Northern Devon Healthcare NHS Trust

Treatment of age-related macular degeneration by intravitreal injection with anti-VEGF

Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

This leaflet provides information about the eye condition, wet age-related macular degeneration (AMD). Treatment for wet AMD is by an injection into the back of the eye (an intravitreal injection). The information in this leaflet will be explained to you by a doctor, nurse or other health professional. You will be asked to give your consent to this treatment and to sign the form where appropriate. The form is kept in the medical record and a copy is provided to you.

What is age-related macular degeneration (AMD)?

Age-related macular degeneration (AMD) is an eye condition and the leading cause of blindness in older people. There are two types of macular degeneration: dry and wet.

In the ‘dry’ form of AMD, the cells in the macula (the centre of the retina) wear out. No treatment has yet been proven to prevent or cure dry AMD, but research in this field continues. Currently low visual aids may be used to support vision

In the ‘wet’ form of AMD, abnormal blood vessels grow under the macula and affect the centre of vision. Often, such vessels leak blood or fluid and cause blurred or distorted vision. Without treatment, central vision loss may be severe and rapid.

How is AMD treated?

Treatment for AMD cannot undo the changes already present in the eye. The aim is therefore to prevent further loss of vision.

Ranibizumab (known as Lucentis®, produced by Novartis Pharmaceuticals UK Ltd) is a medicine given by injection into the eye. It acts to slow or stop the growth of the abnormal blood vessels and leakage that cause AMD. Although some patients have regained vision, most patients' vision will stabilise after treatment. It does not always prevent further loss of vision caused by thecondition.

How is treatment given?

The eye is numbed with anaesthetic drops and washed with iodine. Lucentis is injected into the vitreous humour, which is the jelly-like substance in the back chamber of the eye.

Lucentis injections are repeated into your eye once a month for at least three months, and later at regular intervals as needed. Your ophthalmologist (eye doctor) will tell you how often you will receive the injection, and over what length of time. It is often necessary to attend for eye examinations and/or injections on a monthly basis, and perhaps for several years.

What other treatment options are available?

Other forms of treatment are available for some types of wet AMD. These include photodynamic therapy (PDT) using a 'cold' laser and a drug called verteporfin (Visudyne®, Novartis Pharmaceuticals UK Ltd) and, in some very limited cases, treatment with conventional or 'hot' laser. Some other injections are sometimes used. These options will be explained to you by your eye doctor or nurse.

You do not have to receive treatment for your condition. However, if you delay starting treatment, your central vision may continue to get worse over a fairly short period and to the point where treatment might no longer help. Although AMD hardly ever causes complete blindness, it can reduce the vision to the point where it is only possible to see outlines (known as peripheral vision) or movement, but no fine detail because of loss of central vision.

What are the risks of treatment?

1. Complications of Lucentis in other body parts

There is a theoretical increased risk of experiencing blood clots (such as may cause heart attack or stroke) after intravitreal administration of medicines that affect the growth of blood vessels, such as Lucentis. However, a low incidence of these events was seen in the Lucentis clinical trials. Patients with a history of a stroke may be at greater risk for another stroke. If you have had a stroke, please discuss this with your eye doctor or nurse.

2. Risks of intravitreal eye injections

Serious complications of the intravitreal injection procedure include **retinal detachment**, **cataract formation** and infection **(endophthalmitis)** within the eye. Any of these serious complications may lead to severe and **permanent loss of vision**. In clinical trials these complications occurred at a rate of less than 0.1% of injections. Other serious events such as inflammation within the eye and increased pressure in the eye occurred at a rate of less than 2% in the clinical trials. More common side-effects may include eye pain, conjunctival haemorrhage (bloodshot eye), vitreous floaters, irregularity or swelling of the cornea, inflammation of the eye, and visual disturbances such as small specks in the vision.

3. Infection control

If there are any signs of eye/eyelid infection present on the day of your planned injection, your treatment may need to be re-booked for another time. Please inform your doctor or nurse if you have a sticky or discharging eye.

4. Coincidental risks

Whenever a medication is used in a large number of patients, coincidental problems may occur that could have no relationship to the treatment. For example, patients with high blood pressure or smokers are already at increased risk for heart attacks and strokes.

If one of these patients being treated with Lucentis suffers a heart attack or stroke, it may be caused by the high blood pressure and/or smoking, and not necessarily due to Lucentis treatment.

5. The treatment might not be effective for you

Your condition may not get better or may become worse despite these injections. Any or all of the complications described above may cause decreased vision and/or have a possibility of causing blindness. Additional procedures may be needed to treat these complications. During follow-up visits or phone calls, you will be checked for possible side-effects and the results will be discussed with you.

After your injection

1. Your eye may feel quite gritty for 24 – 48 hours after the injection. This sensation should get continually better as time goes on. We will give you an antibiotic ointment which you can apply if the grittiness persists.

2. Blobs or small specks in your vision (floaters) may be seen for a few days after the injection. This should not affect your vision. These are usually tiny air bubbles in the syringe that are sometimes impossible to eliminate, even in the most experienced hands.

3. Generally you should ring us urgently if your eye feels worse instead of better as time goes on. The following signs – especially if they occur **after** 48hours – can be warning signs of a complication: sensitivity to light, eye pain, blurred vision, a generalised red eye (though a localised red patch of haemorrhage at the injection site is normal), floaters or flashes that are getting worse, or a dark shadow or curtain from above or below. A rare but important warning sign is a milk-like fluid level in front of your iris (the coloured bit of your eye).

It any of the above warning signs occur, please call:

01271 322577

Ask for the first on-call (SHO or Registrar) in Ophthalmology to assess you over the phone or, if necessary, in A&E. You would need to specify that you had an intravitreal injection into the eye and that you had detected warning signs that you wished to report. If in doubt, always insist to be assessed on a slit-lamp microscope.

Patient responsibilities

It is very important, after each injection, that you do **not**:

- rub your eyes
- wash your face for 24 hours
- wash your hair or shower for 48 hours
- swim for a week

It is very important that you **do**:

- keep to all post-injection appointments, which may be monthly, or scheduled telephone calls, so staff can check for response to treatment and for complications
- continue to use any other eyedrops that you are currently using and that you have been previously prescribed by your ophthalmology doctor; please use a fresh bottle for the operated eye
- If you have not received your next appointment in the timescale the clinician has advised, please call the Exmoor Unit on 01271 322770.

Further information

If you would like further information on AMD, there are many sources of advice available.

Brochures/posters from many relevant patient support groups are available in the Ophthalmic Department. The North Devon Macula Service can be contacted directly on telephone number 01271 322770.

Royal National Institute of Blind People (RNIB)
Website: www.rnib.org.uk
RNIB Helpline on 0303 123 9999.

The Macular Disease Society
Website: www.maculardisease.org
Helpline on 0845 241 2041.

AMD Alliance International
Information on early AMD detection, treatment, rehabilitation and support services, as well as new prevention suggestions.
Website: www.amdalliance.com

NHS Direct
Website: www.nhsdirect.nhs.uk - Explains macular degeneration in detail
Tel: 0845 4647 (24 hours a day)

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

‘Care Opinion’ comments forms are on all wards or online at www.careopinion.org.uk.

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