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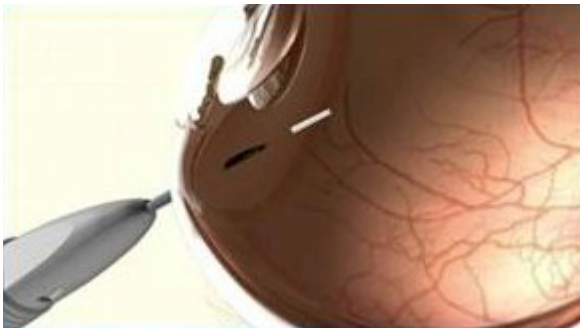
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Ozurdex Steroid Implants



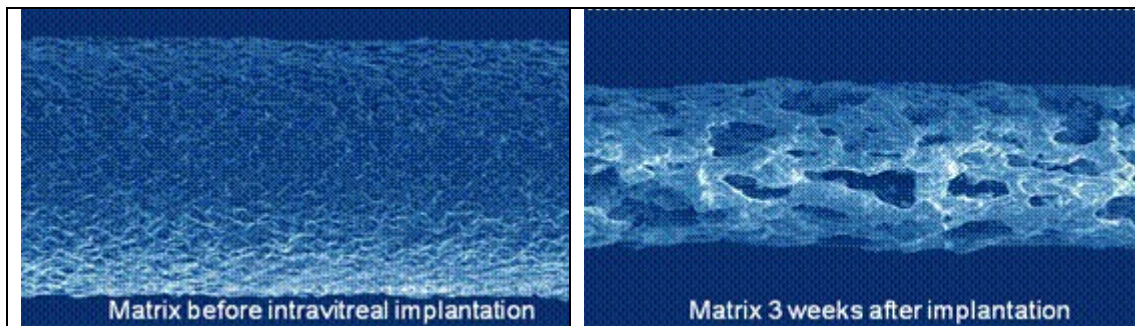
Ozurdex is an intravitreal implant recently licensed for the treatment of retinal vein occlusion. It is an exciting development in the treatment of this condition as it is the first licensed drug available to treat the condition of blocked vein within the retina. Unfortunately, both branch and central retinal vein occlusion can result in significant loss of vision and in the worst case scenario intractable pain and loss of the eye. The implant itself is very easily inserted as an outpatient procedure with minimal discomfort and rapid recovery. Side effects and complications are rare and the drug has been shown to last for up to six months once released into the eye. The biodegradable dexamethasone implant is usually invisible to the patient and only 2mm in length.



Outcomes of a recent international study, involving over 1200 patients, demonstrated that up to 85% had an improvement or no worsening of vision over the six month trial period. It is now recognised by most of the major insurers for privately insured patients and NHS funding is awaited to ensure all patients can benefit from this new technique. Retinal vein occlusion is a condition estimated to affect 16.4 million people globally in 2010 with the number set to triple by 2050. Applying these estimates to UK population figures suggests that there will be 47,000 new cases of retinal vein occlusion diagnosed in the UK during 2011.

The steroid implant is licensed for use in vein occlusion and uveitis but Mr Tanner is increasingly now using them for other causes of macular oedema, such as post-

operative macular swelling, diabetic retinopathy and, in some cases, age-related macular degeneration, often used in combination with Lucentis antigrowth factor injection



Disclaimer *The information provided in this document is intended as a useful aid to general practitioners, optometrists and patients. It is impossible to diagnose and treat patients adequately without a thorough eye examination by a qualified ophthalmologist, optometrist or your general practitioner. Hopefully the information will be of use prior to and following a consultation which it supplements and does not replace.*