Pterygium Excision

Key Facts | With Conjunctival Autograft

A five-minute summary | Mr Mfazo Hove MBChB MD FRCOphth CertLRS | Version 1.0, August 2026

What is a pterygium?

A growth of conjunctival tissue from the white of the eye onto the clear cornea. Some remain small and stable; others grow, repeatedly become inflamed, alter the shape of the cornea or eventually affect vision. It differs from a pingueculum, which stays on the white of the eye.

Do you need surgery?

Not every pterygium needs removing. Surgery may be appropriate if yours is growing, repeatedly inflamed or uncomfortable, inducing significant astigmatism, affecting vision, approaching the centre of the cornea, or troubling you enough cosmetically. A small, stable pterygium can often simply be monitored with photographs.

Your alternatives

Observation with photography documents whether it is growing. Lubricating drops ease dryness and grittiness, and short courses of anti-inflammatory treatment settle episodes of inflammation, but neither removes the pterygium. Ultraviolet-blocking sunglasses are sensible before and after surgery. Surgery is the only way to remove an existing pterygium.

Why we use a conjunctival autograft

After the pterygium is removed, a thin piece of healthy conjunctiva is taken from another part of the same eye, usually beneath the upper eyelid, and placed over the surgical area. It is your own tissue, so there is no donor tissue and no rejection. Covering the area with a graft substantially reduces recurrence compared with leaving bare sclera, which is why we do not simply cut the lesion away.

Before surgery

Your consultant confirms the diagnosis, assesses how far the pterygium extends onto the cornea, whether it is growing and whether it is affecting corneal shape. Photographs and corneal measurements provide an objective baseline. If the appearance is atypical, the removed tissue may be sent for laboratory examination, discussed with you beforehand.

On the day

- Eat, drink and take your usual medication unless told otherwise.
- Local anaesthetic numbs the eye. You remain awake and comfortable.
- The pterygium is separated from the cornea and removed, and abnormal tissue beneath it cleared.
- A thin conjunctival autograft is taken from the same eye and secured over the site.
- You go home the same day. Arrange your journey and do not drive yourself.

Afterwards

Use your antibiotic and anti-inflammatory drops exactly as set out in your written discharge instructions. Do not stop the steroid early because the eye looks or feels better, unless your consultant tells you to: stopping early can allow inflammation and scarring that affect both appearance and recurrence risk.

Recovery takes time

Redness, watering, grittiness, light sensitivity and discomfort are expected initially, and the graft can look raised or obvious while it settles. The eye may look worse than before surgery in the early weeks. Appearance improves progressively, so do not judge the final result during early healing.

What result to expect

The aims are to remove the pterygium, reduce irritation, improve the ocular surface, improve appearance and minimise recurrence. Corneal shape can improve where the pterygium induced astigmatism. Surgery cannot guarantee a completely white, unmarked eye, and a residual corneal mark can remain after a large or longstanding lesion.

Main risks

Redness, grittiness and inflammation are expected during healing. Other risks include infection, graft movement or loss, visible scarring or persistent blood vessels, continuing ocular-surface symptoms, a residual corneal mark and recurrence. Double vision is uncommon and follows extensive surgery. Serious permanent visual complications are rare.

Recurrence

A pterygium can grow back after apparently successful surgery, because the operation does not change the factors that caused it. The autograft is used specifically to reduce this risk but cannot eliminate it, and a recurrence can occasionally be more aggressive than the original. Ultraviolet protection remains sensible afterwards.

Warning signs

Contact Blue Fin Vision® promptly for severe or increasing pain, rapidly worsening redness or swelling, discharge, a significant deterioration in vision, marked light sensitivity, or concern that the graft has substantially moved.

Costs

Consultation and diagnostic assessment: £325. Pterygium excision with conjunctival autograft: from £2,500 per eye. Current pricing is published online at **our published price list** and may change. Where surgery is clinically indicated, private medical insurance commonly provides cover subject to your policy and authorisation. You receive a written quotation before committing to surgery.

This page is a summary, not a consent document

It does not replace the full Pterygium Excision patient information booklet, which contains the complete information on why surgery may be recommended, alternatives, the procedure, recovery, risks and recurrence, and which forms part of your informed consent alongside your discussion with your surgeon and your consent form. Please read the full booklet before your appointment. In full: **The Blue Fin Vision® Advantage**