

This leaflet is intended to provide you with general information. It is not a substitute for advice from your ophthalmologist. You are encouraged to discuss the benefits and risks of treatment with your ophthalmologist. This is an abridged version of the RANZCO patient education pamphlet: Surgical treatment of a pterygium – a guide for patients. The complete pamphlet is available from your ophthalmologist.

A pterygium is a wedge-shaped growth of thickened tissue that crosses the junction of the white part and coloured part of the eye. Typically, a pterygium starts growing near the inside corner of the eye. It is not a cancer and will not develop into cancer. Composed of conjunctival tissue, a pterygium may:

- grow large enough to cover the pupil, which can blur or obstruct vision
- cause irritation, tearing and discomfort
- interfere with the comfortable wearing of contact lenses
- pull on the cornea and distort its shape, causing astigmatism which can reduce vision
- look red and unattractive.

In these cases, the pterygium may have to be surgically removed.

The exact cause of a pterygium is not known. Exposure to ultraviolet rays from the sun is thought to play a major role. Risk factors include:

- spending a lot of time in the sun without sunglasses and a hat; this lack of eye protection is believed to be the major cause of pterygium
- living in a tropical environment
- working outdoors.

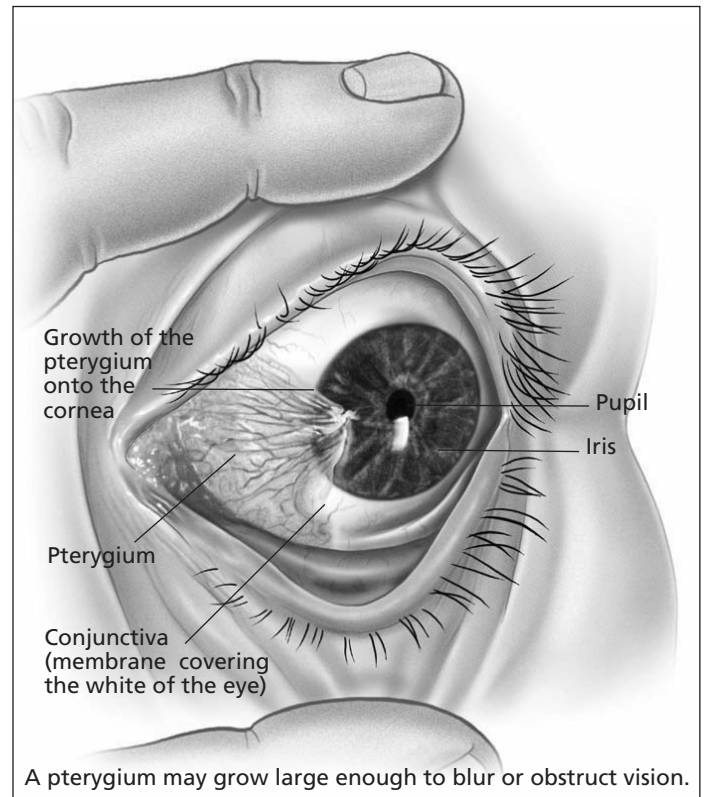
## Your medical history

Your ophthalmologist needs to know your medical history to plan the best treatment for you. Tell your ophthalmologist about health problems you have. Some may interfere with surgery, anaesthesia, recovery and medical treatment following recovery.

## A decision to have surgery

As you make the decision whether to have surgery, make sure that you understand the risks, benefits and limitations of surgery. If you do not have surgery, your symptoms and condition may continue to worsen.

Only you can decide if surgery is right for you. If you have any questions, ask your ophthalmologist.



## Anaesthesia

Pterygium surgery is performed under local anaesthetic. Eye drops are placed on the surface of the eye, and an injection may be given near the eye to numb the area.

## The procedure

Your ophthalmologist will make a small cut in the conjunctiva surrounding the pterygium. The pterygium is lifted upwards so it is clear of the cornea. The lower end of the pterygium is cut so that the entire growth can be removed.

To reduce the risk of pterygium regrowth, your ophthalmologist may supplement the operation with the following:

- Conjunctival autograft – a small portion of the conjunctiva is taken from under the upper eyelid and attached to the site of the excised pterygium; this technique has the highest success rate and least risk.
- In select patients, rarely used treatment options are beta radiation (a small amount of radiation is applied to the site to suppress the regrowth of any remaining cells) or Mitomycin C (a special medicine is applied to the eye to suppress the regrowth of abnormal cells). Both treatments have significant risks of sight-threatening complications.

## Possible risks and complications

Pterygium surgery is safe and effective, but does have risks of complications. These are more fully outlined in the complete RANZCO patient education pamphlet and should be discussed with your ophthalmologist.