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PATIENT NAME: _____

EYE: _____

I give my consent to Dr. H. Jellie to perform a new method of corneal transplantation called Descemet's Stripping with Endothelial Keratoplasty (DSEK), including the administration of anesthetic agents and any other procedures judged necessary at the time of surgery.

DSEK is a new operation. It involves replacing the diseased or dysfunctional inner layers of the cornea. In standard corneal transplantation, the full thickness of the cornea is removed and replaced and sutured with 16 stitches. DSEK surgery only replaces the inner layers of the cornea.

DSEK surgery is different from full-thickness corneal transplant surgery:

1. A smaller wound is made and fewer sutures are needed.
2. Because of the smaller wound and fewer sutures used, the eye heals faster. Vision can return in 6 months instead of a year or more after a standard transplant.
3. If the eye is injured, it is less susceptible to rupture after DSEK compared to a standard corneal transplant.
4. After surgery, you will be monitored for dislocation, infection and rejection. These problems should be reduced if you use your drops as instructed, avoid eye rubbing, strenuous activity and lie on your back as much as possible for the first 24 hours.
5. DSEK surgery is a new operation. It is not known how long the benefits of surgery will last.
6. Some patients may need the standard full-thickness corneal transplantation later on.
7. Half of patients may need additional air injected into the eye to keep the new cornea in place. In some cases, the surgery may need to be repeated with a new donor cornea.

I have been advised of the risks and benefits of this procedure. I understand that the results of the surgery cannot be guaranteed. I acknowledge that I have read this entire consent or it has been read to me. The proposed procedure has been explained to me and I understand all the information that has been given to me. I hereby give my permission for the above noted procedure.

PATIENT

SIGNATURE: _____ **DATE:** _____

(or substitute decision maker)

WITNESS

SIGNATURE: _____ **DATE:** _____