

PTERYGIUM SURGERY INSTRUCTIONS

INTRODUCTION

A pterygium is a common degenerative growth on the outside surface of the eye. It is caused by ultraviolet light due to sun exposure, as well as other ocular irritants such as wind and dust. It is especially common in surfers and others who spend a lot of time in outdoor environments. However, there is a wide range of susceptibility; some people with a lot of such exposure never develop pterygia, and some people who spend most of their time indoor do. The growth can start on the conjunctiva over the white of the eye, nasally, temporally, or both, and grow onto the cornea towards the center of the eye. When pterygia reach a large enough size, they are prone to recurrent redness and irritation and can ultimately decrease vision. When a pterygium is progressive, large, or causing symptoms, surgical removal may be recommended. Pterygia are notorious for recurring after surgical removal, as high as 50% of the time in some studies. Therefore, over the years, the procedure has been modified to decrease the chance of recurrence. The modern technique involves applying Mitomycin-C to the surface under the removed pterygium and covering the surface with surrounding conjunctiva (conjunctival autograft). Mitomycin-C is a powerful chemotherapy agent, used previously in cancer treatment, that prevents formation of abnormal cells that lead to pterygium recurrence. With this technique, recurrence is reduced to 10-15%. In cases of surgery on pterygia that have already recurred, very large pterygia, or eyes that have scar tissue from other types of surgery, an Amniotic Membrane Graft (AMG) may be utilized. This is purified tissue from human placenta that has been tested for all infectious agents and freeze-dried. AMG provides tissue to cover the defect left by removing the pterygium and significantly reduces inflammation and discomfort.

PROCEDURE

Pterygium surgery is an outpatient surgery done at the ambulatory surgery center. In the perioperative holding area, you will receive eye drops to numb your eye and prevent infection. Plan on being at the surgery center for 3-4 hours. You must have a ride home after surgery.

PREOPERATIVE

- On the morning of surgery, report directly to the surgery center, not our office. Please arrive on time for your surgery. The surgery center runs a tight schedule, with many patients before and after you. Time is needed to get you ready for surgery.
- **DO NOT EAT OR DRINK AFTER MIDNIGHT** before surgery. You may take your usual morning medications with small sips of water only.
- History and Physical forms must be received by noon on Tuesday before your surgery.
- **STOP ALL BLOOD THINNERS (MUST BE CLEARED BY YOUR PRIMARY CARE PHYSICIAN)**. Stop nonsteroidal anti-inflammatory drugs (NSAID's) such as Aspirin, Ibuprofen (Motrin, Advil), Naproxen (Aleve) 10 days before surgery; resume one day after surgery. Stop Xarelto, Pradaxa, or Eliquis 5 days before surgery; resume one day after surgery. Stop Warfarin (Coumadin) 3 days before surgery; resume one day after surgery. Please note that depending on your particular medical history, the risks of stopping blood thinners may outweigh the benefits of pterygium surgery; this decision must be made by you and your primary care physician, cardiologist, or other prescribing doctor.

- Wash your hair and face the night before or morning of surgery. Avoid perfumes, colognes, or heavily scented toiletries.
- **DO NOT WEAR EYE MAKEUP**
- Wear comfortable loosely fitting clothing. You will change into a hospital gown at the surgery center.
- You do not need special drops before pterygium surgery; eye ointment will be prescribed for after. Continue any other eye medications, such as glaucoma drops, both before and after pterygium surgery.
- Do not wear contact lenses to the surgery center.

POSTOPERATIVE

- Your eye will have a bandage after surgery. We will remove it in the office on your first postoperative appointment. You do not need to apply any eye medication during this time. Keep the patch dry. You may apply additional bandage tape if it becomes loose. The bandage is meant to be tight as the eye will heal faster if blinking is limited.
- After your patch is removed the next day, start your TobraDex (Tobramycin Dexamethasone) or Maxitrol (Neomycin Dexamethasone) ointment in your operative eye 4 times a day (breakfast, lunch, dinner, bedtime) until the tube is empty. Pull down your lower lid and squeeze in a ¼ to ½ inch strip of ointment. A prescription will be sent to your pharmacy. Continue all glaucoma drops or other eye medications you have been on (administer before ointment).
- You may experience significant eye pain following surgery. Pterygium surgery is known to cause more discomfort than most other eye surgeries. You will be given a paper prescription for a narcotic pain medication (this cannot be called into the pharmacy). You may take Extra-Strength Tylenol (Acetaminophen) for less severe pain. Do not take NSAID's (see above) for 24 hours after surgery.
- It is normal to have secretions or small amounts of blood oozing from your eye after the patch is removed. The eyelids may become stuck together. Use a warm clean washcloth to loosen and remove any dried blood from the eyelids.
- Your eye will appear very red. This redness may last for 6-8 weeks after surgery, but will steady improve.
- It is normal for the vision to be mildly to moderately blurry in the operative eye for first 3-4 weeks after surgery.
- It is normal for your eye to feel light-sensitive. Sunglasses may provide relief.
- Call our office if you experience increasing redness, discharge, and swelling around your eye during the first few weeks after surgery.
- You may not resume contact lens wear until at least 4 weeks after surgery, once you have completed your ointment and your eye is no longer red. Discontinue contact lens wear if you experience any discomfort.
- Do not exercise for 24 hours after surgery. After that, if you feel up to it, you may engage in aerobic exercise, such as running, biking, and elliptical, or other exercise and activities that do not involve lifting heavy weights, such as golf and yoga. Refrain from weight-lifting with machines and free weights, or lifting of heavy items such as furniture for 2 weeks after surgery.

POSTOPERATIVE *continued*

- You may take normal showers or baths, but keep your eyes closed and do not let water or soap get into your eyes for 2 weeks after surgery.
- Do not swim, surf, or go to the beach for 2 weeks after surgery. The beach poses a significant infection risk.
- Avoid for 2 weeks situations where dust or other particulate matter could blow into your eyes.
- Do not operate a motor vehicle until your patch is removed the day after surgery, provided you feel safe to do so.
- You may resume a normal diet after surgery, but limit alcohol intake the first night since residual sedation may still be active.
- It is critical that you follow-up for your scheduled postoperative exams.