

Ophthalmology department

Trabeculectomy surgery (a treatment for glaucoma) Information for patients, relatives and carers

Introduction

This leaflet has been designed to give you information about **your glaucoma surgery** (**trabeculectomy**) 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.

What is trabeculectomy surgery?

Trabeculectomy is an operation performed to create a new channel for drainage of fluid from the front compartment of the eye (anterior chamber). This new channel drains the fluid into a reservoir bubble (a filtering 'bleb') which is mostly hidden under your upper eyelid. This reduces the pressure in your eye through bypassing the blocked natural drain (trabecular meshwork) of your eye.

Who is this treatment for?

A trabeculectomy operation is recommended for patients whose glaucoma continues to progress despite using eye drops and/or having had laser treatment.

What are the potential benefits?

The aim of a trabeculectomy is to help control the pressure in your eye better. After a successful trabeculectomy it is usually possible to reduce or stop glaucoma eye drops.

What are the risks?

As with any surgery, there are potential complications which may arise during or after your operation:

Eye pressure control

The operation may not lower your eye pressure enough and you may need to continue pressure lowering eye drops or to have further laser or surgery.

If the eye pressure becomes too low after surgery, further surgery may be needed.

Vision

Vision may be blurry immediately after the surgery and may take weeks to return to normal but some patients find their vision is never quite as sharp after the surgery.

Bleeding

There is a small risk of bleeding inside the eye right after your surgery, which may need further treatment. This can rarely result in loss of sight.

Infection

As there is a new channel into your eye, there is long-term increased risk of infection. So, if your eye ever becomes painful or red, or the vision becomes blurred, you should seek immediate medical advice.

Cataract

All eye surgery increases the risk of cataract (cloudy lens) forming in the eye. This may later require an operation.

Ptosis

There is a risk of developing a droopy upper eyelid. In the majority of cases this settles with time but may rarely need surgical correction.

Are there any alternatives to this procedure?

There are many different ways to treat glaucoma, including eye drops, laser and other surgical procedures. Your surgeon recommends options for your glaucoma treatment after carefully assessing multiple factors specific to you including: your eye pressure, stage and type of glaucoma, previous treatment, other eye conditions and your general health. Your doctor will be able to discuss any specific potential alternatives with you in further detail.

Preparing for the operation

You should continue any eye drops and tablets you are using for your glaucoma unless directed otherwise by your doctor.

Before your operation, you will be asked to attend a pre-assessment appointment to check you are fit for the operation and to discuss anaesthetic options. The operation is usually carried out under local anaesthetic (where you are awake but your eye will be numb for the operation) but some patients have the procedure under general anaesthetic (where you will be asleep for the operation).

Please bring an up-to-date list of your medication and a brief summary of your medical history to this appointment.

During the operation

The operation is usually performed under local anaesthetic, which means you will be awake during the surgery but your eye will be numb so you do not feel any pain. The procedure takes around an hour or more during which time you need to lie relatively flat. At the end of the surgery a pad and shield will be placed over the eye which need to stay on overnight.

After the operation

You can remove the pad and shield the next morning. You will be given new drops to use for several weeks after your surgery in the operated eye (antibiotics, steroid and pupil-dilating drops) and it is important to use these as directed.

Glaucoma drops are stopped in the operated eye but please carry on with your glaucoma drops as usual in your other eye.

You will receive a post-operative appointment date following your surgery. It is very important to attend all your clinic appointment and use your eye drops as directed to maximise the success of your surgery.

If you get any of the following problems, contact us promptly and do not wait until your next appointment:

- increasing/excessive pain
- increasing redness
- loss of vision

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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