

# ADHB Recommendations for Ocular Symptoms Following HA Injection: The SAFER Protocol

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**Stop the injection at the first sign of compromise**

**Assess - Check vision, pupils, motility, and CN exam**

**Facilitate transfer to/alert the nearest ophthalmologist within 90 minutes**

**Enzymatic degradation with hyaluronidase**

**Reduce intraocular pressure prior to/during transfer**

- ❖ Obtain the contact information for your nearest ophthalmology clinic
- ❖ Give pertinent clinical information and consider having a script in place:
  - “A patient has just received an injection of hyaluronic acid dermal filler to [*anatomical location*] and developed acute visual symptoms including [*blurred;loss of vision;diplopia*]. Visual acuity is [*6/15;CF;HM;NPL*]. The pupils are [*reactive/abnormal*]. Otherwise the patient is neurologically intact. I am concerned about an embolic event involving the ophthalmic artery and its collateral circulation.”
  - “Current recommendations as given by the Auckland District Health Board’s Department of Ophthalmology advise for transfer to an ophthalmologist for evaluation and consideration of a retrobulbar injection of hyaluronidase **within 90 minutes of onset of symptoms**. Do you have hyaluronidase on-site?”
- ❖ Arrange for transfer of patient for prompt evaluation & treatment
- ❖ Send 1-2 vials of hyaluronidase with the patient if necessary
- ❖ Reducing IOP en route:
  - ❖ Ocular massage (Firm pressure with thumb over closed eyelids 5 seconds on/5 seconds off)
  - ❖ Oral Diamox (Acetazolamide) 500 mg PO (Contraindications: severe renal/hepatic impairment; recurrent nephrolithiasis; hyperkalemic acidosis)
  - ❖ Breathe into paper bag (increases carbon dioxide content -> vasodilation)