

Pterygium

Introduction

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

Indications for Surgery

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:

- Pterygium blocking / blurring vision
- Persistent significant or severe foreign body sensation, inflammation or irritation
- Significant astigmatism
- Pterygium limiting ocular movements

The 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:

- 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.
- Amniotic membrane (obtained from donors) likewise may be used as per CA above (the donor has been screened for infectious diseases).
- Adjunctive use of anti-metabolite agents

Possible Risks and Complications

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:

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

Before the Procedure

- Inform your doctor if you have 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 healthy supplements on a regular basis.
- If needed, fasting as instructed by healthcare professionals.

After the Procedure

- The eye is usually patched with dressing overnight.
- Use eye drops or ointment as prescribed by your doctor
- Do not rub your eyes
- 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.

- In order to avoid any trips or falls during nocturnal toilet visits, it is advisable to leave some night light on.

Follow Up

- The wound will heal over time
- Follow strictly on the medication instructions and to attend review as scheduled
- Wear a hat or UV protective glasses outdoors to minimise 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. The actual risks may be different for different patients. During the operation, unpredictable condition may arise, and additional procedures may be performed if necessary. For further information, please contact your doctor.