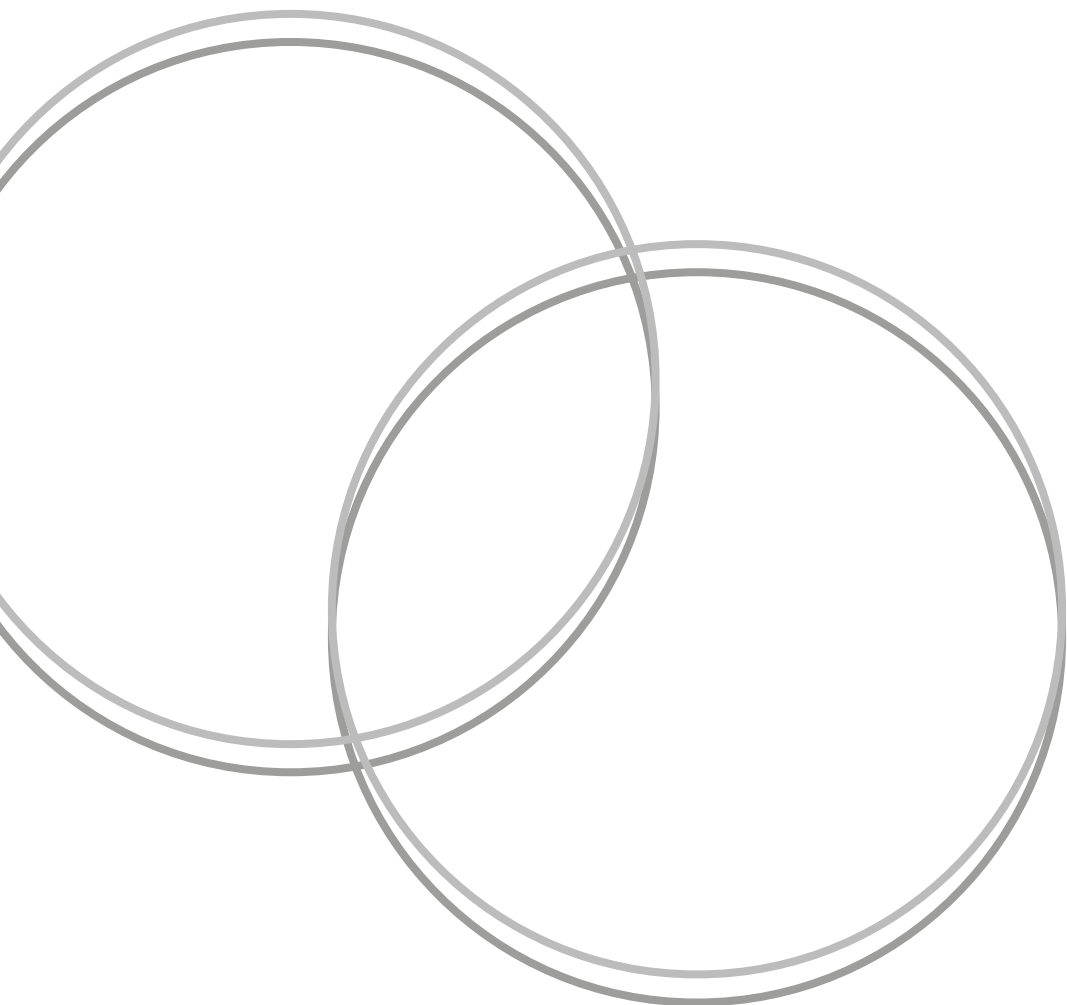




Oxford University Hospitals
NHS Foundation Trust

Pterygium

Information for patients



This leaflet explains what a pterygium is, what symptoms it can cause, and the different ways it can be treated. If you have any questions, please ask your doctor or nurse.

What is a pterygium?

A pterygium (pronounced teh-RIJ-ee-um) is a raised, fleshy, wedge-shaped growth of tissue that develops on the surface of the eye (see *Figure 1 on page 7*). It comes from the conjunctiva, which is the clear skin covering the white of the eye, and slowly grows across the cornea, the clear window at the front of the eye. The growth is benign, which means it is not cancerous. In most cases, it starts at the side of the eye closest to the nose. It usually grows very slowly, but in severe cases it can reach across the cornea and cover the pupil. A pterygium can affect one or both eyes. A related condition called a pinguecula, which appears as a small yellow patch on the white part of the eye, is common and usually does not need any treatment.

What causes a pterygium?

Pterygium is more common in people who live in hot, dry climates, especially near the equator. It is linked to long-term exposure to ultraviolet (UV) light from the sun, as well as irritation from wind and dust. Protecting your eyes with sunglasses and hats can help lower the risk.

What are the symptoms?

Some people with a pterygium do not notice any symptoms other than the appearance of a growth on the eye. Others may experience redness, dryness, or a gritty sensation, as though something is in the eye. In some cases, the pterygium can reduce or blur vision by altering the shape of the cornea, or by physically blocking the line of sight if it grows large enough.

How is it diagnosed?

A pterygium is usually diagnosed during a routine eye examination. Your optician or eye doctor may use a slit lamp, which is a special microscope, to look more closely at the surface of your eye.

Do I need treatment?

Not all pterygia require treatment. Many grow a short distance onto the cornea and then stop. If the pterygium is small and not causing discomfort or vision problems, it can usually be left alone. When symptoms such as dryness or irritation occur, lubricating eye drops can often help. Anti-inflammatory drops, such as mild steroids, may also be used for short periods if the eye is very red or inflamed. These drops do not remove the pterygium but can make the eye more comfortable. The only way to remove a pterygium completely is with surgery.

Pterygium treatment options

Treatment depends on how severe your symptoms are and how much the pterygium is affecting your eye. Options include:

- **Lubricating (artificial tear) drops** – to relieve dryness, irritation and the gritty feeling.
- **Steroid drops** – to reduce redness and inflammation for short periods.
- **Surgery** – the only way to remove the pterygium completely. This is usually considered if the growth is large, causing symptoms, affecting vision, or if you are unhappy with how it looks.

What does surgery involve?

During surgery the pterygium is carefully removed from the surface of the eye. To reduce the chance of it growing back, a small piece of healthy conjunctiva is taken from under the upper eyelid and placed over the area where the pterygium was removed. This is called a conjunctival autograft. The graft is secured with dissolving stitches, special glue, or a combination of both (see *Figure 2 on page 7*). In some cases, particularly when the pterygium is large or has grown back after previous surgery, a medication called Mitomycin C may also be applied to reduce scarring and the risk of recurrence.

The operation is normally carried out under local anaesthetic, which means your eye will be numbed with drops or a small injection. Some patients also have sedation to help them feel more relaxed. General anaesthetic, where you are fully asleep, is less commonly needed.

What are the benefits of surgery?

The main benefit of surgery is that it removes the pterygium completely. This usually improves the appearance of the eye, which many people find reassuring. Surgery can also relieve symptoms such as redness, dryness and irritation. If the pterygium has affected your vision, removing it can improve how clearly you see. In some cases, the shape of the cornea becomes more regular after surgery, which may also improve your glasses prescription.

What are the risks of surgery?

Pterygium surgery is generally very successful, but like all operations it carries some risks. These include:

- **Recurrence** – the pterygium can grow back. This happens in about one in ten people and may need further surgery.
- **Infection** – this is uncommon and the risk is reduced by using antibiotic drops after surgery.
- **Change in glasses prescription** – if the pterygium was large, removing it can improve the shape of the cornea. This sometimes means you will need new glasses. A faint scar may remain, but this usually does not affect vision.
- **Persistent inflammation** – sometimes the area of surgery remains inflamed for longer, which may mean you need to use steroid drops for several weeks or months.
- **Graft problems** – in a small number of people, the graft may not fully heal or may loosen. This might require further treatment.
- **Rare risks** – with very large pterygia or repeat surgery, there is a small risk of damage to the surface or muscles of the eye. This can lead to double vision or, in rare cases, permanent sight loss.
- **High eye pressure from steroid drops (uncommon)** – Steroid drops are needed to help reduce inflammation, but they can sometimes raise eye pressure. Very rarely this can contribute to glaucoma. It's usually picked up at follow-up and can usually be managed by adjusting drops or adding pressure-lowering drops.

What happens after surgery?

After the operation, your eye will usually be covered with a protective pad until the next day. You will go home on the same day, as this is a day case procedure. You will be given antibiotic and steroid drops to use for several weeks, usually up to a few months after surgery, to reduce the risk of infection and control inflammation.

Your eye is likely to feel painful and sensitive to light for the first few days, and then scratchy or irritated for a week or two. Painkillers such as paracetamol or ibuprofen can help. The eye will be red and swollen over the surgical area for several weeks, and it can take up to about three months to settle fully. Vision may be slightly blurred at first but usually improves quickly. Most people take about a week off work, though if you work in a dusty environment you may need longer. You should check with your doctor before driving again, as this depends on your vision.

You will usually have a follow-up appointment in clinic a few weeks after surgery to check that the eye is healing well.

Contacting us

If you have a minor eye problem, please seek advice from your GP, optician or pharmacist.

Call our specialist telephone triage number if you need URGENT help or advice or if you notice:

- Redness and/or swelling of your eye lids and/or eyeball
- Any loss of sight
- Intense pain

Tel: **01865 234 567 option 1** followed by **option 1**

Monday to Friday 8:30am - 4:30pm

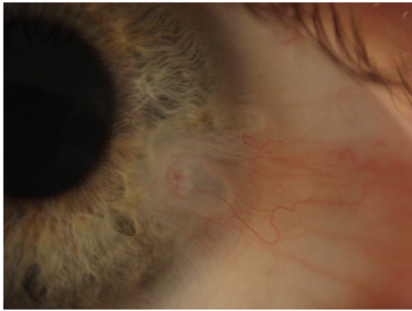
Saturday and Sunday 8:30am - 3:30pm (including Bank Holidays)

You will be able to speak to an ophthalmic health professional who will advise you.

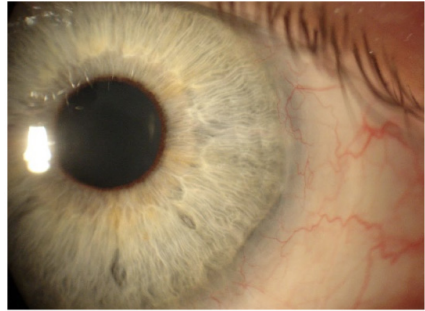
If you need advice out of hours, please phone **NHS 111** or your out of hours GP practice.

Further information: **NHS Website** www.nhs.uk

Figure 1 – appearance of a pterygium before and after surgery

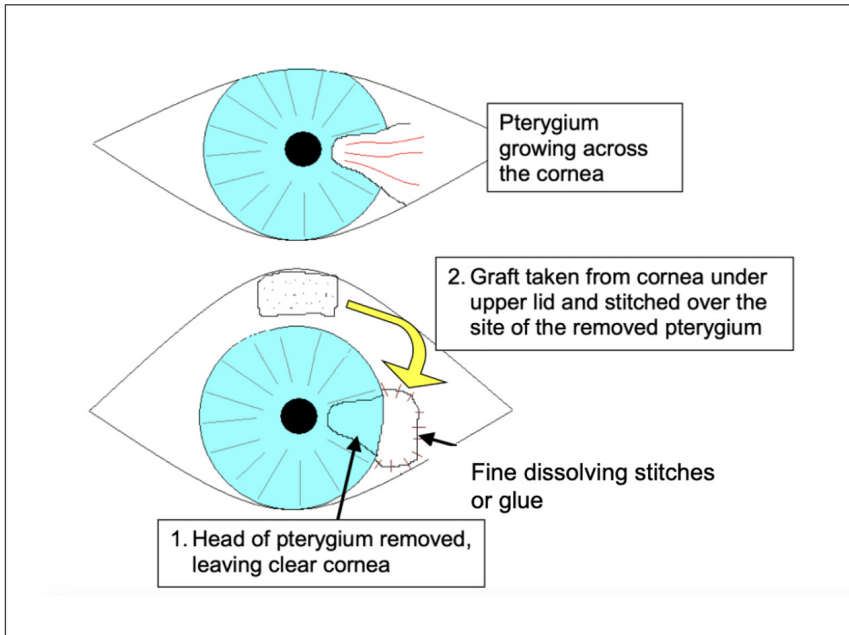


Before surgery



After surgery

Figure 2 – Pterygium surgery



Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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