Severe bleeding inside your eye
- Worsening of vision
- Rarely blindness.

## **What kind of anaesthetic will I require?**

The operation can take between 45 minutes to 60 minutes. It can be performed under local or general anaesthesia. The type of anaesthetic will be discussed with you. General anaesthetic may be chosen if you are unable to lie still, have a tremor or have claustrophobia.

In some cases however, a local anaesthetic is required because your general medical health is deemed too poor to withstand a general anaesthetic. In this case you will be awake but your eye will have anaesthetic around it so it is numb and the operation can proceed. After your eye has been cleaned with iodine, a drape will be placed over your face. It is vital that you lie still for the duration of the surgery.

## **What can I expect after the surgery?**

You will be reviewed the next day when we will remove the plastic shield with bandage coverings over your eye. We will give you a clean plastic shield to use over your eye at night for one to two weeks. Vision may be blurred after the operation but usually settles after a number of weeks. Also the eye will feel gritty and sore and will look red, but these symptoms will improve.

We will plan to see you at regular intervals especially in the first two months, usually every one to two weeks. During this time we try to optimise the drainage into the bleb. This bleb is the small raised area that sits under the upper lid where the fluid drains into. You may hear the term 'bleb management,' with reference to this.

If the bleb looks inflamed we will inject with a steroid (dexamethasone) and possibly an anti-scarring agent in clinic to reduce this.

Rarely, if the bleb is starting to scar we may need to take you to theatre to break the scarring in a procedure called needling. If the bleb is draining too much and the pressure in your eye is low, we may need to take you to theatre to have extra stitches to reduce the drainage into the bleb.

Remember you have had a big operation to your eye. Sometimes stitches can protrude and cause worsening irritation in your eye, which we can remove during your clinic visit.

## **How will my drops change?**

In the eye that has had the Trabeculectomy, you will be asked to stop all your anti glaucoma medications. A steroid eye drop which is preservative free should be used two hourly for one month then reduced gradually over four to six weeks. An antibiotic will be given four times a day for one month.

The drops in the un-operated eye remain unchanged.

## **Question most asked**

### **How successful is the surgery?**

Approximately 80% of patients at one year are successful. This takes into account that the surgeon may be required to manipulate the bleb using an injection or bleb needling.

### **What happens if I don't have the surgery?**

The reason surgery is suggested is because your current therapy is not sufficient to control your eye pressure. Without surgery the pressure in your eye remains high so the optic nerve continues to be irreversibly damaged. This results in gradual loss of vision and also loss of the visual field.

### **How long will it take for my eye to recover?**

It will take between four to six weeks for healing to occur. However, watching television or reading will not damage your eye. During this time avoid heavy lifting or bending down for prolonged periods

## **How quickly can I go back to work?**

Going back to work depends on the type of work you do. Ideally you should wait at least two weeks before returning to office based work. If your job entails more strenuous activity and heavy lifting, then four weeks are needed. However, please discuss this with your surgeon.

## **How quickly can I resume activities like exercising, swimming and washing my hair?**

Strenuous exercise like weights or jogging are best avoided for up to four weeks. However, gentle walking is acceptable. It is better that your face is not immersed in water for four weeks. Hair can be washed after two weeks but wash from the back so no water gets on the face.

## **Will I need drops for glaucoma in the operated eye?**

Most cases will not. However, 20% may still need drops although it may be a reduced regime.

## **How soon can I drive?**

Once your eye is comfortable and you feel confident to drive and as long as the vision with both eyes open, fulfils the legal requirement. However, it is better not to drive yourself to hospital appointments initially as we may manipulate the bleb.

**Does this stop me from flying?**

No.

**When can I go on holiday?**

This will depend on the outcome of the surgery and it would be advisable to discuss this with your surgeon.





**In case of problems contact:**

Emergency Ophthalmology Triage Nurse  
Eye Care Centre  
Leighton Hospital  
Middlewich Road  
Crewe  
CW1 4QJ

**Telephone Leighton Hospital Switchboard on  
01270 255141 and ask for the Emergency  
Ophthalmology Triage Nurse on call.  
Available Monday to Friday 9am – 5pm.  
Outside these times, please telephone Ward 10 on  
01270 612045.**

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member of staff.**

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