

## Selective Laser Trabeculoplasty

If you have difficulty reading this leaflet, please ask us to send you a copy in a larger print size.

If your first language is not English, we can arrange for an interpreter to be available. Please let us know in advance if you require this service.

### What is Selective Laser Trabeculoplasty (SLT)?

Selective Laser Trabeculoplasty (SLT) is a laser treatment offered to patients who have the conditions of Open Angle Glaucoma or Ocular Hypertension, where the pressure of the fluid that sits behind the cornea is too high. This pressure is referred to as the Intra-Ocular Pressure (IOP). SLT targets a structure in your eye that drains fluid to maintain your eye pressure. The treatment works by increasing the outflow of fluid and so reducing your IOP.

SLT is a newer treatment that is often used instead of pressure reducing eye drops as an initial glaucoma treatment, or it can be used when eye drops are no longer working or tolerated easily. Please note that the reduction in your eye pressure can take up to eight weeks to take effect and that the pressure lowering effect is not permanent.

### Why would I need this procedure?

Glaucoma generally causes the loss of your peripheral vision, and the symptoms may not become noticeable until vision loss is quite advanced. If the ophthalmologist's assessment shows that you are at risk of sight loss, or you have confirmed loss of peripheral vision on a Visual Field test, they will recommend starting treatment to lower the eye pressure straight away. SLT is one method to reduce the eye pressure.

**Unfortunately almost all glaucoma treatment, including SLT, will not bring lost vision back or stop glaucoma completely, but it can slow glaucoma progression.**

### What can I expect on the day?

- **Please do not drive to your appointment.** You should arrange for transport home as your vision will have been affected and you will not be safe to drive home yourself.
- Bring any drops and medication that you are currently taking with you in case amendments need to be made.
- The SLT procedure is performed in the Outpatients Department. We routinely apply pressure lowering eye drops and another drop to constrict your pupil just before the treatment, to reduce the risk of complications.
- Anaesthetic eye drops will then be used to numb any sensation and a lens will be placed directly onto the front of your eye to focus the laser beam. When the procedure starts, you may notice flashes of lights and hear clicking noises.
- **We ask you to wait for 30-45 minutes after treatment** so that we can re-check your eye pressures, and we will give you a prescription for anti-inflammatory eye drops to use for the next five days afterwards.

## What are the expected benefits of treatment?

Daily pressure lowering eye drops are the mainstay of glaucoma treatment. The main benefit of SLT is the ability to reduce the dependence on these drops for a limited period of time, thus giving respite during the time of its action.

When SLT has been used as a first line treatment, it can reduce your eye pressures by between 20-30%. In about 75% of patients beginning with SLT treatment, eye pressures have been controlled for up to three years without drops or with minimal drops.

The SLT procedure is repeatable so if the effect of laser wears off over time, we can use laser again to slow glaucoma progression but the effect of repeated SLT may diminish over time. SLT can still have a good effect on eye pressures for those who have been taking glaucoma drops, but improvements in eye pressure can be slower to achieve and the results may be modest.

## What are the potential risks and side effects?

SLT rarely has side effects and the possible risks of SLT will be explained to you by the ophthalmologist before your consent for the treatment is obtained. Expect your vision to be slightly blurred after SLT, though this usually settles within a few hours.

Should you be concerned that your vision is not returning to normal, please use the contact numbers on this information leaflet to get in touch. You could experience mild light sensitivity for two to three days after the procedure.

Rarely, eye pressure can rise immediately after SLT treatment; this is often referred to as a pressure 'spike' and the eye can become inflamed. To reduce the risk of this, we put in drops before the procedure to lower your eye pressure, and we may prescribe anti-inflammatory drops and occasionally extra glaucoma drops, for the days after your treatment. Should your condition not improve with medical treatment, surgery may be indicated.

## How will I feel afterwards/ what should I do when I go home?

While the vision is affected, you should not drive and so it is advisable to make other arrangements for getting home after having SLT. The eye can be a little uncomfortable afterwards, so please use the after-care medication as directed. You may resume normal activity once your vision has returned, but avoid strenuous exercise for about a week.

## What are the alternatives?

Ongoing eye drops are the mainstay of glaucoma treatment and remains an alternative to SLT. In more severe cases, or with patients who have not responded to the other treatments available, surgery can be considered to lower the eye pressure. Your ophthalmologist will advise you if surgery is indicated in your case.

## Will I have to come back to hospital?

Your ophthalmologist will decide your follow-up. Generally, this will be between six to eight weeks to check that your eye pressures are better and decide if a repeat treatment is required.

## When can I return to work?

While the vision is blurred it is reasonable to take time off work, but patients should not require more than the day off work after the procedure itself.

## Consent (Giving your permission)

The staff caring for you will seek your permission to perform a particular treatment or investigation. You will be asked to sign a consent form that says you have agreed to the treatment and that you understand the benefits, risks, and alternatives. If there is anything you don't understand or if you need more time to think about it, please tell the staff caring for you. Remember, it is your decision. You can change your mind at any time, even if you have signed the consent form. Let staff know immediately if you change your mind. Your wishes will be respected at all times.

## What should I do if I have a problem?

If you need urgent advice about your eye(s) following laser treatment, you can contact our Eye Emergencies telephone line on 0300 131 4500 extension 771744 (Mondays to Fridays between 09:00am and 5:00pm). During evenings, weekends and bank holidays, call 0300 131 4500 and ask to speak to the on-call eye doctor.

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact the Patient Experience Team – on 0300 131 4731 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

**Tel: 0300 131 4434 Email: [esh-tr.accessibleinformation@nhs.net](mailto:esh-tr.accessibleinformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

Reviewed by: Paul Russell (Ophthalmology Staff Nurse)

The directorate group that have agreed this patient information leaflet:  
Ophthalmology Department, Diagnostic, Anaesthetic and Surgery division (DAS)

The following clinicians have been consulted and agreed this patient information:  
Mr. Ashkan Khalili, Consultant Ophthalmologist; Mr. Pantelis Ioannidis, Consultant Ophthalmologist; Mr. Saruban Pasu, Consultant Ophthalmologist; Matron Tracy Daniel, Eye Outpatients Bexhill; Matron Lisa Warner, Eye Outpatients EDGH, Eastbourne.

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