

Patient information

Intravitreal fluocinolone acetonide implant (Iluvien) for chronic diabetic macular oedema (DMO)

Introduction

Your eye doctor has already given you a patient information booklet describing diabetic eye disease and its treatment. This leaflet describes the latest treatment available to you.

The doctor has found that you have swelling affecting the centre of the retina, called diabetic macular oedema (DMO). This injection is currently the most effective treatment for DMO. It works 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 injection closes 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 laser treatment in addition to this injection if appropriate.

Depending on how the DMO responds, this injection may be given again after three years in the affected eye.

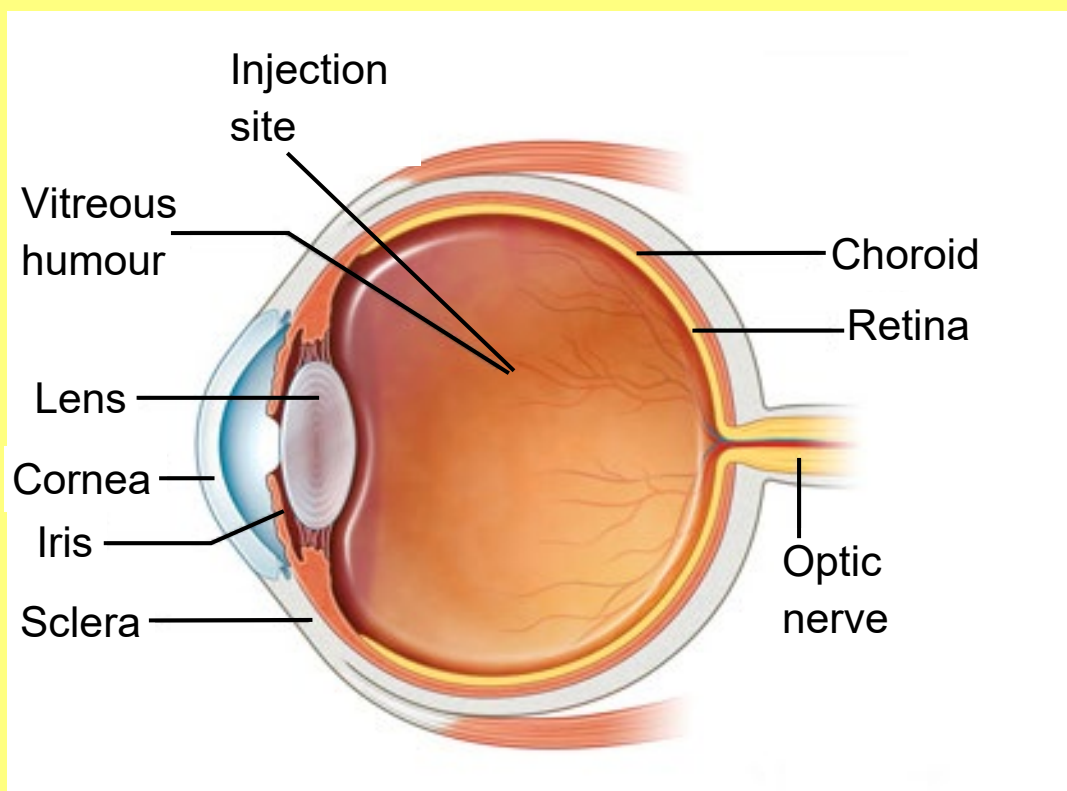


Figure 1 shows the side image of an eye (image courtesy of NHS Choices)

How long am I consenting for treatment?

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

Will my vision improve with the injection?

In the Fluocinolone Acetonide in Diabetic Macular Edema (FAME) study, significantly more patients with chronic DMO obtained approximately 15 letters increase in vision at 24 months.

It is intended to reduce inflammation and swelling.

The implant can also help improve vision or prevent further damage.

What are the benefits of having the injections?

The benefits of the treatment are:

- It should reduce inflammation and swelling in the macula of your eye.
- It can also help improve vision and prevent further damage.

What are the risks of having the injections?

You need to know about the side effects:

Very common (more than 10 per cent)

- Increased intraocular pressure (glaucoma).
- Floaters.

Common (between one per cent to 10 per cent)

- Haemorrhage (vitreous and conjunctival).
- Eye pain / irritation.

Uncommon (less than one per cent)

- Blockage of retinal vessel or new blood vessel growth.
- Vitreous haemorrhage with or without retinal detachment.
- Less than 0.5 per cent of patients have an eye infection (Endophthalmitis), leading to complete loss of vision (blindness).

What are the alternatives?

Your doctor will be happy to discuss alternative treatments, although they may require more frequent visits or may have more serious side-effects compared to the Iluvien implant.

Alternatives include laser treatment (which may have already been given) and another type of injection called anti-vascular endothelial growth factor (anti-VEGF) therapy which currently includes Ranibizumab (Ongavia) Aflibercept (Eylea) and Faricimab (Vabysmo) intravitreal injections.

What happens before the treatment?

Please take your usual medication and eye drops on the day of your injection appointment. Before your injection, you will be given a tablet and eye drops to lower your eye pressure. 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 as the eye doctor will put numbing anaesthetic drops into your eye. When your eye is numb, the eye doctor will deliver the implant through a tiny needle into the jelly (vitreous) part of your eye. While this is happening, you may feel some pressure on your eye.

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) in 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?

- The injection cannot be given to people who have glaucoma or significant increased eye pressure.
- It will not be used if you have an infection or inflammation in or around the surrounding tissues of the eye.
- 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 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.

**Author: Mr S Shafquat FRCS, FRCOphth
Consultant Ophthalmologist, Retina Lead**

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

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