

This leaflet is intended to provide you with general information. It is not a substitute for advice from your ophthalmologist. You are encouraged to discuss the benefits and risks of treatment of AMD with your ophthalmologist. This is an abridged version of the RANZCO patient education pamphlet: Age-related macular degeneration (AMD) – a guide for patients. The complete pamphlet is available from your ophthalmologist.

The macula is a small area of the retina. It is highly sensitive and produces detailed, colour images in the centre of the field of vision. Macular degeneration (MD) occurs when the macula is damaged. MD usually affects both eyes, but it may produce symptoms in one eye first. If MD continues to its late stages, severe visual impairment can result. In most cases, visual loss is in the central part of vision.

The most common type of MD is age-related macular degeneration (AMD). It usually occurs in people older than 50 years. When complications of AMD threaten sight and cause substantial disturbances of vision, the condition is called “late AMD”.

Types of late AMD

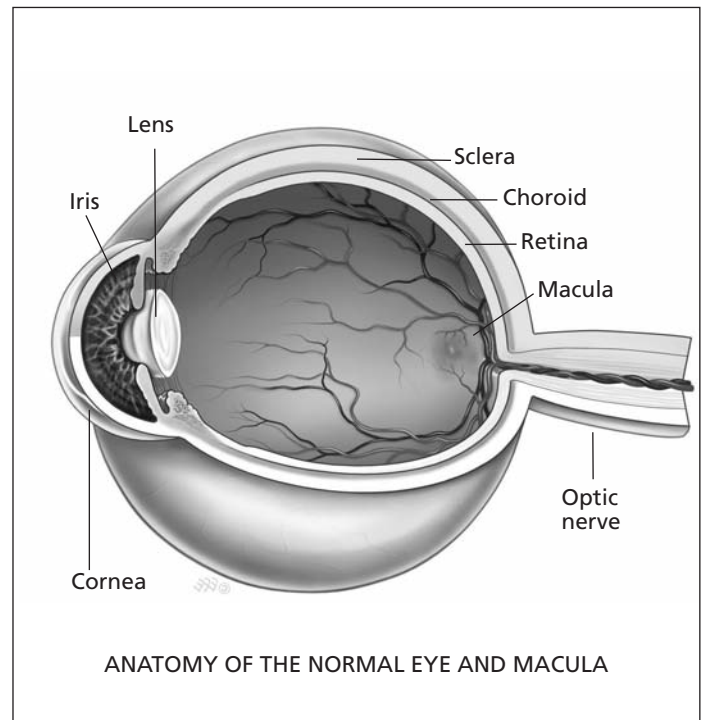
The two types of late AMD are:

- Dry AMD – develops slowly, usually over some years. As cells in the macula die in small patches, images fade and are unfocused, and small pieces of image go missing. About four out of 10 people with AMD have the dry type.
- Wet AMD – new, abnormal blood vessels grow from the choroid layer (back of the eye) into the macula. These vessels leak and bleed. Scar tissue forms in and around the macula. Wet AMD causes more rapid and severe loss of vision than dry AMD.

There is no effective treatment for dry AMD. However, significant advances have been made in the treatment of wet AMD.

Your medical history

Your ophthalmologist needs to know your medical history to plan the best treatment for you. Tell your ophthalmologist about health problems you have. Some may interfere with treatment, surgery, recovery and treatment following recovery.



A decision to have treatment

As you make the decision whether to have treatment, make sure that you understand the risks, benefits and limitations of treatment. If you do not have treatment, your symptoms and condition may continue to worsen. If you have any questions, ask your ophthalmologist.

Treatments for wet AMD

The aim of treatment is to prevent the condition from getting worse. Treatment usually stabilises vision, but in some cases, vision may improve. Treatments include:

- Anti-VEGF (vascular endothelial growth factor) drugs – to inhibit the formation of new blood vessels in the macula. About nine out of 10 patients benefit, and one patient in three reports improved vision. Many patients require ongoing treatment to prevent vision loss.
- Photodynamic therapy – a light-sensitive chemical destroys abnormal blood vessels; uncommonly used.
- Laser photocoagulation – a laser beam cauterises abnormal blood vessels; rarely used.

Anaesthesia

Treatment of wet AMD with anti-VEGF drugs may be performed under local anaesthesia.

Possible risks and complications

Treatment of wet AMD is safe but does have risks of complications. These are more fully outlined in the complete RANZCO patient education pamphlet and should be discussed with your ophthalmologist. ©