

Corneal Graft/Transplant

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

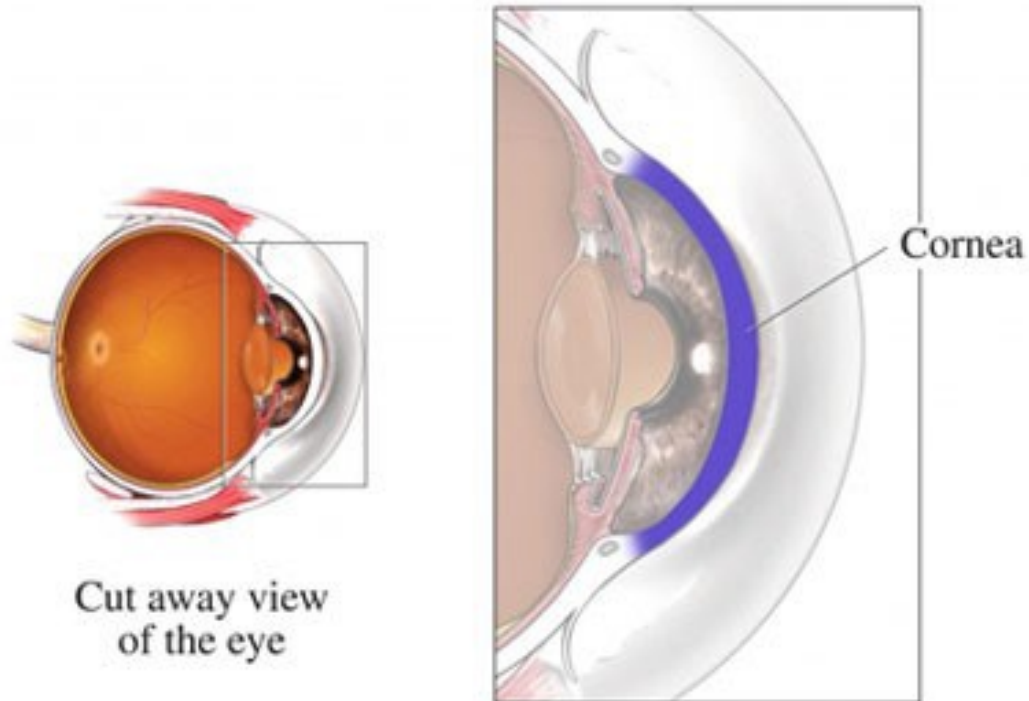
Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Corneal Graft

You have been admitted for a corneal transplant, which means replacing the clear front window of the eye.



The cornea is the clear tissue covering the front of the eye.

It is the main focusing element of the eye. If your cornea becomes cloudy from disease, injury, or infection you will find it harder and harder to see.

Why do I need a corneal graft?

Sometimes through injury, infection, or some inherited condition (such as keratoconus) your cornea may lose its natural transparency or normal shape, leading to blurred vision. In many cases glasses or contact lenses may help you to see more clearly, but there are times when these do not work and the cornea needs to be replaced with a graft / transplant. A corneal graft is a surgical procedure which replaces a disc shaped part of the cornea (typically about seven to eight millimetres in diameter) with a similarly shaped piece of donor cornea.

Types of corneal graft

There are three types of corneal graft surgery.

- **Deep anterior lamellar corneal graft.** If only the surface layers of the cornea are unhealthy, these layers are removed and replaced by a graft.
- **Corneal endothelial graft.** If it is the inside layer of the cornea that is unhealthy, only this is removed and replaced by a graft.
- **Penetrating corneal graft.** If the whole thickness of the cornea is unhealthy, the patient's whole cornea is removed and replaced with a graft.

Will I have general anaesthetic?

If you are having a general anaesthetic (you are asleep for the procedure) you will also meet with the anaesthetist before your surgery. Please raise any questions or concerns you may have about the anaesthetic with the anaesthetist.

How long will I be in hospital?

This operation is usually carried out as a day case, so you will go home the same day as your surgery.

What happens after my surgery?

For **deep anterior lamellar grafts and penetrating corneal grafts** the sutures will need to stay in place for several months. You should not feel these sutures as they are very thin. Treatment with drops is needed and continues for several months (how long you use the drops will depend on your recovery and vision). You will be shown how to use the eye drops before leaving hospital.

Rejection

Rejection happens when your immune system recognises the donated cornea as not belonging to you and attacks it.

It is quite a common problem, with symptoms of rejection occurring in about 1 in 5 full thickness corneal transplants, although only about 5% of low-risk grafts actually fail because of this.

Serious rejection is rare after deep anterior lamellar keratoplasty (DALK).

Rejection can occur a few weeks after a cornea transplant, but it is more common after several months.

The problem can often be treated effectively with steroid eye drops if treatment begins as soon as you notice symptoms.

You should seek emergency specialist advice if you notice these symptoms after having a corneal transplant:

- Red eye
- Sensitivity to light (photophobia)
- Vision problems – particularly foggy or clouded vision
- Eye pain.

Follow up

Close follow-up is very important and you will need to come to the eye clinic at St Helens Hospital.

The recovery of your vision after a corneal graft happens gradually after several months. The final result is only obtained once all the sutures have been removed; this is done in the Outpatient Clinic and it may take over a year before all the sutures are removed. The sutures are usually removed over several appointments, perhaps only one or two at a time depending on your vision and recovery.

For **corneal endothelial grafts**, recovery of vision is usually faster (approximately three months) and sutures can be removed in hospital after one month. Your first appointment for suture removal will be made before leaving hospital. Treatment with drops is also needed (see above) and continues for several months, again this depends on your vision and recovery.

To get the best visual results after any corneal graft surgery, glasses or contact lenses may be needed.

Your planned follow up is:

At the eye clinic:

To see:

Do's and Don'ts

- Do not do any heavy lifting or strenuous exercise
- Do remember to posture (if applicable) as advised by your surgeon
- Do not rub or touch the eye or put used tissues or handkerchiefs near the eye
- Do not do any contact sports or swimming until advised by the surgeon
- Do not drive until advised by your consultant or surgeon
- Do not look up when in the shower, and try not to get any soap or shampoo in the operated eye
- If you have a job that does not involve physical strain, you may return to work 2 to 3 weeks after surgery
- If your job involves manual labour, you may need to wait for 3 to 4 months before returning to work
- Avoid smoky or dusty places as this could irritate your eyes
- If your eye is sensitive to light, wearing sunglasses can help
- Stay away from smoky or dusty environments.

The morning after your surgery

Wash your hands and remove the eye shield.

If your eyelids are crusty, bathe gently with cool boiled water. Be careful not to press too hard when bathing your eye. Dip cotton wool or clean gauze in the cool boiled water.

- Gently wipe from the inside (near your nose) to the outside corner of your eye.
- Do not wipe inside your eye.
- Do not wash your eye out with water.
- Do not press on your eye.

During the first 2 weeks, you may need to clean your eye twice a day because the drops and the healing process can cause slight stickiness.

Start your eye drops today as prescribed. There is information regarding the dosage included in this leaflet as well as on the label/box.

Eye Drops

This section contains important information regarding your eye drops and when to put them in. If you have any questions about the drops please contact the ward or speak to a nurse before you leave the ward.

1: _____

2: _____

3: _____

(You may have been given two bottles of the same type of drops, this means that the 2nd bottle is a spare one, for use only if you run out. Do not use two bottles of the same drops at once).

How to apply eye drops

- Wash your hands.
- Tilt your head back.
- Look up at the ceiling.
- Gently pull down the lower eyelid.
- Squeeze the bottle until a drop goes into your eye.
- Close your eye and wipe away any excess liquid.
- Do not let the bottle touch the eye.
- Safely dispose of the drops once you have finished your course of treatment.

If you run out of eye drops before the course has finished please contact the ward.

Your nurse today was:

Your Consultant is:

Any queries regarding your next appointment, please ring:

01744 646130 / 01744 646131

Contact Information

If you have any questions, concerns or require advice, please contact the triage desk on:

The Eye Clinic - 01744 646136/7

Monday-Friday 9-5pm

Outside these hours or bank holidays

0151 426 1600

Ask to be put in contact with the on-call Ophthalmologist.

Eye Clinic Liaison Officer

For free information and advice, speak to:

Gillian Plumpton

In confidence at The Eye Clinic at
St Helens Hospital
Tel: 01744-646145 or 07872414909

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