CROMER HOSPITAL
GLAUCOMA SURGERY (TRABECULECTOMY)
INFORMATION FOR PATIENTS

This leaflet tells you about glaucoma surgery. Please read it carefully, since it contains important and useful information for you. If, after reading this, you have any questions, please ask a nurse or eye doctor.

Why am I having an operation?

When you have glaucoma there is usually a problem with the pressure in the eye (the intraocular pressure). Glaucoma can slowly damage the eyesight if the pressure is left uncontrolled.

In the eye clinic we monitor your eye pressure, your optic nerve and your field of vision, so we can tell if there are any changes or if you are at risk of sight loss.

If eye-drops fail to keep your pressure low enough, surgery may be recommended as an alternative treatment. The operation for glaucoma cannot make your eyesight better but is done to try and stop your eyesight from getting worse.

Will it work?

This operation has a good success rate of about 80%. This means that for 8 out of 10 people who have the operation, the eye pressure is adequately reduced. If the operation is not successful you may need to restart using eye-drops, have the operation done again or have laser therapy.

What are the risks?

All operations can have complications. After a glaucoma operation, it is rare to have a serious problem. You can expect the eye to be a bit sore and red, and the vision blurred for a few days or a few weeks, but this should return to normal.

If you have a serious complication there is a chance that your sight could be worse than before your operation, however this is rare. If you don't have the operation done, there is the risk of slowly losing your vision because of the glaucoma.

How is the operation done?

The operation is normally carried out using a local anaesthetic, this will involve an injection beside the eye. You should not feel any discomfort during the operation; however, you will have a theatre nurse holding your hand who is there to support you. If you need to communicate for any reason you will need to squeeze their hand.

You will have a clean drape over your face and the surgeon will place a small spring-clip to keep your eye open. It is important to keep your head still and lie as flat as possible. The operation usually takes less than an hour.

The operation is done on the white part of the eye, in the part that is normally covered by the upper eyelid. We make a small trapdoor flap in the white of the eye, under which we cut a little hole to allow fluid to drain out of the eye. This trapdoor flap is then sewn up with some loose stitches. This should allow the fluid to continue to drain out slowly, so that the eye pressure is reduced. Some more stitches are then

put on the conjunctiva (the thin 'skin' covering the eyeball), and the operation is finished. A protective shield will be placed over the eye.

Before the operation
A few weeks before the operation date, you will be asked to come to the assessment clinic. At your assessment, the nurses will discuss the operation with you and take a medical history. You will need to bring your glasses and a list of any medication you are taking.

People who take aspirin or other blood thinning tablets may be asked to stop this treatment a few weeks before the operation. If you take aspirin, warfarin, or other blood thinning tablets the nurse will talk to you about this.

What can I expect after the operation?
Your eye will feel a bit scratchy, because of the wound and its stitches. Your eyesight will probably be blurred for a few days or even a few weeks, but it should settle down to a similar level to that before the operation was done. You may need to change your glasses, but it is best to wait a few months before doing this.

You will need to come to the clinic every week for the first few weeks. It is possible that you may require further treatment (such as adjustment to stitches or change in drop therapy) to help the eye settle down and fully heal.

More detail about possible complications
It is possible to have serious bleeding during the operation, or for an infection to get inside the eye. These are rare complications (around 1 in 1,000 operations) but can be serious. If the outcome is very bad, the eye may even have to be removed (this is extremely rare). Very rarely, the local anaesthetic itself can cause serious problems.

The other main complication of glaucoma surgery is cataract. This is a clouding of the lens inside the eye, and it happens to many people, as they get older. The glaucoma operation can make a cataract develop more quickly. For every 10 people who have a glaucoma operation, 2 can expect to need cataract surgery within a few years.

If the operation does not lower the eye pressure adequately, we may need to do another operation on the eye. This might be a repeat of the same operation (trabeculectomy), or a different type of glaucoma operation. The main reason for 'failure' is scar tissue, which can grow over the hole that is made during the operation, stopping the fluid from draining out. If this happens, the eye pressure can go up again. We often use a special chemical during the operation, to try to stop this excessive healing from happening.

If you do not have the operation, there is a risk that the sight will get worse, because of the glaucoma. Your doctors will have thought about these risks when deciding whether to advise you to have the operation.

We supply contact details on pre-op leaflet and post op leaflet, this leaflet is background information to aid patient decision making.

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