



# Intravitreal injection

## Information for patients from Ophthalmology

This leaflet has been produced to give you general information about your procedure. Most of your questions should be answered by this leaflet. It is not meant to replace the discussion between you and your doctor, but may act as a starting point for discussion.

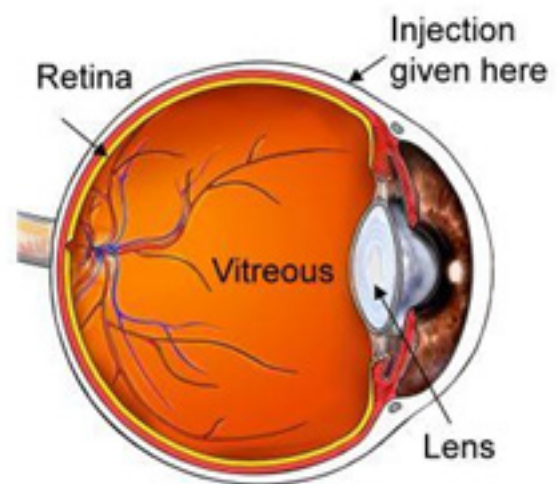
If after reading it you have any concerns or need further explanation, please discuss this with a member of the healthcare team caring for you.

### What is an intravitreal injection?

You have probably been troubled by some symptoms due to a problem with leakiness or swelling or bleeding in your retina, at the back of your eye. Following a discussion with your doctor it has been advised that a course of injections of a drug into the jelly inside your eye (vitreous) would be helpful.

There are now several drugs which can be injected into the eye to reduce retinal swelling or bleeding:

- Ranibizumab (Lucentis)
- Aflibercept (Eylea)
- Bevacizumab (Avastin)
- Dexamethasone (Ozurdex)
- Fluocinolone (Iluvien).



The injection is given with a very fine needle through the white part of your eyeball (see diagram).



## Why do I need a course of intravitreal injections?

Common diseases treated with this type of injection include:

- age-related macular degeneration (sometimes called 'wet' AMD)
- diabetic macular oedema (leakiness due to diabetic damage)
- retinal vein occlusion (blocked blood vessels in the retina causing leakiness)
- inflammation or short-sighted related abnormal blood vessel growth; or
- other rare problems with the blood supply to the retina.

## Will I have to stay in hospital overnight?

No, this procedure is usually carried out as an outpatient, or as a day case procedure for Ozurdex and Iluvien implants. Your doctor will discuss this with you.

## Will the procedure hurt?

No, you are given a local anaesthetic before your procedure, to numb the area being treated. You should not feel anything, except slight pressure.

## Should I take my current medication or drops on the day of my procedure?

Yes, continue with any current medication, unless told otherwise by your doctor.

## Are there alternatives to this treatment?

Your doctor will have discussed other treatment options with you and will have explained the advantages and disadvantages of all the treatments available to you. These treatment options will vary depending on:

- the cause of your eye problem
- the location of the leakiness in your retina
- what other treatments you have previously had (laser if appropriate or other eye injection treatment) and how your eye has responded to those treatments
- whether you have previously had cataract surgery; and
- other factors such as whether you have glaucoma (which is a build up of pressure in the eye that affects your eyesight).

## What are the risks?

Complications are rare and in most cases can be treated effectively. In a small number of cases, further treatment may be needed. A summary of the possible risks are below.

- **Common (one in 10 patients)**
  - Floaters - microscopic shadows on the retina caused by debris or air bubbles.
  - Sub-conjunctival haemorrhage - bloodshot eye.
  - Corneal abrasion - painful scratch to the front surface of the eye; usually heals within 48 hours.

- **Rare (one in 1000 patients)**
  - Endophthalmitis - severe, usually painful, infection in the eye.
  - Lens damage - damage to the eye lens, may need surgery.
  - Retinal tear or detachment - displacement/tear of the retina, may need surgery.
  - Loss of vision - caused by adverse effects from treatment.
  - Acute glaucoma - caused by increased eye pressure from injections.
- **Extremely rare (how often this happens is not known)**  
Stroke or heart attack

**If you experience any of the above rare or extremely rare complications, please contact the eye clinic on 01227 78 31 72. If they are not available please contact your GP, NHS 111, or go to your nearest Emergency Department.**

### **Will I need to have more than one injection?**

With the exception of Iluvien, these drugs usually work best if given on more than one occasion. Which means you will probably need to have another injection in the next month or so (Lucentis, Eylea, Avastin) or in several months (Ozurdex), depending on how your eye responds to treatment. It is therefore essential that you keep any eye clinic appointments that you are asked to attend.

### **I'm pregnant, do I need to tell you?**

Yes. Please tell the clinician if you are pregnant or breastfeeding.

### **What if I have any questions or concerns?**

If you wish to discuss this treatment further, please contact the eye clinic on 01227 78 31 72 and speak to a member of clinical staff.

If you have any questions about caring for your eye after your procedure, please refer to the Trust leaflet **Intravitreal injection aftercare**. Please ask a member of staff for a copy or download a copy yourself from the Trust web site [www.ekhft.nhs.uk/eye-patient-leaflets](http://www.ekhft.nhs.uk/eye-patient-leaflets)

**This leaflet has been produced with and for patients**

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)

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