Corneal transplantation
Corneo-Plastic Unit

A corneal transplant is also known as a corneal graft.

What is a corneal graft?
The cornea is the curved window at the front of the eye that must be clear to enable us to see (see figures 1 & 2). It is in front of the iris (the coloured part of the eye) and the pupil (the round black hole in the centre of the coloured part). If the cornea is hazy, so that you can no longer see through it, a corneal graft may be appropriate.

The corneal graft is taken from the healthy eye of a person who has died (where permission has been given by the deceased prior to death, or more usually by the family afterwards).

What actually takes place during the operation?
A circular portion is removed from the centre of your cornea. A similar circular portion is then taken from the centre of the donor cornea - this is the corneal graft (see figure 3). It is placed into the hole in your cornea and sutured into place with very fine stitches (see figure 4).
Will I be asleep for the operation?
The operation can be carried out either with you asleep (general anaesthetic) or when the eye has be numbed by injection (local anaesthetic). Your surgeon will discuss these options with you.

How long does the procedure take?
A routine corneal graft operation usually takes about an hour. If any other surgery is planned, such as cataract surgery, then it may take longer. This is only a guide as each patient is different.

Could I catch any disease from the transplant?
The medical history of the donor is checked to exclude the following conditions: Creutzfeldt-Jakob disease (CJD), rabies, and diseases of the nervous system of unknown cause. Blood is taken from all donors to exclude hepatitis B, hepatitis C and the AIDS & HIV virus. While the cornea is in the Eye Bank it is examined very carefully to reduce the risk of infection with bacteria and fungi. As a result of these checks the risk is tiny. However, because of this tiny risk, once you have had a corneal transplant you will not be able to be a blood or organ donor.

What happens to the part of my cornea which is removed?
Most corneas are examined under a microscope for further information. Some tissue may be kept for research into corneal disease.
How long will I be in hospital?
Usually you will be admitted the day before surgery and can go home the day after. Occasionally, it may be necessary to keep patients in for a little longer to allow the eye to settle further.

What will it feel like the day after surgery?
Your eye may feel gritty and some discomfort is to be expected (which should settle within a few days). Significant pain is not common, so if your eye is painful, you should contact us.

Will I need drops after the operation?
Drops are put in frequently for the first few days; later they are used less frequently but may be required for many months.

What about my sutures?
These are removed if they become loose (you will feel a gritty sensation). Some might be removed earlier to reduce astigmatism. Generally, sutures are not removed for at least a year. In some instances sutures are left in if you have good vision.

What problems should I seek advice about?
Graft rejection is our main concern. This rejection results from your immune system recognising the graft as being ‘foreign’.

Please contact us as soon as possible if you experience any ‘RSVP’

  Redness,
  Sensitivity to light,
  Visual disturbance, or
  Pain

Do not wait until your next appointment.

When will I notice any improvement in my vision?
Each person varies in their response to the operation. Some notice a big improvement early on, whereas in others the vision will
improve gradually over several months. Overall, you must anticipate it will take a year for you to recover.

**Will I need glasses afterwards?**
Most people usually require glasses or contact lenses. How soon after your operation you will need them depends on a number of factors, including when the stitches are removed. In some cases it is possible to see quite clearly without glasses. Contact lenses may be needed for good visual acuity (clearness of vision, sharpness).

**How good will my vision be eventually?**
This will depend on the particular features of your eye but your vision will not be perfect in the operated eye. How much you depend on this eye will be influenced by how good the other eye is.

**Further information**
For further information about the risks of anaesthetics please see the booklet ‘You and your anaesthetic’ or visit the Royal College of Anaesthetists’ website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk)

**Further queries**
Should you have any further questions or concerns please do not hesitate to contact us:

**Corneo-Plastic Unit (eye clinic)**
Tel: 01342 414470 / Fax: 01342 414106
8.30am to 4.30pm

For enquiries out of hours, weekends and bank holidays, please contact Ross Tilley Ward. Tel: 01342 414466 / 4451

Please ask if you would like this leaflet in larger print or an alternative format.