

Trabeculectomy bleb needling

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What is trabeculectomy bleb needling?

Trabeculectomy bleb needling is an operation which may be considered if your trabeculectomy (your previously performed glaucoma operation) has stopped working properly.

Its purpose is to restore the effectiveness of the trabeculectomy.

Why is it needed?

When the surgeon does a trabeculectomy, a little hole is made in the white of the eyeball, to allow the fluid to drain out of the eye in order to lower the eye pressure.

The fluid that flows out of your eye forms a small cyst, called a bleb, in the area covered by your upper eyelid. The bleb lies under the conjunctiva, the thin transparent layer that covers the white of your eye.

Sometimes after a trabeculectomy, the eye pressure is not low enough because of scar tissue blocking formation of the 'bleb'. This can occur shortly after the operation is performed or up to several years later.

Trabeculectomy bleb needling may be the next step to restore drainage and achieve a lower eye pressure.

What is the success rate?

The procedure works in more than half the eyes operated on to restore and improve drainage.

It may be necessary to repeat this procedure on one or more occasions.

What does it involve?

The operation is performed in the operating theatre.

It is usually carried out under topical anaesthetic (eye drops to numb the eye). However, it is possible to have a general anaesthetic.

You must lie still and flat during the procedure, which typically takes between 10-15 minutes.

At the end of the procedure, an injection of antibiotic and steroid is given to reduce the risk of infection and inflammation. Afterwards, an eye pad and/or clear shield will be placed over the eye.

You will be able to go home the same day, usually about one hour afterwards.

The operation involves breaking down the wall of the scar tissue using a very fine needle. This will help to improve the drainage of the watery fluid called aqueous humour. An anti-scarring drug is then injected to prevent further scar formation. The needling and injections are carried out just under the surface of the eye, but not all the way into it.

What are the alternatives?

It is possible that medication, other glaucoma operations or laser treatment may also be appropriate.

Your surgeon will discuss the pros and cons of these alternative treatment options as necessary.

Deciding against treatment altogether will increase the risk of visual loss due to the high eye pressure.

Special preparations

Remove any eye make-up before arriving in the operating theatre.

If you are taking regular blood-thinning medicine (e.g. aspirin, clopidogrel, warfarin, dipyridamole, dabigatran, etc), or if you are taking regular ginkgo biloba, please let us know. We may ask you to reduce or stop the medicine for a few days around the time of the needling.

Use any other medication and eye-drops as normal.

Eat and drink normally, unless you are scheduled to have a general anaesthetic (in which case you will receive specific advice beforehand).

How will I feel during the procedure?

You will feel mild discomfort when a speculum (clip) is carefully placed to keep your eyelids apart before the surgery starts.

You will be aware of a bright light, which you will quickly become used to and which will cease to be uncomfortable within a few seconds.

You should not feel pain during the operation. However, an injection of antibiotic underneath the surface of the eyeball at the end of the procedure may be uncomfortable. Every effort will be made to keep this discomfort to a minimum.

How will I feel afterwards?

Your eye may feel a little sore for a day afterwards. Simple painkiller tablets, such as paracetamol, should ease this soreness.

Your vision is likely to be blurred for a few weeks, before returning to normal.

Occasionally, the eye may appear very red the day after surgery. This appearance may be dramatic and concerning. However, it is not a sign of a problem and will gradually improve over the next few days.

What happens after the procedure?

Typically, you will receive three eye-drops to use regularly for several weeks afterwards – an antibiotic drop, an anti-inflammatory drop and a drop which makes your pupil bigger.

Before you go home, you will receive detailed instruction on when to put these drops in and for how long. It is important to use all these drops as prescribed to ensure the operation is successful.

You will also be given advice about whether to stop any eye-drops you may have been taking before the surgery.

You will be able to go home after the operation, but ideally, should not travel home alone. **You must certainly not drive yourself home after the operation.**

What are the risks?

The risk of damage occurring to your eye or loss of vision as a result of this operation are very low.

Specific risks include bleeding inside the eye, the eye pressure going too low or too high afterwards, a wound leak, damage to the cornea (clear window at the front of the eye) and infection inside the eye. The risk of severe, permanent visual loss is less than one case in every 1000.

Your eye specialist will have given careful consideration to these risks, as well as the risks of alternative procedures and the risk of not operating. Your doctor would not have advised this operation without good reason.

Aftercare

You may experience discomfort for 1-2 days once the anaesthetic has worn off. This should be eased by simple painkillers such as paracetamol. Ideally, avoid aspirin or ibuprofen unless you need to for other reasons.

Carry on with your usual medication unless advised otherwise.

Keep your eye pad and clear plastic shield on your eye until you are seen the following day in the eye clinic, when it will be removed by a nurse. However, you should continue to wear the shield at night for three weeks to stop you touching or rubbing your eye while you sleep.

Bathe the eyelid once or twice daily with gauze soaked in cooled, boiled water.

The shield should be cleaned with soap and water.

Your vision will be blurred for several weeks. Glasses may be worn if you find them helpful.

For the first four weeks:

- Gentle exercise (such as walking) is fine, but you should avoid strenuous exercise
- Avoid running water over the eye (showering and washing hair)
- Do not wear eye make-up
- Do not rub your eye or press on the eye
- Avoid lifting heavy objects
- Avoid gardening
- Avoid swimming
- Avoid bending with your head below waist level for extended periods of time (including activities such as bowling and yoga)

Work: Most people take two weeks off work after surgery. However, the length of time will depend on the nature of your work.

Driving: At your post-operative clinic appointment, you will be advised about driving. Please do not drive until your doctor feels it is safe for you to do so.

Seek medical advice as soon as possible if you experience:

- a throbbing or severe pain, which is **not relieved by painkillers**, in or around your eye

- excessive watering or sticky discharge
- a rapid deterioration or loss of vision

Follow up

You will be asked to return to the outpatient department for a follow-up appointment the next day. You will be advised of the need for further appointments when you see the doctor.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

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'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

Northern Devon Healthcare NHS Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.northdevonhealth.nhs.uk

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Email: ndht.contactus@nhs.net