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## Operation Information

### Pterygium Excision

#### Introduction

Pterygium is a benign growth of the outer coating (conjunctiva) of the eye that covers the white part of the eye and extends onto the cornea. The exact cause of the disease is unknown. It is more common in people who have a lot of exposure to UV light and wind. The problem may occur on one or both eyes. Mild pterygia can be controlled by tear supplements to lubricate the eye(s); it may help to prevent a pterygium from inflammation. However, as a pterygium grows, the affected eye may become red, irritated, and may result in foreign body sensation. Surgical removal may be needed if the conditions cause visual disturbance and limitation of ocular movement.

#### Outcomes

This operation may reduce ocular discomfort, improve vision and cosmesis of the affected eye.

#### Procedures

1. The procedure is usually performed under local anaesthesia.
2. The pterygium is removed.
3. The following adjunctive procedures may be performed during the operation to prevent recurrence:
  - Conjunctival autograft, harvested from another portion of the conjunctiva (self-transplant) or amniotic membrane (obtained from donor) is used to cover the defect.
  - Anti-metabolite agents are used.
4. The graft may be secured with stitches.

#### Possible Risks and Complications

1. Redness, watering and gritty sensation
2. Infection
3. Poor healing
4. Blurring of vision and Astigmatism due to scarring
5. Granulation tissue formation
6. Recurrence (the resultant size of which may actually be bigger than the initial pterygium)
7. Damage to the eyeball
8. Corneal-scleral melting
9. Sometimes if fibrin glue (which is a blood-derived product) is used, it may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically the Creutzfeldt-Jakob disease (CJD) agent; and risk of hypersensitivity or allergic/anaphylactoid reactions.

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

1. Good hygiene can prevent wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication. Do not put creams, lotions, or makeup on the face or around the eyes.
4. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
5. Please empty your bladder before the operation.

## **Post-operative Instructions**

1. The eye is usually patched with eye pad overnight.
2. You should use the eye drops or ointment as prescribed by the doctor.
3. Hair washing should be avoided for the first week after the operation to prevent water getting into the operated eye.
4. Rubbing or getting water into the affected eye(s) should be avoided.
5. You are advised to wear clothing with buttons instead of pullovers to avoid contact with the affected eye(s) and causing infection.

## **Advice on Discharge**

1. You should use the eye drops or ointment as prescribed by the doctor.
2. Some discomfort and redness for the first few days are normal.
3. Wear a hat or UV protective glasses outdoors to minimise irritation from sun light and risks of pterygium recurrence.
4. Do not rub the operated eye.
5. Please avoid swimming and strenuous exercise for a few weeks.
6. It is advised to leave some lighting when you go to toilet at night to avoid falls.
7. Immediately consult your doctor or return to hospital for professional attention in the event that the eye becomes progressively red, sensitive to light, swollen and painful, the vision gets worse, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
8. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

