

# Patient information

# Ocriplasmin (Jetrea) for the treatment of vitreomacular traction (VMT)

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## Introduction

Your doctor has found that you have swelling affecting the centre of the retina, called vitreomacular traction (VMT), and that you are a suitable candidate for treatment with a drug called Ocriplasmin, also known as Jetrea. This is an injection given into the jelly (vitreous) at the back of the eye.

VMT exerts a pulling force on the centre of the retina called the macula. As a result of this constant pulling, abnormal changes may occur in the form of a cyst or macular hole, which then impairs vision.

This leaflet includes information on the procedure, the risks and the benefits.

## What is Ocriplasmin (Jetrea)?

Ocriplasmin (Jetrea) is given as a single injection into the vitreous. It is an enzyme which helps remove the pulling (traction) from the centre of the retina, thereby relieving the symptoms of VMT.

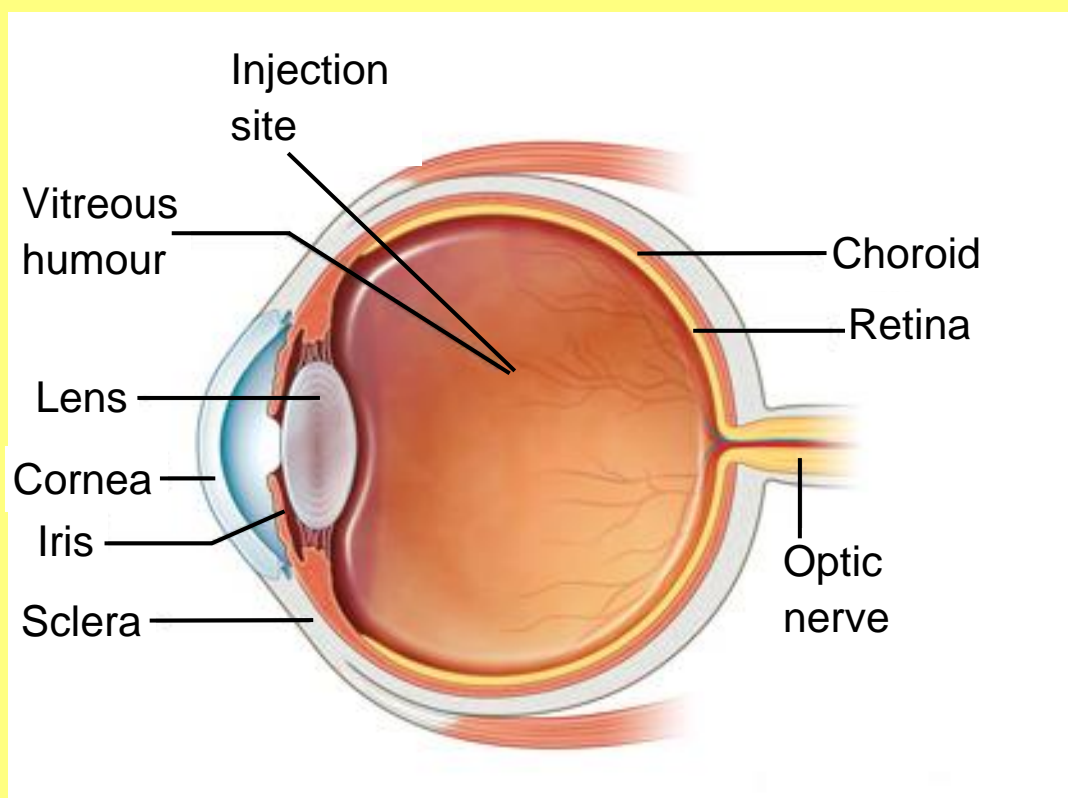


Figure 1 shows the side image of an eye (image courtesy of NHS Choices)

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

VMT eyes treated with Ocriplasmin (Jetrea) therapy have been found to gain vision in just under half of all patients. If, however, there is no response, no further injections are available. The doctor may decide to refer you to a retinal surgeon for macular hole surgery at Birmingham Midland Eye Centre (BMEC).

### **What are the benefits?**

Just under 50 per cent of patients achieve separation of the jelly from the centre of the retina (macula). This prevents the formation of a full thickness macular hole, which can permanently damage vision.

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

You need to know about the side effects and, like all intravitreal injections, Ocriplasmin (Jetrea) can cause side effects, although not everybody will experience these.

### **Very common (more than one in 10 patients)**

- Dark, floating spots in the field of vision (floaters).
- Eye pain.
- Reduction and darkening of vision (within 12 to 48 hours of the injection).
- Yellowish or greenish discolouration of vision (dyschromatopsia).
- Flashing / swirling lights.

### **Uncommon (may affect one in 100 patients)**

- Decreased vision in parts of field of vision.
- Displacement or wobbling of the lens.
- Double vision.
- Differently sized pupils.
- A scratch or scrape on the cornea (transparent, front part of the eye).

### **Rare (one in 1000 patients)**

- Retinal tear or retinal detachment.
- Blinding infection (endophthalmitis).

### **When to seek an urgent appointment at the hospital**

If you experience:

- A severe decrease in vision within one week of the Ocriplasmin (Jetrea) injection. If you do suffer from decreased vision, **do not** drive or operate any machinery.
- Worsening of eye pain, redness and an increase in dark floaters.
- Double vision, headache, halos around lights, nausea and vomiting.

### **What are the alternatives?**

The only alternative to this injection is a procedure called vitrectomy, which is carried out by vitreo-retinal surgeons at Birmingham Midland Eye Centre (BMEC).

### **What happens before the treatment?**

Please take your usual medication and eye drops on the day of your injection appointment.

If you want, you can take paracetamol tablets on the morning of the injection, if you can take them (always read the label; do not exceed the recommended dose).

### **What happens during the treatment?**

You should not feel any pain during the eye injections, since your eye is numbed with anaesthetic drops prior to the injections. You may feel some pressure on your eye. You will not need to stay in hospital.

### **What happens after the treatment?**

Most patients will not have any eye drops after the injection, however a small number of patients may be given antibiotic drops for five days after the treatment. Your doctor will discuss this with you. You can take a couple of paracetamol tablets (500mg) on the morning of the injection or afterwards (if not allergic) if necessary.

Please continue to take any other eye drops that you already use (such as, for glaucoma). 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.

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

- It will not be used in the presence of infection / inflammation in or around the surrounding tissues of the eye.
- Injections are unsuitable in pregnancy and for breastfeeding women.
- If you have:
  - Proliferative diabetic retinopathy (PDR).
  - Wet age-related macular degeneration (wet ARMD).
  - High myopia (short-sightedness) of more than eight dioptries.
  - Aphakia (no lens in the eye) or phacodonesis (wobbly lens).
- Within two weeks of intraocular surgery.
- Additional support may be needed for patients who may find local anaesthetic difficult to tolerate due to cognitive impairment. In this case, alternative solutions will be discussed with the patient and those who support them.

# 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 6780**

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.

**Author: Mr S Shafquat FRCS, FRCOphth**  
**Consultant ophthalmologist**  
**Retina lead**

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