



# DSAEK IN APHAKIC EYES

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# Financial Disclosure

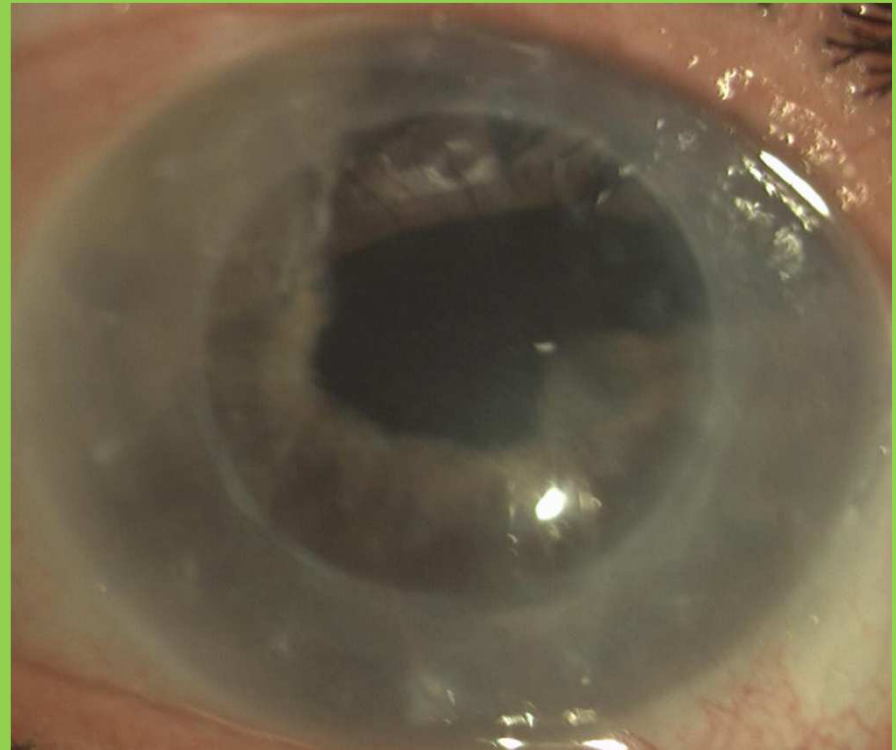
Massimo Busin Has Received  
Travel Expenses and Royalties  
From Moria, Antony, France  
(L,P)

Cristina Bovone, Leila Mattioli,  
and Lucia Lapenna Have No  
Financial Interest to Disclose

# DSAEK IN APHAKIA

## CHALLENGES

- Air Tamponade  
(Air Escapes  
into Vitreous  
Cavity)
- Posterior  
Luxation of  
Graft



# METHODS

- 41 Aphakic Eyes of 38 Patients
  - ABK n= 34 (83%)
  - Failed Graft n= 7 (17%)
- Prospective Evaluation ( $\geq 6$  mos)
  - BSCVA
  - Manifest Refraction
  - Endothelial Cell Count

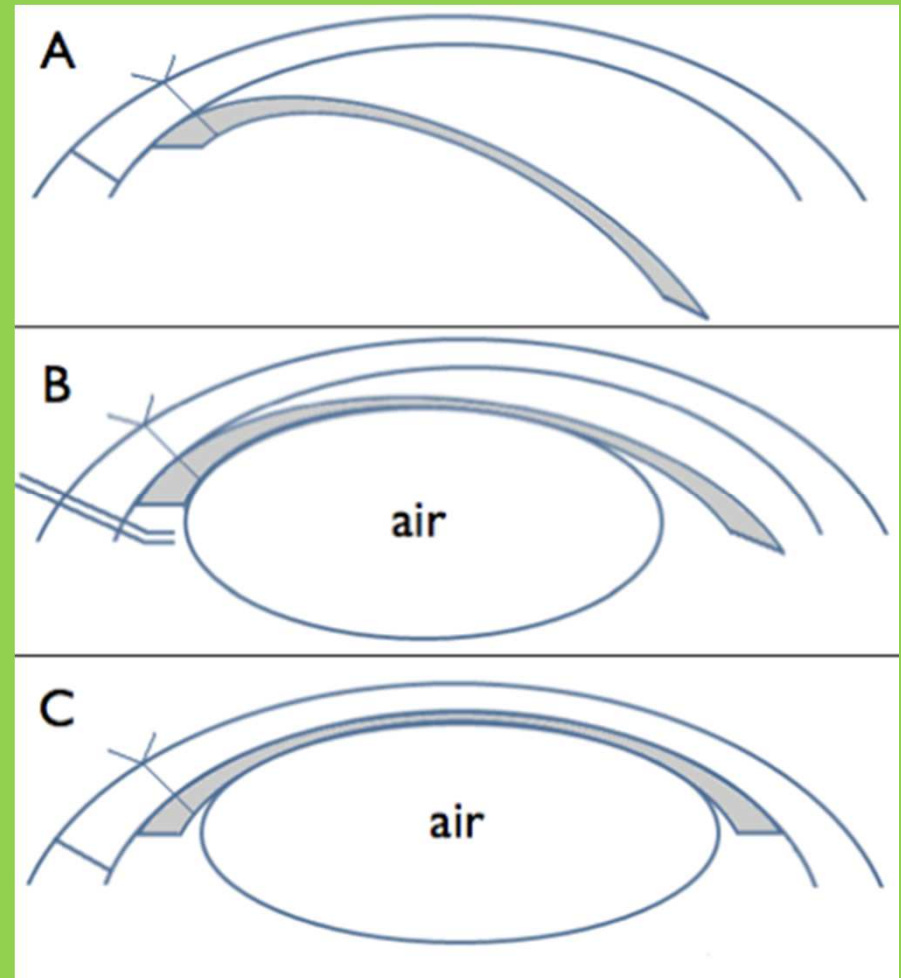
# SURGICAL TECHNIQUE

- **Standard DSAEK Technique (Descemet Scoring under Air and Graft Delivery with Busin Glide)**
- **Venting Incisions (All Eyes)**
- **Trans-Corneal 10-0 Prolene Suture (n=14)**

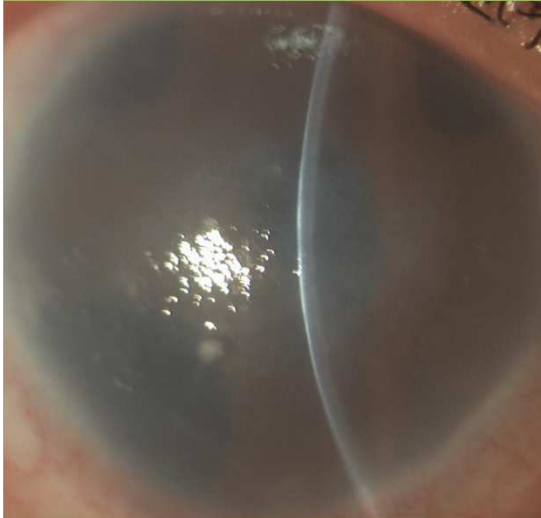
# DSAEK IN APHAKIA

## TRANS CORNEAL SUTURE

Patel et al, AJO 2011



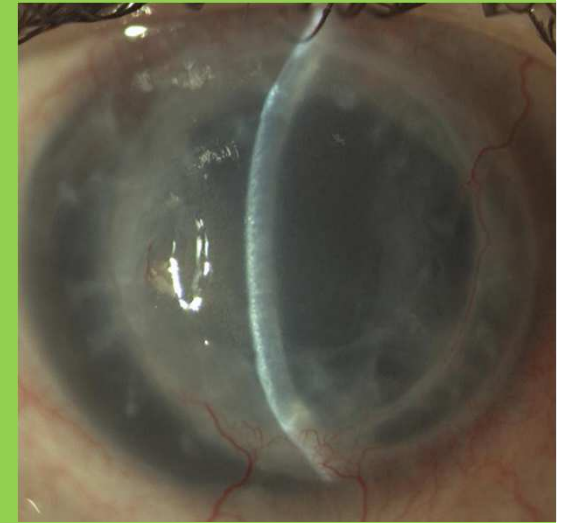
# BSCVA (f/u 10±8.7 mos)



## PREOP

$\geq 20/200$  n=10  
(24%)

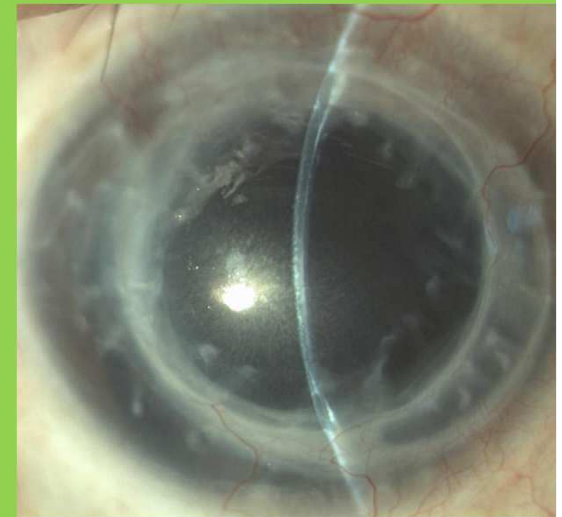
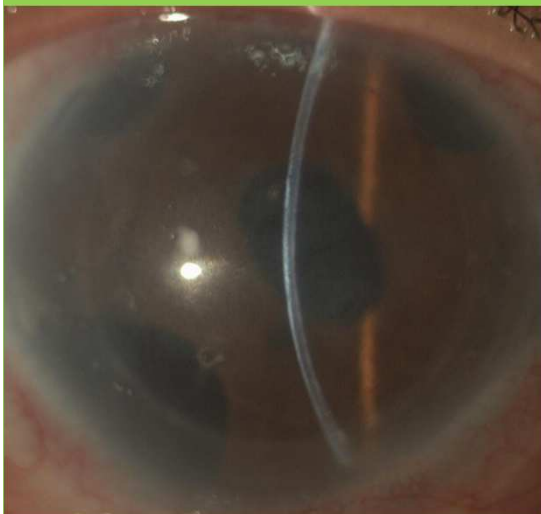
$\geq 20/40$  n= 0



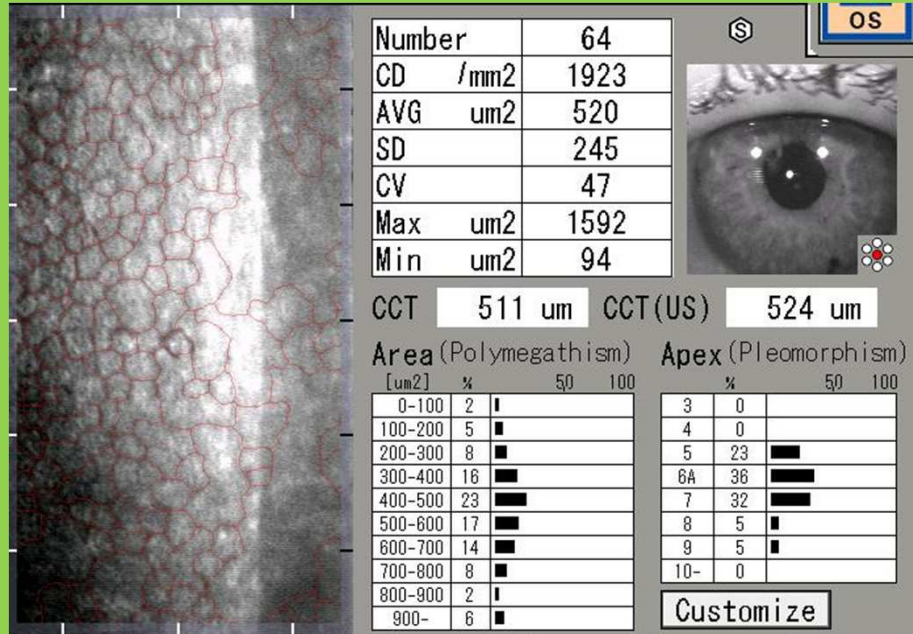
## POSTOP

$\geq 20/200$  n=34  
(84%)

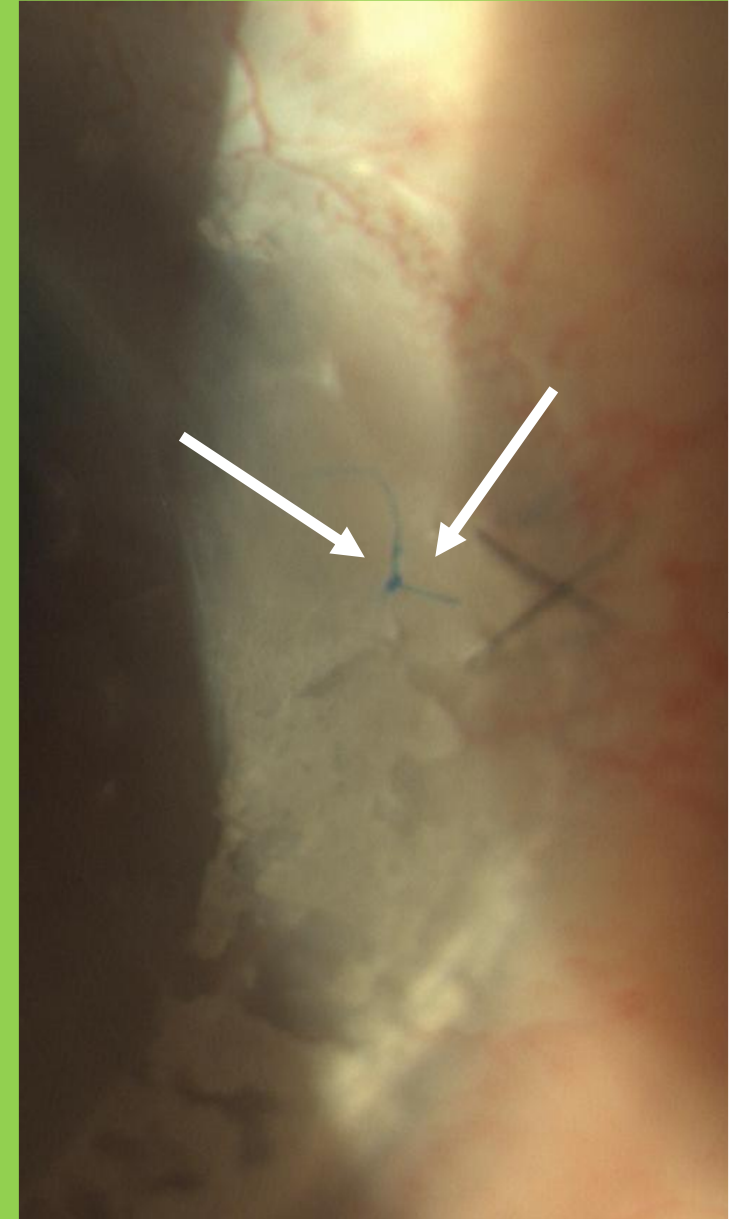
$\geq 20/40$  n=11  
(27%)



# ENDOTHELIAL CELL LOSS



Mean ECL  
 $32.1 \pm 18.4\%$



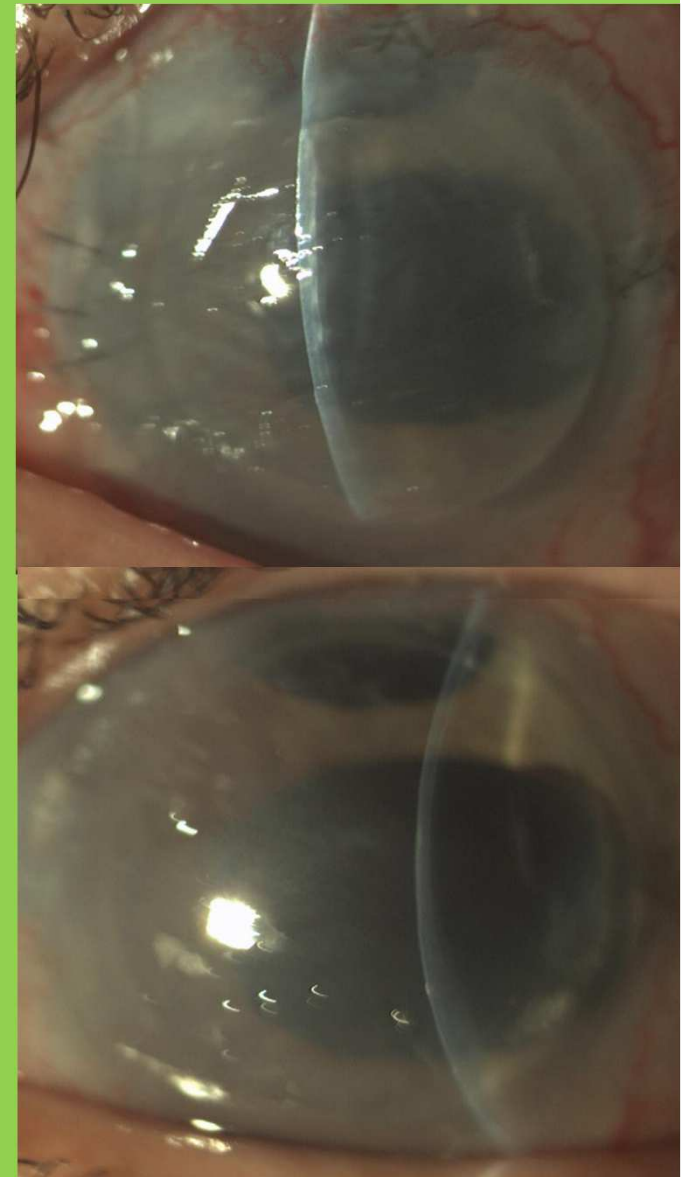


# COMPLICATIONS

- Graft Detachment n=3  
(7.3%)
- Graft Failure n=2  
(4.9%)
  - Primary n = 1
  - Late n = 1

## All Successfully Managed

- Re-Bubbling n = 3
- Re-DSAEK n = 2



# CONCLUSIONS

- **DSAEK Can Be Performed Successfully in Aphakic Eyes**
- **Visual Prognosis Is Strongly Affected by Co-Morbidities**
- **Simple Modifications of the Standard Technique Minimize the Risk of Complications**