References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

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Excellence in rural healthcare

NHS
United Lincolnshire Hospitals
NHS Trust

Trabeculectomy

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Telephone: 01522 307180

www.ulh.nhs.uk

Patient centred . Excellence . Respect . Compassion . Safety

What is trabeculectomy?

This is a surgical procedure to control the pressure of the eye in patients suffering from glaucoma. It has been the standard pressure-lowering surgery since the 1970s when medication or laser treatment (where applicable) have not lowered the pressure effectively. It is not done to improve or to restore the vision already lost by glaucoma but to reduce further loss of vision.

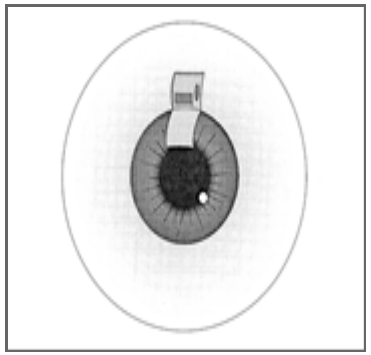
Anaesthesia

In the majority of patients the operation is done under local anaesthesia which means you are awake for the procedure and can go home the same day. Patients also have the choice of general anaesthesia (being put to sleep).

Operation

A thin trap door is created at the junction where white (sclera) meets the coloured part of the eye (figure 1).

Trap door – flap (Figure 1)



A small hole is created (figure 2) under the trap door through which the fluid in the eye (aqueous humour) drains under the thin membrane (conjunctiva) on the surface of the eye ball (white part) resulting in a blister or bleb formation following surgery.

Contact

- The information in this leaflet is intended as a guide only
- Each patient experience will be different

If you require any further information or are concerned following your operation please contact :

Clinical enquires: 01522 307180 (Option 4)
Mr Khan's secretary at Lincoln County Hospital: 01522 421626

If the operation is carried out in Pilgrim Hospital, Boston then please contact the eye clinic on 01205 445626.

Complications

Severe complications are rare but include:

- Loss of vision from bleeding/damage to other structures
- Infection (rate is 1 in 1000), late infection can happen even months or years later

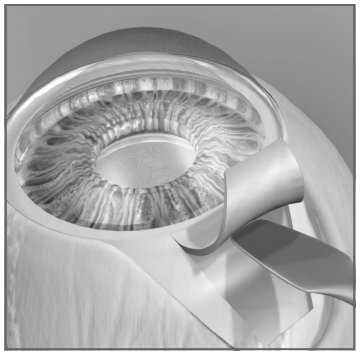
Very low pressure following the operation can be due to leakage from the wound side and require further intervention. Other complications include choroidal effusion and detachment and hypotony maculopathy.

About 3 to 5% of patients may need to be taken back to theatre within the first month of the operation if the pressure is too high or too low.

Long term risks of the operation are:

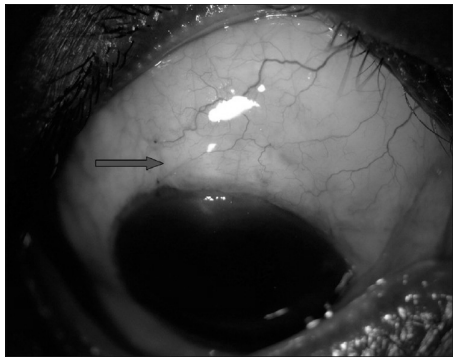
- Infection
- Discomfort in the eye due to large bleb
- Cataract formation (which may later need removal)

Figure 2



This blister or bleb is covered by the upper lid and hardly visible to the naked eye (figure 3). The trap door is closed with stitches to prevent fluid draining too quickly.

Figure 3



The fluid of the eye will continue to drain through the hole under the trap door which reduces the pressures in the eye.

Due to the natural healing process at the site of the operation, an anti-scarring agent (5 Flourouracil or Mitomycin C) is also used at the time of the surgery to reduce the scarring at the site where the fluid drains. This increases the success rate of the operation.

Duration

The operation takes longer than the standard cataract operation ie: up to 45 minutes.

Preoperative assessment

To reduce the risk of bleeding during the operation, please inform the pre-assessment nurse about blood thinning medication such as aspirin, clopidogrel, rivaroxaban, apixaban or warfarin.

Post operative care

After the operation you will be given eye drops to use in the operated eye, along with a follow up appointment, which is usually for the day after the operation.

Instructions will be given on how to use the drops and any useful information regarding what you will and will not be able to do after the surgery.

It is common after the operation to experience grittiness and slight discomfort.

Vision is usually blurred after the operation and the period of blurring is variable but tends to improve by the end of the first week. Complete recovery can take up to 2 months.

Frequent follow up visits are required during the first month after the operation to make sure the operation has worked and additional procedures, such as use of anti-scarring injections to the eye, or use of a laser to cut the stitch to increase the success of the surgery, may be needed.

If you are taking pressure lowering drops then stop these in the eye which has had the surgery.

NOTE – **please do not stop post-operative drops you have been started on, without instruction from the hospital. If you run out of any drops please contact your GP.**

After surgery

Avoid:

- Vigorous head shaking
- Lifting heavy objects
- Rubbing the eye
- Using eye make-up
- Swimming – avoid swimming for at least 2 months
- Contact lens in the operated eye

Do not drive until after your first outpatient appointment when this can be discussed with the doctor.

Success rate

The success rate varies according to a number of risk factors including:

- Type of glaucoma
- Race
- Age
- Previous surgery

In low risk patients the success rate is around 85% to 90%.

On average, two thirds of all patients will have good eye pressure control and not need further glaucoma medication, but one third will need further medication. A small percentage of patients will require further surgery.

Pressure will go up slowly in half the number of patients over a period of time.