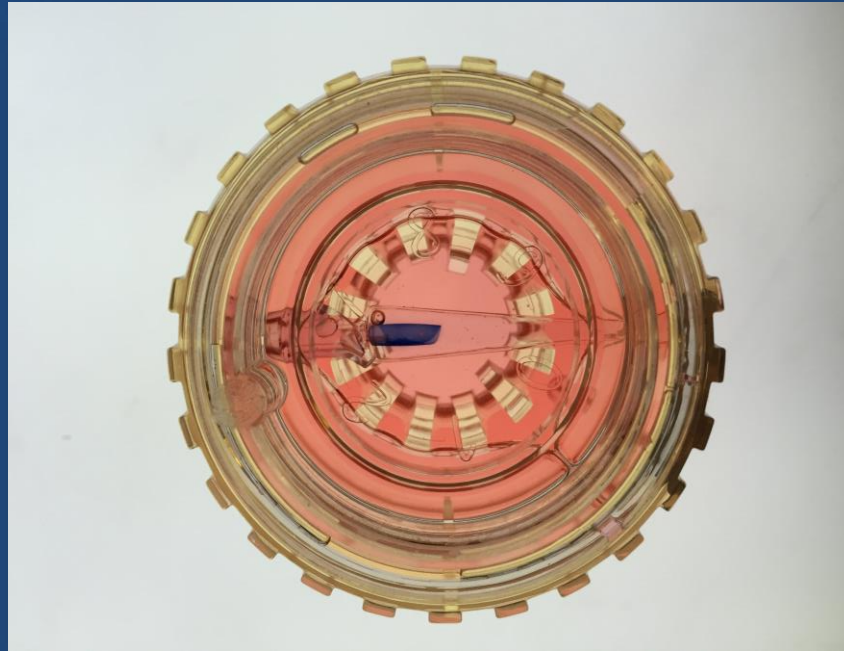


Prestained, Preloaded DMEK grafts



A SURGEON'S Experience

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Financial Disclosures

- Authors have financial disclosures relevant to this presentation

WHY USE PRELOADED DMEK?

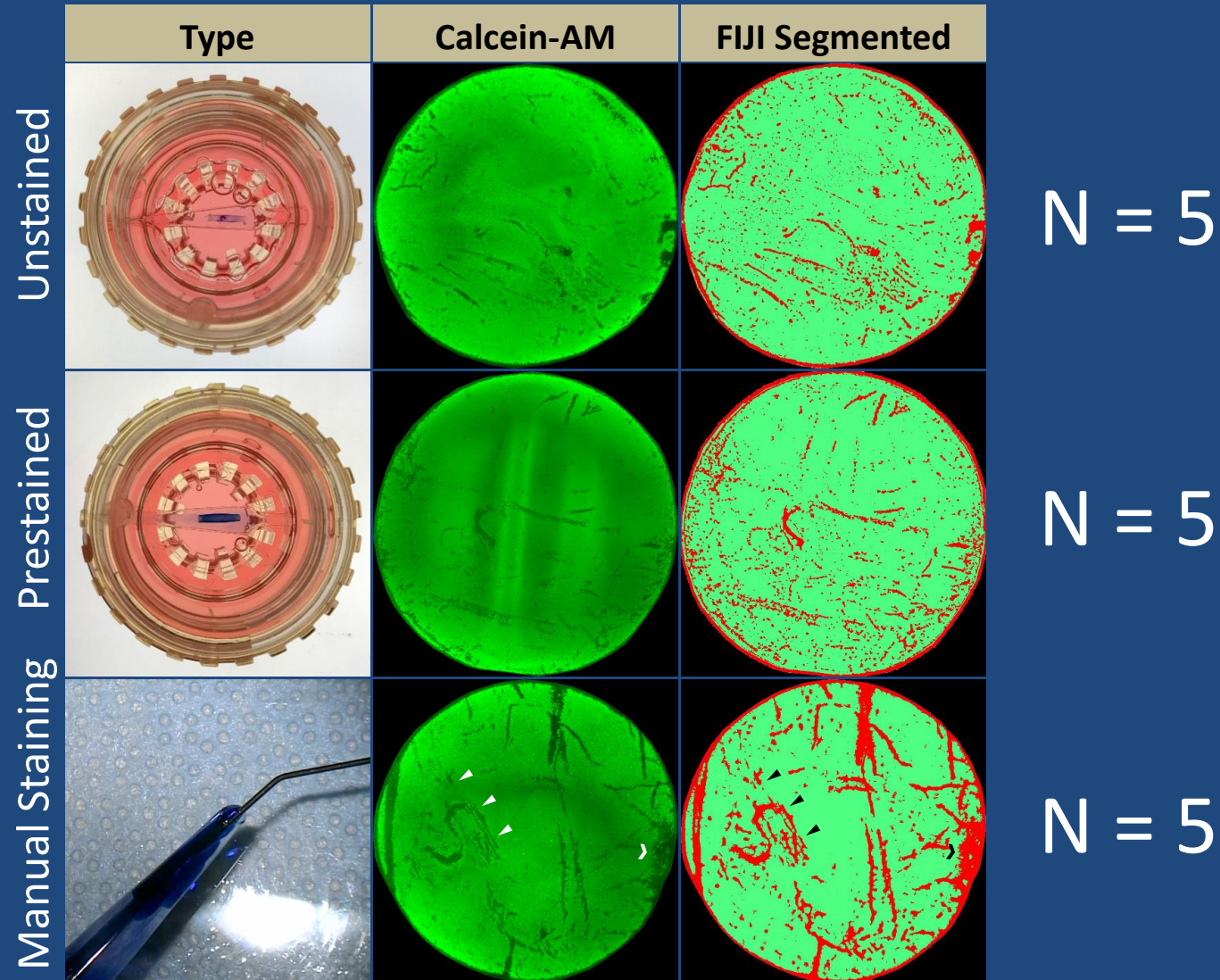
- ADVANTAGES

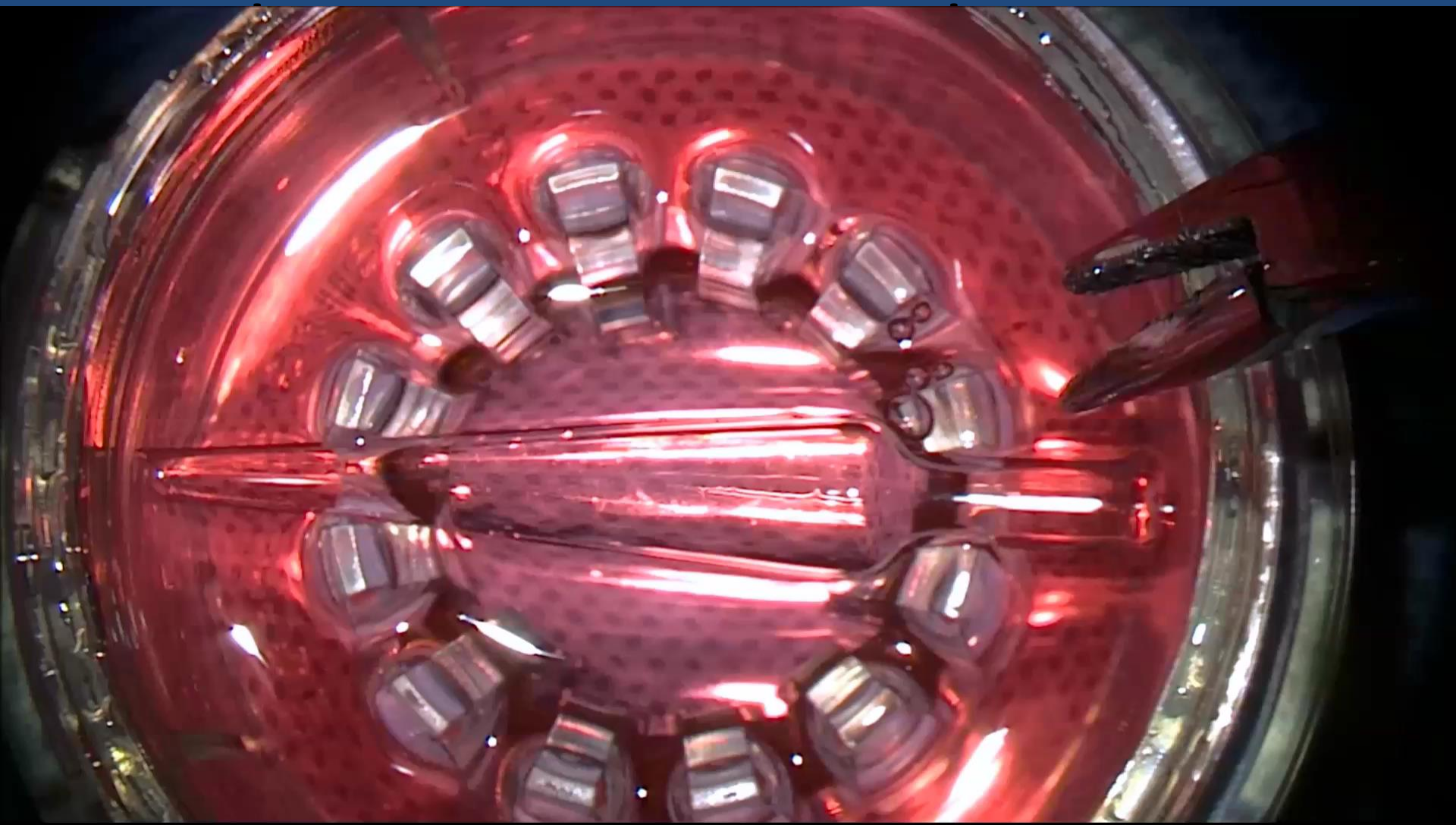
- The surgeon avoids complications related to preparing tissue and risk of tissue loss
- Saves time in the OR (estimated 15 minutes or more)
- Cost savings to the operating facility (no direct costs of trephine, Trypan blue, or Straiko glass injector)

- DISADVANTAGES

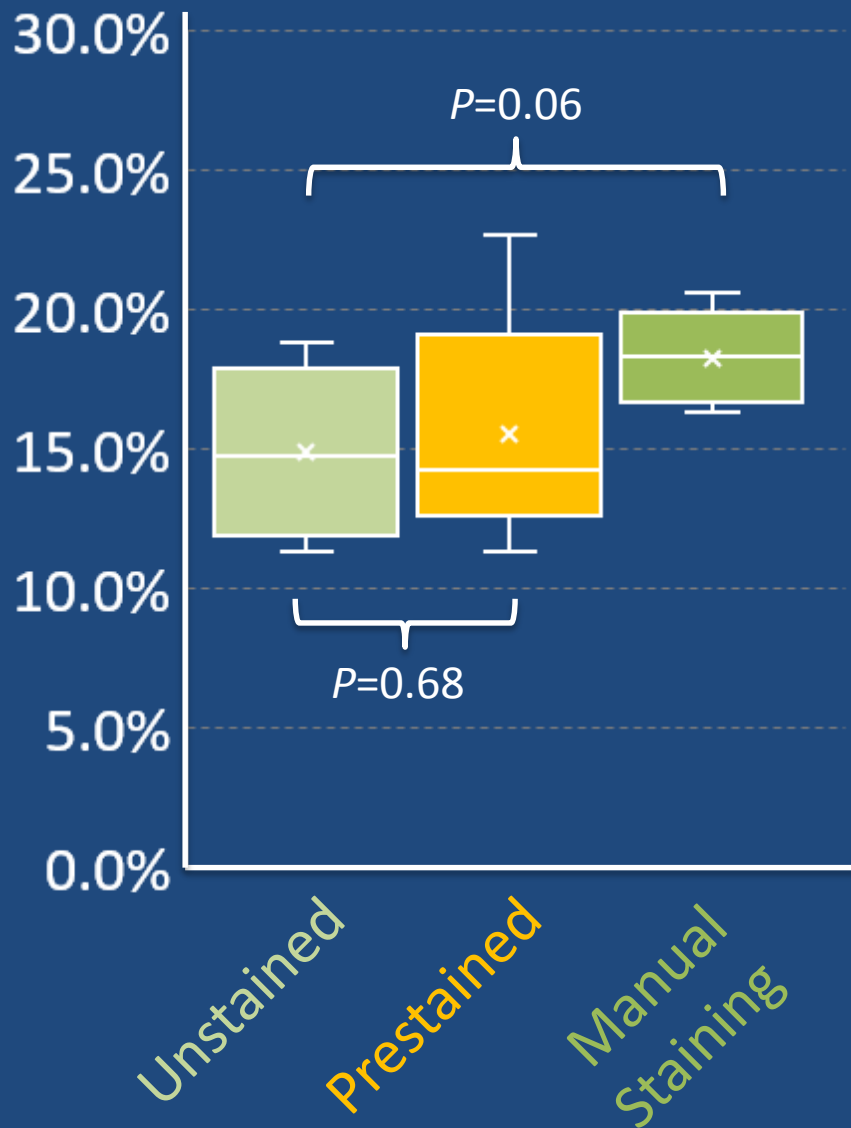
- GRAFT size needs to be determined preoperatively
- Surgeon cannot personally inspect graft quality in O.R.

ASSESSMENT of ECL on preloaded DMEK grafts





RESULTS

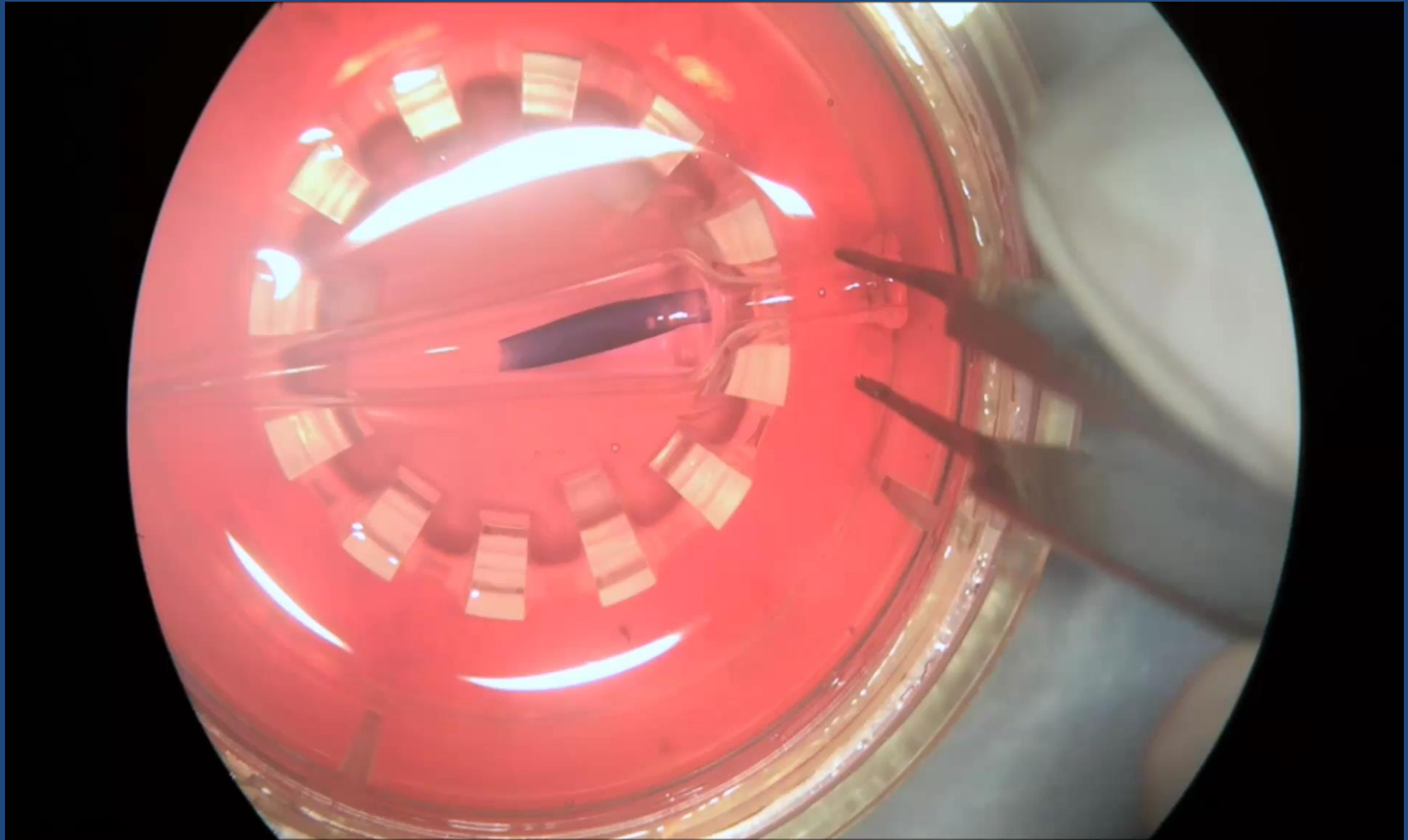


Average ECL:
 $14.9 \pm 2.8\%$

Average ECL:
 $15.5 \pm 3.8\%$

Average ECL:
 $18.3 \pm 1.5\%$

Simulated surgery 3 day post-processing



Conclusions

- Possible to pre-stain and preload DMEK grafts without causing significant increase in ECL.
- We observed a slight association between increased manipulation and increased ECL (e.g. staining and washing inside of the Jones tube), but all tissues were within acceptable range for transplant.
- Pre-staining limitations: Stain intensity decreases with time: grafts stained 3 days prior to 'transplant' were acceptable, but stain was noticeably less intense.
- Pre-Loaded DMEK grafts decrease O.R. time and decrease potential complications from intraoperative tissue preparation.
- Potential cost savings on supplies to surgical centers

Thank You/Questions

