COMPLICATIONS OF INTRAVITREAL INJECTION
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Aim: To report complications of intravitreal injections
Materials and Methods: We recruited files of 205 patients (from July 2009 to July 2011; mean age 62± 5.7 years) who had received intravitreal drug for wet-AMD, macular edema secondary to diabetes mellitus or retinal vein occlusion. The data which records of before and after injection (1, 3, 7, 30 day, 2, 3, 4, 6 and 12 months) were evaluated. All injections were performed at 3.5 mm distance to from the limbus at inferotemporal area using by 27 G needle. In all cases before the intravitreal injection povidone-iodine %5 was used for prophylaxis of endophthalmitis. The patients who less than six months follow up were excluded from the study.

Results: Totally, 730 intravitreal injections [(613 (%84.0) = bevacizumab 1.25 mg/0.05 ml, 106 (%14.5) = ranibizumab 0.5 mg/0.05 ml and 11 (%1.5) = triamcinolone acetonide 4 mg/0.1 ml)] were injected into vitreous under sterile condition in the operating room. We were performed for intravitreal injections for DM and ME secondary to RVO, CNV in 205 patients.
Subconjunctival hemorrhage after 43 (% 6) injections and pseudoendophthalmitis after 2 (% 0.2) injections were observed. No Retinal detachment, endophthalmitis were observed.
In % 30 patients had complained that very thin floaters like small water drops on the first postinjection day. However this complaint disappeared in all cases at 1 week. This complaint connected to particle of drug.

Conclusion: Intravitreal injection is a safe surgical intervention especially after use of bevacizumab and ranibizumab. However subconjunctival hemorrhage is most common complication of intravitreal injection. Triamcinolone acetonide frequently used in previous years, but gradually decreased its use due to complications.