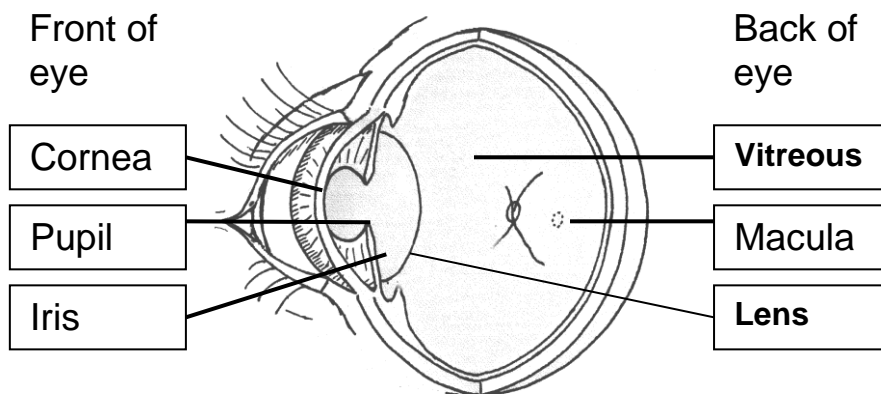


Information for patients

Intravitreal Anti-VEGF Treatment (vascular endothelial growth factor)

This leaflet gives you information that will help you decide whether to have intravitreal treatment. It also explains what happens if you decide to go ahead. You might want to discuss it with a relative or carer. Before you have the first treatment, you will be asked to sign a consent form and so it is important that you understand the leaflet before you decide to have treatment. If you have any questions, you may wish to write them down so that you can ask one of the hospital staff.

The Macula



Macular Oedema (MO) is swelling in the area of the retina responsible for detailed vision and results from leaky blood vessels.

Your eye doctor has recommended intravitreal treatment because your macular oedema is likely to make it difficult for you to see well enough to carry out your usual daily activities.

Diagnosis and assessment

You will need photography with FFA (Fluorescein Angiography) at diagnosis and intermittently, Optical Coherence Tomography (OCT) and Visual Acuity tests.

Treatments available:

Avastin (Bevacizumab) - non licenced human antibodies

Lucentis (Ranibizumab)—human antibody fragment

Eylea (Aflibercept) – a recombinant fusion protein

Causes of MO include:

Age-related macular degeneration (AMD);

Diabetic maculopathy (DMO);

Retinal vein occlusion (RVO);

Myopic macular degeneration (MMD)

Benefits of Anti-VEGF treatment

Treatment works by reducing the chemical Vascular Endothelial Growth Factor (VEGF) which causes blood vessels to grow or leak. Treatment allows:

- 1) Prevention of severe visual loss in most patients where permanent damage to the vision has not already occurred.
- 2) Significant improvement in eyesight in about one third of patients
 - Greater clarity of vision (acuity, contrast sensitivity)
 - Less distortion.

Your expectations

- Please note that your quality of vision may still be limited even after treatment.
- Anti-VEGF treatment may not benefit other eye conditions you have, and you probably will still need glasses or magnifiers.

Your options

1) Left untreated many people with MO will lose central vision to the level of sight impairment (partial sight) or severe sight impairment (legally blind). Macular disease rarely takes the vision away completely.

2) You will be advised if laser, radiation or other treatments such as steroid injections may have a role in your care.

3) Anti-VEFG treatment provides a good chance of stabilized or improved vision. Multiple treatments are required.

Pre-treatment assessment

- You should not receive this medication if you are allergic to the treatment or have infection in or around the eye.

If on Warfarin ensure your INR is regularly checked and within your appropriate treatment range (ideally should not be much higher than 3.0)

- If on a new anticoagulant such as Dabigatran, Rivaroxaban or Apixaban please ask your physician if you can stop this for the day before and day of your treatments to reduce the risk of bleeding.
- Tell your doctor if you are pregnant, have glaucoma, or a history of heart problems, strokes, blood clotting disorder.

Risks of anti-VEGF treatment

Serious complications are unusual and in most cases can be treated effectively. Up to one person in one hundred suffers significant complications that could seriously affect their sight or cause blindness.

Complications affecting the eye

- Needle hitting the lens which can result in cataract formation.
- Bleeding inside the eye.
- Inflammation within the eye.
- Bruising of the eye or eyelids.
- High pressure inside the eye.
- Clouding of the cornea (front of eye).
- Detached retina.
- Infection in the eye (endophthalmitis)

Non ocular complications

- Severe allergic reaction (anaphylaxis)
- Heart attack, Stroke or blood clotting problems

Day of treatment

- Do not drive on the day of the assessments or treatments.
- Please don't wear any powder or make up near the eye.
- Please arrive promptly.
- You may eat and drink as normal
- Take any medications or eye drops as normal unless told otherwise.
- Drops are used to dilate the pupil ready for the assessment, and also antiseptic and anaesthetic prior to treatment.

Anaesthetic

- Most procedures take place under a local anaesthetic that consists of drops.
- With a local anaesthetic you will be awake during the operation.
- Your face is temporarily covered with a sterile drape.
- You will still have some vision during treatment.

Procedure

- An experienced eye professional will treat you or may supervise a professional in training.
- Please lie as flat, and keep your head and eyes as still as possible.
- The procedure takes only a few minutes.

Technique

- Intravitreal treatments are delivered by an injection into the eye using a very fine needle.
- Most procedures are painless, but pressure, discomfort, or occasionally a brief sharp pain can occur.
- Sometimes there is discomfort after the procedure due to the eye drops or to the eye pressure. Take paracetamol if necessary.

Time commitments

- You and carers will need to be able to commit to travel and time commitments of the multiple visits required.
- Please allow time for the whole process. You'll be in the hospital for several hours.
- Timing of treatment is important. Please don't change your appointments unless absolutely necessary.
- Initially three to six injections separated monthly are given, then monthly assessments with treatments when required. Two years or more of treatment may be necessary.

After procedure

- Immediately after the procedure you may have floaters or blurred vision. This shouldn't last long.
- Your eye may itch, water, or be red, gritty, sticky or slightly uncomfortable for a while after the treatment. After a few hours even mild discomfort will go.
- If you have discomfort, you may take a pain reliever such as Paracetamol (don't take aspirin as a painkiller, though if on a low dose for a medical condition you should continue this unless instructed otherwise).
- It is now recognised that you do not need post procedure antibiotic drops. If you use regular drops you should get a new bottle to start after each treatment.
- Although the drug works within a few days to weeks, it will wear off and further treatment may be needed
- If the drug does not work you may be withdrawn from the treatment programme.

Post procedure do's and don'ts

- Do clean sticky eyelids with boiled cooled water.
- You may carry out normal daily tasks
- Do inform the treatment coordinators if you have any problems, or attend the eye casualty department.

- Do not rub or hit the eye
- Do not use a cotton handkerchief
- Do not resume driving until you reach the driving standard and you feel competent to drive.
- You must be able to read the old style number plate at 20.5m (new style at 20m) with one or both eyes without or with glasses.

You should inform DVLA and your insurance company of your diagnosis and treatment.

How to use your eye drops if prescribed

- Please read label & drug information.
- Wash your hands.
- If necessary shake the bottle.
- Unscrew bottle top.
- Pull the lower lid down to create a small pocket between the eyelid and the eye.
- Tilt your head back & look up.
- Hold dropper bottle inverted over eye.
- Squeeze bottle to allow one drop to fall into the eye. If you miss try again. Don't touch the dropper to the eye or lid (this may introduce infection into the bottle).



- Close eyes & press inner edge of lid gently for 30 seconds
- Wipe away any excess from the skin.

Please contact the hospital immediately if you have any of the following symptoms; you may need prompt treatment:

Eye symptoms:

- Excessive pain
- Light sensitivity
- Discharge
- Loss Of Vision
- Increasing redness of the eye
- Lots of Flashes & Floaters (shadows in your vision)

Contact No: 01432 355444 Extn 1766 or Accident & Emergency to speak to the on call Ophthalmologist

Bodily symptoms:

- Sudden numbness or weakness, especially on one side of the body, sudden headache, confusion, problems with vision, speech, or balance
- Chest pain
- Breathlessness
- Rash

Contact your GP, A&E or call an ambulance depending on severity. Inform your doctors you are on the intravitreal treatment programme. Inform the retinal treatment coordinator of your health problem on Ext 5325.

We hope this information is sufficient to help you decide whether to go ahead with treatment.

If you have further questions please ask the doctor, nurse or retinal team co-ordinator. Don't worry about asking questions. Our staff will be happy to answer them.

Tel 01432 355444 Ext 5325 or 1766