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Patient Information and Agreement to Undergo Trabeculectomy Surgery

Modified from the:

University Hospital, Southampton, United Kingdom

Why has my doctor recommended this operation?

Glaucoma may get worse if the pressure inside the eye is not low enough. Trabeculectomy is recommended when eyedrops are not controlling the pressure and there is a significant risk that glaucoma is going to cause further damage to your sight.

What is a trabeculectomy?

A trabeculectomy is an operation to make the pressure lower inside the eye. It involves making a new channel in the white wall of the eye (sclera), through which fluid flows out into a space underneath the outer layer of the eye (conjunctiva). A successful trabeculectomy creates what we call a 'bleb', i.e., a small elevation which is usually covered by the upper eyelid.

What happens during a trabeculectomy operation?

The operation is performed with the patient lying on their back. A paper drape is placed over the face, with fresh air piped beneath it. A clip is used to keep the eye open. You may see light and shadow, but will not see the surgery happening. It usually takes between 40 and 80 minutes to complete the operation, and at the end a patch is taped over the eye, which is left on until the next day.

In many cases, during the surgery, we treat the area of the trabeculectomy with additional medication, to prevent scar tissue from closing the new channel we have created. The medications we use for this include mitomycin-C and 5-fluorouracil (5-FU).

What happens after the operation?

Frequent follow-up is required in the first few weeks after this operation. All patients need to be reviewed the day after surgery then, if all is well, a week later and again one to three weeks after that. The exact timing of these and future reviews depends on how the eye is settling down, and more frequent visits are quite often required.

The first few weeks after the operation are very important for checking the eye and for carrying out adjustments. Most of these adjustments are minor and will be done as part of the outpatient visit. It is best to avoid planning any holiday within two months after the operation.

If you already have a holiday planned, you do need to discuss this with your doctor, and schedule the surgery appropriately.

There will be new drops (an antibiotic and steroid) to use in the eye for several weeks. You won't need to use your previous glaucoma drops in the eye that has had the operation, although in the longer run some patients do need to restart these to get the pressure low enough. In your other eye, you should continue with any glaucoma drops as before.

What will my vision be like?

It is common for the eye that has had the surgery to be quite blurred for a few weeks, some- times longer. There is no need to change your glasses straight away, but some patients will benefit from updating their glasses sooner than they normally would, though its best to wait for three months while things settle.

You can resume driving (if this applies to you) if your vision is sufficient for you to meet the legal requirements. Trabeculectomy does not improve vision - its purpose is to prevent sight loss in the future.

What can I and can't I do after trabeculectomy?

Returning to work

Most people can return to office-based work two weeks after the operation though sometimes longer is needed. It is usually wise to wait at least a month before resuming physically strenuous work or work in a dusty/dirty environment.

You can use your eyes (for reading, television, computers etc) as soon as you wish - this will not harm your eye. Swimming or immersing the eye should be avoided for at least one month.

It may be useful to keep the clear shield on your eye, or wear glasses for the first week after the operation, for the protection that it offers and also avoid touching the eyes with uncleaned hands.

How successful is trabeculectomy?

The operation helps lower the pressure in the eye in about 80% of cases, and most patients will not need glaucoma drops in the eye that has had the operation. In some cases supplemental glaucoma medications would still be necessary. A lower pressure is beneficial to nearly all patients with glaucoma, but glaucoma can still progress - in some cases even after a 'successful' trabeculectomy.

What are the risks and complications of trabeculectomy?

For most patients trabeculectomy achieves a lower pressure without any significant problems; however, all operations do have some risks and for trabeculectomy these include:

Reduced vision

This is very common in the first two or so weeks, due to swings in the pressure, minor bleeding inside the eye and inflammation. These typically settle within the first few weeks. Some patients may have some degree of permanently reduced vision after the operation. Loss of all vision in the eye due to the surgery itself is very unusual, but as with all intraocular surgery can very rarely occur. **Cataract** as a complication occurs more frequently in the operated eye compared to the non-operated eye and this causes reduced vision until the cataract is operated. This is

especially more common in patients above 50years in whom some lens changes might have already started; these may not be obvious clinically.

Other rare complications may occur during or after the trabeculectomy surgery. These include supra-choroidal effusions and hemorrhages and excessive bleeding that may occur during the procedure. Others include aqueous misdirection syndrome that occurs after the surgery, under-filtration or over-filtration filtration, post-operative hypotony and infections like endophthalmitis and blebitis. Though rare, these may all cause reduced vision and permanent blindness.

What type of Anesthesia is used? What are its Major Risks?

Local anesthesia involving injections around the eye is used. There are some risks associated with anesthesia, whether general or local. Complications of anesthesia injections around the eye may include: perforation of the eyeball, injury to the optic nerve resulting in loss of vision, hemorrhage, retinal detachment, interference with retinal circulation resulting in possible vision loss, drooping of the upper eyelid, hypotension or lowering of the blood pressure, and respiratory depression. General anesthesia can result in heart and breathing problems, and in very unusual and rare instances, death or diminished brain function can occur.

Patient Acceptance of Risks:

I have read the above information (or it was read to me) and have discussed it with my physician. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed and that more treatment or surgery may be necessary. By signing below, I agree that my physician has answered all of my questions and that I understand and accept the risks, benefits of the surgical procedure. I have been offered a copy of this document.

Patient's Undertaking:

Iwish to have a Trabeculectomy operation on my.....(state "right" or "left" eye).

SIGNATURE:

Date:

(For persons authorized to sign for patient, please provide name and state the relationship.)

Countersigned by Surgeon: