

## Patient Information

# Eylea treatment for Retinal Vein Occlusion (RVO)

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### Introduction

This leaflet describes the latest treatment available to you.

The doctor has found that you have a blocked retinal vein, giving rise to haemorrhages and swelling affecting the centre of the retina. This is called retinal vein occlusion (RVO).

This can appear in different forms central retinal vein occlusion (CRVO), hemi-central vein occlusion (HRVO) or branch retinal vein occlusion (BRVO).

Your doctor may have already suggested / carried out laser treatment if appropriate.

As you suffer from glaucoma / ocular hypertension, or have had an ocular hypertensive response to a previous Ozurdex implant, you have been enlisted for intravitreal Aflibercept (Eylea) injections. **Please continue to take your prescribed glaucoma eye drops whilst having these injections.**

Aflibercept (Eylea) is one of a group of drugs called anti-VEGF (anti-vascular endothelial growth factors), which are injected into the jelly (vitreous) of the eye. The injections work by penetrating into the nerve layer at the back of the eye (the retina). The macula is the most important part of the retina and is responsible for your central vision.

Over time, the injections close up the leaking blood vessels affecting the macula, which should reduce the swelling in the macula, and hopefully improve your vision. Your doctor may suggest additional laser treatment if appropriate.

Depending on how the RVO responds, these injections may be given on multiple occasions over three years in the affected eye.

## How long am I consenting for treatment?

You will be given an indefinite course of treatment, unless you withdraw consent or lose capacity.

You should not feel anything during the eye injections, since your eye is numbed with anaesthetic drops prior to the injections. You can take a couple of paracetamol tablets (500mg) in the morning of the injection (if not allergic). Please continue to take any other eye drops that you already use (such as, for glaucoma and dry eye). After the injection, the eye will be covered by an eye shield to prevent corneal scratch / abrasion. Please keep the shield on the eye until the next morning.

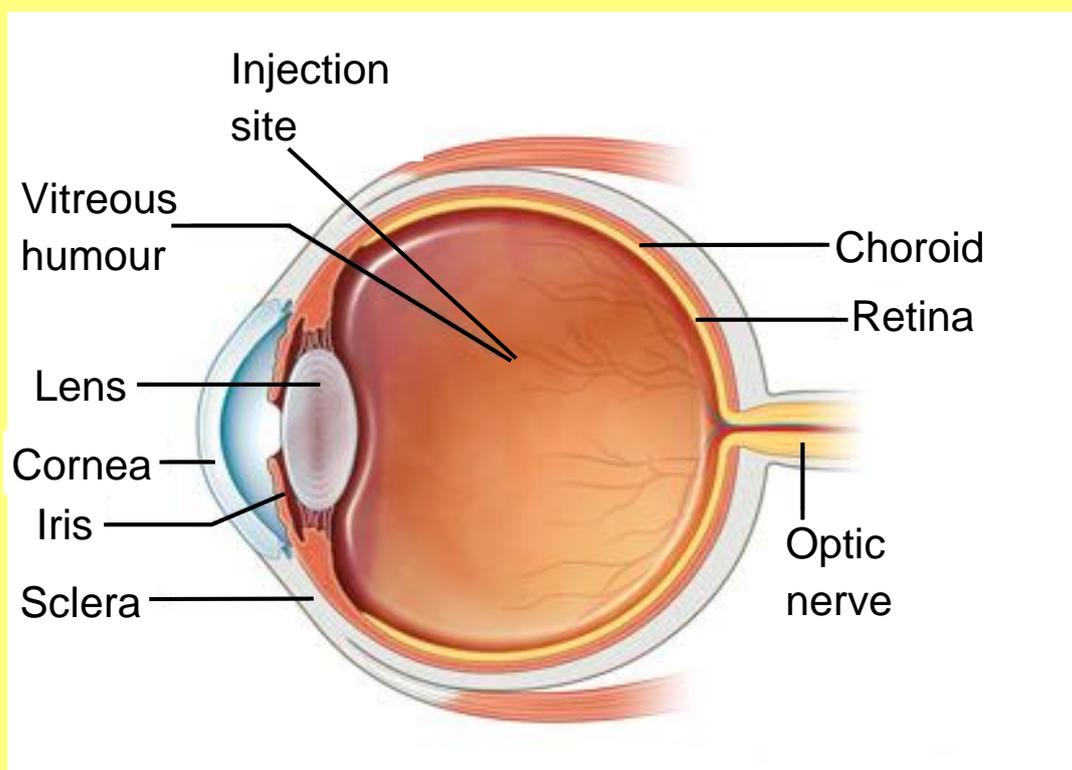


Figure 1 shows the side image of an eye (image courtesy of NHS Choices)

## **Will my vision improve with the injection?**

- In the COPERNICUS and GALILEO studies, 60 per cent of patients who had Eylea gained 15 or more letters (three lines of the eye chart) compared to 17 per cent of patients who did not receive the drug.
- The amount of fluid in the central area of retina (back of the eye) is reduced nearly twice as much in patients who receive Eylea in comparison to those who do not have the drug.
- Intravitreal Aflibercept (Eylea) is a safer option in patients with glaucoma, ocular hypertension and steroid responders compared with Ozurdex implants.

## **What are the risks of having the injections?**

You need to know about the side effects. From the studies:

- No incidents of stroke / mini stroke or death were seen over the 52 week study period.
- Less than 0.5 per cent of patients may have a blinding eye infection (endophthalmitis) or raised pressure in the eye.
- There is a one per cent risk of a heart attack.
- Very rarely, the injection needle can touch the lens, producing an opacity (cataract), or touch the retina, producing a retinal tear / detachment.

## **What are the alternatives?**

Currently there are no other licensed anti-VEGF treatments for RVO apart from Eylea and Lucentis (a drug that works similar to Eylea) intravitreal injections.

## **Is there any reason why I cannot have the injections?**

- The injections cannot be given to people who have had a stroke, mini stroke or heart failure in the past three months.
- It will not be used in the presence of infection / inflammation in or around the surrounding tissues of the eye.
- Note: Aflibercept (Eylea) is unsuitable for pregnant or breastfeeding (lactating) patients.
- Additional support may be needed for patients who may find local anaesthetics difficult to tolerate due to dementia/cognitive impairment.

In this case, alternative solutions will be discussed with the patient and those who support them.

## **‘One Stop Service’**

The Trust is introducing a ‘One Stop Service’ for some intravitreal injections. A ‘One Stop Service’ is where an injection may be offered on the same day you attend the eye clinic. This may result in you having an extended waiting time in clinic, but it will mean you do not have to return on a separate occasion for your eye injection. A doctor or nurse will discuss this with you in the clinic.

## **Advice after eye injections**

### **What should I expect after the injection?**

Your eye may feel painful for 24 to 48 hours. If necessary, you can take painkillers such as paracetamol or ibuprofen if you can take them (always read the label; do not exceed the recommended dose). If the eye becomes significantly red and painful with reduced vision, contact the **Urgent Referral team** immediately on **01384 456111 ext. 3633**.

It is best to avoid products containing aspirin. However, if you take regular soluble aspirin (75mg), you can continue to take it as advised by your GP.

If you have bruising on or around the eye, this should fade gradually over the next couple of weeks.

At times, a tiny air bubble can be introduced into the eye during the injection. This appears as a round, dark floater in the centre of your vision the day after the injection. Do not be alarmed, as this will get smaller and should disappear within 48 hours.

Rarely, the surface of the eye can get scratched during the injection process. This can cause sharp, sudden pain three to six hours after the injection. If this happens, it is easy to treat, so please get in touch with the **Urgent Referral team** at Russells Hall Hospital Eye Clinic on **01384 456111 ext. 3633** (9am to 4.30pm, Monday to Friday).

## What do I need to do?

If you have an eye pad to prevent the cornea from being scratched or damaged, you can gently remove this the next morning. The eye pad may be slightly bloodstained, but this is nothing to worry about.

You can clean your eye the morning after your injection with cool, boiled water and a small piece of cotton wool or lint. Close your eye first, and then gently wipe from the inner corner of the eye to the outer corner of the eye, using a fresh piece of cotton wool or lint each time and for each eye.

If you were prescribed antibiotic drops to use at home, continue to use them for five days. If you have been prescribed glaucoma eye drops, you should use them on the morning of the injection, but not after the injection for the rest of that day. The next day you should start your glaucoma eye drops again using a new bottle.

## What if I have any problems or questions after reading this leaflet?

Please contact the **Urgent Referral Clinic** team at Russells Hall Hospital Eye Clinic on **01384 456111 ext. 3633** (9am to 4.30pm, Monday to Friday).

## Eye emergency, out of hours

In case of an eye emergency after the closing hours of the Eye Clinic at Russells Hall Hospital (including weekends and bank holidays), please contact:

### **Birmingham and Midland Eye Centre** on **0121 507 4440**

The doctor on call is usually based at the Eye Centre, City Hospital, Dudley Road, Birmingham. They may need to call you back, and if necessary, they will arrange for you to visit them.

**Note:** the information in this booklet is provided for information only. The information found is **not** a substitute for professional medical advice or care by a qualified doctor or other healthcare professional. **Always** check with your doctor if you have any concerns about your condition or treatment. This is only indicative and general information for the procedure.

Individual experiences may vary and all the points may not apply to all patients at all times. Please discuss your individual circumstances with your eye doctor.

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**Consultant ophthalmologist, retina lead**

## Reference

1. COPERNICUS and GALILEO study
2. Brown DM, Heier JS, Clark WL. *Am J Ophthalmol* 2013;155(3):429-437.
3. Korobelnik JF, Holz FG, Roeder JA *et al. Ophthalmology* 2014;121(1):202-208.
4. NICE recommendation TA305  
(<http://www.nice.org.uk/guidance/ta305/resources/guidance-aflibercept-for-treating-visual-impairment-caused-by-macular-oedema-secondary-to-central-retinal-vain-occlusion-pdf>). February 2014.

This leaflet can be downloaded or printed from  
<http://dgft.nhs.uk/services-and-wards/ophthalmology/>

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