

## Preparing yourself for the procedure

- Ensure you have arrangements to be escorted home after the injection.
- No other specific measures need to be undertaken following the procedure; you will be able to go home after a few minutes of rest.
- You will receive a telephone call from the clinic a few days after the procedure to ensure you are alright and answer any questions you might have.

## Post-injection advice

- Do not rub the eye.
- Report any eye pain, increased discomfort, increased redness, increased sensitivity to light, blurred or decreased vision.
- Administer Chloramphenicol eye drops 4 times a day for 3 days after the injection. Please keep the bottle in the fridge.

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## Intravitreal Therapy

for Age-related Macular  
Degeneration (AMD)  
Patient Advice & Education



london medical  
eyes



## What is Wet AMD?

Age-Related Macular Degeneration (AMD) is a disorder of the retina, the light-sensitive inner lining of the back of the eye.

The macula is a small, central portion of the retina which is necessary for sharp, "straight ahead" vision needed for reading, driving a car or recognising faces.

There are two types of macular degeneration, "dry" and "wet". The "wet" type results in the formation of abnormal blood vessels behind the retina which causes bleeding and scarring that leads to loss of vision. A growth factor which plays an integral role in the development of abnormal blood vessels in wet AMD is vascular endothelial growth factor (VEGF). Drugs which block the action of this factor and stop blood vessel growth are now available.

Macugen® (pegaptanib) and Lucentis® (ranibizumab) are now licensed for use in the UK. Lucentis® was the first therapy ever shown to increase the average vision of wet AMD patients in a large randomised controlled (Phase III) clinical trial.

Avastin® (bevacizumab), is licensed for colon cancer treatment and works by reducing vascular growth within the tumour. As it is very similar to Lucentis®, it was found to be beneficial in wet AMD and is widely used (as it is substantially cheaper) with great success but it is not, and is unlikely to be, "licensed" for injection into the eye. It does not preclude consultants, in exercise of their best judgment, using the drug if they are well informed about it, base its use on firm scientific rational medical evidence, and maintain a record of its use.

All these agents are injected into the vitreous gel of the eye, to target the new blood vessel growth promoted by VEGF.

### The procedure

Before being prepared for the injection, you must first be assessed by Fluorescein Angiography (FFA) and / or Optical Coherence Tomography (OCT).

In preparation for the injection, local anaesthetic drops are applied to the conjunctivae; a lid speculum is inserted to hold the lids open so as you cannot blink, and a very fine needle is inserted in the vitreous. A very small quantity (0.05ml) of the drug is injected. The procedure is virtually painless and is followed by a short period of rest after which you will be able to go home.

There are no precautions to be taken following the injection; you can carry on living a normal life, without the need for any dark glasses or avoidance of the sun as with photodynamic therapy. Your consultant will discuss any complications or contraindications with you prior to the procedure. These are mentioned in the consent document which you should read and understand before proceeding.

### Follow up visits

Your vision will be measured, your pupil dilated and either a fluorescein angiogram or an OCT (optical coherence tomography) will be carried out to assess whether the drug is effective in reducing the retinal swelling. If the retinal thickness returns to normal, no repeat injection is required. If there is persistent retinal swelling, a repeat injection will be given.

It has been estimated that most patients need monthly injections for the first 3 months and possibly 1 to 3 more injections in the following 9 months. Your consultant might recommend photodynamic therapy instead of further injections.