

PATIENT INFORMATION

Trabeculectomy surgery

This booklet is to give you information about trabeculectomy surgery and what will happen to you now your doctor has listed you for this operation. We hope you will find it helpful to read this before your operation and will answer many of the questions you may have. If you have questions which are not answered here, the staff in the eye surgery unit will be happy to try and answer them for you.

Why have I been advised to have a trabeculectomy operation?

Glaucoma is a condition in which the optic nerve, which transmits the vision from the eye to the brain, is damaged by the pressure in the eye. As the optic nerve becomes more damaged in glaucoma, the field of vision gradually deteriorates and to try and stop this progressing further, we aim to lower the pressure in the eye. A trabeculectomy operation is usually advised because there is evidence that your field of vision is worsening, or the pressure in the eye is at a level that it is likely to cause loss of your field of vision.

A trabeculectomy will not restore any sight you may have lost from glaucoma or improve your sight, but aims to reduce the risk of further loss of vision.

What is a trabeculectomy operation?

A trabeculectomy is an operation to make the pressure lower inside the eye and involves creating a new drainage channel through the white of the eye (sclera). This drainage channel helps let more fluid out of the eye which then lowers the pressure in the eye. The fluid does not leave the eye completely but forms a small blister-like swelling on the white surface of the eye, usually underneath the eyelid where you cannot see it. The fluid can then be reabsorbed back into the bloodstream.

The operation takes around an hour and is usually carried out under local anaesthetic that numbs the eye so that you don't need to be put to sleep.

What happens before the operation?

Before your surgery is performed you will be asked to visit the pre-assessment clinic in the Eye Surgery Unit. Your appointment may last up to 2 hours. During this time you will see a number of people including a health care assistant and ophthalmic nurse.

You will be asked questions about your eyesight, medical history and the drugs you are taking, so please bring these with you. The nurses will ask you about your personal circumstances to ensure it is safe for you to have day case surgery, and that you or somebody else will be able to put your drops in following the operation. We will check your eyesight, measure your weight and blood pressure and examine your eyes. You may, of course, ask questions during any stage of this visit.

The day of your operation

Please ensure you have transport arranged to bring you to the hospital and take you home again. The hospital car service is available if you have a specific medical need.

Please wear comfortable clean shoes and clothes which button down the front. You may eat and drink on the day unless you have been told not to. Take your normal tablets, inhalers and eye drops unless you have been told not to. You will meet the surgeon who is to do your operation and he/ she will confirm that you still wish to proceed and answer any further questions you may have before asking you to sign the Consent Form.

We cannot give a guarantee that a particular surgeon will perform the procedure. The surgeon will, however, have appropriate experience. Sometimes your surgeon will be assisted by a trainee who will do part or all of your operation under supervision.

In the operating theatre we will clean around the eye and then 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. During the operation some people see shimmering colours or shadows. This is perfectly normal. You may also hear the theatre staff talking to each other and the noise of the equipment we use to do the surgery.

After the operation you will return to the Eye Surgery Unit with a pad over your eye whilst you wait to go home. This pad should stay in place until the following day. Before you leave, you will be given an appointment for a check-up the following day. Most patients are quite comfortable after the operation, but if necessary, take 2 paracetamol tablets or any other simple painkiller tablets you have at home.

What happens after the operation?

You will return for a check-up at the hospital the following day. Follow-up appointments will then usually be approximately every week for the first 3 or 4 weeks, with appointments becoming more spread out after that. The first few weeks after the operation are very important for checking the eye and for carrying out adjustments. Most of these adjustments are minor and will be done as part of the outpatient visit. It is best to avoid planning any holiday within two months of the operation.

There will be new drops (an antibiotic and steroid) to use in the eye for several weeks or even months. You won't need to use your previous glaucoma drops in the eye that has had the operation, although in the longer run some patients do need to restart these to get the pressure low enough. In your other eye, you should continue with any glaucoma drops as normal.

What can I and can't I do after trabeculectomy surgery?

You can use your eyes (for reading, television, computers etc) as soon as you wish - this will not harm your eye. Please try and avoid rubbing the eye. You will be given a plastic shield to wear overnight for 2 weeks following surgery to help protect the eye whilst sleeping.

Gentle exercise (walking) and light housework is fine, but you should avoid strenuous exercise (running, ball sports, fitness workouts), or lifting heavy objects for around a month after the operation. Swimming should be avoided for at least one month and please ask at your check-up if you wish to resume swimming. It is fine to have a bath, shower, or wash your hair.

Returning to work

Most people can return to office-based work two weeks after the operation. It is usually wise to wait 3 or 4 weeks before resuming more physically strenuous work. The doctor will be able to advise you further at your postoperative checks depending on your progress.

What will my vision be like after the operation?

This is rather unpredictable initially, but it is common for the eye that has had the surgery to be quite blurred for a few weeks and sometimes longer. There is no need to change your glasses straight away, but some patients will benefit from updating their glasses sooner than they normally would, although its best to wait for around three months while things settle.

You can resume driving (if this applies to you) if your vision is sufficient for you to meet the legal requirements.

How successful is trabeculectomy surgery?

The operation helps lower the pressure in the eye in about 80% of cases. A lower pressure is beneficial for nearly all patients with glaucoma, but glaucoma can still progress despite surgery, in some cases even after a 'successful' trabeculectomy.

What are the risks and complications of trabeculectomy surgery?

Your doctor that recommended this operation will have judged that the risk to your sight from glaucoma (without the operation) is greater than the risks of the operation itself.

For most patients, a trabeculectomy achieves a lower eye pressure without any significant problems; however, all operations do have some risks and for a trabeculectomy these include:

- Reduced vision. This is very common initially following surgery and typically settles during the first few weeks. Some patients (5-10%) may have some degree of permanently reduced vision after the operation. Loss of all vision in the eye due to the surgery itself is very unusual (around 1 in 1000)
- Discomfort. This is again very common initially after surgery and usually settles within a few weeks, but a small number of patients experience some long-term discomfort. These symptoms are usually mild and can often be controlled with artificial tear drops.
- Wound leaks. These occur in around 15% of patients and sometimes heal up on their own, but if not, may require some additional stitches.

- Scar tissue may form over the drainage channel that is created during a trabeculectomy meaning that further surgery may be required to try and make the operation succeed. Around 15% of patients require a 'needling' procedure to try and break down this scar tissue that forms and open up the trabeculectomy drainage channel again.
- Eye pressure going too low. This occurs in around 5-10 % of patients and may require further surgery to reduce the amount of fluid flowing out through the trabeculectomy channel.
- Increased likelihood of cataract. This is quite common within five years and if it does occur, it can be treated in the normal way with an operation. In some patients a trabeculectomy works less well if a cataract operation is performed subsequently.
- Infection and loss of vision in the eye. There is a small risk of infection inside the eye after any eye surgery which can result in loss of all vision (around 1 in 1000). Additionally, after a trabeculectomy there is always a slightly higher risk of infection getting inside the eye in the future compared to the normal population.

Contact details

If your eye becomes very red and painful or if you notice a sudden or marked deterioration in the vision of your operated eye please ring the Eye Surgery Unit (01803 655177) or the Eye Casualty Nurse 07818562917) immediately for advice (8.30 am – 5.00pm).

Between 5.00pm and 8.30am and at weekends, ring Forrest Ward (01803) 655507 and ask to speak to the Senior Nurse

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.