Pterygium
Postoperative Management and Complications

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Pterygium is a subconjunctival fibrotic and degenerative condition usually treated with surgical removal. The methods of pterygium surgery vary from the simplest bare sclera excision to sophisticated keratoplasty. The treatment of pterygium does not end with mechanical removal of the mass lesion alone. Moreover, proper postoperative medications, regular follow-up, and postoperative complications management completes the overall treatment protocol. Postoperative complications are not uncommon in pterygium excision. It can be due to the surgical technique, adjuvants used like antimetabolites, sutures, medications, or the disease, per se. Recurrence and residual scarring is commonly experienced in our clinical practice. This can be seen in the early or late postoperative period. Vision-threatening complications like corneal perforation, melting, and postoperative infections, although rare, are also reported.

Postoperative Management

The routine medications include topical antibiotics, lubricants, and analgesics in the immediate postoperative period.

Immediate Postoperative Care

All patients operated for pterygium should be seen at the slit lamp within 2 to 3 days of surgery. Visual acuity, intraocular pressure, and corneal clarity should be recorded. The position of the graft (amniotic membrane graft [AMG] or conjunctival autograft) and bleeding sites, if noted, should be documented. The patient should be advised not to squeeze or rub the eyes in the immediate postoperative period and should also be prescribed topical medications.