



Procedure Information Sheet

Introduction

Corneal transplant is a major operation, replacing part or entire diseased cornea of the recipient with healthy cornea from a donor.

Indication

Corneal diseases such degeneration, infections or accidents ,cause the cornea losing its transparency or scaring, vision will be seriously impaired, requiring corneal transplant to restore vision.

The Operation / Procedure

Corneal transplant is exchange of a diseased cornea with a healthy cornea. The operation is usually conducted under general anaesthesia.

1. Doctor removes the diseased part of the cornea with special instrument.
2. Secures the donor's healthy cornea on the defect of the recipient's cornea with stitches.
3. The eye is then covered with a patch and an eye shield.
4. The operation requires 1 to 2 hours. It may necessary to conduct other surgical procedures (such as cataract, glaucoma) at the same time.

Before the Operation / Procedure

1. Fasting for 6-8 hours is required.
2. Eyelids should be kept clean, lid hygiene is important to decrease the risks of post-operative infection.
3. Your doctor may prescribe eye drops before the procedure. Make sure you follow the guides of its administration.
4. Cosmetics and makeup should be avoided on the day of procedure.
5. Inform your doctor if you have systemic diseases such as hypertension, stroke, heart disease, diabetes, voiding difficulty or are taking western medications (especially blood thinners like Aspirin or Warfarin), traditional Chinese medicine or health supplements on a regular basis.

After the Operation / Procedure

1. The operated eye may be more sensitive to light. You can wear sunglasses to minimize discomfort.
2. Have a fiber rich diet. Avoid constipation which leads to excessive straining of the eye during defecation.
3. Follow doctor's instructions and apply eye medications regularly to avoid rejection.
4. Do not rub the operated eye.
5. Avoid keeping a head-down position during shampoo. This can prevent water getting into the eye that can irritate the wound.
6. Avoid lifting heavy objects or performing strenuous exercise such as weight lifting; playing squash or soccer so as to prevent excessive straining or injury to the operated eye.
7. Attend follow-up visit on due dates.
8. If you have sudden redness and swelling of the eye; sudden pain in the eye; sudden blurring of vision or photophobia, you should seek immediate medical attention from our Eye Centre or attend our Out-patient Centre.

Patient's Label

Patient Name: _____

Hospital No: _____

Episode No: _____



Risk and Complication

1. Rejection: The normal cornea contains no blood vessels, therefore the chance of rejection is relatively low. Success rate is quite high. Nevertheless, any foreign tissue that is transplanted from another person may be rejected. If rejection is detected early, it may be successfully treated with corticosteroids or other medications.
2. Glaucoma: Increase in intra-ocular pressure will cause damage to the optic nerve and cornea. In serious conditions, permanent visual impairment may result. It can be treated with medications or laser surgery.
3. Loose stitch: Loose stitch irritates the cornea and induces neovascularization or even corneal ulcers. When necessary, the doctor can remove the irritating stitch to improve the condition. Special contact lens can be used to promote wound healing.
4. Astigmatism: This is the commonest condition after the operation. It can be improved by adjusting the tension of the stitches or by wearing corrective lens.
5. Infection: Symptoms include sudden redness of the eye, swelling, pain, purulent discharge and blurring of vision. It can be treated with antibiotics.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart patient website by Hospital Authority: Corneal Transplant (5/2020)

Patient's Signature: _____ Date: _____

<p>Patient's Label Patient Name: _____ Hospital No: _____ Episode No: _____</p>
