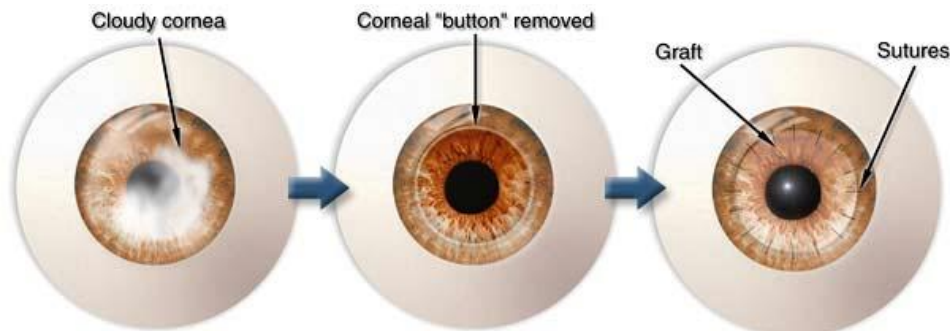


Corneal transplant



The cornea is the clear window at the front of the eye that does most of the focusing to give clear sight. If this becomes damaged then a corneal transplant (also called a corneal graft, or keratoplasty) may be needed to improve vision (and sometimes to reduce pain).

Damage to the cornea can occur from infections, trauma, previous surgery, eye disease like keratoconus and Fuchs endothelial corneal dystrophy. Sometimes corneal transplant needs to be repeated in an eye that has had a previous transplant which has failed.

Most corneal transplants are successful. However, corneal transplantation is a serious operation that still carries risks. These include, but are not limited to: loss of the eye during surgery (1 in 200), high pressure inside the eye causing damage (glaucoma), rejection of the transplant (1 in 20), failure of the transplant, and infection. If unsuccessful it may need to be done again, even then the same risks still apply.

The transplanted tissue comes from a local eye bank where it is stored. It is donor tissue from someone who has died and donated their eyes. Generally, there is not a long wait for donor tissue for corneal transplants. The transplanted tissue is tested for transmittable diseases prior to transplantation.

The surgery is done in a day surgery. It is either done with local anaesthetic (only the eye is numb) or with general anaesthetic (you are put to sleep). The choice of anaesthetic will be discussed with you beforehand. The surgery takes roughly an hour. The surgeon will leave as much of your corneal tissue as possible and transplant the minimum amount needed.

Afterwards the eye may be irritable but is usually not too painful. Antibacterial and anti-inflammatory eyedrops will need to be used afterwards and you will often need some anti-inflammatory drops every day for life. It is very important not to ever rub your eye after the operation and to use the shield to protect it as instructed by your doctor. You must turn up for all your follow-up appointments and make sure you do not run out of drops afterwards.

The vision will be very blurry for the first few months afterwards. This is normal. The new cornea is hand-sewn onto the eye so the shape of cornea is never perfect. The stitches are removed 12 to 18 months after the surgery. Then 3 months after that the vision is assessed. At the least glasses will usually be required to give good vision. Often further procedures such as laser or lens surgery are needed to improve the vision further. Any further procedures are not included in the cost of the first operation.

Rejection is possible at any time after a transplant. For this reason, it is important to present to your eye doctor or local optometrist immediately if the eye becomes red, painful (or sensitive to light) or the vision gets worse.