

DSEK Surgery (Descemet's Stripping Endothelial Keratoplasty)

[] Risks - Note that it is impossible to predict every risk and every potential problem that can occur as a result of surgery. No list of risks or complications is ever complete. The probabilities of complications noted below are estimates based on available data.

In a partial thickness cornea transplant, part of your eye tissue is removed and replaced with a transplant. This transplanted tissue is commonly called a "graft."

Common risks:

- 1) *High eye pressure* - 17% - About 1 in 5 people will have high eye pressure, most of which we can manage with eye drops. Occasionally the air bubble that is placed in the eye can cause an acute increase in pressure. In that case, some of the air might have to be removed from the eye.
- 2) *Graft detachment* - 10-20% - Up to 1 in 5 people will have grafts that don't stick on the first attempt. If it doesn't stick on the first attempt, there is still a good chance (~75%) that the graft will stick on subsequent attempts.
- 3) *Graft rejection* - 5-20% in first 4 years - Up to 1 in 5 people will have grafts that experience a rejection episode. When this happens, your vision will get blurry and your eye may become red. If that happens, we want you to come in and have your rejection treated so that it is less likely to lead to graft failure.
- 4) *Graft failure* - Up to 15% in first 3 years. About 1 in 6 patients will have their graft fail in the first 3 years. Graft failure is when the cornea and transplant become cloudy, and drops cannot help to make them less cloudy. Graft failure can occur due to rejection episodes, eye surgeries after the transplant, and time.

While it may seem that there are a lot of risks to DSEK, the chance of a complication is much lower with DSEK than with a full thickness cornea transplant, which is the only alternative to a partial thickness cornea transplant. The visual recovery is also much faster with DSEK compared to a full thickness transplant.

Serious side effects to be aware of, which are rarer:

- 5) *Infection* - 0.028% - This is approximately equal to the chances of a professional golfer hitting a hole in one. There are not enough cornea transplants to give a good estimate of this risk, so the percentage chance of infection is taken from cataract data.

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6) *Bleeding* - 0.056% - This is approximately twice the risk of infection. There are not enough cornea transplants to give a good estimate of this risk, so the percentage chance of bleeding is taken from cataract data.

You should be aware that #4 and #5 can be eye-threatening complications, so in extreme circumstances you could lose your eye from this surgery.

7) *Need for another procedure due to damage to the eye or eye structures* - Outside of the need for a repeat cornea transplant in case of repeated graft detachment (as above), the risk for an additional procedure is rare enough that there is no good estimate of the percent chance of it occurring.

Others: double vision, anesthesia problems, increased haloes/ghost images, swelling of the retina causing temporary or permanent blurring of vision, chronic inflammation, retinal detachment

Goals of Surgery - The goal of surgery is to improve your vision decline due to a hazy cornea. The surgery cannot fix problems related to other eye problems that you may have including glaucoma or retina problems, so the vision decline due to other eye problems will still be present after surgery. Full recovery from the DSEK surgery takes 3-4 months, but this is much faster recovery compared to recovery from the full thickness cornea transplant that can take over a year. You will still need glasses after surgery as well. DSEK does not decrease the need for glasses and may increase the need for glasses.

Discussion of Steps of Procedure - Checking this box indicates that the surgeon gave you an overview of the steps of the procedure.

Blood thinners - Checking this box indicates that you informed the surgeon if you take any blood thinners including: ibuprofen (Motrin), naproxen (Advil), warfarin (Coumadin), aspirin, apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto), or clopidogrel (Plavix).

Fitness for surgery - Checking this box indicates that you agree to have a history and physical performed by your primary doctor within 30 days prior to the surgery date and that you can lie flat with your head back for the surgery without excessive claustrophobia and anxiety (or have informed your surgeon if you cannot).

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