An Overview of anti-VEGF treatment of Retinal Vein Occlusion in the Western Trust, Northern Ireland

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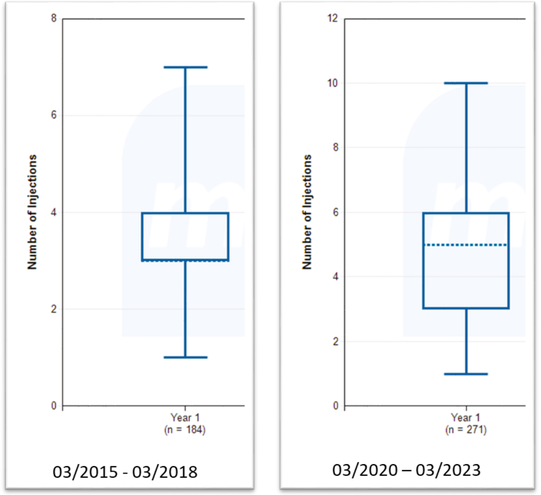
Introduction

Since the advent of nurse-led injections in 2017 and virtual review clinics in 2020, there has been an increase in the quantity of intra-vitreal injections administered in the Western trust. This study highlights the increase in anti-VEGF administration specifically for patients with retinal vein occlusion (RVO).

Method

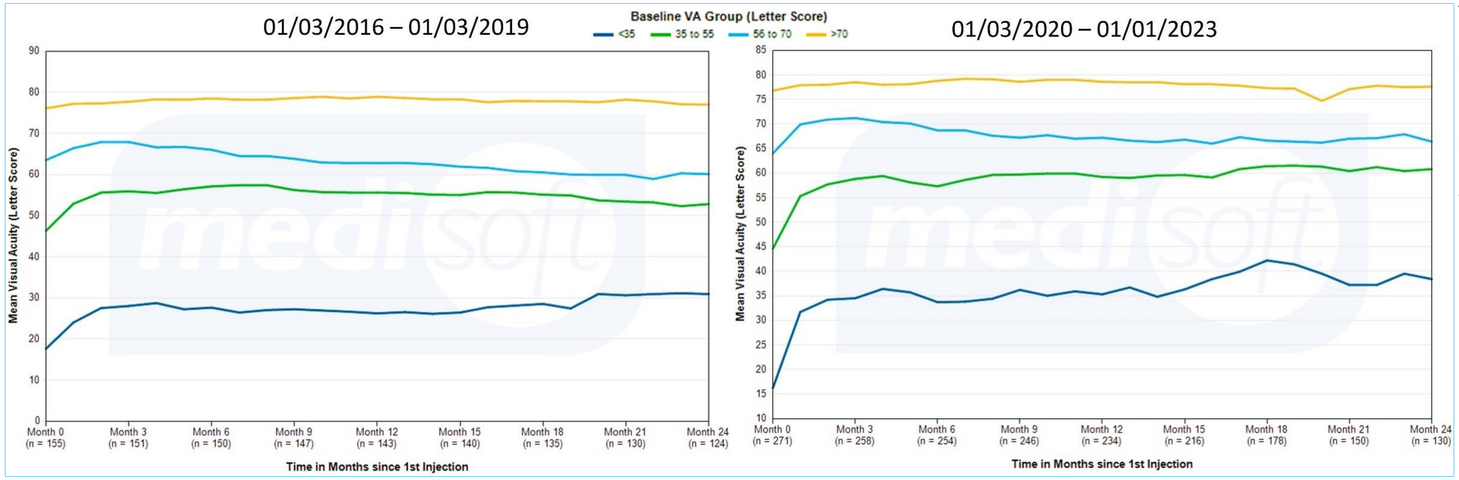
Patients seen in RVO clinics in the Western Trusty are recorded in Medisoft software. Visual acuity (VA) and the intra-vitreal injection received are recorded at each visit. Medisoft was retrospectively analysed utilising the audit suite function. The graphs were automatically generated by Medisoft using its stored data.

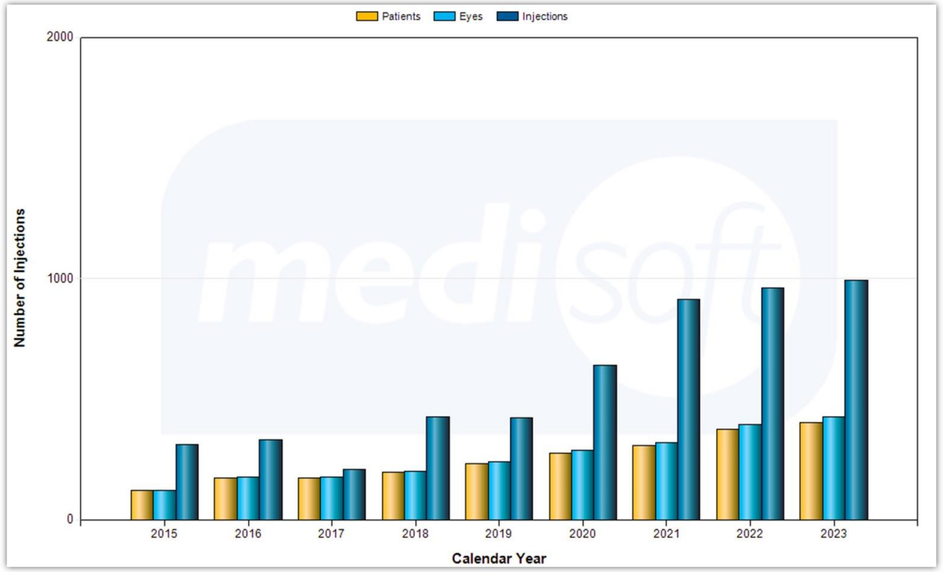
Results



Pre- nurse-led injections and virtual review clinics (03/2015 – 03/2018): A patient starting anti-VEGF for RVO received a median of 3 injections (mean = 3.4) in their first year of treatment.

Post- nurse led injections and virtual review clinics (03/2020 – 03/2023): A patient starting anti-VEGF for RVO received a median of 5 injections in their first year of treatment (mean = 4.9).





Year	Patients	Eyes	Injections
2015	121	123	313
2016	173	176	330
2017	173	178	208
2018	197	201	428
2019	231	240	422
2020	277	287	639
2021	307	320	915
2022	375	393	960
2023	403	426	992
Total	**715**	**746**	**5207**

This graph and table demonstrates the increase in patients, eyes and number of injections throughout the years, increasing significantly since the advent of nurse-led injector clinics.

These graphs demonstrate that the increased number of intra-vitreal injections given to RVO patients has led to an overall improvement in visual acuity.

E.g. Patients presenting in 2017 with a baseline VA letter score of 35-55, after two years of treatment/reviews, had a mean VA of 53 vs a mean VA of 61 in similar patients presenting in 2021, likely due to the increased access to treatment/review.

Conclusion

Nurse-led injection clinics and virtual review clinics have enabled early intervention, increased injection frequency and reduced waiting lists ensuring patients with RVO in the Western Health and Social Care Trust, Northern Ireland are getting the best possible chance of a good visual outcome

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