



## **Trabeculectomy**

- Also called filtering surgery
- The most common form of surgery for glaucoma, highly successful in routine patients
- Outpatient, done under local anesthesia
- The surgery is not painful
- Creates a new drain out of the wall of the eye under the upper lid, covered by the conjunctiva (skin of the eye), bypassing the existing clogged drainage system
- The conjunctiva is lifted up and a partial-thickness flap like a trap door is made out of the sclera, the white of the eye
- An opening is made under the flap and a piece of the trabecular meshwork (the natural drain) is removed
- An opening is made in the iris, the colored part of the eye, called an iridectomy
- No foreign material is implanted
- The flap is then sewn down closed with releasable sutures (stitches)
- The conjunctiva is then sewn back together with dissolving sutures
- The area around the flap under the conjunctiva will become a bypass for fluid drainage and serve as a reservoir for the soft tissue and bloodstream of the eye to absorb the fluid
- An eye patch and a plastic shield are placed over the eye which are removed the next day in the office

## **Postoperative expectations**

- It is normal for the eye to be a little blurry, scratchy and teary, but not painful

- Trabeculectomy does not improve vision; it is done to lower the eye pressure to prevent or slow the glaucoma damage
- The vision may fluctuate for several weeks
- There are postoperative visits typically at day 1, week 1, 2, 3, 4, 6, 8 and 12
- There are very frequent postoperative eye drops needed for several weeks after the surgery
- If these drops are not used as frequently as prescribed, the surgery may scar down and fail
- The ability to drive the next day depends most on how well the other eye sees and how much glaucoma damage it has. Most patients return to driving quickly
- It is important to be on light activity with no bending or lifting for 2-3 weeks. Some exercise such as walking or riding an exercise bike may be permitted
- Sleeping with the eye shield for 4 weeks help protect from pressing on the eye during sleep
- It is extremely important not to rub the eye
- The releasable sutures can be removed easily in the office to lower the eye pressure as needed. Most patients need at least one suture removed.
- The patient does not feel the sutures being removed.
- There is no way to adjust the pressure exactly either during or after surgery as you would adjust a thermostat. The frequent postoperative visits help adjust your eye pressure so that it does not go too high or too low
- Long term, if the patient lifts the upper eyelid, the patient will see a white blister called the bleb, which is the reservoir for the new drain
- Some patients have swelling or drooping of the upper eyelid after surgery; sometimes this can be permanent
- Trabeculectomy may not last a lifetime and may need to be supplemented with eye drops or to be repeated in the future
- Your doctor can discuss your individual risks and benefits with you