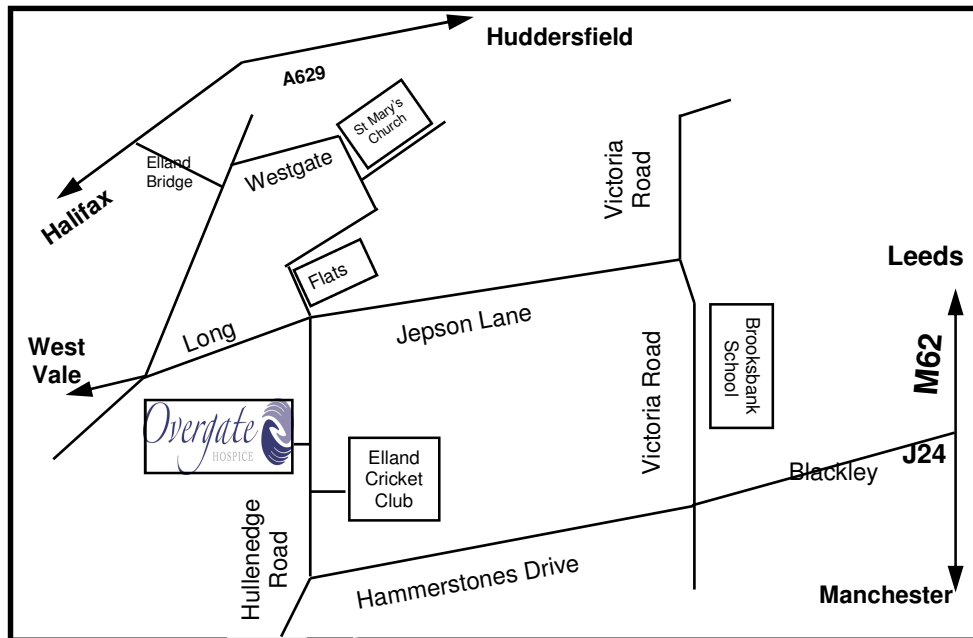


If you would like to know more about the information in this leaflet, please ask a member of staff

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Overgate/publications/clinical/corneal donations



# Corneal Transplants

## Information for potential donors

Registered Charity Number: 511619

## Give Someone the Gift of Sight

Healthy eyes can be used after death. Donated corneas can be transplanted onto damaged ones. This can help people to rediscover their sight and independence once again.

There are no age limits as to who may donate their corneas after death

### What is a Corneal Graft?

The cornea is the clear front part of the eye. It may become damaged by injury or infection. The damage may cause poor sight or even blindness. The corneas of healthy eyes can be used after death.

Donated corneas can be transplanted onto damaged ones and a successful graft will restore sight. This can help people to rediscover their independence. Corneal grafting began in the 1930's and has a very high success rate.

### Who can receive corneal grafts?

People who have had injuries to their eyes, or whose eyes have been damaged by infection can be helped by corneal grafts.

#### Corneal Donations are Co-ordinated by:

The Ophthalmology Wards in the Calderdale Royal Hospital, Halifax  
01422 223813/3803/3820

## Who can donate corneas?

Most people can donate their corneas after death including people with cancer. Some people cannot donate their corneas; examples include people with multiple sclerosis, dementia, infections including HIV, hepatitis and new variant CJD, some blood disorders and people who have had eye surgery, for example cataract removal. There is no age limit to corneal donation. People who wear glasses can still donate their corneas.

### How can I become a donor?

If you would like to donate your corneas after your death you should:

- Discuss this with your GP or one of the nurses or doctors at Overgate
- Fill in the form below
- Inform your family of your wishes

### Consent for the Donation of Corneal Tissues

I ..... Date of Birth .....

Of .....

I Give consent for the use of my eyes in transplantation after my death.

I understand that a blood sample will be taken and tested. If the tissue is not suitable for transplantation:

- I wish it to be used for clinical research.
- I do not wish it to be used for clinical research

Signed ..... Date:.....

Witnessed .....