

Minimally Invasive Bleb Surgery

(MIBS)



GIG
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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

What is MIBS?

MIBS is Minimally Invasive Bleb Surgery. It involves a microshunt (Preserflo) which drains fluid from inside the eye to outside, under a thin skin-like membrane covering the white of the eye called conjunctiva. The fluid is drained and pooled under the conjunctiva forming what is called a 'bleb'.

What are the benefits?

MIBS will lower your eye pressure and prevent further damage to the optic nerve caused by eye pressure (intraocular pressure). Compared to trabeculectomy, MIBS has the advantage that the procedure is shorter, less invasive, and requires fewer post-operative visits. In addition, the drainage bleb created in MIGS is usually less obvious than after a trabeculectomy and contact lens wearers are often still able to continue contact lens wear afterwards. It is important to remember that MIBS will not cure your glaucoma, reverse any damage already caused by glaucoma, or bring back any lost vision.

Are there any alternatives?

The closest alternatives to MIGS will be a traditional trabeculectomy or Glaucoma Drainage Device (Baerveldt, Ahmed or Paul Glaucoma Implant) which are usually reserved for severe forms of glaucoma.

What does the operation involve?

The operation is usually performed under a local anaesthetic, meaning that you are awake but your eye is numb so you will not feel anything. Your eye will be numbed with eye drops and you will be told to look down. The local anaesthetic takes several hours to wear off and may affect your vision during this time.

Similar to trabeculectomy, a medication called mitomycin C (an anti-scarring drug) will be applied to reduce scarring. It is important to tell your surgeon if you could be pregnant as this drug is not recommended for use with pregnancy.

Mitomycin C is designed to enhance the long term success of the surgery.

A small cut is to the thin skin-like membrane covering the white of your eye (conjunctiva). The microshunt is then inserted inside your eye and the wound is closed with two stitches (in contrast, a trabeculectomy requires many more stitches). These stitches may either be removed later in clinic or, in some cases, remain buried within the eye. The entire surgery is likely to take around 30 minutes.

How soon will I recover?

After surgery, your eye may be slightly blood shot and swollen for a few days. The eye normally has a clear shield. It is important to continue any eye drops for the un-operated eye unless advised otherwise.

You will usually be discharged home from hospital the same day after surgery. It is usually necessary for the operated eye to be examined again several days after surgery.

The following day, the postoperative eye drops are usually started. This includes new anti-inflammatory and antibiotic eye drops to prevent inflammation and infection in the operated eye.

The anti-inflammatory drops will normally need to be continued for up to 2 months.

It is important to continue using the shield at night time as it prevents accidental rubbing of the eye during sleep. Your vision may also be blurry for 1-2 weeks.

You may read and watch television; these activities will not harm your eye. You will generally have no sensation from the presence of the bleb.

The microshunt will begin to work straight away to lower your eye pressure and you can stop taking ALL your glaucoma drops in the operated eye. Any drops you use in your other eye must be continued as normal.

While you should usually be able to go outside, walking and shopping etc., straight after surgery, you should avoid strenuous activity for the first month including swimming, tennis, jogging and contact sports. Do not rub / bump / press the eye, and do not use any non-prescribed products in the eye.

Please wear an eye shield or your own glasses if in dusty environments. It is safe to fly after surgery, however you will need to be seen a number of times by your surgeon in the first two months.

If in doubt please ask your doctor or nurse in clinic.

It takes 1 month for the eye to feel completely normal in most cases, and sometimes longer in more complicated cases.

You can have an eye test for glasses 3 months after the operation as often the prescription will be slightly different than before surgery.

When can I go back to work?

The duration of time off work will depend on a number of factors such as the nature of your employment, the state of the vision in the other eye and the pressure in the operated eye.

Most people take 2 weeks off work after surgery, however the length of time will depend on the nature of your work.

Typically, someone working in an office environment would require 2 weeks off if the postoperative course is smooth.

Someone whose occupation involves heavy manual work or work in a dusty environment may require 1 month (e.g. builders, working in dusty environments etc.).

What are the risks?

Serious complications are rare. You could have a small amount of bleeding inside your eye. If this happens, your vision could be blurred for one to two weeks or occasionally longer. Like all glaucoma surgery, the eye pressure lowering effect of MIGS may wear off with time.

This is most often due to scarring closing down the new drainage channels. If this happens, you will need to restart your glaucoma medications or have further procedures to control your eye pressure, which would usually be to insert a larger implant (Baerveldt, Ahmed or Paul Glaucoma implant).

There is a very small life-long risk of infection and a small risk that the shunt might expose and need to be repaired.

The risk of very low pressure after surgery is much less than after trabeculectomy and persistent very low pressure is rare.

Contact Details

For any problems postoperatively please call

Eye Casualty: 029 2184 3191

09:00 – 17:00 Monday to Friday

Out of hours:

Please call UHW switch board on
029 2074 7747 and ask for on-call
ophthalmology doctor.