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## Glueless and sutureless pterygium autograft: A study

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**Aim:** Glueless and sutureless pterygium autograft.

**Design:** Prospective, interventional, hospital-based study.

**Place of study:** Kosli, Remote village near Rewari, Haryana.

**Materials and Methods:** Fifty six eyes of fifty-six patients with primary pterygium were graded and excision was performed by the single surgeon. To prevent a recurrence, free conjunctival autograft (CAG) was taken from superotemporal or inferior quadrant from the same eye and bleeding was induced in episcleral vessels of bare sclera and CAG was moved over it without the use of sutures or fibrin glue, allowing natural autologous coagulum of the recipient bed to act as a bioadhesive. The eye was patched for 24 h. Postoperatively, patients were put on topical eye drops (moxifloxacin 0.5%, Prednisolone acetate 1%, and carboxymethyl cellulose 1%, Hypermellose 0.3%) for 6 weeks. The outcomes were assessed in terms of post-op foreign body sensation, any recurrence, complication(s), and operative time at each follow-up visit on day 1, 21, 45 and 240 days. Results: There were 41 females (73.2%) and 15 males (26.7%). The mean age of all the patients was  $46 \pm 13.2$  years, range 22–70 years. Increase in

pterygium size was the chief indication of surgery (34 eyes, 60.7%) along with Cosmetic appearance & Recurrence in 20 eyes (35.7%) & 2 eyes (3.5%) respectively. In 8 months documented follow up none of the eyes had a recurrence. 2 (3.5 %) eyes were left bare sclera due to the very small eye in one case and patient non-compliance (mentally handicapped) in other case. In 48 (85.7%) cases cosmetic appearance was good on Post-op Day 1, in 1 case (1.7%) graft had moved superiorly in 3 cases (5.3%) graft retraction was noted on 1 week follow up and in 2 (3.5%) graft was completely out. Resurgery was advised but the patient was happy with removal itself. No other complication was noted. Average surgical time was  $22 \pm 2$  min.

**Conclusion:** This technique is proving to be cheap, easy, patient and doctor friendly with minimum post-op symptoms of pain, foreign body sensation, watering & complete recovery between 2-3 wks. Moreover, the recurrence, complication rate, and the operative time of glue / suture fixated CAG seem to be comparable with the current techniques in practice, without adding possible potential hazard of the surgical adjunct.

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