



# WOLSTAN & GOLDBERG EYE ASSOCIATES

EXCEPTIONAL FAMILY VISION CARE FOR OVER 30 YEARS

BARRY J. WOLSTAN, MD | DAMIEN F. GOLDBERG, MD | DAVID A. MARKMAN, MD | T. MAI PHAN, MD

## DESCEMET'S STRIPPING ENDOTHELIAL KERATOPLASTY (DSEK) SURGERY

### MEDICATIONS BEFORE SURGERY:

- ◆ If you currently take anticoagulants or any other blood thinning medications, continue taking blood thinners and aspirin as prescribed by your primary care physician.
- ◆ If you are taking aspirin for any reason other than as a prescribed blood thinner, please discontinue use 7-10 days prior to your surgery date.
- ◆ **FLOMAX/CARDURA ALERT:** Make sure your doctor is aware if you are currently taking Flomax or Cardura. If you are currently taking Flomax or Cardura, you must discontinue and take Atropine instead for 3 days prior to surgery. You may use Flomax or Cardura after your surgery.
- ◆ **KIDNEY DISEASE/ATROPINE WARNING:** If you take Flomax or Cardura AND you have kidney disease, please alert your doctor.

### PREPARATION BEFORE SURGERY:

- ◆ NOTHING to eat or drink no gum or candy, and no smoking for 8 hours prior to surgery! (except small sips of water for medications only)
- ◆ If you normally take medications in the morning for high blood pressure, seizures, breathing problems, or heart problems, take them the morning of surgery with small sips of water.
- ◆ If you use eyedrops for glaucoma, please use them as you normally do.
- ◆ If you are diabetic, do not take any diabetic medications the day of surgery. Bring them with you to the hospital and they will administer after the surgery.
- ◆ Prepare a list of all medications that you are currently taking including milligrams and dosage, along with all insurance cards, to bring with you to the surgery facility.
- ◆ Make sure you have arranged to have a responsible adult to drive you to the hospital, and drive you home afterward. You may take a taxi, however you must have a responsible adult (someone other than the taxi driver) check you out and accompany you home. If you do not have someone with you, your surgery will be cancelled. Time spent at the hospital may vary for each individual but usually ranges between 2-3 hours.
- ◆ Wear simple, comfortable clothing and flat shoes. Shirts that button down the front are preferred.
- ◆ Remove all make-up, especially any eye make-up, and all jewelry. Do not wear jewelry and/or makeup to the surgery facility.



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## IMMEDIATE POST-OPERATIVE INSTRUCTIONS:

We request that you try to stay lying down on your back, facing the ceiling as much as possible after the surgery for the first 24 hours. (Do not sit up watching TV or working on a computer that first night.) You are quite free to stand up and walk around for going to the bathroom or to sit up for eating meals as much as necessary in that first 24 hours after surgery and it is not a danger to your transplant to do so, but whenever possible, try to rest in bed lying on your back and facing the ceiling. (one pillow is OK). This will allow the small air bubble inside the eye to best stabilize the transplant tissue.

## POST-DSEK MEDICATION DOSAGE AND SCHEDULE:

(Note: you can use your various drops at the same time, just be sure to allow about 5 minutes between each drop so that each drop will have time to absorb.)

### ◆ **Prednisolone Acetate 1% (a milky white drop):**

- ◆ This drop is what keeps your body from rejecting your transplant tissue, and so it is extremely important that you do NOT stop taking this medication unless advised by your corneal doctor.
- ◆ Be sure to shake the bottle thoroughly before application.
- ◆ Instill 1 drop in the operated eye FOUR times a day (breakfast, lunch, dinner and bedtime) every day for the first 3 months after the surgery. From 3-6 months after surgery, use it 3 times a day. From 6-9 months after surgery, use it 2 times a day. From 9-12 months after surgery, use it once a day. After that, your doctor will decide whether or not to continue use, or switch to another medication.

### ◆ **Vigamox (a yellow color antibiotic drop in a small bottle):**

- ◆ This drop (Vigamox) is an antibiotic and keeps your eye from becoming infected.
- ◆ Instill 1 drop in the operated eye FOUR times a day (breakfast, lunch, dinner and bedtime) every day for the first 2 weeks after surgery, and then stop using it.

### ◆ **Refresh pm Ointment (a preservative-free lubricating eyedrop, over-the-counter item):**

- ◆ Begin using this ointment at bedtime as the last thing you put in your eye before sleep. Use it for 2 months after your surgery, and then you can stop using it if your eye feels comfortable without it.

## POST-OP VISITS:

You will return to see Dr. Goldberg the next day. The patch will be removed and your eye will be examined. You will be placed on antibiotic and steroid drops to prevent infection and to help with healing. This first visit after surgery will only take about 15-30 minutes, and is primarily done to check the pressure and to be sure that the donor disc is in good position. You will have a brief visit to the clinic one week after surgery, and then again at one and three months. The tests performed at the pre-op visit and post-op visits include a vision test, a check for glasses, examination with the standard clinic microscope, a pressure check, and measurements of your cornea with various optical machines which record light reflections from the cornea (corneal maps). None of these tests will be difficult or uncomfortable for you.



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## **DONOR DISC DISLOCATION:**

On the first day after surgery, Dr. Goldberg will verify that the donor tissue disc is still in proper position. If the donor disc is NOT in proper position, then the disc will have to re-positioned, which will require a visit to the minor operating room in our office for a 15-minute procedure. The risk of this happening is between 2% and 4.5% in all DSEK cases. Fortunately, a dislocated donor disc can be successfully repositioned with good function and restoration of vision over 90% of the time. In a worst-case scenario, if the disc cannot be successfully repositioned with a simple air bubble, then the donor transplant can be replaced with another surgery and the vision ultimately restored.

## **ACTIVITIES:**

- ◆ Immediately after surgery, it is best for you to be lying down on your back facing the ceiling and resting as much as possible for the first 24 hours.
- ◆ Go slowly on the food the night after you have had surgery, as anesthesia sometimes can cause people some nausea. Start with soup, then progress to solids if comfortable.
- ◆ You will need to wear a protective shield over the eye at night while sleeping for about 5 days, to prevent you from rubbing your eye during your sleep.
- ◆ Normal activities are permitted even the first day after surgery, after Dr. Goldberg sees you and removes the patch. You can then shower, wash your hair, and do normal activities like shopping etc. However, you are at risk for infection during the first two weeks after surgery, so do not do activities that may increase that risk (like gardening, cleaning out stalls or attics, etc.) Finally, avoid any activities that may lead to taking a direct hit to the eye (eg. playing with small children, wrestling with animals, etc.).
- ◆ No sports activities of any kind for 2 weeks after surgery. No swimming under water for 4 weeks, but doing water exercises (head always out of water) is fine after two weeks.

## **VISION EXPECTATIONS:**

- ◆ The day after surgery, after the patch is removed, the vision will be distorted. This is normal. The vision will allow you to see well enough to count fingers from a distance of about 2 feet away, but not much better than that. This will improve over several weeks as the swelling in the donor tissue decreases.
- ◆ By one week after surgery the vision is about 20/100, and most patients are aware that their cornea is getting better. By one month the vision is usually around 20/60, and most patients experience notable improvement. By three months, the vision is about 20/50 or better.
- ◆ At one year after surgery, over 65% of patients have 20/40 or better vision. This visual acuity is sufficient to allow the patient to drive a car without visual restrictions.



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## VISION EXPECTATIONS (cont'd):

- ◆ Patients who have no other ocular problems (like macular degeneration or other retinal disease) will experience better vision after DSEK surgery than patients who are being treated for other ocular problems.
- ◆ The vision continues to improve over time, with many patients improving their vision even 1-3 years after surgery.
- ◆ These are the “average” visions at various times after surgery, to give you some idea of what you might expect. The ultimate vision after DSEK surgery, however, will depend more upon the patient’s overall eye health and specific retina health. Nearly all DSEK patients attain good vision after surgery. Vision of 20/20 is possible, but even with a crystal clear cornea, the vision is dependent upon the function of the retina and may not attain 20/20.
- ◆ It is important to remember that your overall vision will be better after surgery than it was before surgery. However, the speed of healing, the amount of vision, and the quality of vision can vary from patient to patient. Generally, patients younger than 65 years old, and patients who have vision better than 20/60 prior to surgery have faster visual recovery.