

Wet macular degeneration & injection treatment

Wet macular degeneration is a serious condition in which abnormal new blood vessels grow in between the layers of the retina and choroid (retina is the sensitive film at the back of the eye). These blood vessels can leak, bleed and cause scarring or water logging (called odema) in the retina. This leads to loss of vision in the area of the damaged retina. Unfortunately in most cases, this area, called macula, is responsible for central of vision. The damaged retina caused by these leaky blood vessels ultimately leads to loss of central vision.

Patients suffering with wet macular degeneration may have central visual loss, blurring of vision, a grey or black patch in the centre of vision, distortion of straight lines etc. Most patients will complain of difficulty in reading.

Treatments for this kind of eye disease have been developed in the last few years. One of the most effective and promising treatments is an injection of a drug into the eye. This may be Lucentis (Ranibizumab), Avastin (Bevazicumab) or Eylea (Aflibercept). Previous treatments for this eye disease were either not very effective or were very expensive. However some patients may

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benefit from special types of laser treatment called Argon laser, photodynamic treatment (verteporfin with laser treatment) or even extensive laser surgery called vitreo retinal surgery.

Intravitreal injections (Lucentis, Avastin or Eylea) are now routinely used to try and stabilize vision and preserve as much vision as we can. The goal of treatment is to prevent further loss of vision. Although some patients may regain some lost vision, the treatment may not restore vision that has already been lost, and may not ultimately prevent further loss of vision caused by the disease. The damage in the retina may be reduced by the injections but not totally reversed. Visual loss will be expected but hopefully not as much if the eye was not treated at all.

The patient usually undergoes tests which include a colour photograph of the retina, a dye test and a scan of the retina. If there are signs of wet macular degeneration that are expected to benefit from treatment, then the patient undergoes 3 injections of antiVEGF treatment (one injection each month for 3 months). The patient then enters an observation period and will then be offered treatment only if it is required.

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This injection is given directly into the eye (in the jelly of the eye), by an eye surgeon.

The eye will be sore for a while and the vision will be blurred for a period of time after which it will clear to previous levels.

The chances of stabilization of the vision are upto 80% in patients with certain types of wet macular degeneration. In approximately 20% the treatment will not work and the vision will drop. The damage caused by leakage and fluid may be minimised but the ageing changes cannot be stopped.

In most cases, patients do not have any problems after the injection. Sometimes the front surface of the eye can get scratched (corneal abrasion), which can cause eye pain/soreness but settles down in a day. Rarely, patients can get an infection in the eye, called endophthalmitis (1% chance), which can cause permanent & total loss of vision.

Possible complications and side effects of the procedure and administration of injection treatments include retinal detachment, cataract formation (clouding of the lens of the eye), glaucoma (increased pressure in the eye), inflammation (soreness), hypotony (reduced pressure in the eye), damage to the retina, cornea or lens (structures of the eye), and bleeding. Another complication called

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retinal pigment epithelial rip (inward curling of lining of the retina) can cause decreased vision in patients with certain types of wet macular degeneration. Any of these rare complications may lead to severe, permanent loss of vision.

There is also some evidence emerging suggesting slightly higher chance of strokes (2%) in patients receiving Lucentis or Avastin.

Summary

Benefits: Possible stabilization of vision

Risks: Frequent injections into the eye which may be painful.

Complications may cause permanent loss of sight. Failure of treatment may lead to loss of sight

Recommended patient groups

Macular disease society

<http://www.maculardisease.org>

Sight for Surrey

<http://sightforsurrey.org.uk>

Contact for treatment or consultation

Mr MU Saeed Consultant Ophthalmologist

Secretary; Debbie Newman Debbie@london-eye-surgeon.co.uk

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