Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Glaucoma Surgery

1. Introduction

1.1. Glaucoma is a disease of the optic nerve. Progressive damage of the optic nerve will lead to irreversible reduction in visual acuity, visual field loss and blindness.

1.2. Currently the main treatment of glaucoma is the reduction of intraocular pressure, which may help to slow down the progressive damage of the optic nerve.

1.3. Glaucoma surgery is one of the treatments to reduce intraocular pressure.

1.4. The Glaucoma Surgery lower the level of intraocular pressure by either diminishing the production of fluid inside the eye or by increase the out flow of fluid away from the eye, thus slow down the progressive damage of the optic nerve.

1.5. Unfortunately, even when the intraocular pressure is controlled, vision will not be able to return to the level before the onset of the disease due to permanent damage to some optic nerves.

1.6. In some circumstances, if the surgery may not effectively control intraocular pressure, you may still need to use medication to lower eye pressure after the surgery.

1.7. If the imbalance of intraocular fluid secretion and outflow is still significant after the operation, you may need corrective surgery to adjust the outflow.

2. Procedural Preparation

2.1. Tests may be ordered include blood tests, Chest X-Ray and Electrocardiogram (ECG).

2.2. The surgeon will explain to you the indication of the surgery, the procedure and possible complications, and sign the surgery consent.

2.3. If under general anesthesia, the anesthesiologist will perform a preoperative assessment, explaining the anesthesia method and the associated risks, and sign the anesthesia consent.

2.4. Inform your doctor if you have other systemic disease such as hypertension, stroke, heart disease, diabetes or on regular medication(s) (especially anticoagulation medications like Aspirin or Warfarin), traditional Chinese medicine or health foods.

2.5. You are required to fast at least 6 to 8 hours before general anesthesia.

3. Procedure

3.1. The operation will be performed under local or general anesthesia. The doctor gives medications to numb the procedure site and you will remain awake, general anaesthesia may be used in special circumstances.

3.2. The followings are common surgical procedure to increase the drainage of intraocular fluid in the management of glaucoma patients:

3.2.1. Trabeculectomy: The procedure will create a small drainage site in the wall of the eyeball to facilitate the outflow of intraocular fluid. Intraocular fluid can then be drained through the hole to reenter the bloodstream. As a result, eye pressure can then be reduced and stabilized.

3.2.2. Non penetrating glaucoma surgery: A similar procedure as trabeculectomy but a very thin layer of tissue is kept behind. A piece of collagen implant may be used to maintain the patency of the drainage site.

3.2.3. Glaucoma Implant: Made of inert material like special plastic or silicone, the implant usually composed of a tube about 1 cm long and a plate of various size about 1 to 1.5 cm in diameter. The tube is put inside the eye to drain the fluid out. The plate increases the surface area available to facilitate absorption of the drained fluid.

3.2.4. Laser or Cryo-therapy: To decrease the production of fluid inside the eye, the procedure usually involved the use of laser or cryo-therapy to destroy the tissue producing the fluid.

3.3. Anti-metabolites (such as Mitomycin C or 5-Fluorouracil) which delay wound healing may be used to improve the success rate of the glaucoma operation.

3.4. Eye patch may be applied to cover and protect the procedure site in the early post-operative period.

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4. Recovery Phase

4.1. Keep eye patch or eye shield on if any as directed by doctor.
4.2. Follow strictly the eye drops or eye ointment as prescribed as those medications help prevent infection and inflammation.
4.3. Avoid washing your hair during the first week after the operation to prevent dirty water getting into the eye causing infection.
4.4. Avoid unnecessary straining, heavy lifting after surgery.
4.5. Avoid eye exposure to water such as showering or swimming.
4.6. Avoid eye rubbing and keep wound clean.
4.7. Wear clothes with buttons and not pullovers to avoid the clothes coming in contact with the operated eye which may cause infection.
4.8. Have light on at night time when you go to toilet in order to prevent falls as you may not be accustomed with one eye being patched after the operation.
4.9. You may be recommended to sleep on the side opposite to the operated eye and protect the operated eye during sleep by wearing an eye shield.
4.10. Beware of the eyeball pressure and any signs of recurrence. You may need to restart eye drops to control glaucoma if the pressure shoots up again or even another operation if the pressure is uncontrolled.
4.11. If you have any excessive bleeding, severe pain, fever or signs of wound infection such as redness, swelling or large amounts of foul-smelling discharge coming from your eye, see your doctor immediately or attend the nearby Accident and Emergency Department.

5. Possible Risks and Complications

5.1. In general, glaucoma surgery is a safe operation and risk of glaucoma surgery is low, including:
  5.1.1. Wound gapping.
  5.1.2. Bleeding in the eye.
  5.1.3. Infection.
  5.1.4. Chronic inflammation.
  5.1.5. Irritation or discomfort in the eye.
  5.1.6. Button holes in conjunctival flap covering the fluid outlet may cause uncontrolled leakage of eye fluid.
  5.1.7. Exposure of implant.
  5.1.8. Sometimes an initial period of low / high intraocular pressures may occur; the vision may be affected during this initial period of a couple of weeks.
  5.1.9. Failed to normalize pressure (too low / too high), in eye, may need to re-operate.
  5.1.10. Recurrence of intraocular fluid secretion and outflow imbalance in eye and a second surgery is needed.
  5.1.11. Development of cataract or deterioration of pre-existing cataract.
  5.1.12. Double vision.
  5.1.13. Corneal decompensation.
  5.1.14. Degenerative changes in the eye, the vision may get worse.
  5.1.15. Loss of vision.

6. Follow up after surgery

6.1. For several weeks following the surgery, your eye doctor will observe your eye closely and examine you frequently. During this time period, the eye pressure has not yet stabilized. Avoid lifting heavy objects, bending or straining.
6.2. Please follow up as schedule.

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7. Remark

7.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

8. Reference

8.1. Hospital Authority. Smart Patient Website: Glaucoma.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____