



**University Hospitals Birmingham**  
NHS Foundation Trust



# **Information for patients undergoing trabeculectomy**

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## **Introduction**

You have been given this leaflet because your glaucoma may be progressing despite being given the maximum medication that is deemed safe for you. If your glaucoma continues to progress, you are likely to lose more vision.

It has been suggested to you that you may benefit from a trabeculectomy operation to help treat your glaucoma.

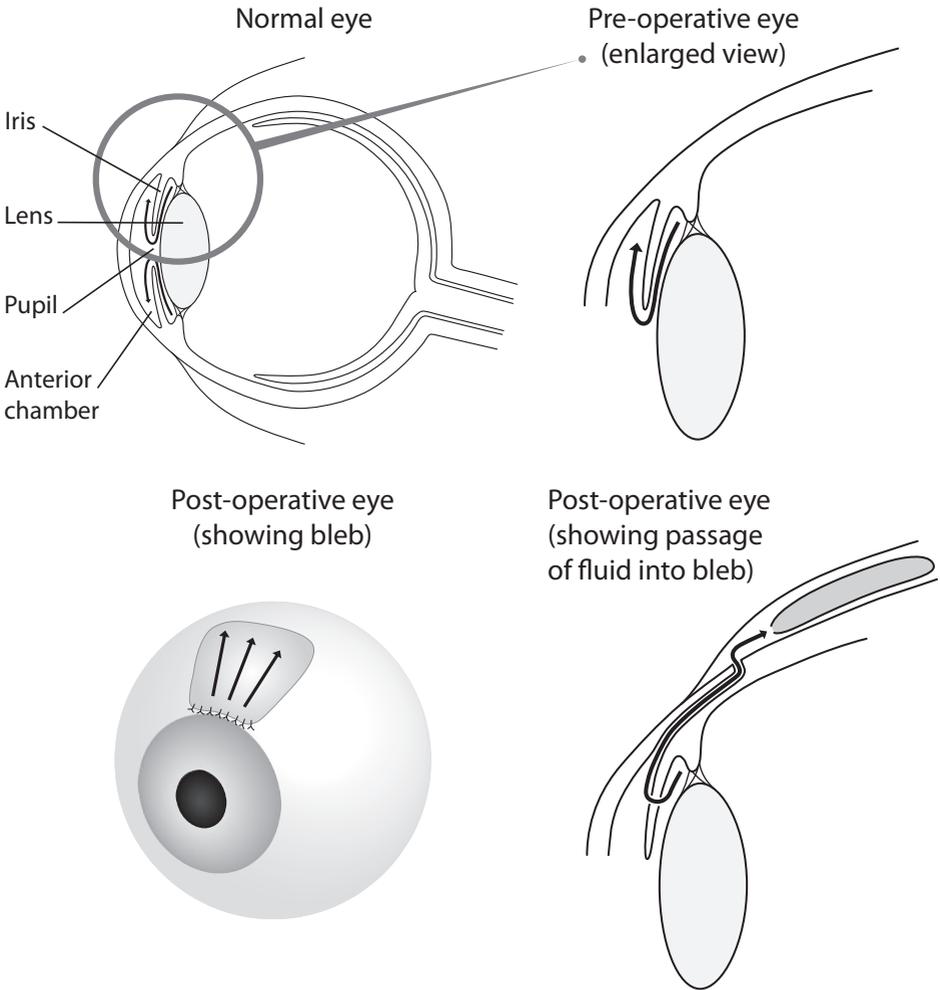
This leaflet explains what is involved and details the risks and benefits of having this operation. We also hope this leaflet will help answer any questions you might have.

## **What is a trabeculectomy?**

A trabeculectomy is an operation performed on patients with glaucoma in whom the disease is progressing despite the current level of medical treatment.

Most cases of glaucoma can be controlled with one or more drugs. However, some people may require surgery to reduce the pressure in your eye to a safe level.

The operation aims to lower the pressure in the eye by creating a passage for the fluid in your eye to drain out through a small covered hole. This small covered hole acts like a valve allowing slow passage of fluid to enable safe control of the pressure inside your eye. The valve is made using the structures of your eye.



The fluid then drains through this valve from inside your eye onto the surface of your eye forming a 'lake of fluid'. The lake of fluid is covered by the thin outermost lining of your eye and tends to form under the upper eyelid. The fluid lake is termed 'a bleb'.

## **More about trabeculectomy...**

In our unit, the operation is usually performed under a local anaesthetic. Local anaesthetic means you are awake and you are given a small injection of anaesthetic fluid around the eye that will numb the eyeball and reduce the movements of the eyeball. The anaesthetic means you will not feel pain.

The use of local anaesthetic means that you are usually able to go home on the same day as your operation.

The operation takes about 1-1.5 hours to perform. You will need to lie flat for this time period in the operating theatre.

The operation is performed using very fine instruments and tiny stitches (sutures) which require the use of a microscope. We sometimes use an anti-scarring agent called Mitomycin C at the time of surgery to reduce the risk of scarring which is one of the main causes of failure of the operation.

## **After surgery**

You will have a dressing to wear around your eye. You will be reviewed in the clinic on the following day when the dressing will be removed. In the evening following the operation, the eye may feel a little sore but most patients do not complain of much pain. Simple painkillers like paracetamol usually help to ease any pain or discomfort. You are also advised to rest and not to exert yourself.

Despite having had a major operation on your eye you

will probably feel quite well. It is important therefore, to remember to be sensible and to rest yourself to allow the eye the best chance to heal.

It is normal for the vision to be blurred for several weeks after the operation and for the eye to feel gritty and a little sore.

The initial operation creates the passage for the fluid to drain but it may be necessary to manipulate the operation site in the clinic after the operation so you may need to come to the clinic quite regularly for the first few weeks.

**DO NOT DRIVE** yourself to these appointments as it may be necessary to manipulate the operation site requiring you to wear an eye dressing.

It may also be necessary to perform further smaller procedures like removing the stitches (sutures), having further injections to the eye or 'needling' of scar tissue to enable the valve to work effectively and reduce any scarring.

## **What are the benefits?**

The operation is indicated to preserve your vision by controlling your pressure and treating your glaucoma.

### **The operation will not improve your vision.**

It is important to remember that this operation has been suggested to you because at the current level of pressure in your eye, it is highly likely that you are going to lose vision in your eye.

The benefits are that **80-85% of people who have this operation have their eye pressure controlled at 1 year.** Some patients may need medication to control their pressure but a significant majority have their pressure controlled without medication.

## **What are the risks?**

Large scale studies have shown the following risks with this type of surgery:

### **Common risks**

Cataract progression	20%
Small, usually transient bleeding in the front chamber of the eye	25%
A bit too much drainage	24%
Leakage of fluid onto surface of eye	17%
Pressure too low	10%
Failure of surgery at 1 year	15%

### **Rare but serious risks**

Sudden increase in pressure due to fluid misdirection	0.2%
Infection inside the eye	0.1%
Too much drainage causing the eyeball to collapse	0.2%
Late risk of infection of drainage bleb (Increased if anti-scarring treatment used at the time of surgery)	0.1%
Loss of vision	1%
Sometimes there are other unexpected occurrences	

and this may require further surgery or may result in further loss of vision. However it is again important to remember that without surgery, there is a higher likelihood of irreversible loss of vision.

## **Things to avoid**

Avoid any hard manual tasks such as heavy lifting or gardening for 6-8 weeks. Ask your doctor in clinic when it is safe to resume these tasks.

Avoid getting any fluid or dirt into the operated eye and always wash your hands before putting in your drops.

Avoid excessive pressure on the eyeball and if wiping the eye, wipe against the bone of the eye socket.

## **Things to do**

**Do** use your drops strictly as advised.

**Do** keep all your follow-up appointments.

**Do** contact the Ophthalmology department if your vision suddenly gets worse, if there is increasing pain or discharge around the eye or if you are worried.

## **Summary**

Remember that trabeculectomy operations have been performed on patients with glaucoma for many years and with successful results in the majority of patients allowing them to retain their vision for many years.

Glaucoma causes a significant blindness burden worldwide where surgical facilities and post operative care are not available.

Trabeculectomy has been offered to you as an option to save your eyesight. The majority of patients do very well with trabeculectomy but as with any operation, it is important to understand the risks involved to make a fully informed decision.

Mr S Mohamed  
August 2014



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