

- ✦ bleeding from the iris
- ✦ swelling or detachment of the retina

Rejection of a transplant — the danger signals!

Rejection of a transplanted cornea can occur any time, but is more likely to happen in the first year after surgery. Unfortunately, rejection reduces the chance of success of any repeat corneal transplantation. However, this can be prevented by timely diagnosis and appropriate management.

Watch out for these danger signals:

- Redness
- Sensitivity to light
- Vision loss
- Pain

The acronym 'RSVP' can help you remember these symptoms. If you notice any of these symptoms in your operated eye, however minor they may seem and regardless of the time of day, contact us immediately. If this is not possible, visit the nearest ophthalmologist, preferably a cornea specialist.

Important tips on care after surgery

- ✦ Do not lift heavy things.
- ✦ Do not bend so that your head is lower than your waist.
- ✦ Avoid sleeping on the operated side.
- ✦ No sexual intercourse until permitted by the doctor.
- ✦ Do not rub the operated eye.
- ✦ Avoid any vigorous activity.
- ✦ Avoid alcoholic beverages.
- ✦ Watch television for short periods only.

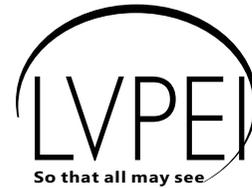
You can bathe carefully from below your neck, and also shave, but do not let the operated eye become wet for at least 15 days. You may gently clean the eyelids with a piece of cotton boiled in water or a sterilized tissue. Do not wet the eyeball. You should wear an eye patch at night; the doctor will advise you when to discontinue using it during the day. Always wear protective glasses or an 'eye shield' to avoid accidental injury.

Medication and follow-up

At the time of discharge our patient counsellor will advise you about medication and follow-up visits. Please follow the instructions regarding medication. Please adhere to the follow-up appointment date.

If you have any concerns or questions, you can ask the doctor when you come for an examination. If you feel you cannot wait, call or email us, or send a fax, at our numbers given below.

If there is an emergency at night, during a weekend, or on a holiday, come for emergency care to the Institute. Always mention the patient's ID number, name and the doctor's name in all communications.



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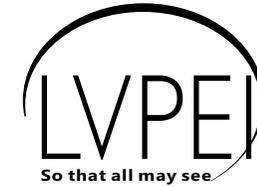
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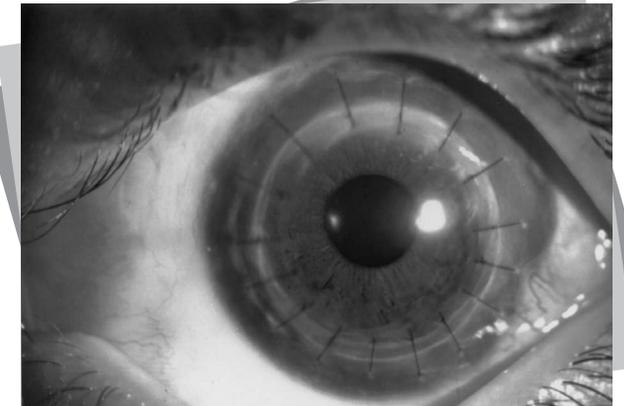
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LV Prasad Eye Institute

CORNEAL TRANSPLANT



The cornea is the front, outermost layer of the eye. Just as a window lets light into a room, the cornea lets light into the eye. It also focuses the light passing through it to make images clear and sharp.

Corneal problems can happen to anyone at any age. Sometimes due to disease, injury or infection the cornea becomes cloudy or warped. A damaged cornea, like a frosted or misshapen windowpane, distorts light as it enters the eye. This not only causes distortion in vision, it may also cause pain.

When there is no other remedy, doctors advise a corneal transplant. In this procedure an ophthalmologist surgically replaces the diseased cornea with a healthy one to restore clear vision.

What is a corneal transplant?

A transplant is the replacement of damaged or diseased tissues or organs with healthy tissues or organs. In a corneal transplant, the cloudy or warped cornea is replaced with a healthy cornea. If the new cornea heals without problems, there may be tremendous improvement in vision.

The healthy corneal tissue used for transplantation is supplied by an Eye Bank. Eye Banks work round the clock to collect, evaluate, and store donated corneas. The corneas are collected from human donors within hours of death. Stringent tests are done to ensure the safety of the person receiving the cornea. The Eye Bank verifies the donor's medical history and cause of death, and performs blood tests to ensure that the deceased person did not have any contagious disease, such as AIDS or hepatitis.

Since the cornea was one of the first parts of the body to be transplanted, corneal transplants remain one of the most common, and most successful, of all transplants.

How does the eye work?

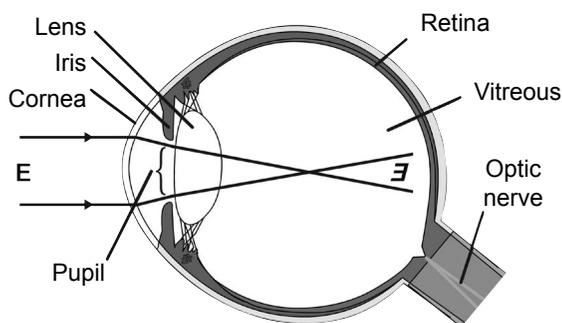
Anything you see is an image that enters your eye in the form of light. The different parts of your eye collect this light and send a message to your brain, enabling you to see. For perfect vision all the parts of your eye need to work properly.

The cornea is the clear, outer layer of the eye.

The pupil is an opening that lets light enter the eye.

The iris, the colored part of the eye, makes the pupil larger or smaller.

The lens bends to focus light onto the retina.



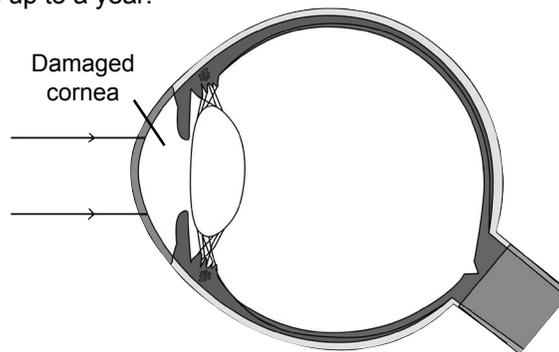
Light rays passing through a healthy cornea. The cornea is clear to let light into the eye and curved to focus the light rays.

The retina receives light that has been focused by the cornea and lens.

A clear (vitreous) gel fills the inside of the eye, giving it shape.

Preparing for a transplant

If you are advised to undergo a corneal transplant, your ophthalmologist will tell you what is required. The transplant will be scheduled according to the condition of your eye and the availability of a donor cornea. Occasionally, a shortage of donated corneas may delay surgery. If both your eyes need new corneas, the second transplant will not be performed until the first eye has stabilized, which may take up to a year.



Light rays unable to pass through a damaged cornea

After surgery, you may be permitted to return home the same day, or you may be required to stay in the hospital for a day or more.

Some facts you may like to know

It is not necessary to find a cornea with a matching tissue or blood type.

- ✦ The race, gender, and eye color of the donor are not important.
- ✦ A corneal transplant won't change your natural eye color.
- ✦ The cornea heals slowly and improvement in vision may take a year or more.
- ✦ It is difficult to shape the new cornea perfectly. So, astigmatism (a condition where the cornea has an irregular shape, making images seem blurred or distorted) is common after a corneal transplant. However, this can be corrected.

Preparing for surgery

If you are taking any other medication, ask your ophthalmologist whether you should continue it. You will probably be asked not to eat or drink anything for several hours before the surgery.

Usually a local anesthesia is used for surgery, so you will be awake but feel no pain. Intravenous medications will help you relax. The nerves in your eye will be completely numbed so you will not be able to see or move your eye. Sometimes the doctor may use general anesthesia.

The transplant procedure

For the transplant, the doctors use an operating microscope and very delicate instruments. Once the old cornea is removed, the new cornea is stitched into place. The sutures or stitches are barely visible and are not painful, although you might feel some irritation or a scratching sensation for a few days.

If necessary, other procedures may be performed at the same time as your transplant. For example, a cataract may be removed and replaced with an intraocular lens (IOL). An IOL may be replaced or removed. The vitreous gel may be removed from the eye and replaced with fluid. A damaged iris may be repaired. Your ophthalmologist will advise you about them.

Some potential risks

As with other surgical procedures, a corneal transplant involves some risks — most of them can be treated.

- ✦ eye infections
- ✦ failure of the donor cornea to function normally
- ✦ rejection of the donor cornea by your body
- ✦ cataract (clouding of the eye's lens)
- ✦ glaucoma (build-up of fluid, leading to increased pressure in the eye)