DMEK Surgeries Skyrocketing

In just the past two years, we’ve seen a 30% increase in DMEK cornea transplant surgeries in Indianapolis! We are excited to have proven successful results with our DMEK studies as our outcomes show this surgery is a better and safer option for people facing transplants, said Marianne Price, Executive Director of the Foundation. DMEK (Descemet’s Membrane Endothelial Keratoplasty), was first performed in 2008 and has been pioneered in part by Dr. Price.

According to our Cornea Transplant Database, 1,400 DMEK surgeries have been performed by Price Vision Group since 2008! Our results show that DMEK is a much less invasive option for cornea transplant surgery and provides faster recovery and better vision than other transplant methods. Recipients appreciate being able to have their surgeries closer together and get back to enjoying their lives sooner and face a much lower risk of transplant rejection. There’s never been a better time for a cornea transplant.

“We were so pleased to expand our cornea transplant surgical team and welcome Dr. Feng who joined us in 2012 and since that time has become instrumental in the practice,” said Dr. Price. He continued, “He has been an outstanding addition and allows us to serve more DMEK candidates and reduce wait times for patients. Since we are able to perform cataract surgery at the same time as transplants in many cases, more people are opting to have surgery sooner rather than waiting until their vision has deteriorated to the point where it is severely affecting their quality of life. Younger patients tend to get better visual recovery, and this is partly because the Fuchs’sis addressed before degenerative changes have progressed on the anterior (front) surface of the cornea.

Price Vision Group surgeons have been pioneering a new technique to treat eyes with problem intraocular lenses (IOLs) that have caused the cornea to turn cloudy and the research foundation is tracking these outcomes. This new glued IOL technique allows placement of new implants in eyes that no longer benefit from normal cataract surgery. Dr. Feng and Dr. Price are among just of handful of doctors in the country who both perform this advanced method of treating problem lenses and perform DMEK so patients can have the safest and most effective treatments for visual loss from corneal degeneration. This results in a wonderful partnership for our data collection efforts to advance developments for those with cornea problems.

STUDY ANNOUNCEMENT!

CATARACT CLINICAL RESEARCH STUDY

If you have cataracts you may qualify for an investigational research study. Limited spots available. Contact Clorissa Quillin for more information at 317-814-2996 or clorissaquillin@cornea.org.

Brief Bios of PVG DMEK Surgeons

Dr. Price

World-Renowned Ophthalmic Surgeon • Founder of the Cornea Research Foundation • Teacher & Lecturer • Inventor and Patent Holder • Notre Dame Graduate • 4 Children • Avid Gardener

Dr. Feng

Cornea Fellowship Trained Ophthalmic Surgeon • Harvard Graduate • Dean’s Merit Scholar • Presidential Scholar • Steelers Fan • 2 Children • Outdoor Adventurer & Photographer
OUR MISSION: TO GIVE PEOPLE BACK THE USE OF THEIR EYES

New Cornea.org Website in the Works

We are excited to announce that we are currently working to develop a new website at Cornea.org! Due to the changing online environment and improved technology, the current site is not optimized for all users including mobile devices, and because support is no longer offered for the site, our staff has difficulty in updating content.

Our goal is to integrate our online presence by merging the Cornea Forum (www.corneaforum.org) with the website so visitors only navigate to one site. In addition, we want to share more success videos of patients who have under gone sight-restoring surgeries and also interviews with doctors, and much more on the new Blog feature. If you would like to make a contribution towards the new Website, please indicate it on the enclosed donation envelope. We hope to provide the best information possible on a multitude of eye problems to those seeking support. Gifts of $500 or more will be featured as website sponsors.

Save the Date for the Fall Luncheon

Our Fall Luncheon is scheduled for Friday, September 26, 2014 at Oak Hill Mansion in Carmel, Indiana. Dr. Price will provide an update on several interesting research findings and sharing future project ambitions for the Foundation!

Our speaker, Sharon Gamble is a Los Angeles native who grew up around great Arts & Crafts architecture and gardens and internalized the movement’s do-it-yourself ethos early on. Over the years, she has been an award-winning writer, editor, and arts administrator, serving in marketing, public relations, fundraising and executive capacities. She is a Creative Renewal Fellow and in her free time, she enjoys her work as a Master Gardener. Since 1990, Sharon has been affiliated with WFYI Public Radio and Television as a host and producer. She is the Founding Co-Host of the weekly arts talk program “The Art of the Matter” on 90.1 FM. Her talk for our luncheon is titled “Garden Vision,” and she plans to share some lessons learned quite literally on the ground.

We are currently seeking sponsors in addition to silent auction items. We often have out of town patients schedule follow up visits to the clinic on the day of the luncheon so they may attend. Let us know if you would like to get scheduled. If you would like to contribute or for ticket information, please contact Jessica at 317-814-2993.

Dry Eye Studies Currently Enrolling

Do you or someone you know suffer from irritating dry eyes? CRFA is currently enrolling patients in several dry eye studies. In addition, Price Vision Group offers treatments for the following dry eye conditions:

- Dry Eye Syndrome
- Sjögren's Syndrome
- Blepharitis
- Meibomian gland dysfunction
- Filamentary Keratitis
- Demodex
- Dry Eye associated with other Autoimmune Conditions

Study participants will be compensated for time and travel. To learn more and see if you qualify, contact Clorissa at 317-814-2996.
Since 1988, the Cornea Research Foundation of America has played a significant role in helping pioneer advanced cornea transplant techniques to produce amazing visual results for patients. Perhaps even you or a loved one have benefited from one of these advancements.

Today, we have many opportunities for improving vision. With more rapidly-improving technology in diagnostic tools, like the new Avanti Imaging Device the Foundation invested in earlier this year, we must prioritize our initiatives and leverage our resources. In short, our goal is to invest in research opportunities that will produce impactful results and positive outcomes for patients, as quickly and efficiently as possible.

After celebrating our 25th Anniversary last year, our staff along with leadership from our Board of Directors developed a five-year Strategic Plan so we can continue to focus our efforts. Out of this process, it was determined that our Mission and Vision statements, along with our website Cornea.org, needed to be updated to accurately reflect upon our work.

“That all who look may see” is our new Vision, which encompasses many goals for the future. Over the past quarter-century we have particularly focused on helping cornea transplant patients see as well and as quickly as possible. Our many transplant patients, who participate in our studies and allow us to track their outcomes have been key to helping us improve what is possible. We could also not make these advancements without the many donors that have supported us financially over the years. We have much to be thankful for.

Because of patients’ involvement in past studies, we can now provide most cornea transplant recipients with 20/20 - 20/25 vision, as long as the retina is healthy. In addition, both eyes can now be treated with corneal transplants in rapid succession, combined with cataract surgery as needed, so that normal daily activities can be resumed within just a few short weeks, instead of the months to years of recuperation that was typical in the past.

Today our current transplant recipients continue to generously help us expand what will be possible in the future by participating in studies designed to ultimately minimize the need for glasses and optimize the use of post-operative medication.

In our newest study, we are using sophisticated imaging devices (the Avanti, for one) to precisely determine how the shape of the cornea changes after transplantation. The results will help us better anticipate these changes in the future, so that we can surgically correct for them and thereby reduce the subsequent need for glasses.

Over 400 of our transplant recipients so far are participating in a series of 3 studies designed to optimize the use of corticosteroid eye drops and minimize unwanted side effects, such as intraocular pressure elevation and glaucoma. The corticosteroid eye drops are needed to prevent the transplant recipient’s body from recognizing the donor tissue as being foreign and attacking it. With our newest transplant technique (DMEK), we have reduced the amount of donor tissue to miniscule levels, so it is much less likely to be recognized and attacked. Our studies are showing that with DMEK, we can safely reduce the strength and duration of the eye drop use. These findings are already benefiting current patients, even as we continue to refine them through further study.

In short, the amazing transplant results that we can achieve today have come from carefully documenting and tracking the outcomes of over 8,000 transplants performed by Dr. Price’s team here in Indianapolis. We appreciate the willingness of our transplant patients to pay it forward by participating in our research, which allows us to expand what is possible for future transplant recipients - so that all who look may see.
Ask Your Doctor  By Dr. Francis Price, Jr.

Q: I am somewhat familiar with the use of air to hold the tissue in place for a DMEK cornea transplant but recently I have heard of some doctors using gas instead of air. What do you do for your patients and is there a risk involved with using a gas instead of air?

A: Dr. Feng and myself have the option to use a long-acting gas in the eye to allow the bubble to last longer and some doctors are using this to minimize the need for air reinjection. One downside is that because the gas lasts longer, visual recovery is slower. Typically an air bubble dissolves in 5-6 days compared to 7-10 days with gas. We have found that the air is sufficient with most patients in holding the graft in place until it attaches. In cases where the graft becomes detached, gas is often used in place of air due to the longer staying power.

An increasing number of patients are choosing to have both eyes operated on with DMEK surgeries only a week apart. Doing this is especially helpful for those who come long distances as it allows for patients to travel only once to have both eyes treated rather than making a second trip to Indianapolis. One disadvantage to using the longer-lasting gas is that patients that fly in for treatment have a travel restriction until the bubble dissolves (due to high altitude air pressure and the risk of rupturing.)

Cataract surgery to have both eyes treated about a week apart is now common. This allows for fast visual recovery and minimizes the time with one eye corrected and one eye not corrected. This is important because the eyes often don't work well together that way. With full thickness transplants, there was the concern that doing the eyes closer together than a year might increase the rejection rate. Research on our DMEK data shows the relative risk of rejection episodes for DMEK is 20 times less after surgery compared to full thickness grafts, and 15 times less than DSEK/DSAEK. Moreover our research is also showing no increased risk for rejection when eyes are done with DMEK a week apart.

Thank you for your continued interest and support! All donations to the Foundation are tax-deductible and support our sight-restoring research.