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Appendix 2. Guidelines for injecting intravitreal medication.

1. The intravitreal injection should be performed in a designated clean facility for performing intraocular injections.
2. Administration of the injection requires local anaesthesia and not general anaesthesia except in exceptional circumstances, such as an infant with ROP or a psychiatrically disturbed patient. An anaesthetist does not need to be present for the local injection.
3. Current guidelines from the literature advise the use of a surgical mask. The use of surgical gloves has not been clearly shown to be of benefit in reducing infection.
4. Contamination of the needle by the eyelashes or eyelid margin must be avoided. Methods to achieve this include the use of a speculum or a surgical drape (such as Tegaderm^{R}).
5. Avoid extensive massage of eyelids either pre- or post- injection to avoid expressing meibomian glands.
6. Povidone iodine should be applied to the ocular surface, eyelids and eyelashes. It needs at least 3 minutes of contact time to be effective. It has been found to be bactericidal in concentrations between 0.005% and 10%. Usually a concentration of 4% is used.
7. Use adequate topical anaesthesia according to the doctor's preference. (topical drops and/or subconjunctival injection)
8. The intravitreal medication is injected 4 mm from the limbus in a phakic patient and 3.5 mm from the limbus in a pseudophakic patient.
9. An anterior chamber paracentesis is not routinely required.
10. Post injection an eyepad is not routinely required.
11. Pre- or post-operative antibiotic prophylaxis is extremely contentious as there is a shortage of scientific data supporting a reduction in endophthalmitis . It is our advice that fourth-generation broad-spectrum quinolones should be avoided as they promote the rise of resistance. If any antibiotics are to be used in addition to the Povidone Iodine prophylaxis, then they should either be a single dosage agent or an agent used frequently for short duration.

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