What are the risks of trabeculectomy?
Like any surgery, trabeculectomy has risks of problems or complications. Here are some of those risks:

- Scarring in or on the eyeball
- Infection
- Bleeding in the eye
- Too much fluid leaves the eye causing eye pressure to be too low
- Cataract (when the naturally clear lens in your eye gets cloudy)
- Vision loss
- Need for a second glaucoma surgery

Tell your ophthalmologist if you take aspirin or blood thinners. These can lead to bleeding problems with surgery.

**Call your ophthalmologist immediately if your eye is red, painful or just does not feel right.** This could be a sign of infection and it must be treated right away. With a bleb in your eye, you will always have a higher risk of damage from eye infections.

Your ophthalmologist will talk with you about the risks and benefits of trabeculectomy for your glaucoma.

Summary
Trabeculectomy is a type of surgery to treat glaucoma. With glaucoma, fluid does not drain properly from the front of the eye. Pressure builds in the eye, which damages the optic nerve.

Trabeculectomy creates a new way for aqueous humor to drain from the eye. This helps reduce eye pressure.

If you have any questions about your eyes or your vision, speak with your ophthalmologist. He or she is committed to protecting your sight.
What is a trabeculectomy?

Trabeculectomy (also called "glaucoma filtration surgery") is eye surgery that treats glaucoma.

With glaucoma, fluid called aqueous humor does not drain properly from the front of the eye. Pressure builds in the eye, which damages the optic nerve. If it is not treated, glaucoma leads to blindness. Sometimes eyedrop medications and laser treatment do not lower eye pressure enough. That is when your ophthalmologist may recommend surgery.

Trabeculectomy creates a new way for aqueous humor to drain from the eye. This helps reduce eye pressure.

No treatment can fix damage already done to the optic nerve. But trabeculectomy can help prevent further damage from glaucoma.

Eye Words to Know

**Optic nerve**: A nerve at the back of your eye that connects to your brain. The optic nerve sends light signals to your brain so you can see.

**Aqueous humor**: Clear liquid inside the front part of our eyes. It nourishes the eye and gives the eyeball shape. (Aqueous is different from tears.)

**Drainage angle**: The area of the eye where the aqueous humor drains from the front of the eye.

**Sclera**: The white part of your eye.

**Conjunctiva**: Clear tissue covering the white part of your eye and the inside of your eyelids.

How is trabeculectomy performed?

Trabeculectomy is done in an outpatient surgery center or a hospital. The procedure usually takes about an hour or less. Here is what happens:

- You will be given anesthesia to numb your eye area and medicine to help you relax.
- Your eye surgeon will create a tiny flap in the sclera (white of your eye). He or she will also create a bubble (like a pocket) in the conjunctiva. This is called a filtration bleb. It is usually hidden under the upper eyelid and cannot be seen. Aqueous humor will be able to drain out of the eye through the flap and into the bleb. In the bleb, the fluid is absorbed naturally by your body, lowering eye pressure.

- Your surgeon may remove a small piece of the iris (the colored part of your eye) to keep the new pathway open. This procedure is called an iridectomy.

- After the procedure, you may have a patch put on your eye to wear overnight. Plan to have someone drive you home after the surgery. Your vision may be blurry for several weeks. You may also need a new eyeglass or contact lens prescription once your eye heals (usually in 6–8 weeks).

- Your ophthalmologist will prescribe medicines to take for several weeks after the procedure. These medicines help prevent infection, discomfort and scarring from the surgery. If the bleb scars, your surgery will not be successful and eye pressure will rise again.

- You should not bend over, strain or lift heavy objects as you recover. Your eye doctor will give you specific instructions and tell you when you can do these things again.

- For a few weeks after surgery you will need to see your ophthalmologist often for follow-up care.