



## Procedure Information – Fundus Fluorescein Angiography

Visit No.: Dept.:  
Name: Sex/Age:  
Doc. No.: Adm. Date:  
Attn. Dr.:  
Patient No.: PN

Page No:

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+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /  
affix patient's label*

### Introduction

- Fundus Fluorescein Angiography is a simple, safe & effective method of examining the retina of the eye.
- It can assess circulation of the retina and help to establish the diagnosis and to provide an appropriate treatment plan. It is indicated for a wide variety of conditions including inflammation, edema, vascular abnormalities cancer or even some system illnesses such as diabetics and hypertension.

### The Procedure

1. Pupils are dilated with eyedrops.
2. Fluorescein solution is injected into the veins of the arm.
3. Transient nausea or vomiting may occur during and after the fluorescein dye injection. The fundus is photographed with a special-designed camera.
4. The whole procedure takes around thirty to forty minutes. Flashing may induce discomfort but will do no harm to your eyes.

### Before the procedure

1. Your doctor will explain to you the reason, procedure and possible complications. You will need to sign a consent form.
2. Fluorescein solution may have unwanted side effects to the fetus and is usually not performed for pregnant women.
3. There is an about 1 in 10000 chance of developing hypersensitivity reaction to the fluorescein solution and in severe cases, may result in life-threatening condition such as breathlessness and shock. Please inform your medical staff if you have any heart disease or allergy to drugs or food.

### After the procedure

1. Due to dilation of pupils, vision would be blurred for the whole day (especially near vision). You should avoid driving on the day of examination.
2. Wearing sunglasses can relieve the discomfort to sunlight.
3. The fluorescein dye will induce yellowish staining of urine, skin and eyes for up to 24 hours. Fluid intake is encouraged. This will facilitate the urinary excretion of the dye.

### Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. Should a complication occur, another life-saving procedure or treatment may be required immediately. For further information please contact your doctor.

### Reference

Hospital Authority – Smart Patient Website

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

\_\_\_\_\_  
Patient / Relative Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship (if any)

\_\_\_\_\_  
Date