operated eye and protect it during sleep by wearing a plastic shield.

Possible complications include too low a pressure, cataract, or excessive scarring. The scar tissue can overgrow the site of the operation and seal the drainage channel. If this occurs, the eye pressure will rise again and require a return to eye drops, tablets or possibly another operation. Rare complications include bleeding and infection.

Success with trabeculectomy

As a general rule approximately 80% of operated eyes will have satisfactory eye pressure and no need for medicine after the operation. If eye drops are added, over 90% of eyes will have a satisfactory lowering of eye pressure.

More information

Two further leaflets give information about what to expect before and after the operation. These will be issued to you at the time of pre-assessment visit, usually at least 1 week before surgery.

Please contact the secretary to the glaucoma service on 01480 416072 if you have any further questions which will be referred to the glaucoma consultant.

Further information about the glaucoma service with patient information and links to other sources of information can be found at the following website:
www.rupertbourne.co.uk

Glaucoma Operation - Trabeculectomy
## Patient information
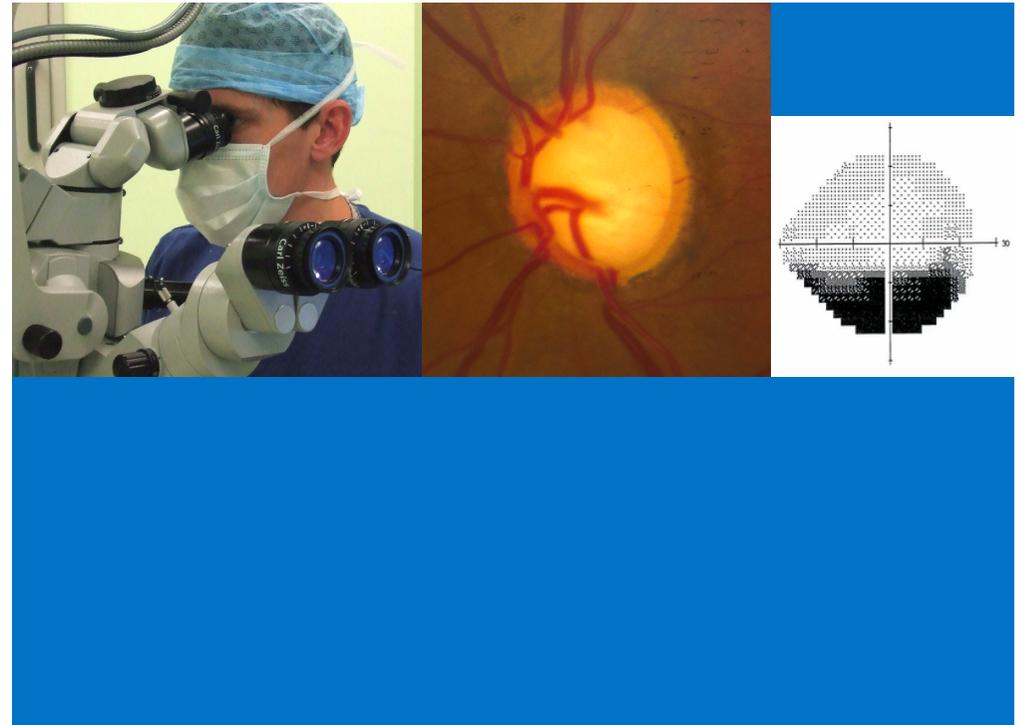
What is trabeculectomy ("trab-ecul-ectomy")?

When treatment with eye drops, tablets or laser surgery does not lower the pressure inside the eye (intraocular pressure) to a safe level, your ophthalmologist may recommend glaucoma surgery. The commonest glaucoma operation is called a trabeculectomy.

During trabeculectomy, a tiny piece of the wall of the eye is removed by the surgeon which allows the liquid causing the excess pressure to escape (Fig 1) through a new opening into a reservoir (bleb) under-neath the surface covering of the eye, beneath the upper eyelid (Figure 2).

Fig. 1:
Sclera
Conjunctiva
Iris
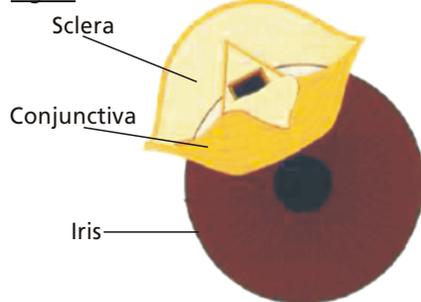
The aim of the operation is to lower pressure of the extra liquid within the eye to prevent further glaucoma damage and protect sight.

Although sight sometimes can improve following trabeculectomy, in most eyes it remains unchanged. Often there is some blurring of vision for several days afterwards and sometimes mild discomfort. Rarely there can be loss of sight.

Figure 2:
The eye pressure is lessened as the extra liquid fluid drains through the new opening into a little pool underneath the surface coating of the eye (conjunctiva).
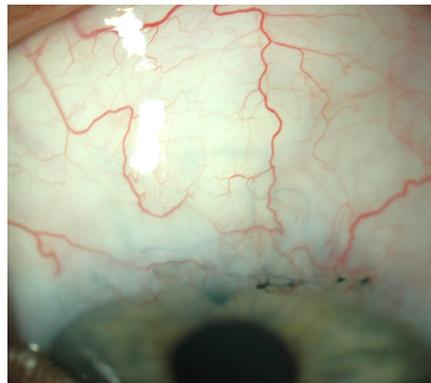
What to do before trabeculectomy?

Eye drops and tablets for glaucoma are continued until the time of surgery. Sometimes an eye drop or tablet may be stopped by the doctor for up to two weeks before the surgery. You may be asked to stop aspirin or warfarin tablets (if you take them) to prevent bleeding if your GP agrees.

What type of anaesthesia is used?

Trabeculectomy is usually done using local anaesthetic (you are awake but feel nothing). An injection of local anaesthetic through the eyelid numbs the eye completely and prevents eye movements. Sometimes a general anaesthetic (you will be asleep) is used. The surgery itself takes less than one hour in most cases.

What happens after trabeculectomy?

After trabeculectomy, the eye is usually covered by a plastic shield overnight. The next morning the eye is examined by your ophthalmologist (eye doctor). Eye drops are used to relax the muscles in the eye, to prevent infection, and reduce soreness and swelling. Occasionally, a tablet may be given to further reduce inflammation. It is important to take medicine as directed by your ophthalmologist to make sure the operation is successful.

For several weeks following the surgery, your ophthalmologist will see you often. During this time, the eye may have a very low pressure.

It is important to protect the eye and avoid lifting heavy things, straining, or rubbing the eye. It is also important to keep the eye clean and dry since the eye may become infected soon after the surgery. Your ophthalmologist recommends that you sleep on the other side to the