

DECOMPENSATED CORNEA

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This is probably occurring on the heels of a complicated cataract surgery, so you may have already had some difficult conversations. As a supplement to those remarks, several months down the line I might also add the following.

The reason that your vision is not where it needs to be is because your cornea is still swollen from the cataract surgery. We were hoping that the swelling would go away on its own, but here we are months later and it hasn't—which means we need to do something. The best thing to do is to replace the pump cells on the back of the cornea. Fortunately, that's a much easier and safer operation than the cataract surgery, and it will fix the problem and restore your vision.

At this point, I move to a discussion of endothelial transplantation, almost always Descemet membrane endothelial keratoplasty (DMEK), which is a conversation beyond the scope of this text. I should only add that although what you'd most prefer is a magic wand or a time machine that could undo whatever happened, DMEK (as opposed to Descemet's stripping automated endothelial keratoplasty or DSAEK) is the next best alternative. It offers the best visual outcomes and the fewest postoperative burdens. If at all possible, this is the surgery you should be performing for these patients, and referrals for this problem should be directed preferentially to specialists who offer it (Figure 3-4).

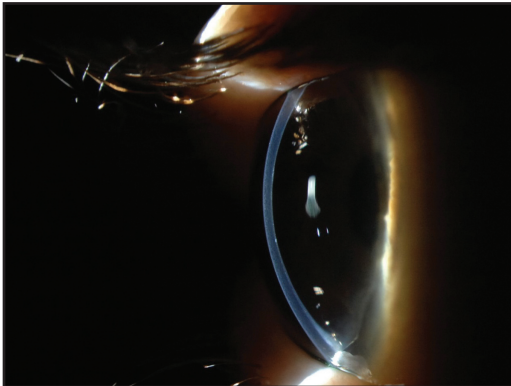


Figure 3-4. One week after DMEK with best-corrected visual acuity of 20/20.