

YOUR CARE AFTER CORNEAL TRANSPLANT SURGERY

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1. Protect your operated eye at all times.

- During waking hours wear eyeglasses or sunglasses.
- During sleep, wear the eye shield attached with adhesive tape over the eye. The eye shield may be discontinued 8 weeks after surgery.

2. Avoid heavy lifting, bending or straining.

- The rule of thumb is “if you can do it and speak in a normal tone of voice it is probably OK” If you “strain” with talking, then **you are doing too much!**
- Bend over by bending at the knee (with back straight and head up) to pick something up, put on or tie shoes. This is better for your back as well as your eye. Avoid heavy, forceful coughing or sneezing. Do not strain during a bowel movement. A stool softener can help with this.
- Think before lifting anything heavier than 15 pounds for 6 to 8 weeks.
- Do not rub the operated eye. Avoid any pressure on the eye. Be careful when washing your face. Avoid using soap or cold creams for the first 10 days.
- Avoid closing the eye tightly. Be especially careful about this when laughing, talking, sneezing, coughing, yawning or when irritated. Never rub or touch the eye. If there is much secretion, gently wipe off the lids with a clean, soft wash cloth. Avoid putting pressure on the eye, particularly the upper lid.

3. Take your prescribed eye medications.

- **Pred Forte (Prednisolone Acetate)** is a steroid eye drop to reduce inflammation and decrease the risk of rejection. Shake the bottle 25 times to mix the milky solution. Place one drop four times a day in your operated eye. You will be taking these drops for many months, but the dose will slowly decrease over time as directed by Dr. Gritz. **Do NOT stop these drops on your own!**

- **Polytrim, Maxitrol or Ocuflor** is an antibiotic eye drop to prevent infection. Place one drop four times a day in your operated eye until Dr. Gritz tells you to stop.
 - If you were taking other eye drops before surgery, Dr. Gritz will advise you to on those eye drops.
 - If you were taking eye drops for your unoperated eye, continue taking them after surgery.
 - Wait at least five to ten minutes between eye drops so one will not flush out the other.
 - If before surgery, you were taking any medications for any medical problem, go ahead and resume the medication when you return home.
4. For eye irritation and discomfort after surgery, extra strength Tylenol, as directed on the package, is usually all that is needed.
- Some mild eye irritation is common after corneal transplant surgery. The irritation, quite often described as sand in the eye, is from the surgery and everything the eye has been through. Generally pain medications do not alleviate this irritation. About one in 20 patients require stronger pain medicine. Dr. Gritz will prescribe stronger medicine as needed.
 - Severe eye pain and severe headache is unusual after corneal transplant surgery. If this occurs, call Dr. Gritz or your regular ophthalmologist.
 - The discomfort experienced after surgery varies, even between the two eyes of the same patient. The main thing you should expect is that the **discomfort and vision are stable or slowly improving over time**. Fluctuations in vision and comfort over short periods of time are common. However, if you experience a **progressive worsening** over the course of the day or worsening that remains stable over 24 hours, you should call to be checked.
5. How to put in drops:
- Wash your hands thoroughly before and after putting in eye drops and ointments.

- Pull your lower lid down with one hand, forming a “pouch,” and look up.
- Put one drop of medicine in the pouch. Don’t touch the tip of the bottle to your lids, eyelashes or anything else.
- Close your eye for two full minutes after each drop. Wait five minutes between drops for proper absorption. Put ointment in last, after drops have been absorbed.
- If this is difficult, lie on the bed while looking up at the dropper to put in the drops.
- To put ointment in the operative eye, first pull the lower lid down gently. Apply a line of ointment to the lower eyelid from one end to the other, then close eye. Do not touch anything to the tip of the tube. Warming the ointment in your pocket or in hot water can make it easier to apply.

6. Sleeping habits after surgery:

- Avoid sleeping on the surgery side for four to six weeks.
- Do not sleep on your stomach for six to eight weeks.
- Wear the shield to bed on the operated eye for three months.

7. In regard to sexual activity, gentle activity is fine, but be careful to not be too athletic. You can be more active after four to five weeks. After the first three months, you can resume normal sexual activity.

8. Wear sunglasses or your usual glasses during the day. Sunglasses that fit over your normal glasses can provide more comfort and protection for your eye. Fitovers (www.fitovers.com) is one brand with a variety of styles. Some nicer lumberyards and hardware stores (Truitt & White in Berkley, for example) have safety glasses that look stylish and will provide good protection. (Dr. Gritz has no financial interest in either business.)

9. Using your eyes will not hurt them! You may watch television, read, sew, etc. If you are blinking less (Common with computer work, for example) your eyes may get irritated. This isn’t a serious problem, but is an issue for eye comfort.

10. You can bathe or shower from the neck down. Wash your face with a washcloth. **Do not wash your hair in the shower or bath until Dr. Gritz says its okay.** You can wash your hair with assistance and a hand held showerhead, with your head tilted backwards, **so the water doesn't run into your eye.** Going to a beauty parlor or barber shop is an easy way to safely wash your hair.
11. Mattering and discharge on the eyelashes may be cleaned with a warm clean cloth.
12. Glasses or contact lenses will be prescribed when the eye is fully healed and the prescription is stable. The **average** time for getting new glasses is six months after surgery. There may be adjustments of the stitches to prepare your eye for glasses. Typically, a contact lens won't be prescribed until after all the stitches are removed.
15. Return Appointment
Your return appointment will be scheduled before you leave the hospital. Dr. Gritz will see you the day after surgery. All corneal transplant patients will be seen at the Oakland Kaiser Ophthalmology clinic.

FREQUENTLY ASKED QUESTIONS AND THEIR ANSWERS:

When can I return to work?

When you are able to return to work depends on the type of work you are doing, your comfort level and how well you see out of the operated eye. Someone who sees well in the unoperated eye and who has a desk job may go back to work in two to three weeks. A person who does not see well out of either eye and who has a hazardous job may be out of work for several months. The main thing is to observe the "no heavy lifting, bending, or straining" rule. Therefore, the time out of work depends on the individual patient's situation.

When can I drive?

If you were legally able to drive before surgery because your vision in the unoperated eye was good, you can drive as soon you feel comfortable doing so. If you were not legally able to drive before surgery because of poor vision in both eyes, you will not be able to drive and you will need to find a way to get to your office visits. Alameda county residents can take BART and/or AC Transit to the Medical Center.

Where do I file a state disability claim?

Contact the business office for this information. That office fills out most of the paperwork for the doctors. You should take care of this A.S.A.P., because the process can take some time.

When will I see well?

The sutures (threads) are not removed until one to two years after surgery. Your vision may be distorted. You will be measured and fitted for glasses or contact lenses as soon as your eye has healed enough and adjusted to . Sutures are removed or adjusted beginning at two to three months, if needed, depending on the healing of your eye.

How do I know if my body is rejecting the corneal graft?

Rejection does not usually become a problem until three months after transplant surgery.

The memory device for the signs of cornea transplant rejection is RSVP. The letters stand for:

Redness

Sensitive to light

Vision decrease

Pain (It can be just scratchy or feel like something is in the eye.)

If you think rejection is starting promptly call Dr. Gritz' office for instructions. If you cannot reach Dr. Gritz or your local Kaiser Permanente ophthalmologist or if you are out of the area, use Pred Forte, four times a day and continue to make arrangements to see Dr. Gritz.

Another page of these handouts specifically addresses rejection and should be kept somewhere you can refer to it easily until you have memorized the RSVP symptoms.

What if rejection cannot be stopped?

Fortunately, most rejection episodes can be controlled with Pred Forte and/or additional steroid injections or intravenous medicines. However, if your corneal transplant is rejected it will lose its clarity and probably return to the

degree of haze which you had before surgery. The corneal graft does not fall out during rejection.

What if I run out of eye medications?

Dr. Gritz usually writes the prescription so it may be renewed. Your pharmacist may contact the Redwood City Pharmacy to check about renewals or call the eye clinic for renewals.

Learn the name of your medicines, it will help both you and your doctor.

Your visits after surgery are just as important as your surgery. Please keep your appointments. Transplanting a cornea is like transplanting a delicate plant. If it is not watched, watered (eye drops) and cared for, it may fail to thrive.

The Eye Clinic assistants in Oakland are very familiar with the corneal transplant operation and may be able to answer your questions. It is preferred that you call the Oakland Eye Clinic at 510-752-1235 with any questions about your care except for scheduling your Oakland Kaiser Appointments.

Warning signs of Cornea Transplant Rejection

Following a cornea transplant, there is a risk of rejection for the rest of your life. This risk is highest in the first two years after surgery. When a rejection occurs, the best way to minimize the damage from the rejection episode and reverse the rejection is *prompt treatment*.

The memory device for the signs of cornea transplant rejection is RSVP. The letters stand for:

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Pain (It can be just scratchy or feel like something is in the eye.)

All of these symptoms happen right after surgery and improve with time. Most of these symptoms can happen from time to time and usually are normal. If you experience these symptoms and it is getting worse over the course of the day or are new symptoms that are persistent over three days, then you should call the ophthalmology department. The key words are “I’ve had a cornea transplant and I’m having problems,” and then tell them your problems. The advice nurse should tell you to come into see the doctor that day or the next day. You don’t have to see Dr. Gritz. It is more important to see one of the ophthalmologists who are available to see urgent patients. They will be able to evaluate your eye and see if the symptoms are a graft rejection or something else. They will be able to start you on appropriate treatment and alert Dr. Gritz that he needs to see you sooner than originally planned. It is better to be seen and checked, only to find out that your symptoms are not something serious, than to wait to be seen and later find out that you should have come in sooner.

If you think you have a problem, it is best to call early in the day. Your ophthalmologist may be in surgery and cannot respond promptly to your calls, so please consider this when you call.