Electron beam irradiated allografts for ophthalmic surgery

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Disclosures

Chris Stoeger is employed by Lions VisionGift, a non-profit eye bank.

Lions VisionGift has licensed some of the sterilization processing technology discussed in these slides.
Human tissue for ocular surgery

- Cornea
- Sclera
- Pericardium
- Others not discussed in this talk
Important Factors to Consider When Storing Tissue Long Term

Will the process used to preserve tissue affect?
• Bioburden / Sterility/ Safety
• Tissue Handling at time of use
  – Biomechanical properties
  – Does the tissue behave as expected?
• Convenience
  – Does it require reconstitution?
  – Is it easy to deliver to the surgical field?
  – Is any special temperature required to maintain tissue integrity?
• Impact on Clarity (for Cornea)
Long-Term Storage of Cornea: e-Beam with rHSA

- Liquid paraffin- (1908, Carrel)
- Glycerin- (1955, King JH)
- Cryopreservation
- Irradiation: recently developed for corneas
  - Gamma Irradiation: Previously developed
Benefits of Irradiation and rHSA

• Irradiation allows for sterilization of the graft
• The container of the tissue can be sterilized allowing for ease of use in the OR
• Electron beam irradiation is produced with electricity and does not require a radiation source such as Cobalt 60
• Recombinant albumin is an ideal storage solution as it keeps the cornea clear and contains no animal or human derived blood products.
Tissues Need to Be Easy to Use
Electron Beam Irradiated Sclera for Glaucoma Tube Coverage

Images courtesy of Annette Sims, MD
Oregon Eye Specialists, Eugene, OR
Electron Beam Irradiated Sclera for Glaucoma Tube Coverage

Images courtesy of Annette Sims, MD
Oregon Eye Specialists, Eugene, OR
E-Beam Sterilized Cornea Graft for Inferior Tube Coverage

Images courtesy of Annette Sims, MD
Oregon Eye Specialists, Eugene, OR.
Electron Beam Irradiated Sclera
Used for Glaucoma Shunt Coverage
e-Beam Irradiated Cornea Used for Glaucoma Shunt

10 Weeks post-op

Photos courtesy of Shandiz Tehrani, MD, PhD. Oregon Health and Science University
Sterile Cornea Used for Lamellar Patch

Photos courtesy of Michael Straiko, MD
Devers Eye Institute, Portland, OR

90% Corneal melt with anterior lamellar patch graft at 1 year post-op.

Patient is 50 y/o with rheumatoid arthritis. The melt continued after initial treatment with amniotic membrane. A sterile graft was secured with Tisseel glue and mattress sutures. The graft is not quite as thick as the rest of the cornea but the patient is still doing well with 20/30-20/40 vision.
Corneal Perforation Sealed with Sterile Cornea

1-2mm perforation due to *Herpes zoster* addressed with sterile lamellar cornea graft inlaid with mattress sutures and amniotic membrane.

Photos courtesy of Michael Straiko, MD  
*Devers Eye Institute, Portland, OR*
Conclusions

• Modern tissue storage techniques provide:
  – Improved safety with irradiation and sterility assurance
  – Convenience of ambient tissue storage and peel pouches for delivery to operating field
  – Excellent clarity of corneal tissue with recombinant albumin storage medium
Thank you for your attention

Questions?

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