

## Patient information

# Glaucoma Surgery (Trabeculectomy)

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

## Why am I having an operation?

Glaucoma can slowly damage the eyesight. If you lose part of your eyesight because of glaucoma, we cannot bring the sight back. In glaucoma, there is usually a problem with the pressure in the eye (the intraocular pressure). The higher the pressure, the greater is the chance of losing vision. If the eye pressure is lower, there is less chance of losing vision. In the eye clinic, we monitor the eye pressure, your optic nerve and the field of vision, so we can tell if there is a danger of noticeable sight loss. If eye drops fail to keep the pressure low enough, surgery may be recommended as an alternative treatment. The operation for glaucoma cannot make the eye sight better, but is done to try and stop the sight from getting worse by reducing the eye pressure.

## Will it work?

This operation has a 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 does not work adequately, you may need to restart using eye drops, have the operation done again, or have laser therapy to the eye.

## What are the risks?

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

in glasses.

If you have a serious complication, the eye might end up a lot worse than before the operation. This is rare however if you do not have the operation there is a risk of slowly losing the vision because of the glaucoma.

## **Before the operation**

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

## **What happens on the day of the operation?**

Please use your normal eye drops and other medication (except for aspirin) on the day of your operation. Wear some comfortable clothes because you will not be getting changed for the operation. Eat and drink as normal. Expect to be here most of the morning or afternoon.

When you arrive, the nurse will check you in. If you haven't signed a consent form the surgeon will ask you to do this. If you have any questions you can ask the surgeon before you sign the consent form.

When it is your turn to have the operation, a nurse will take you into the operating room. Once the operation has been done, you will be taken back to the waiting area. You can usually go home after an hour or so.

## **How is the operation done?**

The operation usually takes less than an hour. Normally we use a local anaesthetic which is an injection beside the eye. This numbs the eye so that the operation does not hurt. We put a clean towel over your face ensure that you can breathe freely and place a small spring-clip to keep the eyelids apart. All you have to do is lie still. 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. You can usually go home the same day. When the eye heals after the operation the drainage hole can sometimes become blocked by scar tissue. If this happens the eye pressure can build up again. We often use a special chemical during the operation to try to stop this excessive healing from happening. Sometimes we do a cataract operation at the same time as a glaucoma operation.

## **The day after the operation**

We will need to see you again the next day to check the pressure and the stitches. After the operation you will need to change the eye drops that you use in the operated eye. In the operated eye you will need to stop your glaucoma drops and start steroid and antibiotic drops. In the non-operated eye, you will need to continue any glaucoma drops that you were using previously (unless advised otherwise). We will explain what you have to do at the time.

## **What can I expect after the operation?**

The eye will feel a bit scratchy because of the wound and its stitches. The sight will 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 different eye drops after the operation. You will be given two (or sometimes three) sorts of eye drops and you will need to use these for several months. It is important to use these new drops as instructed as they help the eye to heal properly after the operation. It is important that you don't run out of eye drops. If you need more drops ask your GP or ask us when you come to the clinic.

You may need to come to the clinic every week for the first few weeks. In clinic we may need to adjust the stitches or give injections close to the operation site to help the eye to settle down. If we do need to do any of these things we will use some local anaesthetic to numb the eye first.

## **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, two 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 you are at higher risk of this happening you can expect to need more frequent eye drops for longer and maybe some extra injections after the operation.

Of course, if you do not have the operation there is a risk that the sight will get worse because of the glaucoma. Your doctors will discuss these risks when deciding whether or not to advise you to have the operation.

Please feel free to ask any questions about your surgery.

## **If you wish to contact the**

Eye Treatment Centre

Telephone: 01284 713815 / 712636

Monday to Friday 9.00am to 5.00pm

**For emergencies only** at the weekend and out-of-hours:

Telephone: 01284 713000 and ask to speak to the 'on-call' Ophthalmic doctor

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<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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