

Dear doctor,

My right eye developed cataract in 1998. I consulted a very senior eye specialist in my town. He offered to remove the cataract and fixed a date. I came to know later that he had engaged another lady doctor to remove the cataract, as he was unable to do the operation himself (as his hands were shaky). All this was not known to me. On the operation table itself, while extracting the cataract, the iris was torn and the pupil shifted upwards. The doctor did not tell me this for over six months and the damage was done. After seeking advice from another eye specialist, I confronted him and he



Question? of the week

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confessed to the mistake. I have been suffering for the last seven years. Last year, I was advised to undergo a cornea transplant by a doctor in Hubli, which was done in August 2004. After two to three months, when I faced more problems than before, he said that my body had not accepted the transplant. My right eye has been suffering from severe problems since then. Please advise me on whether there is any solution to this problem. I am 74 years old.

R V Savanur, Dharwad

Dr Arun Samprathi answers:

Cataract surgery is associated with a large number of complications. They may occur despite taking all necessary pre-

cautions. The iris can get torn while removing a hard cataract. This however is not the cause for the corneal edema, which was the indication for corneal grafting. Cornea has some cells called endothelial cells. These cells are responsible for maintaining the transparency of the cornea. Some patients may have a low endothelial cell count and if these cells are damaged during cataract surgery, the transparency of the cornea is lost.

Corneal transplantation is known to be associated with graft rejection. Graft rejection occurs in five to 30 per cent of patients, a complication possible with any procedure involving tissue transplantation from another person. Graft rejection results from a reaction of the patient's immune sys-

My cataract surgery went awry. Help!

tem to the donor tissue. Cell surface proteins called histocompatibility antigens trigger this reaction. These antigens are often associated with vascular tissue (blood vessels) within the graft tissue. Since the cornea normally contains no blood vessels, it experiences a very low rate of rejection. Symptoms of rejection include persistent discomfort, sensitivity to light, redness, or a change in vision.

If a rejection reaction occurs, it can usually be blocked by steroid treatment. Rejection reactions may become noticeable within weeks after surgery. When full rejection does occur, as in your case, the surgery will usually need to be repeated. You could consult your eye surgeon regarding a repeat graft. Corneal grafting is best done at a hospital close to your home town since grafting has to be done within a few hours of getting a donor tissue and also, it involves multiple follow-up visits. I hope I have answered your doubts on the problems you are facing. Wish you a speedy recovery. ■

Dr Arun Samprathi is a senior eye surgeon