Corneal Graft
An information guide
Corneal Graft

The Cornea

The cornea is the window at the front of the eye. Normally the cornea is clear. Light is able to enter the eye through the clear cornea and pass through the clear lens to focus on the retina at the back of the eye. When the cornea is deformed or damaged from injury or disease, light cannot pass freely to the retina. The picture that the retina passes on to the brain is not clear and sight becomes distorted or patchy.

What is a corneal graft?

It is an operation in which your cornea is removed and replaced with a similar piece of cornea from a donor eye. Corneas are not taken from donors known to have infectious conditions. All donors are screened and the cornea is treated with antibiotic solution before being used for your operation.

What are the reasons for a corneal graft?

The main function of the cornea is to help focus and transmit light. When this is interfered with by either irregularity, scarring or water logging and cannot be helped anymore by any other treatment (drops, drugs, spectacles or contact lenses) a corneal graft may then be performed. This may be performed to improve your sight, alleviate your pain or repair a perforation (if your cornea has ruptured).
What does the operation involve?

The surgeon carries out the operation with the help of a microscope. For a full thickness graft, a central piece of poor cornea is removed from your eye. It is replaced by a clear cornea removed in the same manner from the donor eye.

First stage in a corneal graft operation

This is then sewn in place with very fine stitches, which are removed later. Your eye is not removed at any stage. The operation takes about 1 hour.

Second stage in a corneal graft operation
Prior to your admission you will be seen by a nurse in the pre-assessment clinic. This is an opportunity for you to ask any questions as well as for us to take information and undertake any relevant tests, such as blood tests or heart tracings.

The operation can be performed under either local or general anesthesia. These will be explained to you and where possible you will be given a choice.

On the day of surgery, the nurse will instill eye drops to change the size of your pupil. Unless you are having a cataract removed at the same time, the pupil will be made smaller (constricted) in order to protect the lens. This is only a temporary effect and your pupil will return to normal once the drug has worn off.

Following surgery your eye will be covered with a pad and a plastic shield. This will be removed in the morning and then the plastic shield put back on at night for a week. If you are not required to stay overnight you may be asked to return to the ward the following day.

From the first day after surgery you will have eye drops instilled frequently to assist the graft to settle into place and to prevent infection and inflammation. The frequency of drops will be discussed prior to discharge.

Approximately 3 months after your surgery you will need to have some of the stitches removed. You will return to the ward/clinic as a day case/outpatient for this. The stitches are removed using local
anesthetic in theatre. However, this is a relatively quick and simple procedure.

**Risks and benefits**

Although the benefits of the surgery far outweigh the risks, certain complications do exist. Your doctor/nurse will discuss these with you, prior to obtaining your written consent.

**Possible short term risks**

- damage during the operation to the iris or lens
- water leak from the graft which has lifted in one area. This will require suturing
- infection requiring antibiotics
- bleeding within the eye
- rejection.

**Possible long term risks**

- growth of blood vessels around the edge of the graft. No treatment is required unless vision is impaired
- astigmatism (uneven curvature of the cornea). This is caused by the stitches being too tight and they may need adjusting
- warping of the donor graft caused by stitches that are too loose. This may require re-stitching
- rejection, which will be treated with steroid eye drops.
Advice following surgery

Once discharged home you will need to continue using the eye drops. If you are unable to do this or have no one to assist you then a district nurse may be arranged.

Instructions regarding your drops will be given at the pre-assessment clinic and/or on the ward. The nurses will supervise your technique and help you if you are unsure how to use them.

You will either be given an appointment on discharge or sent one through the post to be seen on the out patients clinic approx two weeks after your operation.

If you are worried, or notice that your eye is becoming increasingly red or are aware of a reduction in vision please contact the hospital on the following numbers.

Contact Numbers

The Royal Oldham Hospital, Oldham
A&E Department - 0161 627 8933
Friday 5pm until Monday 9am

Oldham Integrated Care Centre Eye Clinic - 0161 621 3815
Monday – Friday 9am - 4.30pm
Rochdale Infirmary, Rochdale
Eye Clinic - 01706 901757
Monday - Thursday 9am until 5pm. Friday 9am until 12.30pm

Eye Ward - 01706 901765
Monday - Friday 8am until 8pm (answer machine after 8pm)

Urgent Care Centre - 01706 517005
Monday - Friday after 8pm. Friday 8pm until Monday 9am

Fairfield General, Bury
A&E Department - 0161 778 2600
Monday - Friday after 8pm. Friday 8pm until Monday 8am

Eye Ward and Clinic - same contact details as Rochdale Infirmary

Tameside Hospital Foundation Trust
A&E Department - 0161 922 6000
Available 24 hours

Eye secretary - 0161 331 6388
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

Date of publication: January 2006
Date of review: May 2017
Date of next review: May 2019
Ref: PI_SU_207
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