



PATIENT INFORMATION

Pterygium Excision

with conjunctival autograft

Surgical removal of a growth extending onto the cornea

To achieve the immeasurable, you must measure everything.

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How to use this leaflet

This leaflet is written to be read before your appointment, so that you arrive already familiar with whether surgery is needed at all, what the operation involves, what recovery is like, and what recurrence means.

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 surgical removal of a pterygium: a growth of conjunctival tissue from the white of the eye onto the cornea, the clear window at the front of the eye.

Some pterygia remain small for years. Others progressively grow, repeatedly become inflamed, alter the shape of the cornea or become cosmetically prominent. Not every pterygium needs surgery.

Where removal is appropriate, Blue Fin Vision® performs pterygium excision with a conjunctival autograft. After the pterygium is removed, a thin piece of your own healthy conjunctiva is moved from another part of the same eye to cover the area from which it was taken. The purpose is to restore a healthier ocular surface and to reduce the risk of the pterygium growing back.³

At Blue Fin Vision®

Your named Blue Fin Vision® consultant ophthalmic surgeon confirms the diagnosis, discusses whether surgery is appropriate, obtains your consent and remains responsible for your care.

An assessment that ends in a recommendation not to operate is a successful assessment.

The General Medical Council requires that the person performing your surgery is the person who obtains your consent, and that you have the information you need to decide.¹

What Is a Pterygium?

The conjunctiva is the thin transparent membrane covering the white of the eye. A pterygium develops when altered conjunctival tissue grows across the boundary between the white of the eye and the cornea. It most commonly develops on the side nearest the nose.

Long-term exposure to ultraviolet light is an important risk factor, with wind, dust, dryness and environmental irritation also associated with its development.²

How it differs from a pingueculum

A pingueculum is a raised area of altered conjunctival tissue that remains on the white of the eye. A pterygium crosses onto the cornea. That distinction matters, because a pterygium can progressively alter the corneal surface and, when sufficiently large, interfere with vision. A pingueculum does not.

How it can affect the eye

- It can repeatedly become red or inflamed, and cause grittiness, dryness or irritation.
- It can become cosmetically prominent.
- It can progressively grow towards the centre of the cornea.
- It can distort the corneal shape and induce astigmatism.
- It can interfere with contact lens wear.
- It can affect vision if it is sufficiently large or if corneal distortion becomes significant.

Do I Need Treatment?

Not necessarily. A small, stable pterygium causing little or no difficulty can often be monitored. The presence of a pterygium alone does not mean it must be removed.

Surgery may be appropriate when

- The pterygium is demonstrably growing.
- It repeatedly becomes inflamed or uncomfortable despite appropriate treatment.
- It is inducing significant corneal astigmatism or affecting your vision.
- It is approaching the central visual axis.
- It interferes with contact lens wear.
- Its appearance troubles you sufficiently to justify surgery and the recovery involved.
- Its appearance is atypical and removal is appropriate to establish the diagnosis.

Observation may be appropriate when

- The pterygium is small and stable and your vision is unaffected.
- Symptoms are mild and controlled with lubricants.
- Its appearance does not concern you.
- The risks and recovery of surgery outweigh the current benefit to you.

There is an argument for not waiting too long

Where surgery is going to be needed, there is a balance to strike. A smaller pterygium is generally more straightforward to remove and leaves less corneal change behind, whereas a large or longstanding one can leave a permanent mark on the cornea even after successful removal. That is a reason to decide deliberately rather than by default, not a reason to hurry.

Your Alternatives

Observation

A stable pterygium can be photographed and monitored for change. This is active management rather than doing nothing: the point of the photograph is to make growth a measurement rather than an impression.

Lubricating drops

Artificial tears can improve dryness, grittiness and irritation, but they do not remove the pterygium or stop it growing.

Treatment of inflammation

Short courses of appropriate anti-inflammatory treatment may settle episodes of inflammation. They do not eliminate the underlying growth.

Ultraviolet protection

Good quality sunglasses with ultraviolet protection are sensible, because ultraviolet exposure is associated with both development and progression. This remains true after surgery as well as before it.

Surgery

Surgery is the only way to physically remove an existing pterygium.

Why We Use a Conjunctival Autograft

Simply cutting away a pterygium and leaving the underlying white sclera exposed has historically been associated with a substantial risk of the pterygium growing back. Reviews of the surgical literature consistently report considerably lower recurrence when the defect is covered with the patient's own conjunctiva rather than left bare.⁴

Blue Fin Vision® therefore uses a conjunctival autograft. After removing the pterygium, your surgeon takes a very thin piece of healthy conjunctiva from another area of the same eye, usually from beneath the upper eyelid, and positions it over the surgical site.

It is your own tissue

The graft comes from your own eye. There is no donor tissue from another person and no risk of rejection. The area the graft is taken from is covered by the upper eyelid and heals naturally.

The graft provides healthy tissue over the area where the pterygium arose. It reduces the risk of recurrence substantially compared with bare sclera excision, but no technique eliminates that risk entirely.³

Your Assessment

Your consultant confirms that the lesion is consistent with a pterygium and assesses the following.

- How far it extends onto the cornea, and whether it is growing.
- Corneal shape and astigmatism.
- Whether it is contributing to your visual symptoms.
- The condition of the surrounding ocular surface.
- Any previous surgery or previous pterygium treatment.
- Whether the appearance has any atypical features.

Photographs may be taken to provide an objective baseline, and corneal topography or tomography may be performed where the effect on corneal shape or astigmatism matters to the decision.

If the lesion has atypical features, your consultant may recommend that the excised tissue is sent for laboratory examination. This is discussed with you before surgery rather than afterwards.

On The Day

Pterygium excision is normally performed as a day case procedure under local anaesthetic. You go home the same day.

- Eat and drink normally, and take your usual medication, unless specifically instructed otherwise.
- Anaesthetic is used to numb the eye. You remain awake and comfortable throughout.
- The pterygium is carefully separated from the corneal surface and removed, and the abnormal tissue beneath it is cleared.
- A thin conjunctival autograft is taken from another part of the same eye.
- The graft is positioned over the area from which the pterygium was removed and secured using the technique appropriate for your eye.

Arrange transport home, and do not drive until your vision has recovered sufficiently and you meet the legal driving standard.

After Your Surgery

The ocular surface needs time to heal, and your postoperative medication is what protects that healing.

You will be prescribed an antibiotic to reduce the risk of infection and a steroid to control inflammation. Your written discharge summary confirms exactly which drops to use, how often, and for how long, because the regime is tailored to your eye and to the extent of surgery performed.

Do not stop the steroid drops early

The conjunctiva continues to heal long after the eye feels comfortable, and stopping anti-inflammatory treatment early can allow inflammation and scarring that affect both the final appearance and the risk of recurrence. Use the drops exactly as prescribed and do not stop them because the eye looks or feels better, unless your consultant tells you to.

Your Recovery

Pterygium surgery has a considerably longer cosmetic recovery than the duration of the operation suggests. Immediately afterwards the eye will be red and can look more dramatic than it did before surgery. This is expected.

During early recovery you may experience redness, watering, grittiness or a foreign body sensation, light sensitivity, discomfort, temporary blurred vision, and visible blood vessels around the graft. The graft itself can initially appear raised or obvious before progressively settling.

Judging the result

The ocular surface and the appearance improve gradually over weeks to months. The graft flattens, the redness fades and the border becomes less distinct. The final appearance should not be judged during the early postoperative period, and your reviews exist partly to reassure you of that while healing progresses.

Your postoperative reviews assess the position and health of the graft, the state of the corneal surface where the pterygium was removed, and any inflammation requiring a change in treatment.

How Well Does Surgery Work?

Surgery has five objectives: to remove the pterygium from the cornea, to reduce the irritation and inflammation it causes, to reduce its effect on corneal shape where that is present, to improve the appearance of the eye, and to minimise the risk of recurrence.

Where a pterygium has distorted the cornea, corneal shape may improve after removal. Visual improvement depends on how much of your symptoms were caused by the pterygium and whether permanent corneal change has already occurred.

What cannot be promised

Cosmetic improvement is usually substantial, but surgery cannot guarantee that the eye will become completely white or indistinguishable from an eye that has never had a pterygium. A residual mark on the cornea can remain where a large or longstanding pterygium extended, and that mark is a consequence of the original disease rather than of the operation.

Risks and Side Effects

Pterygium excision is surface surgery rather than surgery inside the eye, but it is not risk free.

Redness, discomfort and inflammation

These are expected during healing rather than complications. The eye can remain visibly red for weeks, and inflammation is controlled with your postoperative treatment.

Infection

Infection is uncommon but possible after ocular surface surgery, and it requires prompt treatment. This is why antibiotic cover is prescribed and why the warning signs overleaf matter.

Graft movement or loss

The conjunctival graft must heal into position. Occasionally it can move, retract or fail to remain adequately positioned, and further treatment may be required. Avoiding rubbing the eye during early healing is important for this reason.

Scarring and persistent vascularity

Some scarring is inevitable whenever tissue heals. Usually it becomes increasingly inconspicuous, but visible scar tissue or persistently prominent blood vessels can remain.

Persistent irritation

Some patients continue to experience ocular surface symptoms despite successful removal, particularly where dry eye or another surface disorder was contributing beforehand. Where that is the case, we will usually say so before surgery rather than after it.

A residual corneal mark

A mark or opacity can remain where the pterygium previously extended onto the cornea, particularly after a large or longstanding lesion.

Double vision

Very large, recurrent or heavily scarred pterygia can affect eye movement. New persistent double vision after routine primary surgery is uncommon, but it is a recognised potential complication of extensive surgery.

Serious visual complications

Serious permanent loss of vision from routine pterygium surgery is rare, but no operation on the eye is entirely without risk.

Recurrence

Recurrence deserves its own section, because it is the single most important consideration in pterygium surgery and the reason the operation is performed the way it is.

A pterygium can grow back after apparently successful surgery. The operation removes the tissue but does not change the environmental and biological factors that allowed the original pterygium to develop. Conjunctival autografting substantially reduces recurrence compared with simple bare sclera excision, which is why we use it, but it cannot eliminate the risk.⁴

Rarely, a recurrence can be more aggressive than the original lesion and may require further surgery. Recurrence is generally more likely in younger patients, in eyes with continuing heavy ultraviolet exposure, and after larger or previously recurrent lesions.⁵

If tissue begins to regrow, your consultant assesses whether this represents normal postoperative healing, scar tissue or genuine recurrent pterygium before recommending anything further. These require different responses. Long-term ultraviolet protection remains sensible after surgery.

Warning Signs

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

- Severe or increasing pain, rather than gradually improving discomfort.
- Rapidly worsening redness or swelling.
- Discharge from the eye.
- A significant deterioration in vision, or marked light sensitivity.
- The graft appearing to have substantially moved or detached.
- Any sudden symptom that concerns you.

Redness, watering, grittiness and discomfort are expected initially. The important distinction is between symptoms that are settling and symptoms that are severe, unexpected or progressively worsening.

Costs

Where pterygium surgery is clinically indicated, private medical insurance commonly provides cover, subject to your policy terms and prior authorisation. Surgery undertaken primarily for appearance is less likely to be covered. The fees below apply if you are paying for yourself.

Item	Fee
Consultation and diagnostic assessment	£325
Pterygium excision with conjunctival autograft, per eye	From £2,500

Fees are quoted per eye and are correct at the date of this leaflet. Current pricing is maintained online and may change: [our published price list](#).

You will receive a written quotation before committing to surgery. It will specify what is included in the surgical fee, your postoperative medication and your routine follow-up, and what is not included.

Questions Worth Asking

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

- Does my pterygium actually need removing, and is it growing?
- Is it changing the shape of my cornea, and is it responsible for my visual symptoms?
- What happens if I leave it alone?
- Why do you use a conjunctival autograft, where is it taken from and how is it secured?
- How long will my eye remain red, and when can I judge the final result?
- What is my individual risk of recurrence, and what happens if it grows back?
- Could my cornea remain marked after removal?
- Who performs my surgery, and who manages my postoperative care?

Taking your time

Unless there is an unusual clinical reason for urgency, pterygium surgery allows time for an informed decision. 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 pterygium surgery 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, your surgery and your follow-up are performed by a named Blue Fin Vision® consultant ophthalmic surgeon, who confirms the diagnosis, discusses the available options, 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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