

## Excision of Pterygium Operative Note

Patient Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Date Of Procedure: \_\_\_\_\_

Surgeon: Gagan J. Singh, M.D.

Pre-Operative Diagnosis: Visually Significant Pterygium RIGHT / LEFT eye.

Post-Operative Diagnosis: Visually Significant Pterygium RIGHT / LEFT eye.

Operation:

- 1) Excision of pterygium with adjunctive mitomycin-C 0.02%, RIGHT / LEFT eye, nasal.
- 2) Placement of amniotic graft

Anesthesia: Local with IV sedation.

Procedure: The patient had a progressive pterygium in the affected eye approaching in the central visual axis. The patient elected to have it excised due to increased irritation and blurred vision. Local anesthesia was achieved by peribulbar injections of 2% lidocaine and an O'Brien lid block with 2% lidocaine. The eye was prepped and draped in the usual sterile manner.

A speculum was placed on the eye. The eye was rotated temporally to focus attention on the nasal portion of the eye. This was performed by using a stay suture of 6-0 silk. Using a measuring device, **5.5mm** was marked from the limbus nasally. The pterygium was excised using a combination of blunt and sharp dissection on the corneal side. It was excised with Westcott scissors on the conjunctival side. Next, the corneal surface was smoothed using a crescent blade and a burr. Hemostasis was obtained with cautery and pressure. The remaining conjunctiva was dissected free. A sponge soaked with 0.2% of mitomycin-C was placed on the sclera and the conjunctiva was covered over it. This was performed for **2.5** minutes.

Next, the exposed area was vigorously washed with BBS for **5** minutes. Approximately **60mL** of BBS was used. Next, using the AmbioDry thin graft was placed on the conjunctival defect. The conjunctival defect measured \_\_\_\_\_mm x \_\_\_\_\_mm. The glue was placed underneath the graft, so it may seal appropriately. After the graft was noted to be sealed, stay sutures were removed. The BSS was placed to remove some excess conjunctival debris.

At the completion of the case, the cornea was clear. The anterior chamber was well formed, and the pupil was round. There was no active bleeding noted and the stay sutures were removed.

The antibiotic ointment was placed on the eye and the eye was covered with a patch and shield and the patient was taken to recovery in a stable manner.

Gagan J. Singh, M.D.

GS:cbs/mp

DATE:

TIME: