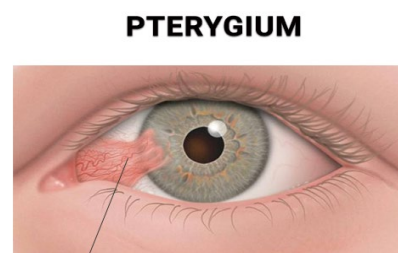


## Pterygium

### What is a Pterygium?

Pterygium (pronounced tur-ij-ee-um) is a benign growth which is usually a triangular or wedge shape growth of the conjunctival tissue on the cornea (the thin filmy membrane that covers the white part of the eye, the sclera) onto the cornea (the clear front window of the eye).



Abnormal growth  
of the conjunctiva  
on the cornea

### What causes a Pterygium?

A Pterygium usually develops in individuals who have been living in hot, dry climates particularly near the equator. Pterygium is also linked to individuals with high ultraviolet (UV) light exposure; to chronic irritation from dust and wind; also, people that tend to have worked outdoors for many years, or people who spend a significant amount of time in water sports (surfing or fishing).

### What are the symptoms of a Pterygium?

Symptoms of a Pterygium include:

- Redness of the eye
- Discomfort of the eye (dry or gritty sensation)
- Reduced or blurred vision.
- Visual disturbances (by disrupting the usually smooth surface of the cornea, and it may cause a change in glasses prescription)

In severe cases, a Pterygium can grow onto the central part of the cornea over the pupil and block your vision altogether.

Some patients do not have any symptoms, apart from being aware of a change in appearance of the eye.

### Will I need treatment for a Pterygium?

Treatment is only required if you are experiencing any of the symptoms (mentioned in the above section) related to the Pterygium.

Treatment options that are available for Pterygium:

- Lubricating eye drops (usually used for dry eye symptoms), which can help reduce discomfort associated with the growth of the Pterygium.
- Steroid eye drops
- Surgery

## How to prevent a Pterygium?

The best way to prevent Pterygium and avoid recurrences is to limit eye exposure to those environmental factors that cause them in the first place, e.g. wind, dust or sun. The best way to prevent this is to:

- Wear sunglasses (UV 400 rated sunglasses or wrap-around sunglasses)
- Wear eye protection in dusty conditions
- Apply artificial tears in dry conditions

## Do I have to have surgery?

You do not have to have surgery due to the appearance of the Pterygium, or you are not experiencing any of the symptoms from it.

Occasionally the Pterygium can become larger over time, this is when the symptoms (mentioned in the 'What are the symptoms of a Pterygium?') may occur, if the Pterygium is affecting your vision, then this is the time for surgery.

## What does surgery involve?

The operation is done under topical (eye drops) / local anaesthetic (injection), as a day case in the operating theatre. You are awake. There will be a drape and the eyelids are held open with an eye speculum.

The surgery consists of 2 key steps:

- Removal of the Pterygium - the Pterygium is carefully removed from the cornea and the sclera (white of the eye), which generally leaves a bare patch of the sclera. A graft is then taken from another site in the same eye and grafted to cover the exposed site.
- Conjunctival Autograft - the graft can be stuck down by using fibrin glue (called 'tissel glue'), or absorbable sutures that fall off or are absorbed within a few weeks. The cornea is often left to heal by itself, or a bandage contact lens is placed onto the cornea to provide comfort.

The operation can take approximate 30 minutes to an hour to do, depending on the severity of the Pterygium.

## What can happen after surgery?

- You may have either a pad or shield to protect the eye, which is taped on. This is usually keep on until the following morning.
- You will be given a course of antibiotic eye drops to take home with you - this is to prevent infection.
- You will be given discharge information including details of who to contact if there is a query. A leaflet will be given.
- You are usually able to leave 20-30 minutes after your surgery.

## What should I expect and feel, after the Pterygium surgery?

- Pain – this should settle within a few days with painkillers (take regular analgesia e.g. paracetamol, Ibuprofen, co-codamol)
- Redness - the eye may look redder for 2 to 3 weeks after surgery but will gradually improve with time.
- Infection – you will be prescribed antibiotic eye drops to use after the operation, the risk of infection is less than 1 in a 1000.

- Inflammation – you will be prescribed steroid eye drops to help control any inflammation after the surgery
- Bandage contact lens - you may have a bandage contact lens in place to protect your cornea, this is to be left in place until you see the surgeon in your follow up clinic appointment. If the bandage contact lens comes out (**DO NOT** attempt to place it back on the cornea yourself), contact the triage team to arrange an appointment.
- Lubricating eye drops - you may still need to use lubricating eye drops as the surface of the cornea may still not be a completely smooth surface.

### **What are the potential risks and side effects of having Pterygium surgery?**

- Recurrence – the Pterygium could come back again (1 in 10 cases). Much less common with modern surgery but is occasionally troublesome. Re-operation may be possible.
- Infection
- Bleeding
- Loss of sight (<1 in 1000)
- Change in your vision/prescription - this may cause a change in prescription (especially if the Pterygium is large) . There is usually a faint corneal scar in the area where the Pterygium was removed, but this does not usually affect your vision.

### **Do I need to take time off work or driving?**

Most patients take one week off work, but if you work in a dusty environment you may need to stay away from work for longer. Please ask on the day of surgery if you need a fit to work certificate.

It is recommended not to drive for the first week after surgery.

### **Will I have to come back to hospital?**

You will have a follow up appointment a week later with the surgeon/consultant, they will then check everything, and if required, may change your post-operative eye drop regime

### **Consent**

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

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

If you develop any of the symptoms featured in this leaflet, or need urgent advice about your eye(s), please telephone (in the information please provide your hospital 'X' number (if known), Name, Date of Birth and a contact telephone number) :

Main telephone number: 0300 131 4500

Triage Nurse: Ext. 771744 during 09.00 to 17.00

For Out of Hours contact you may leave an answerphone message on the telephone numbers above, and a member of staff will contact you the next working day. Otherwise, if you feel you need to be seen urgently, please attend your local Accident and Emergency Department or call 0300 131 4500 and ask for the On-Call Eye Doctor.

### **Sources of information**

Imperial College Healthcare NHS Trust (11/2023), Pterygium and Surgery – Information for Patients, relatives and Carers.

## 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 4784 or [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net).

## Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside 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

The following clinicians have been consulted and agreed this patient information:

Mr Manuel Saldana (Consultant Ophthalmologist, Oculoplastic)

Mr Pantelis Ioannidis (Consultant Ophthalmologist (Corneal) and Ophthalmology Clinical Lead)

The directorate group that have agreed this patient information leaflet:

Diagnostic, Anaesthetic and Surgery - Ophthalmology Department

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