DMEK
THE MOST ANATOMICALLY CORRECT EK SURGERY

DMEK
• MAJOR ADVANTAGE - BETTER BSCVA!
• MINOR ADVANTAGES - LESS REJECTION?
  - NO REFRACTIVE SHIFT
  - SMALLER INCISION
  - QUICKER VA RECOVERY
  - GREATER CELL COUNTS
DMEK

• DISADVANTAGES - LEARNING CURVE!
  - MORE REBUBBLES?
  - MORE PRIMARY FAILURES
  - DONOR STRIPPING ISSUES

DMEK IS NOT ULTRATHIN DSAEK

Slide 4

DMEK

• PATIENT SELECTION – ENDO DX
  - MIOTIC PUPIL
  - NO PRIOR VIT
  - SHUNTS/FILTERS OK
**DMEK**
- COMBINED VS STAGED?
- PHAKIC?

CONCLUSION: SAME AS DSAEK EXCEPT AC DEPTH FACTOR

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**DONOR CRITERA**
- ONLY DIFFERENCE IS >50 YRS OLD

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DONOR STRIPPING

SCUBA
8MM
DAY(S) AHEAD

• VIDEO
Slide 11

DMEK PREP

TOPICAL
PILOCARPINE
YAG PI VS SURGICAL

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PATIENT STRIPPING

• CLOSE TO 8MM,
• SM. PERIPHERAL OVERLAP OK
• NO VISCOELASTIC
DONOR INSERTION

• B&L IOL VISCOJET 1.8mm
• REMOVE SPRING
• 2.4 mm INCISION
• RAPID INJECTION
DONOR UNFOLDING
CORNEA DOME STROKING
ORIENTATION BY OBSERVATION
SHALLOWING AC
NO AC INSTRUMENTS
ONLY 95% AIR BUBBLE
Slide 21

**POSTOP POSITIONING**
- 90 MIN SUPINE
- SLIT LAMP EXAM
- BURP PRN PI CLEARED
- HOME SUPINE 2-3 DAYS ON AND OFF

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**REBUBBLING**
- ALWAYS PARTIAL
- ONLY 2% NECESSARY
- FIRST WEEK CRITICAL
- 6-8 WEEKS TOO LATE?
- DO SUPINE, UNFOLD, INJECT WHERE ATTACHED

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COURSE

YOUTUBE VIDEOS
HELPFUL
DECEIVING
GET A MENTOR

THANKYOU
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