BLUE FIN VISION®

PATIENT INFORMATION

Argon Laser Conjunctival Naevus Removal

Laser treatment for a pigmented lesion on the white of the eye

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To achieve the immeasurable, you must measure everything.

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Contents

> **How to use this leaflet**
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> This leaflet is written to be read before your appointment, so that you arrive already familiar with how a lesion is judged suitable for laser, what the treatment can and cannot achieve, and the one important limitation of treating a pigmented lesion with laser rather than removing it.
>
> It forms part of your informed consent alongside the assessment and discussion you will have with your consultant surgeon and the consent form you sign. No document replaces that conversation.

About This Leaflet

This leaflet is for patients considering argon laser treatment of a conjunctival naevus, a pigmented lesion on the conjunctiva, the thin membrane covering the white of the eye.

Treatment of a conjunctival naevus is almost always elective and undertaken for appearance. Most naevi are harmless and never need removing. That makes the assessment beforehand more important than the treatment itself, and the first half of this leaflet is about selection rather than laser.

> **At Blue Fin Vision®**
>
> Your named Blue Fin Vision® consultant ophthalmic surgeon examines the lesion, decides with you whether laser treatment is appropriate, obtains your consent and performs the treatment personally.
>
> We do not laser a lesion simply because it is pigmented. An assessment that ends in a recommendation not to treat, or a recommendation to excise rather than laser, is a successful assessment.

The General Medical Council requires that the person performing your treatment is the person who obtains your consent, and that you have the information you need to decide. Where a procedure is undertaken for appearance rather than for health, that standard applies with particular force.[1]

What Is a Conjunctival Naevus?

A conjunctival naevus is a collection of pigmented cells within the conjunctiva. It is similar in principle to a mole on the skin. Many appear during childhood or early adulthood and then remain stable for years or for life.

Most are benign. In a large series of consecutive patients followed over time, conjunctival naevi were overwhelmingly stable, and transformation to something more serious was rare.[2] That is reassuring, but it is a statement about a population rather than about your lesion, which is why examination matters.

Naevi vary in appearance. They may be flat or slightly raised, densely pigmented or barely coloured, and many contain small clear spaces called cysts. Some contain very little pigment at all. Colour can change slightly over the years, and can alter at puberty or during pregnancy without indicating anything sinister.

What would make us more cautious

- Recent or documented growth, or a change in colour or thickness.
- Prominent feeding blood vessels.
- A position on the cornea, in the fornix behind the eyelid, or on the conjunctiva lining the eyelid.
- Pigmentation appearing for the first time in adult life.
- Any other atypical feature identified on examination.[3]

None of these features means that a lesion is malignant. They mean that the correct pathway may be investigation or surgical excision rather than cosmetic laser treatment.

Do I Need Treatment?

Usually, no. A typical, stable conjunctival naevus can be photographed and monitored indefinitely, and many people are content once they understand what it is.

Treatment may be reasonable when

- The appearance troubles you sufficiently that you would prefer it reduced.
- Examination confirms the lesion is typical and suitable for laser treatment.
- You understand and accept that laser leaves no tissue for laboratory examination.

Treatment may reasonably be avoided when

- The lesion is small, pale or inconspicuous and does not concern you.
- You would rather have documented monitoring than intervention.
- The improvement likely to be achieved is not worth the treatment and recovery to you.

> **A cosmetic decision is still a clinical decision**
> Wanting a pigmented spot on the white of your eye to be less noticeable is a legitimate reason for treatment and we will not dismiss it. But the balance is yours to weigh, and it should be weighed knowing that the treated area can look more noticeable before it looks better, that clearance may be incomplete, and that further sessions may be needed.

Why Assessment Comes Before Laser

The most important decision in this pathway is not how the laser is applied. It is whether the lesion should be lasered at all.

Your consultant examines and documents the following.

- The appearance, colour and density of pigmentation.
- The position of the lesion and its relationship to the cornea and the eyelid margins.
- Its thickness, and whether it is flat or raised.
- The presence of cysts within it, which is a common and reassuring feature of a naevus.
- Feeding blood vessels.
- Any history of change, and any previous photographs you can provide.

> **Baseline photography**
> Photographs are taken before treatment. They document what the lesion looked like at the outset, allow the result to be compared objectively rather than from memory, and provide a record against which any future change can be judged. On a cosmetic pathway this is not an administrative formality: it is the only fair basis for assessing whether treatment achieved what you wanted.

The Diagnostic Limitation of Laser

This section is short, and it is the most important page in this leaflet.

Argon laser treats the pigment within the lesion. It does not remove an intact piece of tissue. That means there is no specimen to send to a laboratory, and no histological diagnosis is obtained.

> **What follows from that**
> Laser is appropriate only for a lesion whose appearance is clinically typical and which does not require pathological diagnosis. If there is diagnostic uncertainty, documented change, suspicious features, significant thickness or any other reason that laboratory examination would be valuable, the correct treatment is surgical excision, which provides a specimen. In that situation we will recommend excision rather than laser, even though it is the more involved procedure.

It also means that treatment alters the appearance a future examiner would see. Your pre-treatment photographs therefore remain part of your permanent record, and are the reference point for any assessment years from now.

Your Alternatives

Observation with photography

This is the default for most conjunctival naevi. The lesion is photographed and reviewed periodically, so that stability is documented rather than assumed. It carries no procedural risk.

Surgical excision

Excision removes the lesion and provides tissue for laboratory examination. It is the appropriate choice where histology is required or where the lesion is thick or extensive. It involves surgery on the ocular surface, a longer recovery and the possibility of a visible scar, and is discussed separately if it is recommended for you.

Argon laser treatment

Laser avoids surgical excision and can produce an excellent cosmetic result in an appropriately selected superficial pigmented naevus. Its limitations are described above and throughout this leaflet.

What The Argon Laser Does

Argon laser energy is preferentially absorbed by pigment. Carefully controlled applications are directed at the pigmented area, progressively lightening and reducing the visible pigmentation without cutting the lesion from the conjunctiva.

Treatment is performed in the clinic at a laser microscope rather than in an operating theatre. There is no incision and no stitch.

The approach is deliberately measured. The aim is controlled treatment across one or more sessions rather than delivering excessive energy in a single session to force immediate clearance, because the surface response to over-treatment is more difficult to correct than residual pigment.

On The Day

- Eat, drink and take your usual medication normally unless told otherwise.
- Anaesthetic drops numb the surface of the eye.
- You sit at the laser microscope in the same position as for a routine eye examination.
- The laser is applied precisely to the pigmented area. You see a bright light and may notice brief flashes.
- Treatment is usually short, and you go home the same day.

Your vision may be temporarily affected by the drops and the bright light, so plan your journey home accordingly.

After Your Treatment

Use any postoperative drops exactly as directed in your written instructions. The treated surface heals over the following weeks.

> **It can look worse before it looks better**
> The treated area can initially appear more noticeable rather than less. Redness, irritation, watering and temporary darkening or inflammation of the treated tissue are common early, and are part of the healing response rather than a sign that treatment has failed. This is the single most common cause of unnecessary alarm after this procedure.

Your Recovery and the Result

The cosmetic result should not be judged immediately after treatment. The treated pigment changes and the conjunctival surface settles progressively over weeks.

At your follow-up the appearance is compared directly with your pre-treatment photographs. That comparison is more reliable than memory, and it is how the decision about any further treatment is made.

Not every naevus clears completely. Residual pigment can remain, and a realistic aim is a lesion that is substantially less noticeable rather than an eye returned to a uniform white.

Further Laser Treatment

Further laser may be appropriate once healing is complete, and needing another session does not mean the previous one failed. Staged treatment is a deliberate feature of this pathway rather than a shortfall of it.

The decision to treat again is made after assessing the healed result against your photographs. There is no obligation to continue if you decide the improvement achieved is sufficient.

What your treatment fee includes

Your initial treatment fee can include up to three laser sessions, where further treatment is clinically appropriate. Eligibility runs for 12 months from your first treatment and does not extend beyond that point.

This is a separate policy from the Blue Fin Vision® refractive enhancement pathway, which applies to laser, ICL and lens surgery and can extend to 24 months. The two should not be confused.

Risks and Side Effects

Argon laser treatment of a conjunctival naevus is a surface procedure with a good safety profile, but it is not risk free.

Redness, irritation and inflammation

Temporary redness, irritation, watering and surface discomfort are common in the days after treatment and usually settle with the drops prescribed.

Incomplete clearance, and residual or recurrent pigmentation

Pigment may not clear completely, and pigmentation can return over time. Further treatment may be appropriate, or you may decide that the result achieved is enough.

Scarring, persistent redness and surface change

Local scarring, persistently prominent blood vessels or a change in the appearance and texture of the treated conjunctiva can occur. In some eyes the treated area heals slightly differently from the surrounding surface.

An imperfect cosmetic result

The result may not match the appearance you imagined. This is the risk most relevant to a treatment undertaken for appearance, and it is the reason photographs and a realistic discussion beforehand matter.

No histological diagnosis

As described earlier, laser leaves no specimen for laboratory examination. This is a limitation of the technique rather than a complication, and it is why selection before treatment is the decisive step.

An unexpected response

Rarely, tissue responds unexpectedly to treatment and additional treatment or a change of plan is required. Any such finding is discussed with you and documented.

Warning Signs

Contact Blue Fin Vision® promptly if you develop any of the following.

- Severe or increasing pain rather than gradually settling discomfort.
- Rapidly worsening redness or swelling.
- Discharge from the eye.
- A significant deterioration in vision, or marked light sensitivity.
- Any sudden symptom that concerns you.

Mild redness and irritation after surface laser treatment are expected. The important distinction is between symptoms that are settling and symptoms that are severe or progressively worsening.

> **In the longer term**
> If you notice new growth, thickening, a change in colour or new blood vessels at the treated site or elsewhere on the surface of the eye in the years after treatment, arrange assessment rather than waiting for a routine appointment. Your pre-treatment photographs make that assessment considerably more useful.

Costs

Treatment of a conjunctival naevus undertaken for appearance is not normally covered by private medical insurance. Where investigation or treatment is clinically indicated, some policies provide cover subject to your policy terms and prior authorisation.

Item	Fee
Consultation and diagnostic assessment	£325
Argon laser conjunctival naevus removal	See current published price

Current pricing is maintained online and may change, so please refer to the published price before treatment: **our published price list**.

You will receive a written quotation before proceeding, and the position on any further laser sessions is confirmed in writing at the same time.

Questions Worth Asking

You are entitled to clear answers to these questions, from us or from any provider you are considering.

- Are you satisfied that this lesion is typical, and how did you reach that conclusion?
- Should it be excised for laboratory examination rather than lasered?
- What would you do if this were your own eye?
- Will you photograph it before treatment, and will I be shown the comparison afterwards?
- How much lightening can I realistically expect?
- How many sessions might I need, and what does further treatment cost?
- How will the treated area look in the first weeks?
- What should I watch for in the years afterwards?
- Who performs my treatment and who manages my follow-up?

> **Taking your time**
> This is an elective, cosmetic treatment and there is no clinical urgency. You should proceed only if the expected improvement is worth the treatment, the recovery and the limitations to you. Blue Fin Vision® does not use time-limited pricing or pressure of any kind.

Where We Operate

Blue Fin Vision® works across the sites below. Governance, protocols and treatment pathways do not vary by postcode. Availability of argon laser treatment varies by site, and we will confirm where your appointment is held when it is arranged.

Site	Address
The Harley Street Eye Centre	22A Harley Street, London W1G 9BP
Weymouth Street Hospital	42-46 Weymouth Street, London W1G 6NP
Phoenix Hospital Chelmsford	Essex Healthcare Park, West Hanningfield Road, Chelmsford CM2 8HN
One Hatfield Hospital	3 Hatfield Avenue, Hatfield, Hertfordshire AL10 9UA
Chase Lodge Hospital	Page Street, Mill Hill, London NW7 2ED
London Eye Diagnostic Centre	25 Harley Street, London W1G 9QW. Insured patients
Abbey Wood Hospital	The Cottage, Bostall Hill, Abbey Wood, London SE2 0GD. Blue Fin Vision® services starting soon

Further information about our structure of care is published at **bluefinvision.com/advantage**.

Your Surgical Team

Blue Fin Vision® is a consultant-led practice. Your assessment and your treatment are performed by a named Blue Fin Vision® consultant ophthalmic surgeon, who examines the lesion, decides with you whether laser is appropriate, obtains your consent and remains responsible for your care. This document is authored and clinically governed by our Medical Director.

Mr Mfazo Hove

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Consultant Ophthalmic Surgeon, Founder and Medical Director, Blue Fin Vision®

Mr Mfazo Hove is a Consultant Ophthalmic Surgeon with experience spanning more than 57 000 procedures. He completed 6.5 years of specialist training at Moorfields Eye Hospital and served as a consultant at the Western Eye Hospital, Imperial College Healthcare NHS Trust, from 2017 to 2022. He has published six consecutive years of outcome data through the National Ophthalmology Database, with a posterior capsule rupture rate in cataract and lens surgery of approximately 0.2 per cent.

Document control

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References

References are numbered in the order in which they first appear in the text. Full author lists are given throughout.

1. General Medical Council. Decision making and consent. Manchester: General Medical Council; 2020.
2. Shields CL, Fasiuddin AF, Mashayekhi A, Shields JA. Conjunctival nevi: clinical features and natural course in 410 consecutive patients. Archives of Ophthalmology. 2004;122(2):167-175.
3. Shields CL, Shields JA. Tumors of the conjunctiva and cornea. Survey of Ophthalmology. 2004;49(1):3-24.

Contact Blue Fin Vision®

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