

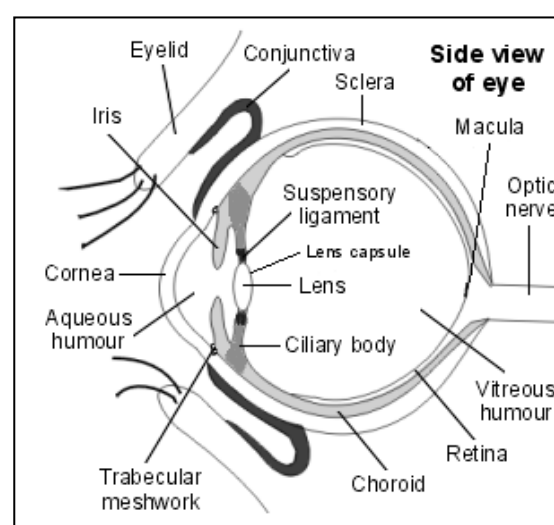


Glaucoma surgery (trabeculectomy)

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.

What is glaucoma?

Glaucoma is an eye condition where the nerve at the back of the eye (the optic nerve) is damaged. This can lead to loss of vision. In most cases, the damage to the optic nerve is due to an increased pressure within the eye. There are different types of glaucoma.



Why do I need 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 (intraocular pressure). The higher the pressure, the greater is the chance of losing vision. In the eye clinic, we monitor your 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, you may be recommended surgery. The operation cannot make your eyesight better but it is done to try to stop your sight from getting worse, by reducing eye pressure.

Are there any alternative treatments?

The aim of treatment is to lower the eye pressure to prevent or delay further damage. The pressure to 'aim for' varies from case to case and

your eye doctor will discuss this with you. Alternative treatments to surgery used to lower eye pressure include eye drops or tablets, which you may already have tried, and laser treatment. However, these treatments may only temporarily stabilise your eye pressure and may also carry a risk of side effects so your doctor has recommended surgery.

Does glaucoma surgery work?

This operation has a fairly good success rate – about 90% (9 out of 10 people who have the surgery will have reduced eye pressure). If the operation does not work adequately, you may need to restart using eye drops, have the operation done again or have laser treatment.

What are the risks?

All operations can have complications. After glaucoma surgery, it is rare to have a bad problem. You can expect your eye to be a bit sore and blurred for a few days or a few weeks, but this should return to normal. However, you may need a change in glasses.

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

What do I do if I have problems after surgery?

If you think you are having a problem please attend Eye Casualty.

Pre-operative Assessment Clinic

You will need to attend a pre-operative assessment clinic a few weeks before the operation. You will see a specially trained ophthalmic nurse and, if necessary, a doctor too.

The aim of the pre-operative assessment is to ensure that all the investigations or tests are done before your hospital admission and to ensure we have all the information about your eye and general health, including medications such as aspirin or Warfarin and any possible

allergies you may have (such as to latex, iodine or shellfish, or medicines e.g. penicillin or sulphonamides).

The day of the operation

On arrival on the ward, the nurses will give you some instructions. You will not need to undress but you should wear comfortable loose clothing and flat non-slip shoes. The anaesthetist and the surgeon will also see you before your operation. The surgeon will mark the correct side for surgery with a pen mark on your forehead and ask you to sign the consent form, having answered any further questions you may have.

The operation and what to expect

You will have your anaesthetic – local or general – before surgery begins, so your eye area will be numb (local) or you will be asleep (general). When it is your turn to have the operation, a nurse will take you into the operating room.

If you are having a local anaesthetic, you will have a sterile lightweight drape over the face, ensuring that you can breathe freely. We will place a small spring-clip to keep your eyelids apart. We will ask you to lie still. The operation is done on the white part of the eye, in the part that is normally covered by the upper eyelid. The surgeon will make a small trapdoor flap in the white of the eye, under which he/she will cut a tiny hole to allow fluid to drain out of the eye. This flap is then sewn up with nylon stitches. This is to allow the fluid to continue to drain slowly out of the eye, reducing the eye pressure. More stitches are then put on the conjunctiva (thin 'skin' covering the eyeball) and the operation is finished. A patch and protective shield will then be placed over your eye.

When the eye heals after the operation, the drainage hole can sometimes get blocked by scar tissue. 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, and to help reduce the pressure as much as possible.

After the operation

We will examine you again when you return to the ward to check the pressure and the stitches, and usually you can go home after this. After the operation, you will need to change the eye drops that you normally use in the operated eye – stopping the glaucoma drops and starting steroid and antibiotic drops. You will need to continue using the glaucoma drops in the other (non-operated) eye unless the doctor advises otherwise. Everything will be explained to you at the time.

What to expect after the surgery

Your eye may feel a bit scratchy because of the wound and the stitches. Your sight will probably be blurred for a few days or even weeks but it should settle down to a similar level to that you had before the operation. You may need to change your glasses but it is best to wait a few months before doing this.

You will need some different eye drops after the operation – you will be given two or sometimes even three, sorts of drops, which you will need to use for several months. It is important to use these new drops as instructed as they help the eye to heal properly after surgery so it is important that you do not run out of eye drops. If you need more drops, make an appointment with your GP.

You may need to come to the eye 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 settle down. If we do need to do any of these things, we will use some local anaesthetic to numb the eye first, so do not worry!

Risks and complications of surgery

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. However, this is very rare.

The other main complication of glaucoma surgery is the formation of a cataract. This is a clouding of the lens inside the eye and it happens to

many people as they get older. 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 (called Ahmed valve surgery). The main reason for 'failure' is usually scar tissue, which can grow over the hole made, 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 treatment after the operation.

These events are rare but you need to have been told and understood them so that you can make an informed decision about having your operation. If you do not have the operation, there is a risk that your sight will get worse because of the glaucoma. Your doctors will have thought about these risks when deciding whether or not to advise you to have the surgery. Please feel free to ask your doctor any questions you want answered about your surgery. If you then wish to go ahead, you will be asked to sign a consent form declaring this.

Further information

- NHS Website www.nhs.uk
- Royal College of Ophthalmologists
www.rcophth.ac.uk/docs/publications/UnderstandingCataracts.pdf
- International Glaucoma Association www.glaucoma-association.com
- Specific Eye Conditions www.eyecconditions.org.uk

Contacting us

If you have a minor eye problem, please seek advice from your GP, optician or pharmacist. If urgent, please attend Eye Casualty or call 111.

Eye Casualty (Reading):	Mon-Fri 8.30am to 5pm; Sat & Sun & bank holidays 8.30am-12.30pm; Closed Christmas Day and New Year's Day.
Eye Casualty: Prince Charles Eye Unit (Windsor):	Mon-Fri 8.30am to 5pm; Sat 8.30am-12.30pm; Closed Sun & bank holidays.
Dorrell Ward (Reading):	0118 322 7172 (24 hours a day)
Eye Day Unit (Reading):	0118 322 7123 (Mon-Fri 7am to 6pm)
Eye Day Unit (PCEU Windsor)	01753 636496 Mon-Fri 7am to 6pm)

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Ophthalmology, March 2025. Next review due: March 2027.