



Patient & Family Guide
2021

Macular Degeneration

Aussi disponible en français :
La dégénérescence maculaire (FF85-1678)



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Macular Degeneration

What is macular degeneration?

The retina is a very thin delicate tissue at the back of the eye that turns light into images. The macula is the very small central area of your retina. It gives you the central vision needed to do things like reading, watching TV, and seeing faces.

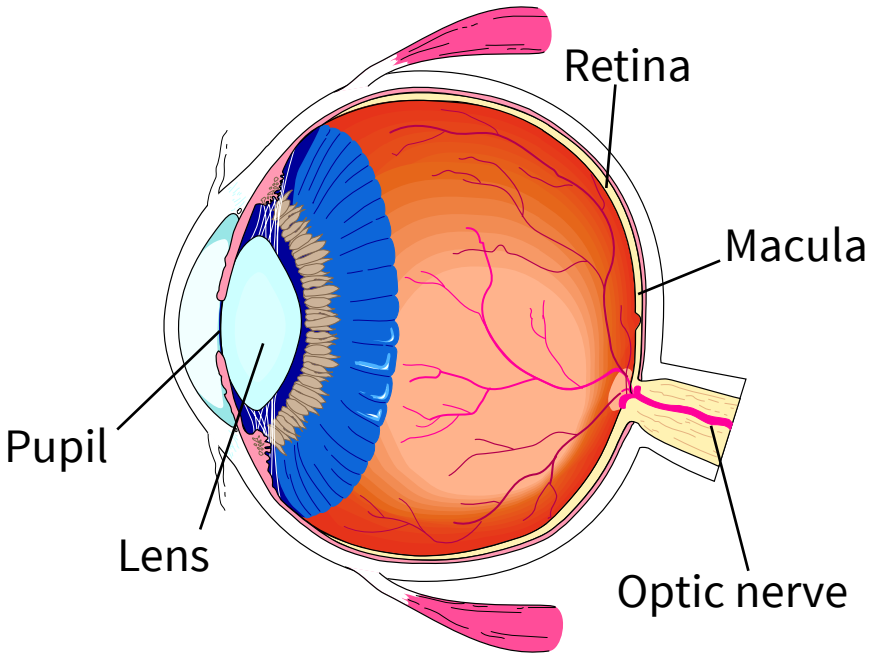
There are 2 types of age-related macular degeneration (AMD):

Dry

- › Changes happen slowly over months or years.
- › There is no treatment for dry AMD.

Wet (also called ‘exudative’)

- › Changes often happen quickly.
- › It is possible to treat wet AMD.



What causes macular degeneration?

- Aging can impact our eye health and vision.
- As we age, new blood vessels grow under our retina. These blood vessels can leak and bleed into the retina. This causes vision loss.

An eye exam with your eye doctor can find out what may be causing your vision loss.

How is macular degeneration treated?

- Not all kinds of macular degeneration can be treated.
- Most often, macular degeneration cannot be reversed. The main goal of treatment is to stabilize your vision and slow further vision loss.
- There is no cure for this disease, but in many cases, treatment can greatly slow vision loss.
- Treatment may be recommended on a regular basis for many months and even years, depending on your type of disease.
- How much your vision improves with treatment will be limited by how much damage has already happened because of your disease.
- Even with treatment, your vision may never be normal again. About 1 in 3 patients have major improvements in vision.
- Even with treatment, your vision may still get worse over time because of atrophy (wasting away) and scarring.

- Your vision could continue to get worse if you choose not to have treatment.
- Most people with macular degeneration do not go totally blind.
- Tests called optical coherence tomography (OCT) and fluorescein angiography may be done. These may be repeated on follow-up appointments to see how you are responding to the treatments.

Treatment types

- Patients with the wet type of AMD are sometimes treated with photodynamic therapy. A liquid medication, which only works when exposed to a certain type of light, is given through an IV (a needle in a vein) over 10 minutes. Then, a laser light is shone on the back of the eye, which activates this medication. This helps to stop blood and fluid from leaking.

- Currently, most AMD patients are treated with “Anti-VEGF” medications. There are ongoing studies on injecting medications into the eye to treat wet macular degeneration. Ask your eye doctor if any of these may work for you. The most common Anti-VEGF medications for injection include Avastin[®], Lucentis[®], and Eylea[®].
- Although eye injections of Avastin[®] are done across the world, this medication was not originally intended for this use, so please talk with your eye doctor about the benefits and risks. The injection in your eye is repeated about every 4 to 6 weeks for at least 3 months. Most patients need many more injections to manage their condition, but usually with a longer time between treatments.
- Some eye doctors may recommend using a steroid injection in the eye. Triescence[®], or a more long-acting medication called Ozurdex[®], may be used.

Risks

Injection risks are rare but include:

- › Infection
 - › Bleeding
 - › Retinal detachment (the retina pulls away from the wall of the eye)
 - › Cataract (cloudy sight)
 - › More intraocular pressure (pressure in the eye)
- With anti-VEGF medications there is a risk of stroke, heart attack, and other side effects. Talk to your eye doctor about these risks.
 - While most complications can be managed, there is a rare risk for permanent vision loss.

What does the injection feel like?

- You will be given eye drops to freeze your eye for the injection. You may still feel something, but the pain should be minimal.

What should I expect after the injection?

- If your eye tears up, burns, itches, or feels like there is a grain of sand in it, use artificial tears to soothe and lubricate your eye.
- Using a cool compress over your closed eye can help make it feel better.
- It is common for a vessel on the surface of the eye to break and bleed. This red spot is like a bruise and will go away in about 7 to 10 days.
- Your tears may be a bit red from this bleeding. This is normal.
- Sometimes there is a small air bubble in the injection. You may see this as a small circle or black dot at the bottom of your vision for 2 to 3 days.

If you have blurred or distorted reading vision, see your eye doctor right away.

After your injection

For 3 days, **do not:**

- › rub your eye.
- › play contact sports or do vigorous (hard) exercise (such as hockey, yoga, or weight lifting).
- › swim, or go in a hot tub or sauna (a regular shower is OK but try not to get water right in your eyes).
- › wash or rinse your eyes with tap water or anything other than artificial tears.
- › use makeup around your eyelids or eyelashes.
- › work in dirty or dusty conditions.

Contact your eye doctor if you have one of the following signs or symptoms:

- a lot of pain in your eye that does not go away (other than simple burning or itching described on page 6).
- a major change in the vision that you still have (other than mild blurring that normally happens right after the injection).
- a lot of redness all around your eye (other than the bruise-type spot described on page 7).
- new flashes of light, or floaters or black spots that do not go away (other than the air bubble described on page 7).

What can I do to help myself?

- Stay active using your peripheral (side) vision and what is left of your central vision.
- Tools like magnifiers may help you see fine details close-up as needed.
- Some vitamins may have a protective benefit. They have been shown, in certain patients with dry macular degeneration, to decrease the chance of progressing to the wet type. Ask your eye doctor about these.
- Smoking increases your risk of vision loss from macular degeneration. If you smoke, talk to your primary health care provider about trying to quit. If you smoke, you should not take vitamins with beta carotene, as this may be linked to a higher risk of lung cancer.

Notes:

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Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>
Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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