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 – Pterygium

1. Introduction

1.1. A pterygium is a benign wedge-shaped fibrovascular growth of the conjunctiva that can enlarge and extend onto the cornea.
1.2. The exact cause of the disease is uncertain. It may be related to prolonged UV light exposure.
1.3. Mild pterygium may be left untreated. Tear supplements for lubrication may be used for symptomatic relief. Surgical removal may be needed in the following situations:
  1.3.1. Pterygium blocking / blurring vision
  1.3.2. Persistent significant or severe foreign body sensation, inflammation or irritation
  1.3.3. Significant astigmatism
  1.3.4. Pterygium limiting ocular movements

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 anaesthesia.

3. Procedure

3.1. Pterygium removal is usually performed under local anaesthesia as a day case procedure. The pterygium is excised and adjunctive procedures may be performed to prevent recurrence of pterygium:
  3.1.1. Conjunctival autograft (CA), harvested from another portion of the conjunctiva in the same or fellow eye is used to cover the defect. The CA can usually be fixed by using absorbable sutures or tissue adhesive fibrin glue.
  3.1.2. Amniotic membrane (obtained from donors) likewise may be used as per CA above (the donor has been screened for infectious diseases).
  3.1.3. Adjunctive use of anti-metabolite agents.

4. Recovery Phase

4.1. The eye is usually patched with dressing overnight.
4.2. Use eye drops or ointment as prescribed by your doctor.
4.3. Do not rub your eyes.
4.4. Avoid contact sports and refrain from washing your hair in the first week.
4.5. After the operation, and to wear clothing with buttons (instead of pullovers) to avoid inadvertent contact with any dirty water, foreign body or trauma to the operated eye.
4.6. Avoid contact sports and refrain from washing your hair in the first week after the operation, and to wear clothing with buttons (instead of pullovers) to avoid inadvertent contact with any dirty water, foreign body or trauma to the operated eye.
4.7. In order to avoid any trips or falls during nocturnal toilet visits, it is advisable to leave some night light on.
4.8. Wear a hat or UV protective glasses outdoors to minimise irritation from sun light and risks of pterygium recurrence.

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5. Possible Risks and Complications

5.1. Pterygium operation is a safe procedure. The most common complication is recurrence, the resultant size of which may actually be bigger than the initial pterygium. Other complications that may occur occasionally include:

5.1.1. Redness, watering and gritty sensation of the eye after operation, especially when stitches are used.
5.1.2. Granulation tissue formation.
5.1.3. Poor healing.
5.1.4. Astigmatism, especially with residual scarring.
5.1.5. Blurring of vision due to scarring. Vision may be worse than before operation.
5.1.6. Symblepharon formation causing adhesion between the eyeball and lid (s).
5.1.7. Defective ocular movements, squint and double vision.
5.1.8. Ocular perforation.
5.1.9. Wound infection.
5.1.10. Corneal-scleral melting.
5.1.11. Other associated anaesthetic risks.
5.1.12. 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.

6. Follow Up

6.1. The wound will heal over time.
6.2. Follow strictly on the medication instructions and to attend review as scheduled.

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.

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: _____