The Dudley Group NHS
NHS Foundation Trust

Trust Headquarters
Russells Hall Hospital
Dudley
West Midlands
DY1 2HQ

FREEDOM OF INFORMATION ACT 2000 - Ref: FOI/011089

Thank you for your request for information about '**Macular Degeneration**'.

In response to your request for information please see information below and attached documents.

Further information about your rights is also available from the Information Commissioner at:

Information Commissioner
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF
Tel: 0303 123 1113
Fax: 01625 524510
www.ico.gov.uk

Yours sincerely

Information Governance Manager
Room 34a, First Floor, Esk House, Russells Hall Hospital, Dudley, DY1 2HQ
Email: FOI@dgh.nhs.uk

The Dudley Group NHS
NHS Foundation Trust

Good afternoon Ms Armitage,

Regarding the response to your Freedom of Information request, reference 011089, I am able to forward you the remaining response to the following questions:

On glaucoma:
• What proportion of your glaucoma follow-up appointments are delayed or cancelled?

Response:
Diagnosis is not currently coded on Outpatient Departments, and whilst there are a couple of clinics which in theory are glaucoma only they are not exclusive for first or follow up.

Only a few of the doctors have designated glaucoma clinics whilst others are within general clinics, so a true picture could not be reported.

On Age Related Macular Degeneration (AMD)
• Your policy on the treatment of wet AMD. In particular, the use of Avastin (bevacizumab) and Lucentis (ranibizumab) for this condition.
• Minutes and papers relating to any board meetings where this policy was discussed / approved.

Response:
The Trust does not hold a policy or any published clinical guidelines on the treatment of AMD although the development of clinical pathways in ophthalmology is something the Trust is working on.

• The information you give to patients to explain your policy on treating wAMD, in particular the treatment options including Avastin and Lucentis.
Response:
Leaflets were previously sent via emai to you 21.3.2012

The Trust uses Lucentis which was approved at the HENIG (Dudley Health Economy NICE Implementation Group). The Principle Pharmacist, has suggested that Duncan Jenkins from Dudley PCT, who chairs the HENIG meetings may be able to provide more information. He can be contacted via his PA Fiona Jolly at Fiona.jolly@dudley.nhs.uk or on 01384 321 925

On cataract:
• Your current policy on cataract surgery. In particular the criteria used to decide:
• when a patient is eligible for surgery
• whether the patient can have surgery in both eyes if they have a cataract in both

Response:
Please find attached the PCT's PVLC (procedures of limited clinical value) policy which contains information about the criteria for cataracts.

OPHTHALMOLOGY DEPARTMENT
RUSSELLS HALL HOSPITAL

The Dudley Group NHS
NHS Foundation Trust

Corneal Graft or Transplant

Patient Information Leaflet

Corneal Graft or Transplant

The Cornea is the clear window at the front of the eye. It may be affected by a variety of conditions or abnormalities, which can cause distortion, scarring or water logging which may affect vision.

These conditions may benefit from a corneal graft. This is a transplant of the central area of the cornea by donor tissue, similar to other types of organ transplant.

There are at least two types of corneal transplants. In one the full thickness of a central disc of the cornea is replaced. In the second type most of the thickness of the cornea is replaced, but the innermost layers are left in place so that it is a partial thickness transplant. This second type is not suitable for all people as the layers left behind must be normal.

The partial thickness transplant of the front of the cornea has the theoretical advantage of a lower rate of rejection of the transplant and should not fail late on due to failure of the innermost layer of cells, which was not replaced. There may, however, rarely be scarring that occurs between layers. This type of transplant may have to be converted to the full thickness type of transplant if the inner layer tears or ruptures during surgery, but this should not affect the surgical success. The likelihood of this happening depends on the technical difficulty of each individual case.

Surgery involves removal of some of the affected abnormal tissue from the cornea and the transplanted replacement tissue is sewn into place.

After surgery drops are needed for several months and sometimes indefinitely. After surgery the vision is usually blurred for several months with very gradual improvement. The stitches are removed at varying times after surgery but many remain in place for more than one year.

Corneal Graft or Transplant

The success of surgery is dependent on many factors. These include the type of condition affecting the cornea and problems than many arise following surgery. Thus the success rate in eyes without previous surgery may vary from 60-90£, but may be lower if there are added risk factors. The likelihood of success in an individual case will be discussed with your doctor in the outpatient clinic.

Regular outpatient visits are an essential part of trying to ensure a good result following surgery and you should be prepared for at least 12 visits during the first two years following surgery. More visits may be necessary if problems or complications arise after surgery. Depending on the sort of work you undertake it may be necessary to take 2-3 months off work, longer if there is risk of injury to the eye, less in a desk based job.

<u>Some complications that may arise at or after surgery.</u>

Most risks will vary in frequency, depending on the corneal condition and risk factors present and percentages vary from person to person.

At an early stage stitches may break or become loose and could need removing or replacing.

Infection may rarely occur, those that could lead to poor vision occur approximately 0.75% of the time. Stitches may occasionally loosen and become infected after surgery, most cases of this respond well to treatment and may not affect vision.

Problems with the movement of the surface layer of cells onto the transplant are fairly common but usually don’t cause problems. Occasionally these can persist until stitches are removed. Rarely some haziness of the graft may result

Corneal Graft or Transplant

Some Complications that may arise at or after surgery.

The corneal graft may be rejected. Most rejection episodes are reversible as long as they are treated early enough and vigorously enough. For this reason it is important to contact the eye clinic if a sudden change in the eye is experienced following surgery. In conventional grafts without added risk factors the rate of rejection episodes is about 10%. The rate is about one quarter of this with the partial thickness (lamellar) transplant of the front layers.

High eye pressure or glaucoma can occur in a small percent of people this may be temporary whilst taking the drops to prevent transplant rejection, but in a few may persists and need longer term drop treatment.

The transplant heals like in any other surgery by forming a scar where the edge of the tissues join. A difference in the shape of the cornea along different axes (or directions) will always occur and this is call astigmatism. This may be corrected by using glasses or contact lenses, but about 10% of transplant surgeries have excess astigmatism that needs correction with surgery once all the stitches have been removed.

In some cases the scarring leads to an irregular surface shape or, if between the layers with the partial thickness transplant, may mean there is a poor visual result. This may, however, be corrected with use of a contact lens much of the time. If not a further corneal transplant may be needed.

Cataract may occur and need removing surgically in a small percentage of people after transplantation. Surgery for this usually has a good result.

Despite all the above and other possible complications in the majority vision is usually improved by surgery.

Corneal Graft or Transplant

Rare Complications

Include severe bleeding at the time of surgery which can lead to loss of vision. Rarely the pupil may remain dilated after surgery. Leaking of fluid from retinal blood vessels can occasionally occur and can affect vision. Because the tissue used is a donated tissue rare infections such as CJD could be passed on. With donation protocols in place this is very unlikely to happen.

The Dudley Group NHS
NHS Foundation Trust

Information for patients undergoing

Cataract surgery

Your condition

Your eye surgeon has recommended cataract surgery because the lens in your eye has become cloudy making it difficult for you to see well enough to carry out your usual daily activities. If the cataract is not removed, your vision may stay the same, or it may get worse. Waiting for a longer period of time may not make the operation more difficult, unless your eyesight becomes so poor that all you can see is light and dark. Surgery is the only option to remove a cataract.

The operation

The purpose of the operation is to replace the cloudy lens (cataract) with an artificial replacement lens (implant) inside your eye. An experienced eye surgeon will carry out the operation or may supervise a doctor in training who also performs some operations. With local anaesthetic you will be awake during the operation. You will not be able to see what is happening, but you will be aware of a bright light. Just before the operation, you will be given eye drops to enlarge the pupil. After this, you will be given anaesthetic solution into the tissue surrounding the eye.

During the operation you will be asked to keep your head still, and lie flat as possible. The operation normally takes 15-30 minutes, but may take up to 45 minutes. Most cataracts are removed by a technique called phacoemulsification. The surgeon makes a very small cut in the eye, softens the lens with ultrasound waves and removes it through a small tube. The outer layer of the lens (the lens capsule) is left behind. The lens implant is then inserted to replace the cataract. Sometimes a small stitch is placed in the eye. At the end of the operation, a pad or shield will be put over your eye to protect it. You are advised to wear the clear shield for one week overnight after the surgery.

After the operation

If you have discomfort, we suggest that you take a pain killer such as Paracetamol every 4-6 hours. It is normal to feel irritation and mild discomfort for a while after cataract surgery. Some fluid discharge is common. After 1-2 days even mild discomfort should disappear. In most cases, healing will take about four to six weeks after which your optician can prescribe new glasses, if needed.

You will be given eye drops to reduce inflammation. The hospital staff will explain how and when to use them. Please don't rub your eye.

Certain symptoms could mean that you need prompt treatment. Please contact the hospital immediately if you have any of the following symptoms:

- Excessive pain
- Loss of vision
- Increasing redness of the eye.

After the operation, you can read or watch TV almost straight away, but your vision may be blurred. The healing eye needs time to adjust so that it can focus properly. You will be ready for new glasses (distance and reading) 6 weeks after an uncomplicated cataract operation. You must understand that although we try to make accurate measurements of your eye so that you will not need strong glasses afterward, you will still need a distance prescription to 'fine tune' your vision and certainly a reading prescription as the lends implant is usually set for distance.

Alternative treatment options

There is no alternative treatment.

What happens if you don't have this treatment?

The cataract will continue to progress with time and the vision will not improve without an operation to remove the lens.

Benefits of surgery

The vast majority of patients have improved eyesight following cataract surgery. The most obvious benefits are greater clarity of vision and improved colour vision.

If you have a coexisting eye condition such as amblyopia (lazy eye), diabetic eye disease, glaucoma or age-related macular degeneration the quality of vision may be limited even after successful surgery.

Serious or frequently occurring risks (figures in brackets are based on recent UK figures)

- This is a very safe operation, but every operation and anaesthetic carries a small risk.
- Risk of infection in the eye – endophthalmitis – which can lead to loss of sight or even the eye (1:1000) or (0.1%).
- Tearing of the back part of the lens capsule with disturbance of the jelly inside the eye that may prolong recovery. However, most patients achieve satisfactory vision eventually (1 to 2%).
- Loss of all or part of the cataract into the back of the eye requiring a further operation. (<0.5% up to date rates not readily available)
- Bleeding in the back part of the eye, which could lead to visual loss, 1:1000 (0.1%).
- Transient high pressure inside the eye (7.9%).
- Clouding of the cornea. Up to date figures not readily available but the risk is small in the normal eye.
- Swelling of the retina – macular oedema due to fluid leaking from the retinal blood vessels (0.6%).

- Detached retina which can lead to loss of sight (0.02%) overall.
- The lens implant might be of incorrect strength. This can usually be corrected with glasses. Occasionally this requires a lens exchange or implantation of an additional lens.
- Posterior capsular opacification. It may come on gradually after months or years. When this happens, the back part of the lens capsule, which was left in the eye to support the implant, becomes thick/cloudy. This can be cleared with laser treatment.
- Serious complications are rare and in most cases, complications can be treated effectively. In a small proportion of cases, further surgery may be needed. Very rarely some complications can result in blindness (less than 1 in 1000).
- Some complications may be more common in an eye with additional problems or conditions which increase the surgical risk.
- The risk of surgery does not change until the cataract becomes very advanced.

For further information

- Please refer to the RNIB booklet Understanding Cataracts. Please feel free to ask the doctor or the nursing staff should you require further information or clarification on the information that has been provided to you.

If you require any further assistance or are concerned after you have been discharged do not hesitate in contacting the Eye Department on 01384 456111 ext 3625.

Originator: Mr M Quinlan – Ophthalmology Consultant
Sister J Jennings
Date: January 2011
Version 2
Date for review: January 2013

The Dudley Group NHS
NHS Foundation Trust

Information for patients undergoing

Laser Capsulotomy

Your condition

When you had the cataract removed by surgery, a thin membrane has been left behind to support the plastic lens that is placed inside. This membrane can get cloudy with time and blur your vision or cause glare with lights. Laser helps in making an opening in this cloudy membrane so as to improve the clarity of your vision. If laser isn't done your eyesight will progressively worsen and it will seem like having the cataract again (after cataract).

The procedure

Laser treatment is a painless procedure and takes only a few minutes to perform. All that you will see are a few bright flashes of light. Once it is done, your eyesight will be dazzled because of the drops that you have had and the bright lights that you have seen. This effect will wear off in a few hours. You should not drive on the day of the laser treatment. You may see a few floating bits in front of your eye which is quite normal and will subside with time. Should you require a change in glasses it is best to wait till you have seen the doctor during your follow-up appointment, who will advise you.

Alternative treatment options

None.

What happens if you don't have this treatment?

Your eyesight is likely to remain misty and may get worse with time.

Benefit

Restoration of the clarity of vision to what it was, soon after the cataract surgery. Generally this is a one-off treatment and the need for re-treatment is very rare.

The serious or frequently occurring risks

- Transient rise in eye pressure
- Increased inflammation of the eye
- Decrease in central vision due to macular oedema (water logging at the back of the eye due to leaky blood vessels)
- Retinal detachment (the light sensitive layer of the eye peels away)

For further information

- Please refer to the RNIB Booklet Understanding Cataract
- Please feel free to ask the doctor or nursing staff should you require further information of clarification on the information that has been provided to you.

May 2011
Review May 2013
Mrs S Joseph

The Dudley Group NHS
NHS Foundation Trust

Information for patients undergoing

Laser Iridotomy

Your condition

There is a watery fluid that circulates in the front part of the eye called aqueous. Aqueous is continuously produced within the eye and some of it is being drained out all the time. The balance of these two maintains a steady pressure within the eye. By nature, your eyes are shaped in a way that the drainage passage ways may close. As a result there is an upset of the balance and the pressure within the eye.

The Procedure

With the help of laser, small holes are made in the coloured part of your eye (the iris). You will be seated in front of the machine and a contact lens will be applied into the surface of the eye after making it numb with a drop of anaesthetic. The laser is applied on the iris. You will feel this sharp on your eye but the pain should be tolerable. The procedure will be over in a few minutes. You will be given tablets and drops after the procedure and your eyesight will be misty for a while. The doctor will check the pressure in your eyes an hour later to make sure that this is not too high.

Alternative treatment options

The alterative to having laser treatment is surgical opening in the iris (iridotomy). It carries a greater risk of complications than laser.

What happens if you don’t have this treatment?

There is a high risk of sudden glaucoma, with high eye pressure and very uncomfortable eye.

The Benefit

This treatment ensures that the aqueous can pass through the opening in the iris into the front of the eye and the risk of sudden closure of the drainage passageways (acute glaucoma) is prevented.

The serious or frequently occurring risks

- Transient increase in the eye pressure
- Initial inflammation in the eye which is usually short- lived
- Transient bleeding from the iris.

For further information

Please refer to the RNIB booklet, Understanding Glaucoma. Please feel free to ask the doctor or the nursing staff should you require further information or clarification on the information that has been provided to you.

Amended May 2011
Review May 2013
Mrs S Joseph

The Dudley Group NHS
NHS Foundation Trust

Lid Hygiene Advice

For Patients

BLEPHARITIS is the inflammation of the eyelid margins. There are several different types of blepharitis, sometimes it can be combined with blockage of eyelid glands. These glands open on to the edges of the lids and produce an oil which is an important component of the tears. Blepharitis can be troublesome since it can recur.
You can help relieve the irritation by using some or all of the following measures.

The treatment described will help to control your condition. It is not a cure. It will take 4-6 weeks before treatment starts to be effective.

Perseverance is essential.

Treatment

Hot Compresses
Hold a clean flannel / cotton wool soaked in comfortably hot water against the closed eyelids for 5 minutes.
(You will need to reheat the flannel in hot water as necessary when it cools). This melts the oils in the blocked glands.
NEVER share flannels with others.

Lid Massage

Using a finger firmly strokes the skin of the lids towards the lashes, i.e. downwards for the top lid and upwards for the bottom lid: Massage (as above) the whole width of the eyelids. This helps unblock the meibomian glands and expresses the oils.

Cleaning

Clean away any crusts that are present on the eyelids particularly around the roots of the lashes using fresh cotton buds dipped in cooled boiled water or diluted Bicarbonate of Soda. (Dilute quarter teaspoon of Bicarbonate of Soda with half cup of freshly cooled and boiled water). Prepare a fresh solution each day. If this is not suitable for you, there are commercially available lid wipes, foams and solutions also.

- **Do use a bud once only**
- **Do not dip a used bud into your solution**
- **Do not use buds from eye to eye**

The Dudley Group NHS
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What is a Fundus Fluorescein Angiography (FFA)?

A Fluorescein Angiogram is a series of photographs taken of the back of the eye (retina). An injection of fluorescein is given into a vein in the back of the hand. Fluorescein is a yellow-orange dye. It is carried around by the bloodstream and makes it easier for the blood vessels at the back of eye to be examined and photographed. It is used for diagnostic purposes to decide what treatment is needed and is not a treatment itself.

Possible side effects

- Wave of nausea and occasional vomiting 30-60 seconds after injection, especially if you have had a heavy meal prior to the test.
- Sneezing.
- Strange taste at the back of the mouth after injection.
- The injection site can be painful if the dye leaks from the vein into the tissue.
- Mild headache.
- Allergy. Please let the doctor know if you have had multiple allergies or have had severe allergic reaction before.
-

You will need to sign a written consent form giving your permission for the test to be done.

On the day of your appointment

Your vision will be tested. Drops will be put into your eyes to widen the pupils, allowing the camera to view the back of the eye. These drops take approximately 30 minutes to work. Occasionally a second dose of drops is needed.

Our Medical Photographer will start by taking some photographs of your eyes.

The nurse will then give you a small injection of fluorescein into a vein in the back of your hand.

The photographer will take a series of flash photographs of your eyes, which will cause some temporary dazzling of your vision.

You will then be allowed home. Your eye doctor will review the FFA and request a follow up appointment. You will receive this by post.

Important information

Please do not drive. The eye drops blur your vision for 4-6 hours. There will also be some dazzling from the flash photography. It is advisable to bring someone with you. The dye will make your skin and urine turn yellowish. Your vision may have a yellowish tinge. These will return normal in a couple of days.

The test takes about 20-30 minutes although you will probably be at the hospital for approximately 2 hours.

If you have any questions after reading this leaflet, please contact the eye clinic to speak with a nurse.

01384 456111

Ext 3633/3625

Originator: Julia Phillips June 2011 Review: June 2013

The Dudley Group NHS
NHS Foundation Trust

Information for patients undergoing

Intravitreal Triamcinolone Acetonide (Kenalog) injection

Introduction

Your doctor has found that you have leakage of blood vessels causing a swelling at the back of your eye (the macula). This occurs as a result of different conditions, including diabetes, blockage of veins at the back of the eye, cataract surgery and inflammation. If left untreated may result in permanent reduction in your vision in that eye.

To reduce this swelling, you need to be started on eye injections. They work by penetrating into the nerve layer at the back of the eye (the retina). The macular is the most important part of the retina which is responsible for 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.

Depending on how the eye responds, these injections may be given on multiple occasions over the coming months in the affected eye.

You should not feel anything during the injection, since your eye is numbed with anaesthetic drops prior to the injections. You should also take some antibiotic drops 3 days prior to and after the injections (your doctor will give you a prescription for this).

The Injection

Triamcinolone acetonide (trade name Kenalog) is a steroid injected into the jelly (vitreous) portion of the eye. It has been shown to reduce the swelling and leakage of blood vessels at the macula and may improve how well you see.

Kenalog is approved by the Medicines and Healthcare products Regulatory Agency (MHRA) to treat swelling caused by many medical conditions. According to the manufacturer, it can be injected into a muscle, skin or joint. Doctors may sometimes use the medication for other reasons which the manufacturers have not approved if they feel it will benefit their patient. This is known as off-label or off-licence use. Eye doctors have been injecting Kenalog (off licence) into and around the eye for over five years, since studies have shown it helps to treat eye conditions like

yours. There are potentially serious risks from this type of injection and from the medication itself. The manufacturer has warned eye doctors of these risks and recommends they do not inject the medication into or around the eye. Despite these known risks and the manufacturers warning, doctors may continue to use it if they think it will help their patient. Your eye doctor feels that this medication is the right one for your condition at this time.

<u>What are the risks of having the injection?</u>

You need to know about the possible side effects:

- **Less than 0.5% of patients have either eye infections, retinal detachment or cataract as a result of the injection**
- **Between 28 and 77% of patients may experience an increase in intra-ocular pressure as a result of the injection, and this is more likely if you have high intraocular pressure before the injection or if a higher dose is injected.**

Any of these complications may lead to blindness. Additional medications or procedures (including surgery) may be needed to treat these complications.

Other less serious side effects include pain, subconjunctival haemorrhage (blood shots eye), floaters in your vision, damage to the retina or cornea (structures of the eye), inflammation of the eye and bleeding. Again, additional medications or procedures may be required to treat these side effects.

<u>Other possible limitations</u>

The goal of treatment is to prevent any further loss of vision. Although some patients have regained vision, the mediation may not restore vision that has already been lost, and may not ultimately prevent further loss of vision caused by your disease.

<u>Alternatives to the injection</u>

Your doctor will be happy to discuss alternative treatments, although these may not be as effective in controlling your

condition, or may have more serious side effects than the Kenalog injection.

Alternatives include longer-acting intra-vitreal steroid injections (Iluvein, Ozurdex). Laser treatment (which may have already been given) and other types of injection called anti-VEGF therapy (Avastin, Lucentis). Ozurdex is currently licensed for use in some forms of retinal swelling and recently approved by NICE but not currently available on the NHS in many areas.

Client consent

The nature of my eye condition has been explained to me and the proposed treatment has been described. The risks, benefits, alternatives, and limitations of the treatment have been discussed with me. All of my questions have been answered.

- **I understand Kenalog was approved for injections into muscles, skin and joints and it has not been approved for injection into or around the eye to treat eye conditions. Nevertheless, I wish to be treated 'off-label' with Kenalog and I am willing to accept the potential risks that my doctor has discussed with me.**
- **I will take all prescribed medications exactly as prescribed and will immediately contact my doctor if the following signs of infection or other complications develop: pain, blurry or decreased vision, sensitivity to light, redness of the eye, or discharge from the eye. I have been instructed not to rub my eye or swim for five days after the injection. I will keep all post-injection appointments so my doctor can check for complications. I have been instructed not to drive for my hospital appointment and later on the same day.**

Date: May 2011 Originator: Mr S Shafquat
Date for review: May 2013

The Dudley Group NHS
NHS Foundation Trust

Patient Information:

Lucentis

Your eye doctor has already given you a patient information booklet describing the various forms of age-related macular degeneration (ARMD) and their treatment.

The doctor has found that you have the wet-form and need to be started on eye injections to treat it. These injections are currently the most effective treatment for wet ARMD, they work by penetrating into the nerve layer at the back of the eye (the retina). The macular is the most important part of the retina, which is responsible for your central vision. Over time, the injections close up the leaking blood vessels affecting the macular, which should reduce the swelling in the macular, and hopefully improve your vision.

Depending on how the wet macular degeneration responds, these injections may be given on multiple occasions over 2 years in the affected eye.

You should not feel anything during the eye injections, since your eye is numbed with anaesthetic drops prior to the injections. You should also use antibiotics drops 3 days prior to and after the injections (doctor should have given a prescription for this). You can take a couple of Paracetamol tablets (2 x 500mg) in the morning of the injection (if not allergic).

<u>Will my vision improve with the injection?</u>

The majority of patients (up to 90%) will not have any deterioration in their vision. Upton 75% will have some gain in vision. Upton 40% will have a significant improvement in vision.

What are the risks of having the injections?

You need to know about the side effects:

- **Up to 2.6% of patients may have a stroke or mini-stroke during the 2 year course, but it is not clear if this is due to the injections or the age-related frailty of the patients undergoing the clinical trials.**
- **Less that 1%of patients have eye infections, raised pressure in the eye or develop retinal detachment.**

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 6 months.**
- **It will not be used in the presence of infection/inflammation in or around the surrounding tissues of the eye.**
- **The injection cannot also be given 28 days prior to/following any intra-ocular surgery to the affected eye.**
- **Patients with dementia/learning difficulties are unsuitable.**

If you require any further assistance or are concerned after you have been discharged, please do not hesitate in contacting the Eye Department on 01384 456111 ext 3625

Originator: Mr S Shafquat
Date: May 2011
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