

Patient Information Leaflet for PreserFlo Microshunt

Your surgeon has suggested that you would benefit from the PreserFlo Microshunt procedure to manage your glaucoma. The PreserFlo Microshunt technique that is being offered to you is a new technique. We are offering it to you because it is less invasive than the traditional Trabeculectomy surgery with less recovery time. It also has similar success rate in selected cases after 3 years.

It may be decided to combine this procedure with cataract surgery. Please see the cataract surgery leaflet for further information about this procedure.

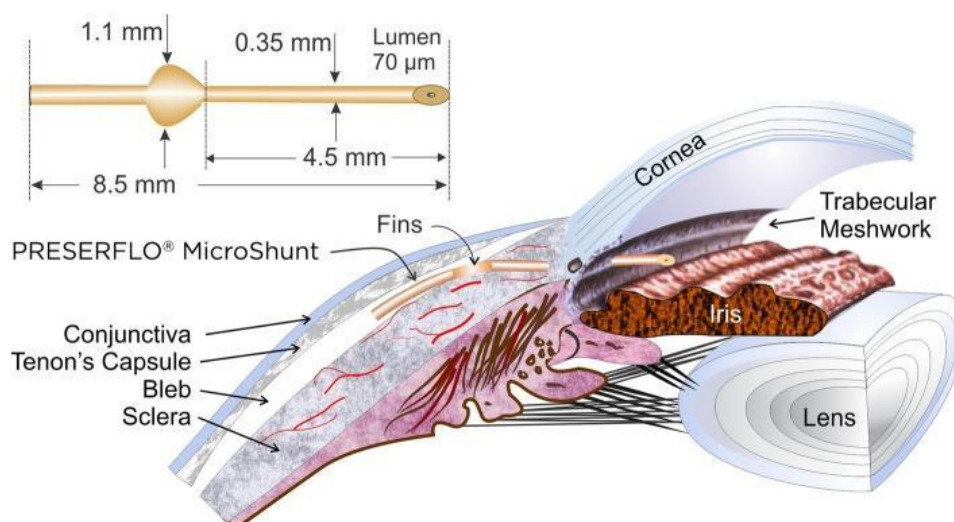
What is Glaucoma?

Glaucoma is a condition of the eye where increased pressure within the eye causes damage to the optic nerve that allows you to see. This can then lead to some loss of vision. You may not know that you have glaucoma until you have lost a lot of your sight, as there are usually no known early warning symptoms.

Glaucoma is treated by lowering the pressure within the eye. PreserFlo Microshunt has been recommended for you as other options to lower pressure and therefore stabilise your glaucoma have not been successful enough.

What is a PreserFlo Microshunt?

PreserFlo Microshunt is an 8 millimetre long tube that is inserted into the eye to help lower eye pressure in the eye and reduce the need for medication. It allows an alternate route for the fluid in the eye to drain to a small area below your eyelid. This forms a little elevated area called a bleb. The fluid from this bleb is then gradually absorbed by the bloodstream.



PreserFlo Microshunt is not known to cause an allergic reaction or be rejected by the body and is not known to disappear or disintegrate with time. As it is not metallic, it is safe if you need to have an MRI or CT scan.

Why do I need it?

The PreserFlo Microshunt is aiming to reduce the pressure inside the eye and therefore prevent or slow down further damage to the optic nerve. It will not cure your glaucoma and will not help with any existing vision problems. However, by lowering the pressure, it helps to prevent any further vision loss.

How is the procedure done?

The procedure is usually performed under a local anaesthetic. Your eye will be numbed with eye drops and then a small injection will be given around your eye. The injection may cause a pressure sensation and brief discomfort. The local anaesthetic takes several hours to wear off and may affect your vision during this time.

The procedure is likely to take no more than 35 – 45 minutes. If you wish to be fully asleep throughout you can ask for a sedative drug or a general anaesthetic, but this will need to be discussed before the day of procedure.

An anti-scarring medication called mitomycin C will be applied to improve the long-term success of the procedure. The thin skin-like membrane covering the white of your eye (conjunctiva) will be opened and the PreserFlo Microshunt is inserted inside your eye. The conjunctiva will be closed with one or two stitches. These stitches may either be removed in clinic or, in some cases, dissolve by themselves.

Are there any complications of the procedure?

Serious complications are uncommon however;

- You could have a small amount of bleeding inside your eye. If this happens, your vision could be blurred for few weeks.
- The effect of the PreserFlo Microshunt may wear off with time. This is most often due to scarring around where it is inserted. We do not have enough data to suggest the likelihood of this with PreserFlo Microshunt but we know that it can happen in up to 40% of cases after 5 years in Trabeculectomy surgery. We can usually try to remove the scarring around the PreserFlo Microshunt by doing a procedure called Needling. However, this further procedure is not guaranteed to be successful if you have dense scarring. If this happens, you will need to restart your glaucoma medications or have further procedures to control your eye pressure, which would usually be an aqueous shunt.

What are the risks of the procedure?

- There is a very rare life-long risk of infection after the PreserFlo Microshunt procedure due to the creation of a bleb, which in very rare cases may cause blindness.
- There is a small risk that the shunt might move from its location or become exposed and need to be fixed by doing another procedure.
- There is a low risk of low pressure after the PreserFlo Microshunt procedure, which is less than that after Trabeculectomy (about 15% of cases) and if that happens, you may need a further procedure to fix this.

How should I prepare for the procedure?

Before your procedure you will be asked to attend a pre-operative assessment appointment to check you are fit for the procedure and anaesthetic.

Please continue to use any eye drops and tablets for your glaucoma as prescribed, unless directed otherwise by your ophthalmologist.

If you take any blood thinning medication (e.g Warfarin) or have had bleeding problems in the past please discuss this with your ophthalmologist before the procedure.

What happens after the procedure?

You can go home when you feel ready. Your eye will be covered by a protective plastic shield which you can take off the morning after the procedure. You don't need to put drops in your eye until after the shield has been taken off.

The morning after your procedure you can take the shield off and gently bathe the eye with the solution provided by the nurse. You can then start the post-operative drops.

We will usually see you in the eye clinic the day after the surgery and then we will need to see you frequently for the first three months after that. A follow-up appointment will be arranged with you prior to you leaving.

What about my medication?

If you are using drops in the other eye you should continue to do so unless told otherwise

Please stop your normal glaucoma drops in the treated eye so we can assess the effect of the PreserFlo Microshunt. You may be asked to restart the drops later, depending on the pressure in your eye after the procedure.

You will need to use two different drops in your treated eye to help it recover from the procedure. These are an antibiotic and a steroid. You will need to use these for about 3 months after your procedure.

Are there alternatives to this procedure?

Generally speaking, there are three ways to lower the pressure inside the eye on a long-term basis: eye drops, lasers and surgery.

You may already be using eye drops, but they did not lower the eye pressure enough, you are getting side-effects, or you find it difficult to use the drops. The procedure is used when eye drops and lasers have not worked or are not suitable.

Is the procedure guaranteed to work?

A three-year outcome study has reported a 60% fall in the eye pressure as well as a significant reduction in the number of eye drops a patients needs to take.

The success rate in reducing the eye pressure by 50% with PreserFlo Microshunt varies between 80% to 90% after 3 years. However, we don't have long term studies showing the success rate after this time point.

What if I don't want the procedure?

You may be suitable for a laser procedure, or you may need more eye drops. However, this may not control your glaucoma and your vision may continue to get worse.

How should I look after my eye after the procedure?

- You must not rub or press on the eye after surgery. To help stop this happening while you are asleep, you should wear the plastic shield at night for the first week after surgery.
- You can read, watch TV & use a computer as normal.
- Do not drive until your Ophthalmologist says it is OK to do so.
- Most people need 1-2 weeks off work after the procedure.
- Keep the eye dry for 2 weeks. This is to reduce the chance of infection.
- Please wear goggles if swimming after complete healing of your procedure (which usually takes about 3 months).
- It is safe to fly after the procedure, however you will need to be seen a number of times by your surgeon in the first 3 months.

If you have any further questions or would like to discuss any of the contents on this leaflet, please contact the Eye care department on:

Telephone - **01270 612209** or **01270 613383**

Monday-Friday 08:00-18:00

This leaflet is available in Audio, Braille, Large print and other Languages. To request a copy, please telephone 01270 273387