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 **MIDWEST
EYE-BANKS**
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SightLine

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Winter, 2007

Midwest Eye-Banks increases distribution of DSAEK tissue

Since last summer, when Midwest Eye-Banks first began offering pre-cut corneas for Descemet's Stripping Automated Endothelial Keratoplasty (DSAEK), the Eye-Bank has provided more than 150 DSAEK tissues to surgeons. In most cases, Midwest's staff of Certified Eye Bank Technicians (CEBTs) delivered the tissue within 24 hours of surgery.

Midwest uses the Moria ALTK Microkeratome System. Pachymetry readings, cell counts and tissue evaluations are conducted before and after the procedure.

If the initial pachymetry reading is less than 610 microns, the 300-micron head is used. The surgeon may also specify the cutting head he or she prefers. Prior to the cut, the cornea's periphery is marked with a sterile pen for anterior cap realignment. After the cut, the residual stromal bed is also marked peripherally, so the tissue orientation will be clearly marked for the surgeon.

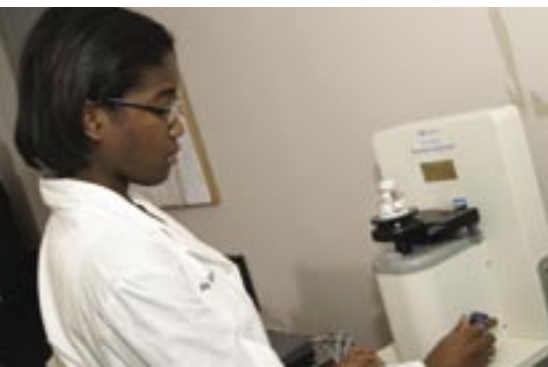
Tissue prepared for DSAEK is shipped in a sterile viewing chamber. This allows the



surgeon to visually inspect the epithelial and endothelial surfaces of the tissue prior to surgery.

Beginning in January, Midwest began offering tissue for DSAEK to eye banks and their affiliated surgeons nationwide.

For more information, contact Bradley Tennant, Vice President, Clinical Operations at (800) 247-7250 or btennant@midwesteyebanks.org.



INSIDE THIS ISSUE :

- Eye-Bank researchers complete first phase of DSAEK tissue study
- Midwest sets the standard for eye bank information management
- Eye Health and Safety Program begins

Eye-Bank joins EBAA Cornea Collaborative

Midwest Eye-Banks has joined the Eye Bank Association of America (EBAA) Cornea Collaborative, established to eradicate corneal blindness by increasing the quality and quantity of corneas available for transplant. Within three years, the Collaborative hopes to double the conversion rate for corneas available for transplant.

"We're excited to be a part of this initial EBAA-sponsored quality improvement project," explains Jan Ableson, the Eye-Bank's Director of Quality Improvement. "Doubling the conversion rate will significantly increase the number of referrals that actually result in donation," she says.

"Midwest, like all the participating eye banks, contributes monthly data on conversion and consent rates, timeliness of referrals, death to preservation and death to surgery time intervals," Ableson continues. "These data will be presented in a 'dashboard' report. Analysis of the data will lead to the identification of improvement opportunities and the initiation of local improvement projects." It is hoped that the number of referrals actually resulting in donation will increase.

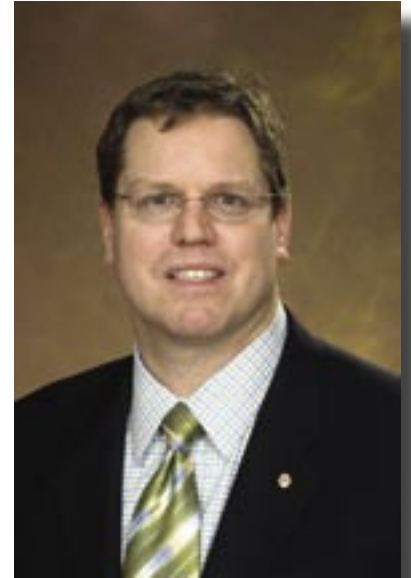
The Collaborative will also identify those eye banks demonstrating best practices. Members of the Collaborative will, through benchmarking techniques, be able to learn from these best practices. Specific measures to be considered are:

- **Conversion rate**
- **Consent rate**
- **Number of registered donors**
- **Rate of Next-of-Kin (NOK) declines on registered donors**
- **Rate of recoveries in spite of NOK decline on registered donors**
- **Number/rate of cases referred within one hour of death**

midwire sets the standard for eye bank information management

Midwest Eye-Banks has developed an advanced eye bank clinical information system, offering more comprehensive and accurate management of information. *Midwire* will enhance clinical outcomes by reducing the possibility of adverse reactions due to inaccurate information, and offer the potential of multiple-system integration. It has the future capability to link with other organizations' information systems, including organ procurement organization call centers, testing labs and physician offices.

In an era in which regional clinical information systems are becoming a reality, Midwire will offer eye banks a progressive, flexible system that allows for expansion in the years ahead, explained Kevin Ross, Midwest's Vice President, Information Systems. "We believe that our previous system was the best system in the eye banking world. Midwire will strengthen our ability to integrate with other transplant



Kevin Ross, Vice President,
Information Systems.

organizations and provide a higher quality of clinical service."

For more information on Midwire, contact Ross at (800) 247-7250, ext. 125, or kwross@midwesteyebanks.org.

midwire

- **Number of donors deemed suitable for transplant after initial screening**
- **Number of corneas recovered intended for transplant**
- **Number of discards based on EBAA statistical report categories**
- **Average death-to-preservation time (in hours)**
- **Average death-to-final release time (in days)**

For more information on the Cornea Collaborative, contact Jan Ableson, Director of Quality Improvement, at (800) 247-7250, or email her at jableson@midwesteyebanks.org.

Eye-Bank researchers complete first phase of DSAEK tissue study

With the growing popularity of DSAEK procedures, Midwest Eye-Banks initiated a study to determine the quality of pre-cut tissue, and its effects on patient outcomes. The first phase of the study, conducted by Shahzad Mian, M.D., an Eye-Bank Medical Director and Assistant Professor of Ophthalmology at the University of Michigan, has been completed.

"We wanted to make sure the quality of tissue is predictable," explains Dr. Mian. "We wanted to see how thick the tissue would be that we're sending out. We also wanted to see how thick the tissue was in storage. After we cut the cornea, we put it in Optisol. We wanted to see how much thicker it gets... When we cut the tissue, the epithelial barrier is cut off. The fluid can enter the cornea and make it more swollen, especially if it sits in the Optisol longer."



Shahzad Mian, M.D. is a Medical Director for the Michigan Eye-Bank and also serves on Midwest Eye-Banks' Board of Directors.

Sixty corneas, cut with Moria instruments, were observed; 30 were cut with a 300 micron blade, and 30 cut with a 350 micron blade. Dr. Mian found that there is some swelling of the cornea immediately after cutting, but also found that it tapers off.

"It was fairly predictable how thick the tissue was after we cut it," he notes. "The thickness increase was significant after 24 hours, but it did not further increase significantly up to 72 hours." The tissue is likely to remain in storage about 24 hours before surgery.

"We also looked at the endothelial cell count to see if we were injuring the endothelium with the cut," Dr. Mian continues. "We did not find a significant change in cell count, which is reassuring." The main reason for the study is to determine if storage time is a factor in the tissue's quality. That would affect when the tissue should be cut, as Dr. Mian explains. "If you plan to cut on a Friday and have to ship on Monday, would it make a difference if you cut on Sunday night or Monday morning? It makes a big difference for the Eye-Bank's day-to-day routine."

The second phase of the study involves patient outcomes. Is the swollen tissue more difficult for the surgeon to use? Does it have an impact on how well the tissue attaches during surgery? These questions will be answered later in the year as response data from surgeons are compiled.

"It's relatively early," Dr. Mian says. "We're continuously looking at the numbers, but we haven't drawn any conclusions. Also, in those surgeries, we're asking the surgeon to check the endothelial cell count to determine the outcome, six months after surgery."

In addition to his interests in corneal transplantation and diseases of the cornea, Dr. Mian's specialties include cataract and refractive surgery, treatment of dry eye disease, medical and surgical management of ocular and surface diseases, limbal stem cell transplantation and permanent keratoprostheses.

For more information on the Eye-Bank's DSAEK tissue study, contact Dr. Mian at (734) 615-5476, or smian@umich.edu.



Health care executive joins Lions Eye Bank of New Jersey

Margaret Greenaway Chaplin has been appointed as Executive Director of the Lions Eye Bank of New Jersey. Chaplin spent 13 years with St. Christopher's Hospital for Children in Philadelphia, serving as Administrative Director, Professional Services during the past seven years. She has been in the health care industry for 20 years, having received her master's degree in Health Services Administration from George Washington University in Washington, DC.

"In addition to her extensive background in health care, Margaret has an impressive history of community involvement," notes Susan d'Olive Mozena, Midwest Eye-Banks' President and Chief Executive Officer. Since the Eye Bank joined Midwest Eye-Banks in August, 2005, its administrative duties have been managed on an interim basis by Bradley Tennant, Midwest's Vice President, Clinical Operations. Tennant has been instrumental in the New Jersey facility's success under Midwest, including its recent three-year accreditation by the Eye Bank Association of America (EBAA), and he will continue his involvement on a clinical basis.



Eye Health and Safety Program begins

Midwest Eye-Banks Contact Information:

- Illinois Eye-Bank
Kristen McCoy, CEPT, Laboratory Manager
(312) 706-6750 - kristen@illinoiseyebank.org
- Illinois Eye-Bank, Watson Gailey
Robert Albrecht, CEPT, Division Manager
(312) 706-6770 - bob@illinoiseyebank.org
- Lions Eye Bank of New Jersey
Nicole Lewis, CEPT, Laboratory Manager
(973) 921-1222 - nlewis@lionseyebanknj.org
- Michigan Eye-Bank
Michael O'Keefe, CEPT, Laboratory Manager
(734) 780-2100 - mokeefe@michiganeyebank.org

Although the restoration of sight is Midwest Eye-Banks' primary mission, preventing the need for cornea transplants has always been a concern of its staff and surgeons. This year, the Eye-Bank will implement an Eye Health and Safety Program, beginning with pilot projects in Michigan and New Jersey, then eventually with ongoing school-based and community programs designed to educate general audiences regarding the use of safety eyewear and proper contact lens hygiene.

The education pilot projects will target second grade students in Michigan and college students in New Jersey. For more information on these community education initiatives, contact Lisa Langley, Community Outreach Coordinator, at (800) 247-7250, ext. 135 or lisa@midwesteyebanks.org.

SightLine is a publication of Midwest Eye-Banks, a 501(c)(3), independent, not-for-profit organization dedicated to the restoration of sight.

Dennis Archambault
Director, Marketing & Public Relations

Dan Reynolds
Managing Editor

Midwest Eye-Banks
4889 Venture Drive
Ann Arbor, MI 48108
(800) 247-7250
www.midwesteyebanks.org



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ANN ARBOR, MI 48108

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