

Trabeculectomy

An information guide



Trabeculectomy

Glaucoma can be successfully treated but not completely cured. The aim of treatment is to lower the pressure within the eye and thus prevent further damage to the optic nerve and visual loss. When the eye pressure remains uncontrolled, despite the use of medication, drops and possible laser treatments, surgery may be recommended.

The most common surgical treatment for glaucoma is an operation called a trabeculectomy. Depending on the type of glaucoma and other independent factors, trabeculectomy may also be recommended before the other methods of treatment are tried. In other cases trabeculectomy may be combined with a cataract operation, which will have been discussed with you in the outpatient department.

When you are admitted to the ward

- Do not drive to the hospital before your operation.
- When you arrive on the ward, a nurse will take some information from you and check your blood pressure, pulse etc.
- A band with your name and hospital number will be placed on your wrist. If you have an allergy you will also need to wear a red armband which makes everyone caring for you aware that you have an allergy.
- If you are a diabetic, your blood sugar level will be checked and recorded.
- If you are on anticoagulant medication your blood levels will be checked and recorded.
- If you need to ask any questions, please do so before you sign the consent form agreeing to your operation.
- You may have drops put into your eyes before you are escorted to the operating theatre.

The operation

- The operation will usually be carried out under local anaesthetic, which means you will be awake during the procedure. During all this time you will be aware of a bright light.
- During the operation, you will be asked to keep your head still and lie as flat as possible.
- The operation usually takes about 60 to 90 minutes (a little longer if you are having a combined cataract and Trabeculectomy procedure).

The goal of the surgery is to create a new passageway for the aqueous fluid inside the eye to escape, thereby lowering the pressure. The eye has a tough outer wall (sclera), which is covered by a thinner skin (conjunctiva). The surgeon makes a flap over a small hole in the sclera. This flap forms a new passage for the aqueous fluid to leave the eye under the conjunctiva where it is eventually absorbed by blood vessels.

The body has natural healing process which produces scar tissue and this may block the flap made by the surgeon and prevent trabeculectomy from continuing to work. We routinely use anti scarring agents like Mitomycin C at the time of surgery. Another anti scarring agent like 5FU may need to be used afterwards in the out-patients clinic and given by the doctor as an injection around the drainage bleb

At the end of the operation, a pad and/or a shield will be put over your eye to protect it.

After the operation

- You will be escorted back to the ward where the nurse may monitor your blood pressure if necessary.
- If you have had a general anaesthetic or sedation then you will be offered refreshment when you have recovered.
- If you have any discomfort, we suggest that you take your usual pain reliever every 4 to 6 hours (do not exceed the recommended dose).
- It is very important that you **DO NOT** rub your eye, as the area is still very delicate and this will cause damage to your eye.
- On discharge from the ward full verbal and written information will be given to you.
- You will be given/posted an appointment to attend the outpatients clinic for a pressure check and postoperative review. You may need several clinic visits in the first few weeks to monitor how the eye is healing. This may be every week for first 6 weeks, then every 2 weeks from 6 to 12 weeks, then one month, then 3 month, then 6 month and so on.
- Use your postoperative drops as advised. Please do not use glaucoma drops in the operated eye but do not stop using your glaucoma drops in the other eye unless your doctor tells you to do so.
- Do not stop using your glaucoma drops unless your doctor tells you to do so.

Likelihood of better vision

Unless you have had a combined procedure, the quality of vision may still be limited and may be worse initially. This does not mean that the operation has not been a success. Trabeculectomy is performed to preserve the vision you have left and will not, on its own, improve your vision.

Risks and benefits of surgery

Risks

- Trabeculectomy may cause an existing cataract to develop more quickly.
- Infection.
- A low (or high) pressure inside the back of the eye.
- Choroidal detachment. This can be caused due to a low pressure inside the eye and is not serious, as the pressure rises it will resolve itself.
- Bruising of the eye or eyelids.
- Allergy to the medication used.

Further risks from a combined procedure

- Bleeding inside the eye.
- Clouding of the cornea.
- Ptosis (drooping of the eye lid).

However, complications are rare and in most cases can be treated effectively. In a small proportion of cases, further surgery may be needed. In a very rare number of cases 1:1000, some complications can result in blindness.

Benefits

The main purpose of surgery is to control eye pressure and decrease progression of glaucoma and vision progressively getting worse. The operation will NOT improve your vision. The need for glaucoma drops may be eliminated or reduced

Further benefits from a combined procedure

- Greater clarity and/or improved vision.

After your operation

You may experience a gritty sensation in the operated eye. This is quite normal and nothing to worry about. However, if you experience any of the following, please contact us.

- Flashing lights.
- A curtain or dark shadow over your field of vision.
- A red and painful eye.

Further Information

- Before driving any vehicle, you **MUST** check with your doctor at your follow up appointment.
- Use drops and/or ointment as prescribed.
- Do not bend or stoop.
- Avoid heavy lifting and strenuous activity.
- Wear an eye shield as instructed.
- Do not go swimming or take part in any sports for six weeks.

Any further questions, please do not hesitate to contact us on the numbers provided.

Contact Numbers

The Royal Oldham Hospital, Oldham

A&E Department - 0161 627 8933

Friday 5pm until Monday 9am

Oldham Integrated Care Centre Eye Clinic -0161 621 3721

Monday to Friday 9am until 4.30pm

Rochdale Infirmary, Rochdale

Eye Clinic - 01706 901757

Monday - Friday 9am until 5pm.

Eye Ward - 01706 901765

Monday - Friday 8am until 8pm (answer machine after 8pm)

Urgent Care Centre - 01706 517005

Monday - Friday after 8pm. Friday 8pm until Monday 9am

Fairfield General, Bury

A&E Department - 0161 778 2600

Monday - Friday after 8pm. Friday 8pm until Monday 8am

Eye Ward and Clinic - same contact details as Rochdale Infirmary

Tameside Hospital Foundation Trust

A&E Department - 0161 922 6000

Available 24 hours

Eye secretary - 0161 331 6388

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).



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Date of publication: August 2007

Date of review: March 2021

Date of next review: May 2023

Ref: PI(SU)389

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