

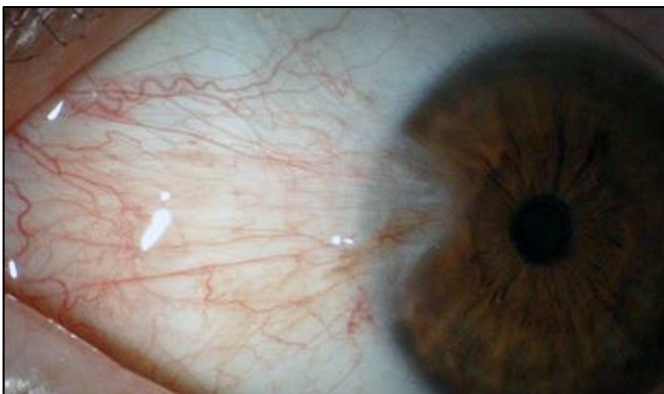
Patient information - corneal and external diseases

Pterygium surgery

This leaflet is designed for patients, as well as their relatives, friends and carers, to help explain what a pterygium is, and what treatment options are available.

What is a pterygium?

A pterygium is a raised, fleshy wedge-shaped, benign (non-cancerous) growth of the conjunctiva (clear tissue that covers the white part of the eye). It most commonly originates on the side of your eye nearest to your nose and it grows very slowly over the cornea (the transparent dome at the front of your eyeball or the window of the eye). In extreme cases it can cover the pupil. Pterygium can be in one eye or both. It is associated with a common condition called **pinguecula**, which is a soft yellow nodule on the surface of the white part of the eye. This rarely requires treatment.



What causes a pterygium?

A pterygium usually develops in individuals who have been living in hot, dry climates particularly near the equator. It is linked to UV light and to chronic irritation from dust and wind.

What are the symptoms of a pterygium?

Symptoms of a pterygium include:

- redness of the eye.
- discomfort of the eye (dry or gritty sensation).
- reduced or blurred vision.

Some patients do not have any symptoms, apart from being aware of a change in the appearance of the eye.

How is a pterygium diagnosed?

Pterygium is diagnosed with a slit lamp (special microscope) examination during your clinic visit, although your optician may have diagnosed this already.

Will I need any treatment for a pterygium?

You will require treatment only if you are experiencing any symptoms related to the pterygium (see above), or if you are unhappy with the appearance of the eye.

Pterygium treatment options

• **Lubricant (artificial tear) eye drops**

These can be helpful as the slightly raised area of the pterygium can cause areas of dryness on the surface.

• **Steroid eye drops**

This can help in the short term with any redness or inflammation.

• **Surgery**

This is the only way to remove the pterygium, as the eye drops mentioned above only help to alleviate the associated symptoms.

Do I have to have surgery?

You do not need to have surgery if you are not concerned by the appearance of the pterygium, or if you are not experiencing any symptoms from it. It may slowly get larger over time, but waiting to have surgery at a later date does not reduce the chances of successful surgery.

What are the benefits of pterygium surgery?

The surgery will remove the pterygium. This will improve the appearance of the eye and reduce symptoms of discomfort or dryness that you may be experiencing.

What are the risks of surgery?

Pterygium excision is a highly successful operation.

The main risks are:

• **Recurrence (return of the pterygium)**

This happens in approximately 10% of cases, and you may require further surgery if this occurs.

• **Infection**

There is a small risk of infection following any surgery, but the risk of this with pterygium surgery is reduced with antibiotic eye drops, which are routinely given to you following surgery.

• **Changes in your vision/prescription**

Following surgery, the astigmatism can improve, especially if the pterygium was large. This may cause a change in your prescription, and your glasses may need to be changed. There is usually a faint corneal scar in the area where the pterygium was removed, but this does not usually affect your vision.

• **Persistent inflammation**

Sometimes a longer duration of steroid eye drops may be needed if the area that was operated on remains inflamed.

What does surgery involve?

The surgery consists of two key steps:

- Removal of the pterygium
- Conjunctival autograft

In addition to removing the pterygium, a conjunctival autograft is also performed, as this helps to reduce the risk of the pterygium coming back.

An 'autograft' is where some of your healthy conjunctiva is removed from the same eye, and used to cover the bare area where the pterygium has been. This tissue is most often taken from the upper part of your eye which is covered by your upper lid. This 'autograft' is



secured either by stitches (which will self-dissolve) or by a special biological glue, or a combination of both.

In specific cases, a substance called Mitomycin C may be used during the surgery to help reduce scarring and the risk of recurrence. This is especially if it is a very large and a progressive pterygium, or if it is one that has re-grown.

The surgery is routinely performed under local anaesthetic. This means you will be awake during the procedure, but your eye will be numbed either with eye drops, or with a small injection that is given around the eye. If you have the anaesthetic injection, you will feel some discomfort when the injection is given. Some patients prefer to have some sedation in addition to the drops or injection. Sedation involves a small amount of relaxing medication being injected into the bloodstream. Please note that this is not a general anaesthetic and you will still remain awake during the surgery.

What happens after the surgery?

After the surgery, your eye will be covered in padding until the next day. This allows the eye to remain protected and also allows the conjunctival autograft to stick down well. All pterygium surgeries are performed as a day case, which means you will go home on the same day.

You will be given antibiotic and steroid eye drops, which will help to reduce the risk of infection and control any

inflammation after surgery. The nurses will go through this with you before you leave.

This video on the Moorfields YouTube channel demonstrates how to put in your eye drops:

<https://tinyurl.com/putting-in-drops>

You can also scan this QR code to watch the video:



You will also be given information about your follow up appointment in clinic, which is usually three to four weeks after the surgery.

What should I expect after the surgery?

Your eye will be quite painful and sensitive to light for the first few days. Your vision may also be slightly blurry, but this often improves rapidly.

Your eye will be very red after the surgery and may look worse than it has before the surgery. This is due to bleeding at the time of surgery (which is normal) and inflammation, but will improve with time. This can take up to four weeks (and occasionally slightly longer).



Cold compresses and painkillers (ibuprofen or paracetamol/co-codamol) can help with any pain, and your eye should feel much more comfortable after a week.

Do I need to take time off work?

Most patients take one week off from work, but if you work in a dusty environment you may need to stay off work for longer.

Further information

Please feel free to ask the team in charge of your care if you have any questions.

Authors: Georgios Vakros, Su-yin Koay, Martin Watson
Revision number: 1
Approval date: May 2023
Review date: May 2026

Moorfields Eye Hospital NHS Foundation Trust
City Road, London EC1V 2PD
Phone: 020 7253 3411
www.moorfields.nhs.uk

Moorfields nurse-led helpline
Phone: 020 7566 2345
Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)

Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides confidential advice and support to help you with any concerns you may have

about the care we provide, guiding you through the different services available at Moorfields. The PALS team can also advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients have the right to begin consultant-led treatment within 18 weeks of being referred by their GP. Moorfields is committed to fulfilling this right, but if you feel that we have failed to do so, please contact our patient advice and liaison service (PALS) who will be able to advise you further (see above). For more information about your rights under the NHS constitution, visit www.nhs.uk/choiceinthenhs