



## **Penetrating Keratoplasty (PK) Corneal Transplant Consent Form**

### **WHY DO I NEED TO HAVE A CORNEAL TRANSPLANT? WHAT IS A PENETRATING KERATOPLASTY (PK)?**

The cornea is the clear, outermost layer of the eye. Vision is lost if the cornea becomes swollen, cloudy, or damaged from infection, disease, trauma, or aging. If the cornea does not heal, it needs to be removed surgically in order for vision to improve. You can decide not to have the corneal transplant. If you don't have the surgery, your vision loss from the damaged cornea will remain and may continue to get worse.

### **BESIDES PK CORNEAL TRANSPLANT SURGERY, HOW ELSE CAN MY DAMAGED CORNEA BE TREATED?**

Patients with certain corneal conditions and disorders may be treated with eyeglasses, rigid gas permeable corneal lenses (RGP), Intacs® (intrastromal corneal ring segments), or the Boston scleral lens prosthetic device (BSCPD). The choice of treatment depends upon the type and severity of the corneal condition or disorder. In some patients, only the inner layer of the cornea, the endothelium, needs to be replaced. These patients can be treated with a different type of corneal transplant surgery known as Descemet's stripping endothelial keratoplasty or DSEK.

### **HOW WILL HAVING A PK CORNEAL TRANSPLANT AFFECT MY VISION?**

The goal of a PK corneal transplant is to improve the decreased vision that was caused by the diseased or damaged cornea; a PK corneal transplant will not correct decreased vision caused by other eye conditions such as a cataract or glaucoma. The eye surgeon or ophthalmologist removes the three layers of the damaged cornea by making a circle cut or incision, and replaces the damaged cornea with a donor cornea, which is kept in place with stitches (sutures). This type of surgery can be combined if needed with other eye surgeries, such as cataract removal or glaucoma surgery. The operation takes from 45 to 60 minutes.

### **WHAT ARE THE MAJOR RISKS OF A PK CORNEAL TRANSPLANT?**

As with all eye surgery, you may experience an infection, bleeding, swelling of the retina causing temporary or permanent blurring of vision, a retinal detachment, glaucoma or high pressure in the eye, rejection of the transplanted tissue, chronic swelling or inflammation, double vision, a droopy eyelid, loss of corneal clarity, poor vision, total loss of vision, or even loss of the eye. Rarely, the transmission of infectious diseases

can occur such as Hepatitis, AIDS, and syphilis, although the corneal donor is routinely tested for these diseases before the tissue is approved and released for transplantation.

There are also complications from the local anesthesia including perforation of the eyeball, damage to the optic nerve, a droopy eyelid, interference with the circulation of the blood vessels in the retina, respiratory depression, and hypotension. On rare occasions, useful vision can be permanently lost or you may die.

The donor cornea is kept in place with stitches or sutures. The sutures can come loose, cause infections, or change the shape of the cornea. This changed corneal shape is called astigmatism and can cause blurry vision. Astigmatism can be treated with glasses, but if it is severe, contact lenses or more surgery may be needed. Once the cornea is cut, it remains more delicate, and can break open from trauma or injury, even several years after the surgery.

It takes about 6 to 12 months for your vision to improve. Corneal transplants are successful in 90 out of 100 patients. The transplant is rejected by the body in 8 out of 100 patients. If the surgery is not successful, or the transplant is rejected, you will need another corneal transplant to see well.

There is no guarantee that PK corneal transplant will improve your vision. As a result of the surgery and/or anesthesia, it is possible that your vision could be made worse. In some cases, complications may occur weeks, months or even years later. These and other complications may result in poor vision, total loss of vision, or even loss of the eye in rare situations. You may need additional treatment or surgery to treat these complications. This additional treatment is not included in the fee for this procedure.

#### **PATIENT'S ACCEPTANCE OF RISKS**

I understand that it is impossible for the doctor to inform me of every possible complication that may occur. By signing below, I agree that my doctor has answered all of my questions, that I have been offered a copy of this consent form, and that I understand and accept the risks, benefits, and alternatives of PK corneal transplant surgery.

I wish to have a PK corneal transplant procedure on my \_\_\_\_\_ (state "right" or "left" eye).

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Patient's signature (or person authorized to sign for patient)

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Date

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Patient name