

**Start with the Why?**

Subconjunctival injections are usually done because we need to get a high level of medication to the eye and the patient is not letting us do that because of their temperament or because of the condition of the eye is so severe that we are trying to provide a ‘boost’ of medication in addition to what is given topically.

In addition, for example a patient with unilaterally active non-necrotising scleritis with adverse effects from systemic immunosuppressive therapy and no known history of ocular hypertension associated with steroids and no underlying disease requiring additional systemic immunosuppressive therapy, subconjunctival injections can be indicated.

However, subconjunctival administration of depot corticosteroids has been considered unsafe owing to the risk of scleral thinning and perforation. This has been challenged as there has been reports describing the safe and effective use of subconjunctival depot of steroid injections in patients.