

## Introduction

Pterygium is a benign wedge-shaped fibrovascular growth of the conjunctiva that can enlarge and extend onto the cornea. The exact cause is uncertain. It may be related to prolonged UV light exposure. There may be no symptoms in early cases. In more severe disease, one may experience redness, inflammation, foreign body sensation in the eyes and visual blurring.

## Indications

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. Pterygium blocking / blurring vision	3. Significant astigmatism
2. Persistent significant, inflammation or irritation	4. Pterygium limiting ocular movements

## The Operation / Procedure

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:

1. Conjunctival Autograft (CA), harvested from another portion of the conjunctiva in the same or fellow eye is used to cover the defect. Amniotic membrane (obtained from donor) may be used (the donor has been screened for infectious diseases).
2. Adjunctive use of anti-metabolite agents.

## Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, any other systemic conditions such as hypertension, stroke, heart disease, diabetes, or taking any medications (especially blood thinners such as aspirin or warfarin), traditional Chinese medicine or health supplements on a regular basis.
3. If needed, fasting as instructed by healthcare professionals.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, antibiotic prophylaxis, intravenous line may be required.

## Postoperative Instruction

### A. General

1. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
2. Nausea or vomiting are common; inform nurses if symptoms severe.

### B. Wound care

1. The eye is usually patched with dressing overnight.
2. Use eye drops or ointment as prescribed by your doctor.
3. Do not rub your eyes and avoid contact sports.
4. Refrain from washing your hair or swimming to avoid inadvertent contact with dirty water in the first week, post operation.
5. Wear clothing with buttons (instead of pullovers) to avoid inadvertent contact to the operated eye.
6. In order to avoid any trips or falls during nocturnal toilet visits, it is advisable to leave some night light on.

### C. Diet

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

**Common Risks and Complications** (not all possible complications are listed)**A. Anesthesia related complications**

1. Cardiovascular : myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism.
2. Respiratory : atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

\*\* Toxicity of local anaesthetic may result in serious complication although rare.

**B. Procedure related complications**

Pterygium operation is a safe procedure. However, complications can occur occasionally include:

Recurrence the size may be bigger than the initial pterygium	Symblepharon formation causing adhesion between the eyeball and lid (s)
Redness, watering, gritty sensation of the eye (especially when stitches are used)	Defective ocular movements, squint and double vision
Granulation tissue formation	Ocular perforation
Poor healing	Wound infection
Astigmatism (especially with residual scarring)	Corneal-scleral melting
Blurring of vision may be worse than before operation due to scarring.	Other associated anaesthetic risks

**Things to take on discharge**

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain and or redness around the wound.
2. Take analgesics prescribed by your doctor if required.
3. The wound will heal over time.
4. Follow strictly on the medication instructions and see the doctor as scheduled.
5. Wear a hat or UV protective glasses outdoors to minimize irritation from sun light and risks of pterygium recurrence.

**Remarks**

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

**Reference**

Hospital Authority: "Pterygium" (2023)

Smart Patient: [http://www.ekg.org.hk/pilic/public/Ophthal\\_PILIC/Ophthal\\_Pterygium\\_0071\\_eng.pdf](http://www.ekg.org.hk/pilic/public/Ophthal_PILIC/Ophthal_Pterygium_0071_eng.pdf) (06-07-2023)