

ST. THOMAS EYE HOSPITAL

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Patient/parental Agreement to Undergo Intravitreal Injection

Modified from the:

North Cheshire Hospitals 
NHS Trust

Warrington Hospital, United Kingdom

Intended Intravitreal Agent:

1. Avastin (), 2. Lucentis(), 3. Ozurdex(), 4. IVK () 5. Eylea, 6. Antibiotics ()

Avastin, Lucentis and Eylea are anti-growth factor drug used to reduce eye complications in diabetes, retinal vein occlusion or other macular diseases. Retinal damage releases a chemical, VEGF (VEGF= vascular endothelial growth factor) which causes adjacent retina to leak or grow 'new blood vessels' which are very fragile and bleed easily. The drugs block the effects of VEGF and seeks to prevent it from causing further damage to the retina. New vessels may also form in the aqueous drainage angles and cause eye pressures to go up.

Among the Anti-VEGF agents, only Lucentis and Eylea are approved by regulatory bodies like the FDA for intravitreal injection. These are available in Ghana and are our preferred choice. On the other hand, Avastin is used all over the world for the same purpose and is much cheaper (about one third of the cost). Their safety profiles are almost the same but since Avastin is drawn and used, it may have a slightly higher risk of infection than the other two. If you choose to have Avastin keep in mind that you are taking some amount of risk in addition to the fact that it is an off-label drug for the intended purpose.

On the other hand, Ozurdex and Kenalog (IVK) are steroids and is used for many of the conditions in which Anti-VEGF are required. They however are not substitutes. In addition, these two drugs have a higher tendency to increase pressures in the eyes, after injection. This is especially so in people who are sensitive to steroids.

The Procedure:

Intravitreal Anti-VEGF is given as an injection usually in the operating theatre, or in a clean minor surgery room. The injection procedure itself takes seconds and is usually feels like a tiny prick. You can go home later that day - this is a 'day case' procedure. Topical anesthesia is usually used.

Intended Benefits:

Many people will notice some improvement in vision. The macular oedema reduces, with a maximum reduction at 2 weeks, and starts to wear off after a few more weeks.

It gives a chance for laser treatment and lower blood pressure etc., to have their effect. Usually further injections are needed. Many patients will need a minimum of 3 injections before their doctor decides on continuing or terminating the treatment due to non-beneficial effects. In some instances your doctor may change to another anti-VEGF treatment or other agents intended to achieve the same effects.

Risks:

About 1/1000 people will develop a serious eye infection. If your eye starts to get red, with misty vision (*there may be no pain*), perhaps 2-5 days after the injection, you should suspect an infection and attend the eye department urgently. Come straight to hospital even if you are unable to secure an appointment a priori.

There is a 1% risk of a retinal tear after this injection. Please seek attention immediately if you develop symptoms of a tear, a sudden shower of floaters and flashes of light. These may happen in the months after the injection and may be related or unrelated to the procedure.

There is a very small chance that the drug will cause side effects outside the eye, such as aggravating heart disease, but no extra risk has been found in a large safety survey.

I have read, this information and understood the content. I have also asked the necessary questions and I am satisfied that I want to undergo the procedure of getting anti-VEGF injection.

Patient's Acceptance of Risks:

I have read the above information (or it was read to me) and have discussed it with my physician. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed and that more treatment or surgery may be necessary. By signing below, I agree that my physician has answered all of my questions and that I understand and accept the risks and benefits of the surgical procedure . I have been offered a copy of this document.

Patient's Undertaking:

Iwish to have a Intravitreal Injection
Operation on my.....(state "right" or "left" eye).

Patient's Signature or Right Thumb Print:

Name and Signature/RTP of patient's witness:

Date:

Counter-signed by Surgeon: