

Pterygium and pterygium surgery

Information for patients from South Devon Healthcare NHS Foundation Trust and EKHUFT Ophthalmology Department

This booklet provides information about pterygium and aims to help you make a decision about surgery, if needed. The leaflet provides information about what to bring to your appointment and what will happen during the visit.

This leaflet is not meant to replace the information discussed between you and your doctor, but can act as a starting point for such a discussion or as a useful reminder of the key points.

Some of the words used may seem confusing and scientific. At the end of this booklet you will find a list of explanations of commonly used medical words and phrases.

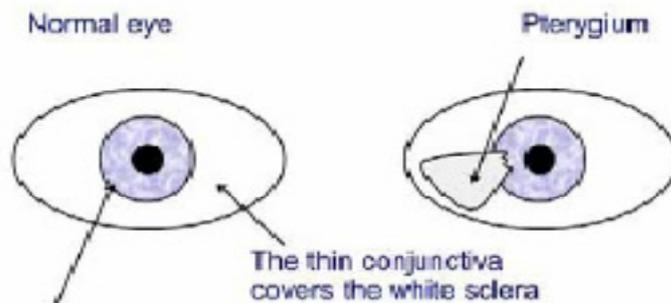
Ask your specialist if there are any issues that concern them about your case in particular and tell your specialist which issue(s) concern you the most.

If you think that there is anything that this booklet does not explain well enough, please tell us.



What is a pterygium?

A pterygium is degenerative conjunctiva on the surface of the eye that grows over the front of the cornea (the clear window at the front of the eye).



A pterygium usually grows very slowly over many years. It is more common in people who have been exposed to a lot of sunlight during their lifetime. A pterygium may cause one or more of the following:

- dissatisfaction with the cosmetic appearance of the eye
- redness of the eye
- discomfort in the eye, which is usually a dry or gritty sensation, caused by drying of the normal tear film on the surface of the pterygium or adjacent to it
- in extreme cases a pterygium can grow over the central part of the cornea and can cause blurred vision or the scarring may restrict the movement of the eye, causing double vision.

Will I have an anaesthetic?

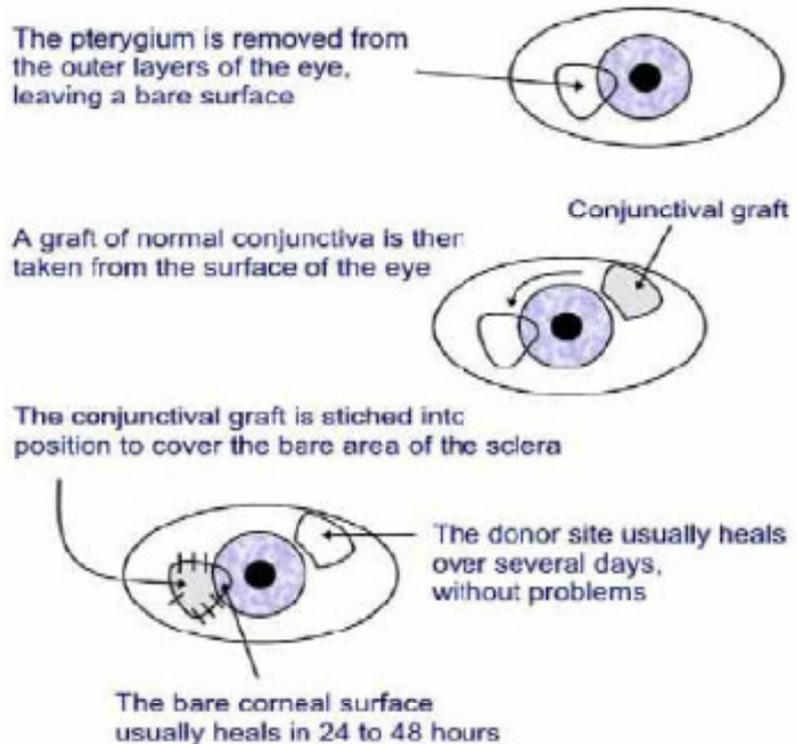
Pterygium surgery can be performed under local anaesthesia (awake) or general anaesthesia (asleep). The choice is based on the anticipated length and difficulty of the operation, your suitability for different sorts of anaesthesia, your own preferences, and your surgeon's advice.

A routine pterygium operation would be expected to last about 45 minutes and can usually be performed comfortably under local anaesthetic. Conversely, a recurrent pterygium (that has re-grown after a previous operation) usually needs more extensive surgery and a general anaesthetic is recommended.

You will usually be able to go home on the day of your operation, but you may be asked to return for an eye check on the following day.

Routine pterygium surgery

A recurrent pterygium may need additional surgical techniques. This could include the use of other transplantation materials (such as amniotic membrane or sclera), the use of drugs on the eye (such as mitomycin C or 5-fluorouracil), or radiation treatment to try to prevent another recurrence. The choice of techniques depends on the details of each individual case. However, in general, the risks of surgery for a recurrent pterygium tend to be higher and success rates lower.



Consenting to your operation

The following gives you information you should know before agreeing to undergo surgery. We encourage you to read this and ask any questions which may arise before signing the consent form to signify your agreement to an operation. If you have decided that you wish to go ahead with surgery you will be asked to sign a consent form. You should only sign the form if you are satisfied with the explanations about the operation and you understand the anticipated benefits and risks.

What are the benefits to removing a pterygium?

The main reason for removing a pterygium is to prevent future loss of eyesight by stopping the pterygium from growing over the central area of the cornea. Other symptoms such as redness or discomfort are not as easily treated by surgery and are best treated, where possible, by simple methods such as the use of lubricant eye drops.

What are the risks?

- As with every operation, pterygium surgery has risks.
- Success cannot be guaranteed.
- All serious complications are rare.

What complications can occur during the operation?

Because the operation only involves the outer layers of the eye, pterygium surgery is relatively safe compared to many types of eye surgery. One of the eye muscles lies partly underneath the operation site. It is possible, though unlikely, that this muscle could be damaged during the operation, causing double vision and requiring further surgery. This particular complication is more of a concern when removing a pterygium that has re-grown after a previous operation, when there is much more scarring and the muscle may be difficult to identify.

Very rarely, the internal structures of the eye could be damaged, causing loss of eyesight. This is more of a concern when operating on an eye that has already had surgery or where the eye has been damaged by previous injury or by other eye diseases.

What complications and side-effects can occur after the operation?

• Pain or discomfort

Some pain is very common in the first 24 to 48 hours after surgery. This is because the corneal surface, previously covered by the pterygium, is left bare (see surgical diagram) and takes 24 to 48 hours to heal. If there are no medical reasons to the contrary, you may take simple painkillers such as paracetamol.

The frequent use of eye lubricants may also help. Dissolving stitches may cause a gritty sensation for several weeks. The inflammation caused by surgery may take several weeks or sometimes months to settle fully, in which case the eye may still appear slightly red and the eye may feel mildly dry or gritty.

After corneal surgery the eye surface is often slightly bumpy. The tear film, which keeps the eye moist, tends to dry out on the surface of the bumps. If the drying is severe the eye can be prone to infection or ulceration. Lubricant eye drops are often needed in the first few months after surgery and possibly long-term in some cases.

• Cosmetic appearance

The cosmetic appearance following surgery is usually very good although not absolutely perfect. Very close inspection may show differences in the normal patterns of the red blood vessels between the eyes. Removal of the pterygium usually leaves a faint scar on the cornea that may be visible.

• Poor eyesight

After the operation the corneal surface, previously covered by the pterygium, is often slightly bumpy and scarred. This means that in cases where the pterygium has grown over the central cornea, the vision may remain poor even when the pterygium has been removed.

• Recurrence of the pterygium

The chance of a pterygium recurring after the first operation is between one in six and one in 20 approximately.

• Corneal ulceration or infection

Severe problems such as corneal ulceration or infection are rare but may require intensive treatment such as antibiotics. These problems can lead to scarring and opacity of the cornea or, very rarely, perforation of the eye. If the ulceration is severe a corneal transplant may be needed, sometimes as an emergency.

• Further surgery

Further surgery is unlikely but patients who require further surgery, including surgery for recurrent pterygium, may also have complications arising from the additional surgery or treatments required.

These complications could include corneal or scleral thinning or ulceration, perforation of the eye, cataract, glaucoma, poor eyesight, or complete loss of eyesight in the operated eye, loss of the operated eye or inflammation in the other eye (extremely rare).

What happens during local anaesthetic surgery?

You will be given some drops to numb the front of your eye and the skin around the eye will be cleaned with an antiseptic that may feel cold. You may be asked to look at a mark on the ceiling that helps you keep your eye still whilst the anaesthetic is being given.

The local anaesthetic mixture goes into the corner of the eye socket and spreads from there to make the whole eye numb for several hours. A small pad applying light pressure may be placed over your eye for about five to ten minutes whilst the anaesthetic is becoming effective.

You will then be taken into theatre. You will be lying flat in theatre with your head supported on a special pillow. You may feel sleepy but we would like you to stay awake throughout the operation. The anaesthetic will keep your eye numb and still but it is important that you keep your head and body still. Therefore we will do our best to make you comfortable before starting the operation.

After we have cleaned around your eye we will place a sterile sheet over your head and upper body. This will be held away from your face and you will have plenty of fresh air blowing under the sheet. A member of the theatre staff will always be close by in case you experience any discomfort during the operation.

After the operation you will return to the Eye Surgery Unit with a pad over your eye whilst you wait to go home.

What happens after your operation?

We may ask you to remove the eye pad yourself. Otherwise it should stay in place until you see us the following day. It is common to feel slightly unsteady on your feet while you get used to the eye pad so please take care when moving around and do not rub your eye.

We usually wish to check your eye one to two days after surgery and then again at one week after surgery.

How will my eye feel after the operation?

Although the eye can be painful initially, the pain and discomfort should rapidly improve in the first 24 to 48 hours after surgery. After the first 24 to 48 hours there is usually some mild remaining discomfort, which then improves slowly thereafter. The eyesight in the operated eye is often blurry initially but it improves steadily as the eye surface heals. **If at any stage the eye discomfort or redness increases, or if the eyesight starts to become worse, please contact us.**

Eye-drops and ointment

Make sure you know which eye drops or ointments you should be taking. Please remember the names, or if you cannot remember the names, write them down or bring the drops with you to every appointment. This is so the doctor can discuss the treatment with you. If you are using any eye treatment preoperatively in the eye to be operated on, please check with your eye specialist whether it will need to be continued postoperatively.

In the first week, the eye treatment usually consists of an antibiotic such as chloramphenicol (drops or ointment) four times daily and an eye lubricant such as lacrilube or celluvisc to be used frequently, at least four times daily, in between the times when you use the antibiotic. This means that you will be using eye drops or ointment at least every two hours in the first week.

In the second week, provided that the eye surface is healing well, anti-inflammatory drops will be started and these will need to be continued, with the lubricants for, at least two months unless directed otherwise. The antibiotics are usually stopped two weeks after the operation.

If you run out of eye drops or ointment do not wait until your next appointment. Please obtain a repeat prescription from your general practitioner (GP).

You should continue to use any other regular medication (including any treatment to the other eye) as usual.

How do I avoid infection after surgery?

Remember that your eye surface is vulnerable to infection until it has healed fully. This means that you must take every precaution to keep the eye clean. Grittiness or discomfort in bright light suggests that the eye has not fully healed. Do not do any activities that may introduce dirt or dirty water into the eye. Wash your hands before touching the eye. Do not swim until you have been cleared to do so.

Keep the nozzles of your eye-drop bottles or ointment tubes clean by avoiding contact with the eye or fingers.

When can I start driving again?

Take care to avoid accidental injuries. This advice applies particularly to driving or doing any other dangerous activity such as operating machinery.

Avoid driving for at least 48 hours. If you still meet the legal eyesight requirements for driving, and if your insurers are informed and are providing insurance cover, you can drive after 48 hours. Do not drive if you have double vision or if the eyes are uncomfortable or watering.

When can I resume normal activities?

Please do not rub your eye or take part in any activities that carry an extra risk of eye injury (such as contact sports) for a month. Wear eye protection for activities such as grinding, hammering, or chiselling. Avoid working with any chemicals that may irritate the eye until the eye surface has healed fully.

If you are uncertain whether you can continue one of your normal activities please ask us.

When can I go on holiday?

Remember to inform your insurers about any recent eye treatment and remember that insurance policies may not cover pre-existing eye problems or recent surgery.

How do I clean my eye?

It is usual for the lids to be sticky after the operation, however the stickiness should improve in the first two weeks after the operation. Use a clean piece of cotton wool and cooled, previously boiled, water to clean your eyelids. Wipe gently from the nose outwards then discard the cotton wool and repeat as necessary. Use separate cotton wool for each eye. Do not attempt to clean inside the lids.

We hope you have found this booklet informative and useful and that it has helped to make your experience of surgery as relaxed as possible.

We regularly update the information and if there is anything we have omitted or could have done better please let us know.

Commonly used words and phrases

Cornea: The clear window at the front of the eye.

Conjunctiva: The thin, semi-transparent tissue (membrane) that lines the inner surfaces of the eyelids and the outer surface of the sclera.

Sclera: The tough opaque white outer coat that together with the clear cornea makes up the eyeball.

What should I do if I am worried about my eye?

Please remember that most patients have a very good result from their surgery. If you develop any problems following your operation please do not hesitate to call us using one of the numbers below.

Kent and Canterbury Hospital, Canterbury

- Waiting List Co-ordinator: 01227 866444
- Ophthalmology Suite: 01227 866493

Queen Elizabeth the Queen Mother Hospital, Margate

- Waiting List Co-ordinator: 01843 234364
- Day Surgery Unit: 01843 234458

William Harvey Hospital, Ashford

- Waiting List Co-ordinator: 01233 616757
- Day Surgery Unit: 01233 616263

This leaflet is produced with grateful acknowledgment to the South Devon Healthcare NHS Foundation Trust.

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145 or 01227 864314, or email ekh-tr.pals@nhs.net

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation

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Tear-out medical questionnaire

Please complete this and bring it with you to your first appointment

Do you or have you suffered from any of the following	Yes	No
Urinary tract infections		
Excessive bruising or bleeding		
Skin ulcers or infections		
Diabetes		
Chest pain on exercise or at night		
Asthma or bronchitis		
High blood pressure		
Heart attack or angina		
Fainting easily		
Convulsions or fits		
Jaundice		
Arthritis		
Mobility problems		
Claustrophobia		

What other serious illnesses have you suffered?

Can you lie flat with one pillow for 30 minutes?

What drugs are you taking?

What allergies do you have?

**Thank you for completing this form.
Please remember to bring it to your appointment.**