Patient Information for Consent

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OP11 Intravitreal (Anti-VEGF) Injection

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This document provides you with the information you require for your operation. Please read it and get back to us if you have any questions. Thank you.

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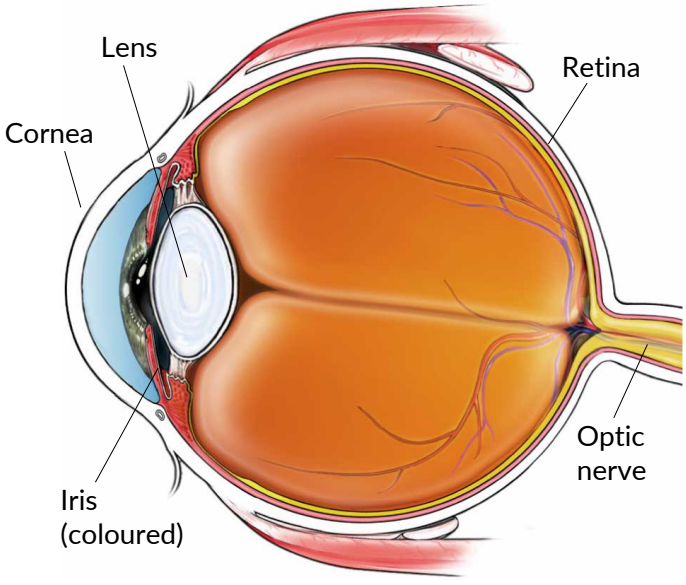
What is macular degeneration?

The macula is a specialised area of the retina responsible for visual sharpness. The retina captures the light coming into your eye and sends this information to your brain.

The retina is supplied by a layer of blood vessels (the choroid), which is separated from the retina by a membrane. Wear and tear of the membrane sometimes allows blood or blood vessels from the choroid to damage the macula so that you cannot see fine detail. This is called macular degeneration.

What is an intravitreal injection?

An intravitreal injection is given through the white part of your eye into the jelly (called vitreous) that fills the inside of your eye. Anti-vascular endothelial growth factor (anti-VEGF) injected into the jelly spreads to the retina (inner layer at the back of your eye) where it can take effect.



Cross-section of the eye

A member of the healthcare team will assess you and tell you if an intravitreal injection is suitable for you. However, it is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team.

Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of an intravitreal injection?

An intravitreal injection is used to treat conditions that prevent the macula from working properly. These include:

- Wet age-related macular degeneration.
- A narrowed or blocked retinal vein.
- Diabetic eye disease.

The injection should improve your symptoms. You usually need a course of injections over a year or longer for the treatment to be effective.

Are there any alternatives to the injection?

There are other treatments depending on the cause of the macular degeneration. The healthcare team will be able to discuss the options with you.

However, the healthcare team may have recommended surgery because these treatments have not worked for you.

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What will happen if I decide not to have the injection?

Your vision is unlikely to improve without intravitreal injections.

With some conditions, if your retina becomes scarred or the problem is left untreated for too long, your vision may be permanently reduced.

What does the procedure involve?

Before the procedure

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the procedure you are having.

If you are female, it is important that you tell the healthcare team if you are pregnant or planning to become pregnant, or you are breastfeeding. Anti-VEFG injections can be harmful to babies.

Let the healthcare team know if you have had a heart attack or stroke in the past 6 months.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

You will need to lie still during the injection. If you cannot lie still, let the healthcare team know.

In the treatment room

The injection is usually performed under a local anaesthetic given as eye drops or a gel. The injection usually takes about 30 seconds.

A member of the healthcare team will wipe the skin around your eye with an antiseptic solution. They will then insert a fine needle through the white part of your eye (sclera) and inject the anti-VEGF into the jelly in your eye.

It is normal for your eye to feel slightly uncomfortable during the injection and for a number of hours afterwards.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

The possible complications of an intravitreal injection are listed below.

- Bleeding on the outside of your eye during or after the injection (risk: 1 in 5). Usually there is little bleeding and the white of your eye may be slightly red. This can take up to a week to fade. If it is very red and painful, let the healthcare team know as this is unusual.
- Inflammation in your eye (uveitis) (risk: up to 4 in 100). Your risk may be higher depending on the drug injected into your eye. You may need treatment with eye drops or, in severe cases, another eye injection or medication.
- Raised pressure in your eye (risk: less than 1 in 100). This can usually be treated with eye drops but you may need another procedure to drain fluid

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from your eye. Let the healthcare team know if you have blurred vision, pain, headaches, or feel sick after the injection.

- Damage to the lens that causes a cataract (lens becomes cloudy) (risk: 1 in 1,000).
- Heavy bleeding inside the jelly (vitreous haemorrhage) during the injection, which may cause loss of vision (risk: less than 1 in 1,000). This can take up to several months to recover.
- Heavy bleeding in the retina (retinal haemorrhage) during the injection, which may cause permanent loss of vision (risk: less than 1 in 1,000).
- Infection inside the eye (endophthalmitis), which may cause blurred vision or even permanent loss of vision (risk: less than 1 in 1,000). Most infections usually happen in the first week but can happen later. If your eye becomes red and painful, and your vision becomes blurred, let the healthcare team know straight away. You may need other procedures to control the infection.
- Retinal detachment, which is the lifting off of one of the layers at the back of your eye (risk: 1 in 5,000). If you notice that you suddenly get a lot of 'floaters' or flashing lights, or you think you have a shadow in your vision, let the healthcare team know.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let the healthcare team know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Stroke (loss of brain function resulting from an interruption of the blood supply to your brain) or bleeding in another part of your body. This is very rare.

Consequences of this procedure

- Pain (risk: 1 in 20). Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. You may feel pressure or mild discomfort. If you are in severe pain, let the healthcare team know as this is unusual.

How soon will I recover?

After the injection your eye may feel uncomfortable but this usually settles within a few hours. You should be able to go home as soon as you feel ready. A responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

The healthcare team will tell you when you can return to normal activities.

Do not do activities, such as swimming, that could expose your eye to infection for the first 5 days. It is important to look after your eye as you are told, to reduce the risk of complications.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The healthcare team will see you regularly in clinic during the course of your treatment. It can take some time for your vision to improve. For some people their vision only stabilises and can sometimes

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get worse if the macula degeneration is severe.

Summary

An intravitreal injection is given into the jelly that fills the inside of your eye. The drug injected helps to treat conditions that affect the macula, the part of your eye that is responsible for seeing see fine detail.

However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer

Julia Baxter (MB BCh, FRCOphth, PGCert)

Illustrator

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