



Queen Victoria Hospital
NHS Foundation Trust

Trabeculectomy

Corneo-Plastic Unit



What is glaucoma?

Glaucoma is a serious eye condition in which:

- the eyeball pressure (intra-ocular pressure) is too high
- the nerve of the eye is damaged (described as “cupping of the disc”)
- the wider (peripheral) vision is gradually lost until only tunnel vision is left (field loss)
- vision may be lost completely and permanently if the condition is not treated properly and no treatment can subsequently restore it

How does surgery work?

Fluid is made continually inside the eye. It filters out through a sieve-like band of tissue around the edge of the iris (the coloured part). If the fluid cannot escape fast enough, the pressure inside the eye rises. Lowering the pressure in the eye may stop the glaucoma damage from getting worse.

Trabeculectomy is the surgical method of controlling pressure in adults. It will not improve your vision or restore sight lost because of glaucoma. It is usually performed when treatment

with drops doesn't keep the pressure in the eye low enough to prevent further damage to the eye.

Trabeculectomy is a type of bypass operation (or drain) that allows the eyeball fluid to drain gradually from the inside to the surface of the eyeball forming a small blister (bleb). From here the fluid is absorbed into the blood vessels of the surface of the eye. A tiny hole is made in the iris to facilitate this.

The drain is microscopic and is created on the upper part of the eye under the top lid, so that in the long-term there are no obvious or visible signs of surgery although they may be visible if the upper eyelid is rolled back.

The operation can be performed either under general anaesthetic, where you will be asleep, or under local anaesthetic, where the eye is numbed but you stay awake. A general anaesthetic is not safe for some people because of other medical problems and carries a very small risk for everyone. A local anaesthetic is safer and is no more complicated than a dental injection. The operation takes forty five minutes and if you have a local anaesthetic we will need you to be able to lie flat and still for that time. You won't see any of it going on!

What can I expect after surgery?

Your eye may be a little sore or irritable for a few days because of small stitches.

You should stop your usual glaucoma drops to the operated eye following a trabeculectomy. Please continue to use glaucoma drops (if any) to the other eye.

You will be prescribed antibiotic and anti-inflammatory drops to the operated eye. Please do not stop these medications unless advised to do so by your consultant. Please contact your GP if you are running short.

Your vision will be blurred (from using the post-operative drops) but should settle over a week or two.

You will need to be seen by a doctor a few hours after the operation or on the morning following your operation. The majority of operations are day cases and you will go home in the afternoon after the doctor has reviewed you.

You will require careful monitoring in the initial 4-6 weeks following surgery. This may involve weekly visits to the clinic and further treatment such as tablets, laser or eye massage may be advised. Please do not plan holidays or any other important events for at least six weeks following your operation.

At first the operation may work too well and lower the pressure in the eye a little too much. As a result, the front part of the eye may be a little shallower and blood may collect causing blurring of vision, especially in the morning. Both these events are common. You may be kept in hospital for observation but both conditions usually settle without treatment in a few days.

You may need a new prescription in your glasses. Your doctor will advise you when to see your optician.

What should you avoid?

- do not knock or rub your eye as you could cause serious damage
- do not lift heavy objects
- avoid vigorous activity or exercise for two weeks
- avoid swimming for at least eight weeks

Eye care following surgery

- keep the eyelids clean with a lint or cotton wool ball moistened with boiled, cooled water
- tape the plastic shield over your eye at night to prevent accidental damage
- wear glasses to protect the eye, but put them on carefully to avoid poking the eye
- report to the hospital or your GP straightaway if the eye becomes increasingly painful and/or red, or if you knock it and it becomes watery or the vision changes

What can you do?

- bath or shower but avoid getting soapy water into the eye
- read, write and watch TV as much as you like
- go out and drive if the other eye is good enough but avoid crowded places or busy public transport because of the risk of knocking the eye
- buy a pair of sunglasses or clip-ons if the light seems too bright

Alternative treatment

Alternative treatment for glaucoma can be with eye drops or laser. All are preventative and all have possible side-effects. You are being advised trabeculectomy because your condition has deteriorated despite alternative treatments or because these treatments are not suitable for you.

Possible complications

Complications associated with trabeculectomy are small. However, it is possible that your vision may be a lot worse after surgery if any of the following serious complications occur.

- Infection - the operation leaves the eye slightly more susceptible to serious infection, especially if you are in a high risk group which requires special medication which reduces the body's healing response. Your doctor will tell you more.
- Haemorrhage or bleed in the eye.
- Over-drainage of fluid from the eye (hypotony) with blurring of vision.
- Raised pressure in the eye due to the creation of an unusual form of glaucoma (immediate worsening of the glaucoma associated with the

operation)

- Aggressive healing - leading to failure of the new drain and high eye pressure.
- Cataract - the rate at which a cataract develops may be increased by the surgery.
- There may be some residual continuing discomfort associated with the bleb or blister.

Contact Information:

Should you have any further questions or concerns, please contact us:

Corneo-Plastic Unit (eye clinic)

Appointments Tel: 01342 414470

8.30am to 4.30pm

Eye Emergencies: 01342 306782 09.00 – 17.00

For emergencies **out of hours**, please call Ross Tilley ward on 01342 414466 or switchboard on 01342 414000

Adapted with kind permission from Stoke Mandeville hospital

Please ask if you
would like this leaflet
in larger print or an
alternative format.

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