

# Having canaloplasty and trabeculotomy surgery for glaucoma

Ophthalmology

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Information for Patients

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## Who is this leaflet for?

People with glaucoma/ high eye pressure who are having a canaloplasty procedure.

## What is a canaloplasty?

We insert a thin tube (catheter) in part of the eye called the canal of Schlemm. This canal helps drain fluid from the eye (aqueous humour).

We then inject a thick gel through the catheter. The gel make the canal bigger. By making the canal bigger more aqueous fluid can drain. This can lower the eye pressure. This is called canaloplasty.

Sometimes we also make tiny cuts inside the canal to help lower your eye pressure more. This is called trabeculotomy.

## Why do I need it?

Eye pressure problems often happen when the eye's drainage system does not work properly. This makes the pressure inside the eye too high.

Having high eye pressure for too long can damage the optic nerve at the back of the eye. This can worsen glaucoma and lead to a loss of vision.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.uhleicester.nhs.uk](http://www.uhleicester.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

## What is the benefit of surgery?

- Surgery can lower the eye pressure
- Surgery can reduce the amount of glaucoma medications needed

Canaloplasty will not cure your glaucoma or reverse any damage already caused by the glaucoma. It can stop it from getting worse.

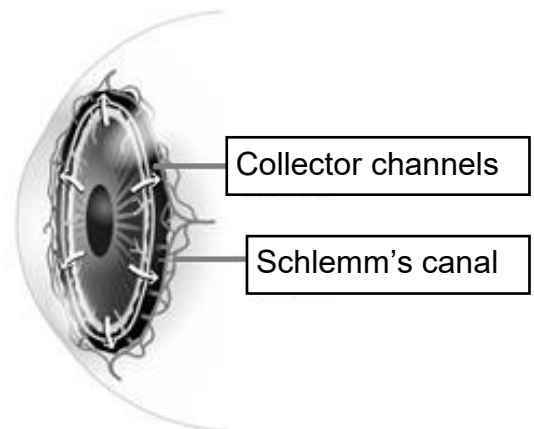
## How does it work?

The drain of the eye is like a strainer. It is called the trabecular meshwork. Behind this meshwork or membrane is a drainage canal (Schlemm's canal). It drains fluid away from the eye.

High pressure in glaucoma is because of resistance in this strainer.

Your eye surgeon may combine this operation with a cataract operation. Please see leaflet 1065 or visit:

<https://yourhealth.leicestershospitals.nhs.uk/library/musculoskeletal-specialist-surgery-mss/ophthalmology/1326-cataract-surgery>



## Is the surgery guaranteed to work?

- There is no guarantee that the procedure will work but most patients would benefit.
- On average eye pressure is reduced by 20% with or without cataract surgery.
- Most patients use fewer glaucoma drops for at least a year.

## What other options are there?

There are 3 ways to lower the pressure inside the eye on a long-term basis:

- eye drops
- lasers
- surgical operations

The best treatment approach for you will have been discussed at your clinic appointment. If you have changed your mind about having this procedure, please contact us.

## What are the pros and cons of surgery?

### Pros

- It is less invasive than many other types of surgery to treat glaucoma.
- It improves the eye's own natural drainage pathway. We leave nothing inside the eye.
- It is a quick procedure. The operation lasts around 15 minutes. Please note you would be in hospital for a couple of hours. This includes the care you will get before and after the actual operation.

### Cons

- We cannot lower the pressure to very low levels.
- This procedure may not work. We cannot always accurately predict who this procedure will work on.
- Some patients need more operations for their eye pressure in the future. This is even if their operation works well initially.

Your clinical team will advise which procedure is best for you.

## Preparing for the operation

Please keep taking any eye drops and tablets for your glaucoma as prescribed, unless told not to.

If you take any blood thinning medication (such as warfarin) or have had bleeding problems, please talk to your doctor before surgery.

Before the operation you will have a pre-operative assessment appointment. This is to check you are fit for the procedure and anaesthetic.

## What happens at time of surgery?

You can expect to be in hospital for half a day.

The operation is often done under local anaesthetic. This means that you will be awake. Your eye will be numb so you will not feel anything.

You may also have chosen to be sedated during the operation or have a general anaesthetic so you are asleep during the surgery.

The procedure takes around 15 minutes. It is often done at the end of cataract surgery but can also be done as a standalone procedure.

## What happens after the operation?

You can go home the same day when you feel ready.

You will not be able to drive yourself back home on the day.

The operated eye will be covered by a protective plastic shield. You can remove it the morning after surgery.

- The morning after your operation you can remove the shield.
- Gently bathe the eye with cooled boiled water or saline.
- You can then start to use the drops that have been prescribed for after the surgery.

We will often see you in the eye clinic 1 week after the operation and at 1 month. We sometimes see some patients the next day. We will explain the exact drop regime and instructions that you need to follow. This will be done by our ward team after the surgery. This is often with a cup of tea and a biscuit.

## What about my medication?

You should continue any drops you are already using to both eyes unless told not to. There will be extra drops to take temporarily.

We will tell you how to use your glaucoma drops in the operated eye. It depends on how the glaucoma is and the type of medication.

### **There will be 2 different drops to go in the operated eye:**

1. an antibiotic
2. a steroid

You will need to use them for 4 to 6 weeks after surgery. The ward team will tell you how long you need to take them for and the frequency of each once you have returned from the operating theatre.

## What are the risks and possible complications of surgery?

- Worse or loss of vision is a risk of any eye surgery. This can be because of infection or retinal detachment for example, although such serious complications are very rare.
- **Call Eye Casualty right away if:**
  - the vision in your eye is worsening in the days after surgery, or
  - the eye is becoming more red or more painful, or
  - you are concerned in any way
- You can get a small amount of bleeding inside the eye during the operation. This can take up to a month to clear.
- For inflammation you will need a longer course of drops.
- Some people's eye pressure does not change much after surgery. Whilst being monitored closely in clinic, your team will discuss options with you, including further observation or other forms of laser or surgery. We would talk about this with you at your hospital appointments and keep you informed of our findings.
- Rarely a second operation may be needed to washout any bleeding inside the eye. This may be needed if the bleeding has not settled down, although it is very rarely required.

## Caring for the eye after surgery

- Do not rub or press on the eye after surgery. We advise you to wear a plastic shield at night for the first week after surgery. We will give you the plastic shield.
- Reading, watching TV and using the computer are fine.
- Do not drive until your surgeon says it is OK to do so.
- Most people need 2 weeks off work after surgery.
- Keep the eye dry for 2 weeks. This is to reduce the chance of infection.
- There are no long-term limits after surgery.
- Please take your drops regularly after the surgery to make sure the eye heals well.

