# **Chapter 5 Repair of Conjunctivochalasis**



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## Indications

Symptomatic conjunctivochalasis explained by tear meniscus dysfunction or the mechanical action of redundant conjunctiva

## **Essential Steps**

- 1. Topical anesthetic (if needed—subconjunctival or retrobulbar anesthesia)
- 2. Marking of crescent tissue to be excised
- 3. Semilunar-shaped incision of conjunctiva
- 4. Dissection of conjunctiva from Tenon's capsule
- 5. Removal of crescent-shaped conjunctiva
- 6. Hemostasis
- 7. Suturing or gluing of the conjunctival wound

# Complications

- Giant papillary conjunctivitis
- Subconjunctival hemorrhage
- Recurrence of the conjunctivochalasis
- Procedure failure

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- Conjunctival dehiscence
- Infection or abscess formation
- Restriction of gaze

### **Template Operative Dictation**

Preoperative diagnosis: Conjunctivochalasis (OD/OS)

Procedure: Repair of conjunctivochalasis (OD/OS)

#### Postoperative diagnosis: Same

**Indication:** This is a \_\_\_\_\_-year-old *male/female* presenting with (*a Meller and Tseng grade 1–4* [1]) conjunctivochalasis for \_\_\_\_ (*months/years*) duration. Despite aggressive medical treatment, the patient's symptoms did not resolve, and surgical options were discussed. After a detailed review of risks, benefits, and alternatives, the patient elected to undergo the procedure.

**Description of the procedure:** The patient was identified in the holding area, and the (*right/left*) eye was marked with a marking pen. The patient was brought into the operating room and placed on the operating table in the supine position. After a proper time-out was performed verifying correct patient, procedure, site, positioning, and special equipment prior to starting the case, the (*right/left*) eye was prepped and draped in the usual sterile fashion. The operating microscope was centered over the (*right/left*) eye and an eyelid speculum was placed. Several drops of topical Tetracaine were instilled into the (*right/left*) eye.

*If subconjunctival injection was performed* – (2 *or 4*) % *lidocaine was injected in a subconjunctival fashion.* 

*If retro- or peribulbar injection was performed* – A (*retro/peri*) *bulbar injection of 50/50 mix of (2 or 4) % lidocaine and 0.75% bupivacaine was given (with/with-out) hyaluronidase.* 

The exact area of conjunctiva to be excised was identified *inferiorly*, extending \_\_\_\_\_\_degrees, from the \_\_\_\_\_ to \_\_\_\_ o'clock position. A (*marking pen/handheld cautery*) was used to outline the area to be excised. A semilunar-shaped area of conjunctiva was incised then dissected off Tenon's using a Westcott scissors. Special care was taken to ensure that no underlying structures were removed with conjunctiva. Hemostasis was achieved with electrocautery.

#### [Choose one]:

*If the conjunctiva was primarily reapproximated* – A total of # interrupted 8-0 *Vicryl* sutures were used to close the conjunctival wound. The eyelid speculum and drape were removed. Antibiotic ointment was instilled in the inferior fornix, and a

shield was placed over the eye. The patient was transferred to the post-anesthesia care unit in stable condition.

*If amniotic membrane used* – The size of the defect was measured to approximately \_\_\_\_\_ × \_\_\_mm, and an amniotic membrane graft was trimmed to \_\_\_\_\_ × \_\_\_mm. The graft was then *glued/sutured* to the area of the conjunctival defect with *fibrin tissue glue/a total of \# interrupted 8-0 Vicryl sutures*. The eyelid speculum and drape were removed. Antibiotic ointment was instilled in the inferior fornix, and a shield was placed over the eye. The patient was transferred to the post anesthesia care unit in stable condition.

#### **Additional Resource**

http://eyetu.be/jofele.

#### Reference

 Meller D, Tseng SC. Conjunctivochalasis: literature review and possible pathophysiology. Surv Ophthalmol. 1998;43:225–32.