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## Fluorescein Angiography

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**Your appointment:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Plan to be here 1 to 2 hours.**

**Where: Eye Clinic  
King Street Campus  
2757 King Street East  
Hamilton, Ontario**

**Call 905-573-4848 if you are not able to keep your appointment.**

**When you come bring:**

- a list of the medications you are taking
- a list of all allergies you have
- your health card
- a pair of sunglasses to wear home - the eye drops make your eyes sensitive to light for a few hours

**Arrange for someone to drive you home.  
You cannot drive for 6 hours after getting eye drops or gel.**

## What is fluorescein angiography?

Fluorescein angiography is a special test used to find problems in the retina of the eye. The retina is the part of the eye that allows you to see. With fluorescein angiography, the doctor can see all of the blood vessels in your retina from pictures taken on a special camera.

**If you are pregnant, you should not have this test done.  
Tell the nurse if you think you may be pregnant.**

## How is this test done?

There is no preparation at home for this test. **Please complete the back page of this pamphlet and bring to the eye clinic.**

After you register, you will have drops put into your eyes. These drops dilate your pupils so they will be large enough for the camera to see the back of your eyes. **The drops may take up to 45 minutes to work. You will sit in the waiting room while the drops work. Please be patient waiting.** You may want to put your sunglasses on in the waiting room as your eyes will become sensitive to light.

You will then go into a private room and the nurse will ask you about your medical and eye history. You will be asked about your allergies and the list of medications you take will be reviewed. You will have your blood pressure and pulse taken. The fluorescein test will be explained to you and you will have time to ask questions.

You will then go back into the waiting room and wait for the camera room to be free. In the camera room, you will sit in front of a large camera. Your chin and forehead will be supported so you stay in the correct position. The photographer will take a few pictures when you first sit down.

The nurse will then put a special dye called fluorescein into a vein in your hand or arm using a very small needle. This dye takes about 10 seconds to travel through your blood into your eyes. You may feel warm as the dye is injected. The photographer then takes pictures of the back of your eye as the dye moves through the blood vessels.

You will hear the camera click and see flashes of blue and green light each time a picture is taken. The flashing light will not hurt your eyes. You can help by following the photographer's advice. This will make sure good pictures are taken the first time. This part takes about 10 minutes.

## **After the test**

You will stay in the eye clinic for 10 minutes after the test to make sure you do not have any reaction to the fluorescein dye.

After the eye drops, it is hard to see for a few hours up to a full day. You can wear your sunglasses to protect your eyes from the light.

**You cannot drive, operate machinery or make major decisions for 6 hours after this test. You must have someone drive you home.**

You may have yellow eyes and skin after the test. Your urine may be dark yellow or orange for 1 to 2 days as your body gets rid of the fluorescein dye.

## **Are there any risks?**

Fluorescein angiography is a safe procedure. As with all medications, fluorescein sometimes has side effects. Some patients have nausea or feel faint after the injection. This goes away in a few minutes. A small number of patients are allergic to the dye and can get itching, hives, a skin rash, vomiting, or a headache. A severe allergic reaction can occur but is rare.

The staff is well trained to help you for any side effect you may have.

If you have questions, concerns or feel you are having a side effect, please tell a member of the staff right away.

**Must be completed before coming to the Eye Clinic:**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Bring a list of your medications to the Eye Clinic. Include prescribed and non-prescribed medications.**

Medication name	Amount you take	Time of day you take it
<b>Eye Drops</b>	<b>Number</b>	<b>Time of day</b>

**Medical History:**

**Asthma:**  No  Yes

**Diabetes:**  No  Yes Number of years: \_\_\_\_\_

**High blood pressure:**  No  Yes Number of years: \_\_\_\_\_

**Heart problem:**  No  Yes Type: \_\_\_\_\_

**Other:** \_\_\_\_\_

**Allergies:**  No  Yes

**Medication Allergies:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**Other Allergies:** \_\_\_\_\_