

Ophthalmology department

Pterygium and surgery Information for patients, relatives and carers

Introduction

This leaflet has been designed to give you information about **pterygium surgery** and answer some of the questions that you or those who care for you may have. It is not meant to replace the discussion between you and your medical team but aims to help you understand more about what is discussed. If you have any questions about the information below, please contact us using the details on the back page.

What is pterygium?

A pterygium is a thickening of tissue (conjunctiva) overlying the white part of the eye (sclera). It is usually more noticeable on the side of your eye nearest your nose.

What causes a pterygium?

This condition is very common in people who are persistently exposed to excessive sunlight (that is, UV light) and wind/dust. It is more frequently seen in those living, or who have lived in the Middle East, Far East, Africa and South America.

What are the signs and symptoms?

The tissue will form a small pink bump, triangular in shape, and can grow onto the clear window of the eye (cornea). It can cause irritation and redness. A large pterygium can affect the eyesight by growing to affect the visual axis, or altering the shape of the eye surface (astigmatism).

How is it diagnosed?

Your eye doctor can diagnose a pterygium by looking at the eye with a slit lamp. This is important to help differentiate a pterygium from similar more rare conditions, some of which can be serious.

What is the treatment?

Sometimes a pterygium can become red and irritable. If this happens, soothing drops (for example, lubricating eye drops) can be obtained over the counter to reduce the redness. Occasionally, a short course of steroid eye drops is used if the pterygium becomes inflamed.

Surgery is the last option and is only considered if the pterygium interferes with vision, causes persistent inflammation or is progressive (getting worse).

What happens pre-surgery?

In certain circumstances some patients may be asked to attend a pre-assessment appointment. For example, if you are having the surgery under general anaesthetic, a pre-assessment of your general health will be carried out.

What are the risks and benefits of surgery?

The benefit of the surgery is to remove the pterygium. This can result in improved vision if the pterygium is causing astigmatism (a scan of the eye will show if this is the case). The main benefit is the reduction in discomfort or irritation.

In rare circumstances, the pterygium is sent to the laboratory for microscopic examination, to rule out more serious causes.

Surgical complications include:

- inflammation
- eye redness/pain
- infection
- recurrence (risk is less than 20%)
- need for further surgery
- worsening of vision
- double vision
- loss of vision (rare)

For these reasons, it is advisable to avoid surgery if the pterygium does not cause symptoms and is stable.

Pterygium surgery

If needed, surgery can be performed under local anaesthetic, sedation or general anaesthesia.

Pterygium surgery involved two key steps. The first step is excision (removal) of the pterygium. The second step is replacement of this pterygium with conjunctiva (called 'autograft') from another area of the eye. The second step helps to reduce the risk of the pterygium coming back.

The operation takes about an hour and is performed as a day case procedure. You will be in hospital for about half a day but able to go home after the surgery.

Post-treatment and follow-up

An eye pad will be placed on the eye after the pterygium surgery, and can be removed in the evening or next day, depending on your surgeon's instructions.

Using the drops prescribed by your doctor after surgery is important to minimise risk of infection, inflammation and pain.

Oral painkillers (tablets) such as paracetamol, ibuprofen or what you might take for a headache, may be needed afterwards. This can be purchased over the counter.

You can resume most activities one week after the surgery, including driving

Useful contact telephone numbers

If you have questions before your appointment, please contact the pre-assessment nurse on **020 3312 9784/9730/9612** at Western Eye Hospital or **020 3311 0137** at Charing Cross Hospital between 09.00 and 17.00, Monday to Friday.

If your eye becomes red or painful, or have any other concerns, please contact:

- Western Eye Hospital emergency department: 020 3312 3245
- Western Eye Hospital eye clinic: 020 3312 3236
- Alex Cross ward at the Western Eye Hospital: 020 3312 3218
- Day care unit at the Western Eye Hospital: 020 3312 9614
- Charing Cross Hospital eye clinic: 020 3311 1109 or 020 3311 1233
- Charing Cross Hospital Riverside Daycare unit: 020 3311 1460

If you have not received a post-surgery appointment, please contact **020 3312 3275 option 2** or email imperial.wehoutpatients@nhs.net

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: 020 3312 1337 / 1349

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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