Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.comhttps://provaeducation.com/programs/prova-ophthalmology/take-control-of-wet-amd/12411/

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Take Control of Wet AMD - Patient Education

Announcer:
Welcome to CME on ReachMD. This activity is part of a special series titled “Time is Vision in Neovascular Age-related Macular Degeneration and Retinal Vein Occlusion”, and is provided in partnership with the National Eye Institute of the National Institutes of Health of the U.S. Department of Health and Human Services, along with Prova Education. It’s supported by an independent, educational grant from Regeneron Pharmaceuticals. To view this activity or others in this series, please visit EyeHealthAcademy.org/TimeIsVision. Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements, as well as the learning objectives.

Dr. Bressler:
I’m Dr. Neil Bressler. I’ve been a retina specialist for over thirty years. Recently, our patient came in with a loss or change in vision in her left eye. We were able to determine that this was the neovascular or wet form of macular degeneration and we needed to initiate anti-VEGF therapy, not only to reduce her risk of losing vision, but improve her chances of gaining some vision back.

So, let me show you the pictures, not only from today, but I want to go back to how it started three months ago-

Patient:
OK.

Dr. Bressler:
-‘cause you’re doing very well now-

Patient:
Mmmhmm.

Dr. Bressler:
-but probably because we caught it so early.

Patient:
OK.

Dr. Bressler:
This is your right eye, and this still has just the early stage-

Patient:
Mmmhmm.

Dr. Bressler:
-of macular degeneration. So that’s what the debris is; these little, yellow spots that we’re looking at here. This is looking at the left eye, so again, we’re looking through the pupil, light goes through the pupil, lands on the retina in the back wall of the eye and there you

have some fluid in the center of the retina with a little bit of blood and that’s what caused the change in vision that you had.

When I first saw you, the left eye was about 20/40 because it developed fluid and thickening of the retina and that was why you couldn’t see well out of the left eye.

Patient:

Mmmhmm.

Dr. Bressler:
Can you recall what you saw when, when that first happened that you knew something wasn't right? What was it like?

Patient:
The main issue that I had was that the color yellow, on a bouquet of sunflow-, of sunflowers, were not yellow. They were gray, were totally washed out to gray and that's when I knew something was happening.

Dr. Bressler:
And that was from this change that occurred.

Patient:
Mmmhmm.

Dr. Bressler:
Now, as I told you, we had very good evidence that if we used anti-growth factors that could treat this, we could often get rid of the swelling of the retina and the growth of scar tissue.

So, this shows that same eye a month later. There's still a little fluid here, but the retina is no longer thickened. This is good, this little depression here, is the normal contour of the retina and the vision had improved a line, to about 20/32, and then two months ago, it was like this, where much of the fluid had gone away-

Patient:
Mmmhmm.

Dr. Bressler:
-and today, there's very little fluid there. So, while I still want to treat it, because it's still improving, this has done much better.

Now, the reason we want to treat it is because we don't want it to get very bad. I think you know, or you told me that your husband had the more advanced stage of macular degeneration. Is that right? Can you tell me how it affected him?

Patient:
Well, he started, it was necessary for him to receive treatment, and as it is now, because of the treatment, his condition has greatly improved also. It was, you know, upsetting of course that this had happened but he's doing very well with it. So, we're grateful that it's where it is.

Dr. Bressler:
This is very good. So, so what I want to do is, let me explain to you how I want to treat it, today. So, first of all, in order to treat is, we're trying to get rid of the growth factors that caused this swelling and-

Patient:
Right.

Dr. Bressler:
-this growth

Patient:
Right.

Dr. Bressler:
-of scar tissue-

Patient:
Mmmhmm.

Dr. Bressler:
-in the first place. And what we're going to do is actually inject into the eye, into the white part of the eye, we're going to put anti-growth factors. Now, this may sound terrible, but actually, we use a needle that's about the size of a hair. So, we will numb up the white part of the eye and we will put the tiny needle through there and with the numbing, you likely won't feel much. Now, let me explain to you that we want to, first, put antiseptic on the white part of the eye.

Patient:

Right.

Dr. Bressler:
Now, this antiseptic may feel scratchy for the eye overnight. But it kills all the bacteria on the-

Patient:
OK.

Dr. Bressler:
-white part of the eye. The chance of introducing bacteria and causing infection is less than 1 in 5,000.

Now, let me tell you some other things that you have to know about when we're treating this. We could break a little blood vessel on the white part of the eye. So, you might see blood-

Patient:
Mmmhmm.

Dr. Bressler:
-on the white part of the eye or your husband may see it. That's nothing to worry about.

Patient:
OK.

Dr. Bressler:
That's like a black and blue mark-

Patient:
Right.

Dr. Bressler:
-the blood will go away. It will not affect the vision. But what we do want to make sure that you know, is you might see little floaters or a little of the drug just, sort of, going around the middle cavity of the eye. And this is also OK, it'll dissipate within a day or so-

Patient:
OK.

Dr. Bressler:
-and it isn't anything to be concerned about.

Patient:
OK.

Dr. Bressler:
But most importantly, I have to have you come back as you've been doing monthly, so we can catch if any of the growth factors are developing again, that we would resume treatment. But because it improved from last time, I want to go ahead and treat it again, today.

So, let me ask you first, do you have questions on the treatment itself, what we're going to be doing?

Patient:
It's very clear. I, I do understand it and I'm all for any type of treatment that's gonna benefit me. I would certainly wanna do that.

Dr. Bressler:
And let me go through, again, why we're so stressing the need to catch this early. The reason we want to catch it early, as we did in you, is because your vision was 20/40 at the time that this first developed-

Patient:
Mmmhmm.

Dr. Bressler:
-and had we not treated it, within just a few months, it could get twice as bad, to 20/80, where you would need the letters twice as large.

Patient:
Mmmm.

Dr. Bressler:

And if we go six months, maybe it gets four times as bad-

Patient:
Mmmhmm.

Dr. Bressler:
-and it also could affect the right eye. And if that were to happen, it might be difficult, if not impossible to read, to drive, to recognize peoples' faces. And so, that's why we want to catch this early and I'm glad we did, because it went from 20/40 to 20/32, to 20/25, which is where it is, today. And I think you told me that you're still able to read with that-

Patient:
Oh-

Dr. Bressler:
-eye, is that right?

Patient:
Definitely. Definitely. I have no problems, at all.

Dr. Bressler:
And this is what we'll do, probably following it monthly, for this next year, not necessarily treating every month, we'll keep treating until it improves or stabilizes and then we'll continue to monitor it every month.

Patient:
Mmmhmm. Sounds very good.

Dr. Bressler:
The good news is, the patient ended up with improved vision, we avoided substantial vision loss, probably because we caught it early and were able to initiate anti-VEGF therapy promptly.

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