

#### **ISCLS**

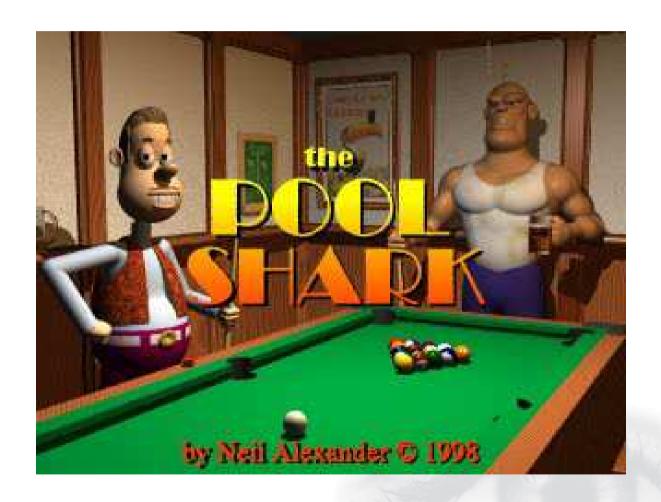
#### International Society of Contact Lens Specialists



39th Congress in Buenos Aires 2008

# The Keratoplasty Challenge

Expect the unexpected







### Goals

- Short review of different causes for Keratoplasty and the surgery methods
- Topographical analysis of post-surgery Corneas
- Technical discussion and cases of more or less successful contact lens fittings
- Important Take-home messages

### Introduction

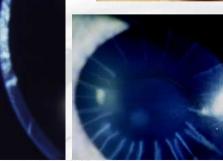
#### Keratoplasty due to:

- Degenerations (e.g. Keratoconus, Pellucid Marginal Deg., Terrien, etc.)
- Infections
- Dystrophies (e.g. Fuchs Dystrophy, Granular Dystrophy, etc)
- Trauma
- Post Refractive surgery





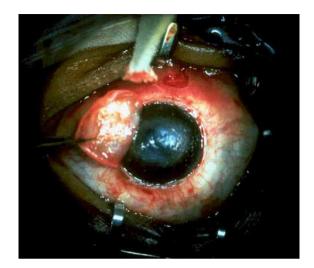




freedom to

## The procedure

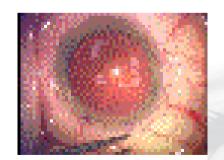
Penetrating Keratoplasty



Lamellar Keratoplasty

Deep lamellar Endothelial Keratoplasty



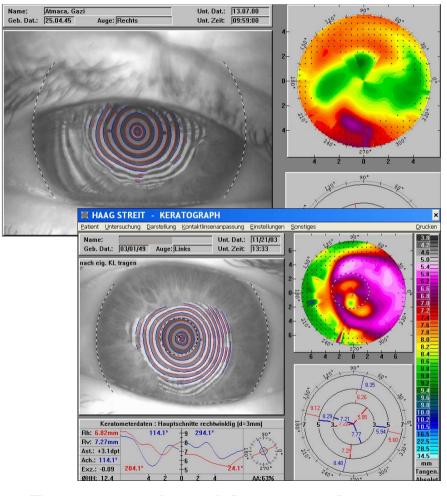


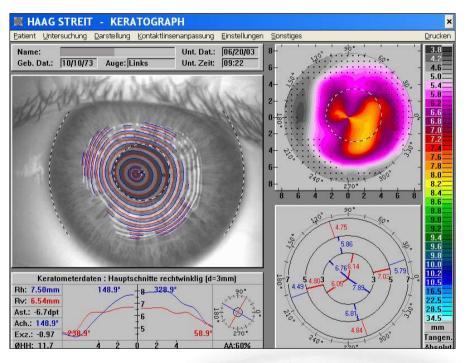
Kenneth Marc Goins, MD



### The Challenge

High irregular Topography post surgery



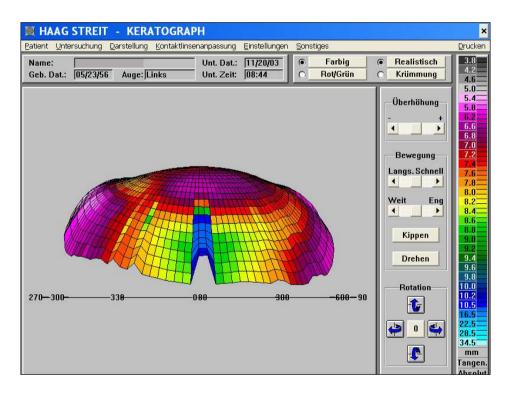


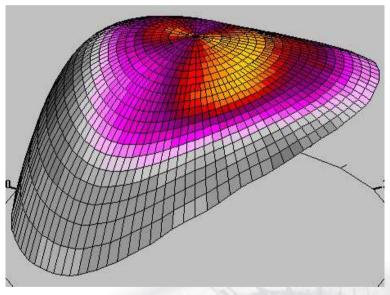
Penetrating Keratoplasty

Lamellar Keratoplasty

### The Challenge

High irregular corneal steps post surgery



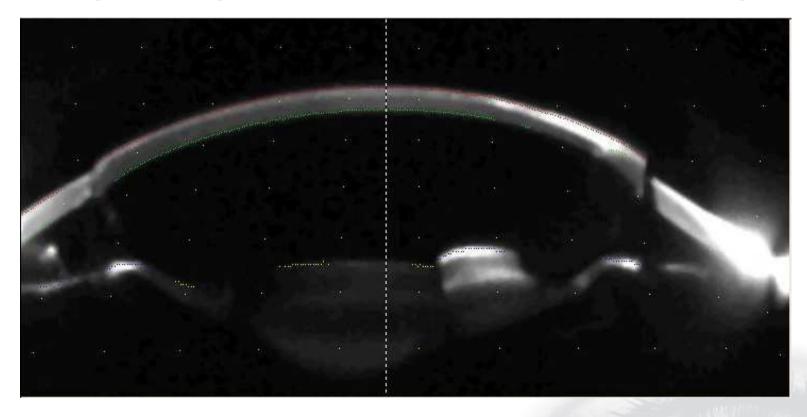


Penetrating Keratoplasty

Lamellar Keratoplasty

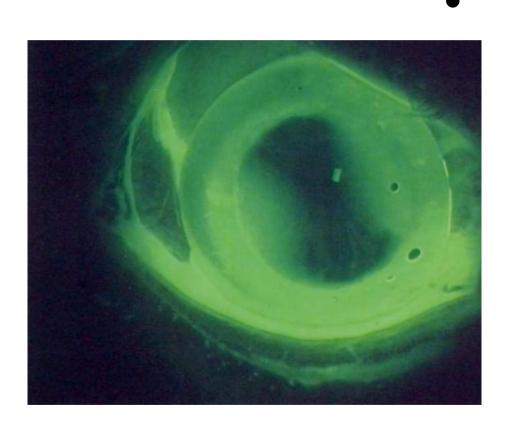
### The Challenge

High irregular corneal steps post surgery



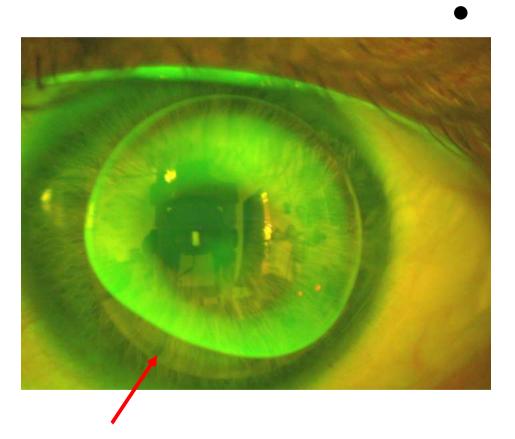
Penetrating Keratoplasty (Scheimpflug Camera Pentacam)

## Topography summary



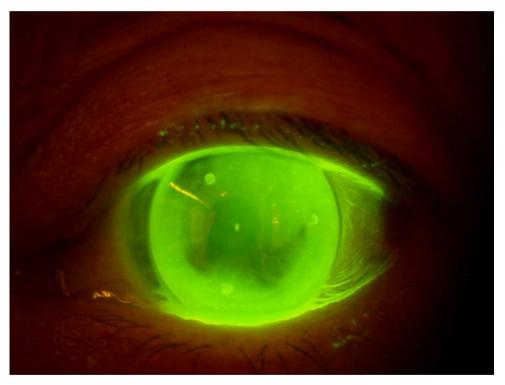
High, irregular, corneal astigmatism with tilted donor corneas and more or less steep intermediate zones.

## Topography summary



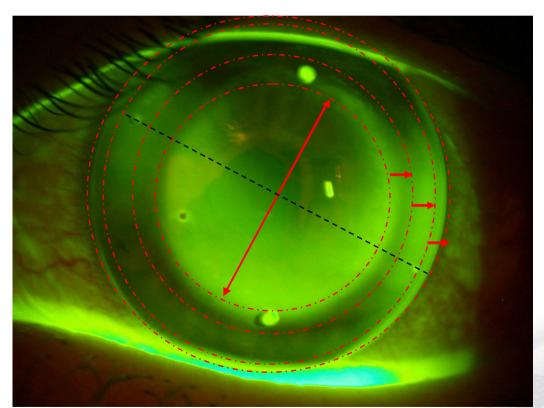
High, irregular, corneal astigmatism with tilted donor corneas and more or less steep intermediate zones.

Normal spherical or



aspheric back curve designs are very often not able to fit such terrible topographies.

Back toric and reverse geometries with large BOZ of 7,5 to 8,5 mm are very often the best or only way to deal with such challenging Keratoplasty situations.



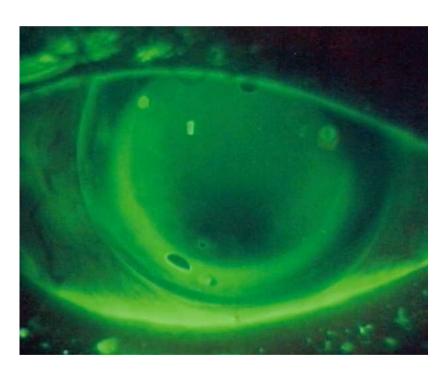
Backtoric Geometry BOZ

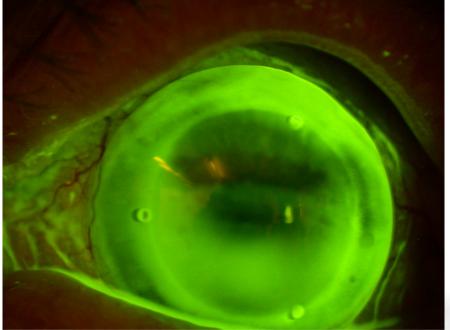
Reverse Zone variable

Landing Zone variable

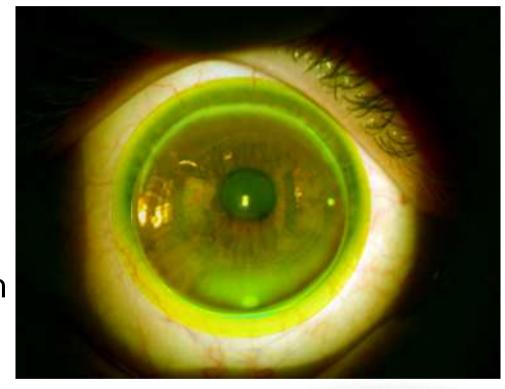
Bevel Zone variable

Larger OAD like limbal or peri-limbal (miniskleral)
 lenses are often better than small lenses.





A common problem with heavily tilted corneas and areas of steep radii, even after nerve cutting surgery, is a resistant high corneal sensitivity.

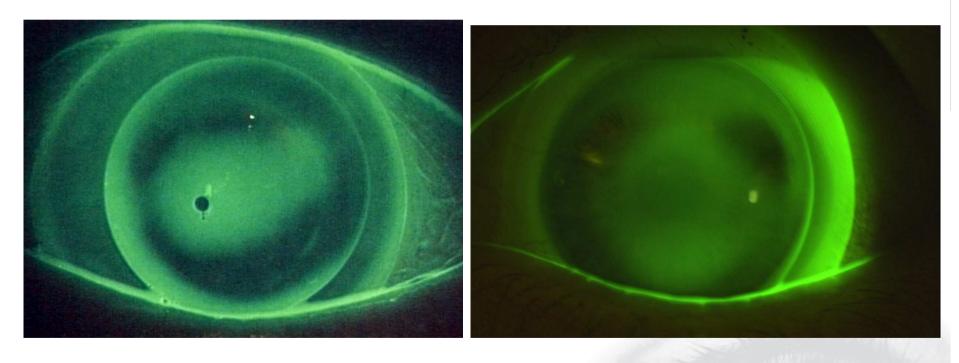


The solution ? Piggyback combinations!

(not only in this case of Keratoconus with intra corneal rings)

Why Piggyback combinations?

Because the fragile edges of the donor cornea need sometimes a "cushion".



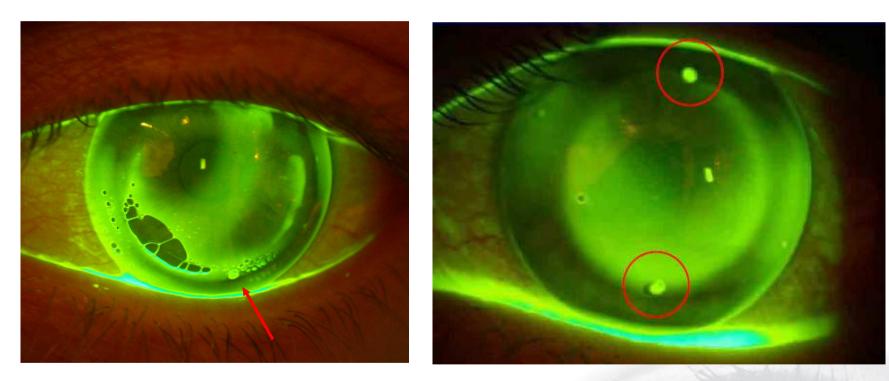
... with a small OAD

(Silflex 1990)

... with a large OAD

(Oasys 2007)

Other common problems with tilted corneas and steep steps? Air bubbles!

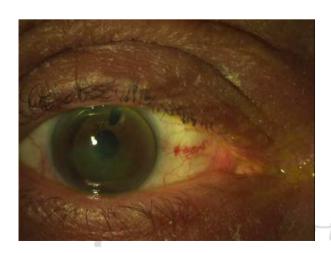


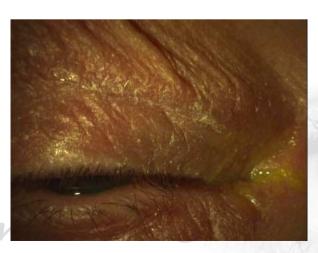
Ventilations holes are very helpful!

Set them on the edge between BOZ and reverse zone.

## Physiological facts

- Decrease risk of hypoxia with high gaspermeable materials like Boston XO and XO2, Contamac Extra and Extreme or Paragon 100.
- For Piggyback we use Silicone-Hydrogels like CIBA Night&Day, Cooper's Biofinity, J&J Oasys. Be careful with lens care systems! Don't mix Polyquad and Biguanid preserved lens care system!





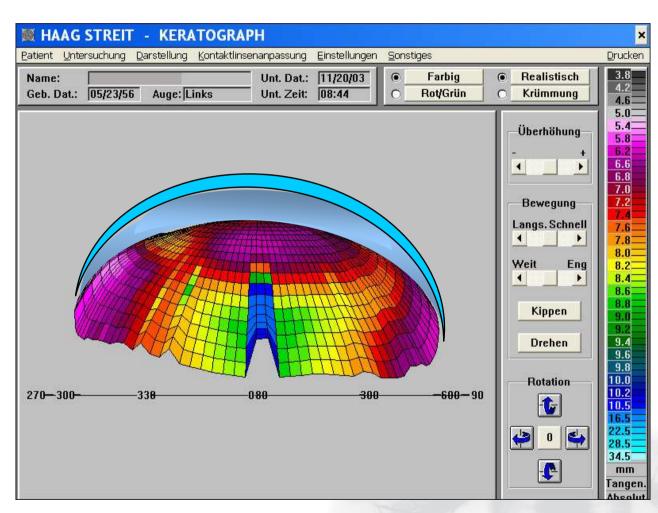
### Physiological facts

 For simpler back curve geometries use PLUS powers soft lenses as Piggyback system in extreme flat donor cornea cases or in cases with extreme steps.



## PLUS power Piggyback lens

Coverage of the significant corneal steps with PLUS Power Piggyback lens for a simpler Back curve Geometry.



### Take Home Message

- The use of a combination of Topography and Scheimpflug camera is very helpful
- Tilted corneas or steps between donor and patients cornea need very often need reverse and/or extreme backtoric geometries
- Use large BOZ and large OAD
- Use ventilation holes and/or piggyback combinations
- > With this fitting tricks in mind, you will get excellent VA, high long lasting wearing comfort, acceptable physiology with long time patient satisfaction

### Thank you Erwin for the excellent meeting!



Monte Rosa, Zermatt, Switzerland