

NAME:

DATE:

Pre-OP Diagnosis:

Progressive pterygium, right eye

Post-Op Diagnosis:

Same

Operation:

Excision of pterygium with adjunctive Mitomycin-C. 0.02%- LEFT EYE / RIGHT EYE

Anesthesia:

Local with IV sedation

Operative Procedure:

The patient had a progressive pterygium in the right eye, encroaching onto the 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 then O'Brien lid block with 2% Lidocaine. The eye was then prepped and draped in the usual manner. A speculum was placed on the eye. The eye was rotated temporally to focus the attention on the nasal portion of the eye. This was performed using a stay suture. Superior and Inferior limbal poles using a measuring device, a 5.5mm was marked from 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. The specimen was sent for pathology for further studies. The corneal surface was smoothed with using the crescent blade and burr. Hemostasis was obtained with cautery and pressure. The remaining conjunctiva was dissected to free.

A sponge soaked in .02% of Mitomycin-C was placed on the sclera and the conjunctiva was covered with it. This was performed for 2 ½ minutes. Next, the exposed area was vigorously washed with BSS for three minutes each, approximately 45 ml of BSS were used.

Next, using 7-0 Vicryl sutures, approximately 4-5 sutures were placed in a buried fashion to close and approximate the nasal conjunctiva defect. At the completion of the case, the cornea was clear, the anterior chamber was well formed, and the pupil was round. There was not active bleeding noted, and the stay suture was removed. Abx ointment was placed on the eye. The eye was covered with a patch and shield, and the patient was taken to the recovery area in stable manner.