INAHTA Brief

Issue 2018/008

Title **Intravitreal injections. Effectiveness and safety based on the place of the procedure**

Agency Avalia-t. Scientific Advice Unit. Galician Agency for Knowledge Management (ACIS) Edificio Administrativo San Lázaro 15781 Santiago de Compostela Telf.: 881 541 831 Fax: 881 542 854 e–mail: avalia-t@sergas.es · http://avalia-t.sergas.es

Reference Maceira Rozas MC, Cantero Muñoz P. Inyecciones intravítreas. Efectividad y seguridad en función del lugar del procedimiento. Santiago de Compostela: Agencia Gallega para la Gestión del Conocimiento en Salud (ACIS), Unidad de Asesoramiento Científico-técnico, avalia-t; Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad; 2016. Available from: https://avalia-t.sergas.gal/DXerais/697/avalia-t201604-InyeccionesIntravitreas-DEF-NIPO.pdf

Aim:
To assess the safety and effectiveness of IVs, depending on the place of administration, operating theatre vs. consulting or clean room.

Conclusions and results:
The results suggest that IVI can be administered both in operating theatres and in consulting or clean rooms, provided that a series of aseptic measures are implemented in line with the indications contained in the company core data sheets.

Although some studies reported lower rates of endophthalmitis in operating theatres than in consulting rooms, the outcomes showed that IVs were safe and posed a low risk of endophthalmitis, regardless of where they were administered. The authors advise that IVI be administered under sterile conditions in order to minimise risk. The studies did not report results on effectiveness, assuming that a drug's effectiveness was not in itself dependent on the place where the IVI was administered, provided that the measures recommended by the manufacturers for its administration were complied with. Patients expressed a preference for having the procedure performed in consulting or clean rooms as opposed to operating theatres, due to shorter waiting-lists and greater comfort. The costs generated by IVI administered in operating theatres were higher than those administered in consulting or clean rooms due, above all, to the increase in staff.

Methods:
A systematic review of the literature no time limit was made of the medical literature until March 2014, contained both in leading computerised biomedical databases such as PubMed, Embase, ISI Web of Knowledge, Cochrane, etc., and in databases of ongoing studies. In addition, we conducted a general Internet search. The studies were selected by two independent assessors on the basis of a series of pre-established selection criteria. The data were then extracted using a purpose-designed form and summarised in evidence tables. Quality was assessed using different scales, depending on the nature of the study.

Written by:
Maria del Carmen Maceira Rozas.Technical staff, Scientific Advice Unit (avalia-t), Spain.