BLUE FIN VISION®

PATIENT INFORMATION

Pingueculum Removal

Surgical and laser treatment for a raised growth 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**
>
> This leaflet is written to be read before your appointment, so that you arrive already familiar with whether treatment is needed at all, how surgical removal and laser treatment differ, what recovery involves and what each option costs.
>
> 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 treatment of a pingueculum, a raised area of altered tissue on the conjunctiva, the clear membrane covering the white of the eye.

Most pinguecula do not need treatment. They are usually harmless, and many people live with them indefinitely without difficulty. Treatment may be considered when a pingueculum repeatedly becomes inflamed or irritated, causes persistent symptoms, or its appearance troubles you sufficiently that you would prefer it removed.

Blue Fin Vision® offers both surgical removal and laser treatment. These are not equivalent treatments and the difference matters more than any other point in this leaflet. Surgery usually removes the lesion in a single procedure. Laser treatment reduces it progressively and normally requires repeated sessions, each of which is charged separately. In our practice, approximately 90 to 95 per cent of patients who proceed with treatment choose surgical removal.

> **At Blue Fin Vision®**
>
> Your named Blue Fin Vision® consultant ophthalmic surgeon confirms the diagnosis, discusses your options, obtains your consent and remains responsible for your treatment pathway.
>
> An assessment that ends in a recommendation not to treat is a successful assessment.

Because treatment is usually elective, and often undertaken for appearance rather than for eye health, the standards that apply are deliberately strict. 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.[1]

What Is a Pingueculum?

A pingueculum is a small raised area of yellow-white tissue that develops on the conjunctiva, most commonly on the side of the eye nearest the nose. It represents a local change in the conjunctival tissue and is associated particularly with long-term exposure to ultraviolet light, wind, dust and environmental irritation.[2]

A pingueculum is not a cataract, does not grow inside the eye and does not usually threaten vision.

How it differs from a pterygium

A pingueculum remains on the conjunctiva beside the cornea. A pterygium grows from the conjunctiva onto the clear corneal surface and may eventually affect vision by distorting the shape of the cornea. The two conditions share risk factors but are treated differently, and pterygium surgery normally involves a tissue graft that pingueculum removal does not.[3]

Confirming what it is

Your consultant confirms the diagnosis before discussing removal. If the appearance is atypical, or raises any concern that the lesion may represent something other than a pingueculum, the investigation and treatment pathway changes accordingly and this is discussed with you before anything proceeds.

Do I Need Treatment?

Usually, no. A pingueculum can often be left completely alone. Treatment is elective unless there is diagnostic uncertainty or another clinical reason to intervene. The presence of a pingueculum is not by itself an indication for treatment.

Treatment may be reasonable when

- The area repeatedly becomes red, inflamed or uncomfortable.
- You experience persistent local irritation despite appropriate conservative treatment.
- The lesion is prominent and catches when blinking.
- Its appearance bothers you sufficiently that you want it reduced or removed.
- There is uncertainty about the diagnosis and removal or further investigation is clinically appropriate.

Treatment may reasonably be avoided when

- The pingueculum is small and causes no symptoms, and its appearance does not concern you.
- Occasional irritation responds adequately to lubricating drops or short-term treatment.
- The potential improvement is not worth the inconvenience, recovery or risks of intervention to you.

> **A cosmetic decision is still a clinical decision**
>
> If appearance is your principal reason for seeking treatment, that is a legitimate reason and we will not dismiss it. But it does mean the balance is yours to weigh: an eye that currently looks slightly uneven will look considerably redder for some weeks after surgery, and the final result cannot be guaranteed to be perfect.

Your Alternatives

Leave it alone

This is the simplest option and carries no procedural risk. A typical pingueculum is benign and does not need to be removed simply because it is present.

Lubricating drops

Artificial tears can reduce grittiness and irritation, particularly where dryness of the ocular surface is contributing to your symptoms. Many patients find this sufficient.

Treatment of inflammation

A pingueculum can occasionally become acutely inflamed, which is called pingueculitis. Appropriate topical treatment can settle the inflammation without removing the lesion.

Ultraviolet and environmental protection

Good quality sunglasses with ultraviolet protection, and reducing exposure to wind, dust and other irritants, can help reduce ongoing irritation of the ocular surface. These measures remain sensible whether or not you proceed with treatment, because the factors that contributed to the lesion developing are still present.

Removal or reduction

If conservative treatment is insufficient, or appearance is the principal concern, Blue Fin Vision® offers surgical removal and laser treatment. Both are described in the sections that follow.

Surgical Removal

Surgical removal physically excises the pingueculum from the surface of the eye. The procedure is performed under local anaesthetic. The abnormal conjunctival tissue is carefully separated and removed while preserving the surrounding healthy tissue.

The objective is to leave the surface as smooth and unobtrusive as possible while allowing normal healing of the conjunctiva.

Surgery is usually chosen by patients who want the lesion removed in a single treatment episode rather than progressively reduced through multiple laser sessions. At Blue Fin Vision®, approximately 90 to 95 per cent of patients choosing active treatment opt for surgical removal.

That does not mean surgery is automatically the correct option for everybody. Your consultant will explain the expected result, the recovery and the risks for your individual lesion.

Laser Treatment

Laser treatment provides a non-excisional alternative. Rather than removing the lesion in one procedure, laser energy is used to reduce its prominence and appearance progressively.

The important limitation is that laser treatment generally requires repeated sessions. The number of treatments cannot be guaranteed in advance, because the response varies according to the size, thickness and vascularity of the lesion and your individual healing response.

> **Each laser session is charged separately**
> This is the single most important practical difference between the two pathways, and it is the main reason most patients choose surgery once both options have been explained. Because the number of sessions a lesion will need is not known at the outset, the total cost of a laser pathway is not known at the outset either, and a pathway that runs to several treatments can cost more in total than a single surgical procedure.

Further laser treatment is not performed automatically simply because some lesion remains. Healing and response are assessed before deciding whether another session is worthwhile, and there is no obligation to continue if you decide that the improvement achieved is sufficient.

Surgery or Laser?

Neither option should be presented as universally superior. They involve different trade-offs.

- Surgery usually offers removal in one procedure, but involves surgical healing of the conjunctiva and a recovery period of approximately two months.
- Laser avoids excisional surgery, but normally requires multiple treatments, each carrying an additional charge, and the final number of sessions cannot be predicted precisely beforehand.

For most patients seeking definitive removal, surgery is therefore the more attractive option, which is why approximately 90 to 95 per cent of our patients who proceed with treatment choose it. Your consultant will recommend the approach most appropriate to the characteristics of your lesion and to your priorities.

Your Assessment

Before recommending treatment, your consultant establishes the following.

- That the lesion is a pingueculum rather than a pterygium or another conjunctival lesion.
- Its size, position and relationship to the cornea.
- Whether inflammation or ocular surface disease is contributing to your symptoms.
- Whether treatment is clinically justified, primarily cosmetic, or both.
- Whether surgery or laser is technically appropriate for your lesion.
- What degree of improvement can reasonably be expected.

Photographs may be taken to document the appearance before treatment and to allow comparison during recovery. This matters more than it may sound: memory of how an eye looked beforehand is unreliable, and a documented starting point is the only fair basis for judging the result.

If the diagnosis is uncertain, further investigation may be recommended rather than proceeding as though the lesion were a routine pingueculum.

On The Day

Surgical removal

- Eat and drink normally, and take your usual medication unless specifically instructed otherwise.
- Anaesthetic drops, and where required a local anaesthetic injection, are used to numb the eye. You remain awake and comfortable throughout.
- The pingueculum is carefully removed from the conjunctival surface.
- The eye is checked at the end of the procedure and your medication is provided before you leave.

You should arrange your journey home, and should not drive until your vision is comfortable and meets the legal driving standard.

Laser treatment

- The surface of the eye is anaesthetised with drops.
- Laser energy is applied to the pingueculum according to its appearance and its response.
- The treatment session is relatively short.
- The eye is examined afterwards and your instructions are provided in writing.

After Your Treatment

Following surgical removal, Blue Fin Vision® normally prescribes the following.

- Chloramphenicol eye drops for five days, to reduce the risk of infection.
- Steroid eye drops for two months, tapered according to your postoperative instructions.

> **Do not stop the steroid drops early**
> The two-month steroid course exists because the conjunctiva continues to heal long after the eye feels comfortable, and stopping early can allow inflammation and scarring that affect the final appearance. Use the medication exactly as prescribed, and do not stop it simply because the eye looks or feels better, unless your consultant tells you to.

Your written discharge instructions confirm the dosing schedule. Following laser treatment, your medication is determined by the appearance of the eye and is likewise confirmed in writing.

Your Recovery

Pingueculum surgery has a considerably longer cosmetic recovery than the brevity of the procedure might suggest. This is the part patients most often underestimate.

The eye can initially look considerably redder and more noticeable than it did before treatment. This is part of the healing response and should not be mistaken for the final cosmetic result.

When	What to expect
First few days	The eye is red, gritty and watery, and feels as though something is in it. Discomfort is usually mild and settles with the drops prescribed.
Weeks 1 to 2	Redness remains obvious and may look worse than before treatment. Irritation gradually improves. Continue all drops as instructed.
Weeks 3 to 6	Redness and local swelling settle progressively. The surface becomes smoother and the area less conspicuous.
Around two months	The appearance is close to its final state. This is the point at which the cosmetic result can reasonably be judged.

Your postoperative reviews assess healing and identify inflammation or scar response that requires treatment. The appearance changes progressively throughout this period, so the result should not be judged in the first days or weeks.

How Well Does Treatment Work?

The aim of surgery is to remove the visible pingueculum and achieve a smoother, less conspicuous ocular surface. Most patients seeking treatment do so because symptoms, appearance or both justify the recovery involved.

> **What cannot be promised**
> No cosmetic procedure can guarantee that the treated area will become indistinguishable from conjunctiva that has never developed a pingueculum. Some residual redness, prominence of blood vessels, difference in colour or minor surface irregularity can remain. If a perfectly white, unmarked surface is your expectation, that expectation should be revised before treatment rather than after it.

Laser aims to reduce the lesion progressively rather than remove it in one episode. Response varies, which is why repeated sessions are commonly necessary. Your consultant will discuss the likely result for your particular lesion rather than promise a perfect outcome.

Risks and Side Effects

Pingueculum removal is surface treatment rather than surgery inside the eye, but it is not risk free.

Redness, irritation and inflammation

Redness is expected after surgery and can remain noticeable for weeks, with cosmetic recovery taking approximately two months. Grittiness, watering, foreign body sensation and local discomfort are common during early healing. Some inflammation is expected, and is one reason the steroid drops are continued for two months.

Infection

Infection is uncommon but possible after any procedure that disrupts the ocular surface. Chloramphenicol drops are prescribed for five days after surgery as antibiotic cover.

Scarring and surface irregularity

The conjunctiva heals by forming scar tissue. Usually this becomes increasingly inconspicuous, but visible scarring or local surface irregularity can occur, and blood vessels can remain prominent during healing and occasionally persist.

An imperfect cosmetic result

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

Recurrence

A pingueculum or a similar conjunctival change can recur after treatment, because the environmental and biological factors that contributed to its development remain present. Continued ultraviolet protection is sensible after treatment for this reason.

Further treatment

Additional treatment may occasionally be appropriate after surgery. With laser, further treatment is expected much more commonly, because progressive treatment over several sessions is part of the pathway rather than evidence that treatment has failed.

Recurrence and Further Treatment

Surgical removal is intended to be definitive treatment of the existing lesion, but recurrence cannot be excluded.

If further treatment is considered after surgery, your consultant will first establish whether what you are seeing represents normal healing, persistent inflammation, scar response, residual tissue or genuine recurrence. These require different responses, and treating the wrong one is unhelpful.

Laser treatment is fundamentally different. Multiple sessions are normally required and each is charged separately. The decision to continue is made after assessing the response to the preceding session, and there is no obligation to continue if you decide that the improvement achieved is sufficient or that you no longer wish to proceed.

Warning Signs

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

- Increasing rather than improving pain.
- Rapidly worsening redness or swelling.
- Discharge from the eye.
- A significant reduction in vision, or marked light sensitivity.
- Any other sudden or severe symptom that concerns you.

Some redness, grittiness and irritation are expected during normal healing. The important distinction is between symptoms that are settling and symptoms that are severe, unexpected or progressively worsening.

Costs

Pingueculum treatment undertaken for appearance is not normally covered by private medical insurance. Where treatment is clinically indicated, some policies provide cover subject to your policy terms and prior authorisation, which we can help you confirm.

Item	Fee
Consultation and diagnostic assessment	£325
Surgical removal, one pingueculum	From £1,000
Surgical removal, two pingueculae	From £1,800
Surgical removal, three pingueculae	From £2,400
Surgical removal, four pingueculae	From £2,850
Argon laser, per session	From £1,000, charged per session

Fees are quoted per eye and are correct at the date of this leaflet. Argon laser is performed at The Harley Street Eye Centre. Current pricing is maintained online and may change: **our published price list**.

> **Comparing the two pathways on cost**
> Laser treatment normally requires repeated sessions and each session is charged separately, so the total cost of a laser pathway depends on how many sessions your lesion needs, and that number cannot be guaranteed in advance. When comparing the two options, compare the likely total rather than the price of a single session.

You will receive a written quotation before proceeding. It will make clear whether you are choosing surgical removal or laser treatment, what is included, and what is not.

Questions Worth Asking

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

- Does my pingueculum actually need treatment, and what would happen if I left it alone?
- Are you certain it is a pingueculum rather than another conjunctival lesion?
- Is treatment likely to improve my symptoms, my appearance, or both?
- Why would you recommend surgery or laser for my particular lesion?
- How many laser sessions am I likely to need, and is every session charged separately?
- How red will my eye look immediately afterwards, and how long before I can judge the result?
- What result can realistically be achieved?
- What happens if the lesion recurs?
- Who will perform my treatment, and who manages my postoperative care?

> **Taking your time**
> Pingueculum treatment is usually elective and there is generally no reason to hurry. If appearance is your principal reason for treatment, you should proceed only if the expected improvement is worth the treatment, the recovery and the risks 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 pingueculum surgery and laser treatment varies by site, and we will confirm where your procedure is performed when your appointment 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 confirms the diagnosis, discusses the available treatments, obtains your consent and remains responsible for your care. This document is authored and clinically governed by our Medical Director.

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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.
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3. Threlfall TJ, English DR. Sun exposure and pterygium of the eye: a dose-response curve. American Journal of Ophthalmology. 1999;128(3):280-287.

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