

Trabeculectomy a treatment of Glaucoma

Information for patients

This leaflet has been produced to give you information about the problems you are having with your eyes. Although this is not a fully comprehensive advice leaflet, we hope you will find this leaflet helpful. If you have any questions or require further explanations please ask any member of staff responsible for your care.

What is Glaucoma?

Glaucoma is a name of a group of conditions of the eyes that without treatment leads to progressive damage to the optic nerve; this can lead to loss of sight. (The optic nerve is responsible for sending messages to the brain so you recognise what you have seen). These conditions cause fluid to build up within the eye(s). This increases the pressure in the eye(s) which may press on the optic nerve and damage it.

What is a Trabeculectomy?

Trabeculectomy is an eye operation to correct the build up of pressure in your eye(s), known as Intra-ocular pressure. (Glaucoma)

What are the benefits?

The surgery is performed to reduce the pressure in your eye(s) and so reduce the risk of further loss of eye sight.

What are the alternatives?

For you to have got to this stage of your treatment, you may have already had eye drops and laser treatment. There are many different types of Glaucoma, because you have been advised to have a Trabeculectomy, your doctor is trying to prevent complete loss of sight.

What are the risks?

Glaucoma surgery is delicate and can be difficult. Complications do occur, but these are unusual and very rarely cause full loss of eye sight.

- Infection.
- Inflammation (causing a red eye).
- Bleeding (on the surface of, or inside the eye).
- Optic nerve damage.
- Cataract formation (clouding of the lens inside your eye).
- Retinal Odema (swelling of the retina. This is the light sensitive tissue lining the inner surface of your eyeball).
- An increase in eye pressure.
- Too large a reduction in eye pressure (Eye pressure decreases too much).
- **Loss of sight (This is very rare).**

Some complications can be treated with tablets and/or drops. Others may lead to the need for further surgery.

What do I need to do on the day of my operation?

If your health changes in any way please contact the waiting list office or the day unit at the hospital you are attending.

Have the following ready at home to use after your surgery;

- Cotton wool pads, disposable tissues, mild painkillers, surgical tape (to keep the shield in place). These are available from most chemists.
- Take you tablets and medication as normal. (Including eye drops). **Two weeks prior to surgery you should liaise with your GP and inform the Waiting List office if you are taking any drugs that increase the risk of bleeding after surgery.** These include aspirin, warfarin, clopidogrel, dipyridamole (sometimes called persantin) and anti-inflammatory drugs such as ibuprofen. Your GP may advise you to stop taking these for a short time prior to surgery.
- Please arrange for someone to take you home as you may have blurred vision afterwards. Alternatively you can go home in a taxi if you are accompanied by a responsible adult.
- Wear comfortable clothing, please do not wear makeup especially mascara.
- Bring your glasses with you.

Do not bring in any unnecessary money or valuables.

Will I need an anaesthetic?

You will normally have a local anaesthetic. This involves numbing the eye with a small injection. For more information please read “You and Your Anaesthetic” patient information leaflet.

What happens on the day of my surgery?

On arrival you be asked to wait in the day case reception area after which you will asked to go to the day unit where your nurse will check that your personal details in the notes are correct and prepare you for theatre met by your day case nurse

You will be seen by the doctor who can answer any questions you may have. You will be asked to sign a consent form. (if you have not already done so in the outpatient clinic).

The operation usually takes between 30 and 45minutes.

During your procedure you will be asked to keep your head as still as possible. A member of the theatre team will usually hold your hand during your surgery. This is not just for your comfort but and as a line of communication between you and your surgeon. If you need to move, sneeze, cough, say something etc please hold up your hand and the surgeon will stop operating whilst we find out what you need.

What will happen after my operation?

- You will have a shield placed over your eye. Please leave this in place until the following morning.
- **Do not rub your eye!**
- Your doctor or nurse will recheck your eye before you go home.
- You will be given a follow up appointment. The doctor will need to recheck your eye(s) and make any changes to treatment as necessary. (In addition to having your eye pressure checked the next day you may also be seen in out-patient's 7 days and 2 weeks after surgery).
- It is normal for you to have blurred vision for 2-3 weeks and you may experience a pricking sensation in your eye as though you have grit in your eye for 1-2 weeks.
- You will be given new eye drops. **Stop using the old eyes drops you used before the surgery, just use the new supply.**
- The eye drops may have to be used much more frequently than the ones you used before. To help the eye heal properly your surgeon will prescribe steroid drops which help to decrease the pressure in your eye and reduce inflammation.

- You must put steroid drops **ONE DROP EVERY HOUR** for the first **TWO WEEKS** then **ONE DROP EVERY TWO HOURS** for the following **TWO WEEKS**. Then steroid and antibiotics 1 drop four times a day for 6 weeks and Atropine 1 drop twice daily for 2 weeks.

You will be asked to use these drops less over the next five months.

Your eye drops are:

Remember

Your eye drops help your eye to heal so it is very important to continue to use them as directed by your surgeon. The success of your operation depends upon you putting your drops in correctly.

What should I do at home?

- Take it easy and rest for the remainder of the day. You may take mild painkiller such as paracetamol if you experience any discomfort, **DO NOT** use aspirin (or similar painkillers such as ibuprofen,) for the 1st week.
- **Wash your hands before touching your eye or using eye drops.** Do not let the end of the eye drops touch your eye, this will help to reduce the risk of infection.
- If your eye feels sticky and needs cleaning, use freshly cooled boiled water and bathe gently using cotton wool pads. Clean from the inside corner of the eye outwards. Do not rub back and forth. Use one pad one wipe then throw away. Use disposable tissues, **not handkerchiefs**, to dab away any tears. Only use these once and then throw them away.
- If bleeding occurs apply gently pressure with a **clean cloth or tissues**.
- Watching television and reading will do no harm.
- You may look down and bend down (but avoid bending down for long periods).
- Avoid strenuous activities such as heavy work, sports, swimming and lifting heavy objects for 4 weeks.

- Do not wear eye makeup or use any cosmetic cream products on or around your eyes for 6 weeks
- You will need to use the eye shield at night time for the first week. This can be held in place with tape, remember to wash your shield each morning to keep it clean.
- In bright weather it may be necessary to wear sunglasses.

When can I drive?

You can usually drive when your vision is clear and you are not experiencing pain or discomfort as this can reduce your concentration. Please seek advice from your doctor when you attend the out-patient clinic.

NB: Do bear in mind that if an accident occurs when you could be considered unfit to drive your car insurance may not be valid so please check with your own insurance company first.

When can I return to work?

You are usually able to return to work after two to four weeks depending on the type of job you do (please seek advice from your surgeon). Your eye sight must clear and it is best to avoid dusty environments. You must refrain from heavy work for the first four weeks and avoid activities that risk knocking your eye as this can increase the pressure in your eye again and delay healing.

What symptoms would require me to seek advice?

You should seek help and advice if you have any of the following:

- Permanent blurred vision
- Loss of eye sight
- Headaches or any visual disturbances that continue for more than two to three days.
- Nausea and/or vomiting
- Increasing pain, **especially if you have been taking painkillers regularly and the initial discomfort had gone away.**
- Swelling of the eye lid
- Your eye appears to be bulging
- Your eye closes and you cannot open it without using your fingers (Please note that your eye may remain closed on the day of your operation and that this is normal).
- The eye is continually sticky even after it has been cleaned.
- Your eye is red and inflamed.

- You continue to have a prickly sensation or feel as though you have grit in your eye for longer than two weeks.
- An increase in your temperature and feeling generally unwell.

Before you telephone for advice please read through your leaflet again very carefully as this may answer your query.

Who do I contact for further help and advice?

In the first instance please contact the Day unit where you had your surgery.

If your operation was at:

Pinderfields Day/Short Stay Unit

Telephone: **01924 541854**

Pontefract Day Unit

Telephone: **01977 747547**

Boothroyd Day Unit (Dewsbury)

Telephone: **01924 816132**

Eye Condition advice telephone: 01924 816027

Waiting List office (operations) 01924 214152

If you have a problem out of these hours please telephone the main hospital number 0844 811 8110 and ask for Pinderfields, Pontefract or Dewsbury Accident & Emergency Department depending upon where you had your operation.

Alternatively you can seek advice from your own optician or GP.

Other useful information can be found at:

NHS Choices - www.nhs.uk

We are committed to providing high quality care. If you have a suggestion, comment, complaint or appreciation about the care you have received, or if you need this leaflet in another format please contact the Patient Advice and Liaison Service on: 01924 542972 or email: pals@midyorks.nhs.uk
To contact any of our hospitals call: 0844 811 8110
To book or change an appointment call: 0844 822 0022

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