**Subconjunctival Procedure**

* With the bevel of the needle up, lay the needle against the globe, away from the cornea. Touch the conjunctiva and once you have touched and located it, make a TINY stab to get into it and make a ‘pocket’ of conjunctiva.
* Always place needle tangential towards the globe. If the patient moves its head- the needle will simply ‘bounce off’ the globe and not penetrate the globe of the eye.
* Insert the needle into the space between the conjunctiva and the sclera. **The injection is given in the dorsal bulbar- conjunctiva.**
* Ensure the bevel remains under the conjunctiva and then administer the drug slowly to create a bulge or ballooning effect or “bleb” forming at the site of injection.



**Here are some tips to increase accuracy:**

* Consult a textbook, lecturer or veterinary colleague that the medication that is about to be administered in the subconjunctival region of the eye, is appropriate to enter that region. Certain medication can cause subconjunctival necrosis and extreme pain to the patient.
* It was emphasized above, that the injection to be made, is in the bulbar conjunctiva and not in the palpebral conjunctiva or the conjunctiva lining the inside of the eyelid. In the palpebral conjunctiva, there would be leakage of the medication onto the eye and will have a higher drug level of medication than you would than simply using drops. Also, you would not get as much intra- corneal or intra- ocular penetration as you would as if you used the bulbar conjunctiva route.
* Use a very small gauge needle: 25G, 27G, 30G is the appropriate size for this procedure.
* Use a brand-new needle for the procedure.
* Place you finger on the plunger with the bevel facing upward before you approach the patient.
* Rest the hand that is delivering the injection, (holding to syringe with the index finger on the plunger of the syringe) on the facial crest of the animal.
* Let assistant pull the ears towards them (standing behind the head of the patient) and push the nose towards you so that the eyeball will ventrally rotate.
* Make every effort to not touch the eyelid as you are doing this procedure- the eyelid is not anaesthetized, and the patient will blink!
* Ideally, as you are withdrawing from the conjunctiva, you give a little twist- serves to close the wound and prevent undue leakage from the injection ‘bleb’.