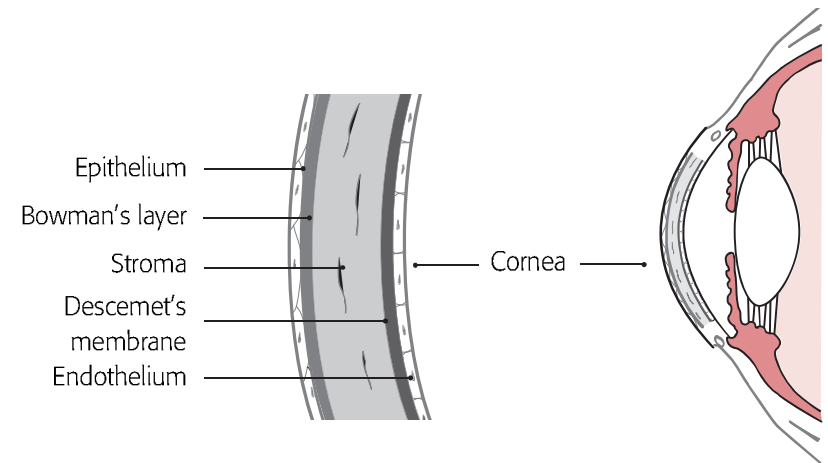
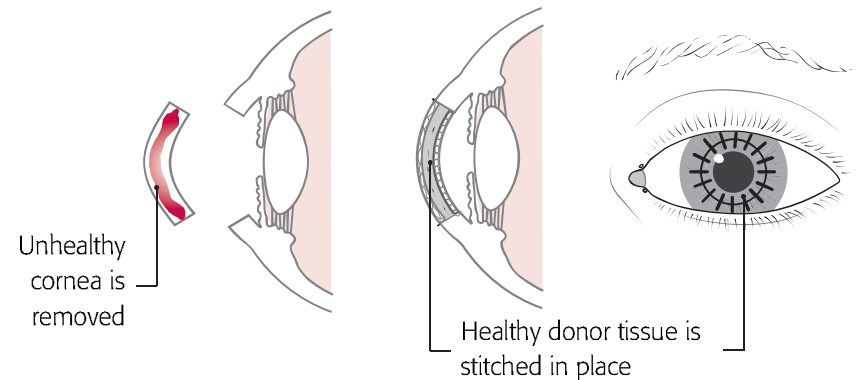


Corneal grafting

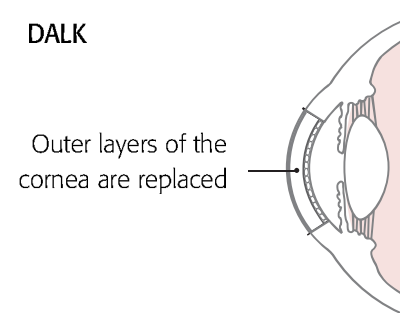
- The cornea is the clear window at the front of your eye, and is responsible for most of the focusing power of the eye. It is made up of five layers. If it becomes either clouded or cone-shaped (keratoconus) rather than spherical, you may need a corneal graft.
- If the whole thickness of the cornea is unhealthy a corneal graft called a penetrating keratoplasty is needed. The unhealthy cornea is removed and replaced by donor corneal tissue, which is held in position by fine stitches. The stitches are removed many months after surgery. It will take some time for your sight to stabilize after this surgery.
- Your body can reject the new cornea at any time. If this happens, the cornea will become cloudy again and you will need intensive treatment with eye drops to make it clear. If your vision is blurred, or your eye becomes red or sore after the operation, contact your eye specialist *immediately*. Sometimes the cornea stays cloudy after rejection, and another graft is needed.
- If the surface layer of the cornea is diseased but the deeper layers are healthy then only the front part of the cornea needs to be removed and replaced. This is called deep anterior lamellar keratoplasty (DALK). The donor corneal tissue is held in position by fine stitches.
- If the deep layer of the cornea is diseased but the surface layer is healthy then only the deep layer needs replacing. This is called Descemet's stripping automated endothelial keratoplasty (DSAEK). No stitches are required with this operation.
- If the corneal graft is uneven, you may need to wear a contact lens to improve your sight.



Penetrating keratoplasty



DALK



DSAEK

