

## **Retinal Vein Occlusion**

### **Case study B**

68 year old man from Liverpool

#### **From symptoms to seeking medical help**

In 2006 Mr B was working as a Civil Servant. One day at work he noticed that he was having problems seeing with his right eye when he was inputting data on his computer. His right eye was going fuzzy and this did not stop when he took a break and rubbed his eyes. After work he went to an optician's for an eye test who carried out a couple of tests and then gave him the option of seeking a second opinion from another optician or going directly to the local eye hospital. He opted to be referred to St. Paul's Eye Hospital where a consultant confirmed the optometrist's diagnosis that he had been haemorrhaging at the back of his eye caused by central retinal vein occlusion. At the time there was no treatment available for this condition but his consultant offered Mr B to enrol in a trial of a new treatment [dexamethasone], which would involve injections into the eye and regular monitoring.

#### **Hospital treatment**

Mr B agreed to join the trial and received his first injection in June 2006. Before the injection comprehensive tests were carried out, he was then given eye drops to dilate his pupil and further drops to anaesthetise the eye. The procedure was carried out with him sitting on what he described as a large dentist's chair that was tilted back. His right eye was held open with a clamp and he received more drops to top up the anaesthesia. The procedure itself was over in a few seconds. He did not feel anything and experienced no pain either during or after the injection. He had not even seen what was going on because the consultant administered the injection from the right hand side and Mr B's left eye was covered.

Mr B went to sit across the corridor and a nurse brought him some tea. It was at that point that he felt very shaky, probably because the thought of having an injection in the eye had been quite stressful.

Following his first injection Mr B was monitored at the following intervals: the next day, a week after and one, two and three months after. At six months following the first injection he received a second injection followed by the same monitoring routine. He has not needed any further treatment since.

### **Advantages of the treatment**

Before receiving treatment Mr B's sight in his right eye had deteriorated considerably. He was only able to read the first two lines on the Snellen eye chart and straight lines had become distorted. Following the treatment his vision in the right eye improved by three lines on the Snellen chart. Because he received prompt treatment the condition did not have any negative impact on his day-to-day life.

### **Disadvantages of the treatment**

Mr B felt that there were no disadvantages to the treatment itself since the procedure was quick and painless. However, he explained that the large number of tests and other procedures carried out prior to the injection and the monitoring regime that were part of the trial had required him to take a substantial amount of time off work. He felt that this had been a problem even though his boss had been very understanding.

He would also have preferred a method of administration that did not involve an injection in the eye. However, Mr B felt that was an initial reaction that most people had when they heard about the treatment. He was much more relaxed about the second injection six months later because he knew what to expect. He felt strongly that reluctance to have an injection in the eye was very much secondary when the alternative was blindness in one eye.

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