



Your Choice for DMEK

“Pre-punched tissue takes the stress out of tissue preparation. It shortens my operating time, reduces ASC cost, and lets me focus on the surgery at hand.”

— Adam Sise, M.D.
Eyecare Medical Group,
Portland, Maine

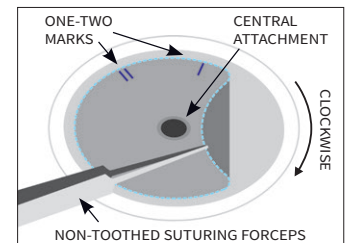
At KeraLink™ we prepare tissue for your DMEK case using a technique that allows you to focus on transplanting the graft without the risks involved in trephining and detaching the graft from the stromal bed. Save time and reduce stress with KeraLink’s Pre-Punched DMEK graft.

Benefits of Pre-Punched Cornea for DMEK

Dissected to a Center Attachment using retroillumination:

Retroillumination provides our technicians outstanding visualization and control during dissection

- 2 mm central attachment—provides smooth release from stromal bed
- No hinge / No notches to dissect or trim
- Reduces the risk of tearing



Detaching graft from central attachment

Pre-Punched:

DMEK graft is trephined to the diameter you specify for each patient using a CORONET™ trephine

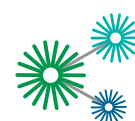
- No punch needed
- No risk of off-center, incomplete, or overextended punch
- Custom sized: 7.0 mm, 7.25 mm, 7.5 mm, 7.75 mm, 8.0 mm, 8.25 mm and 8.5 mm

Peripheral Orientation Marks :

One-Two Mark (I-II) and “S” Mark available

- Strong visual, reliable marks confirm correct orientation
- Peripherally placed outside of the visual axis
- Position of marks assists in knowing graft is centered
- Minimal manipulation of the cornea—one-step procedure

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KeraLink™
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FORMERLY
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“The peripheral position of the one-two mark confirms correct orientation and assists with knowing if the graft is centered.”

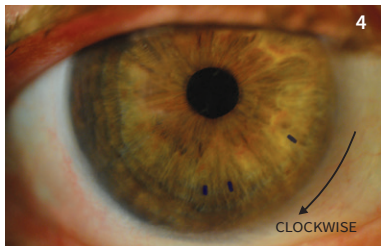
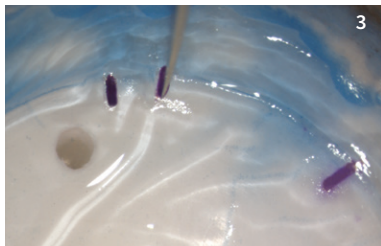
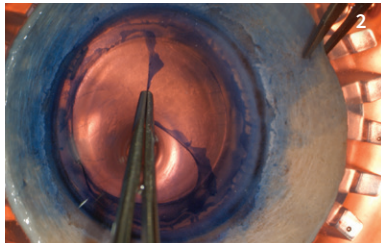
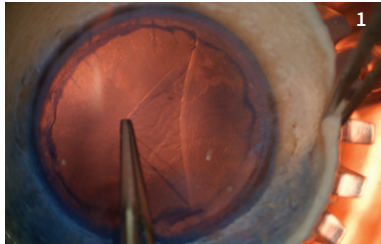
— Duna Raouf, M.D.
Harvard Eye Associates, Laguna Hills, CA

Innovative Tissue Processing

Using a submerged dissection technique, KeraLink provides a pre-punched cornea for DMEK, saving time in the OR, cost of a trephine, and the risks associated with preparing the donor cornea in the OR. Unique peripheral orientation marks are an additional benefit which is made possible by having a central attachment and a pre-punched DMEK graft.

Dissection & Preparation Steps

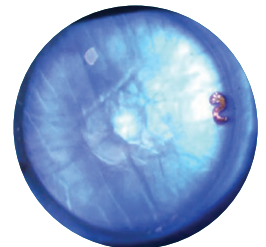
- Retro-illumination is achieved to promote outstanding visualization while performing the initial score and dissection of Descmet’s Membrane (1).
- While submerged in Optisol, DM is carefully separated from the stromal bed (1) in all 4 quadrants to a 2 mm center attachment (modified SCUBA technique).
- Dissected cornea is transferred to a CORONET™ donor cornea punch well and trephined to the surgeon’s specifications.
- Cornea is re-submerged in Optisol while DM outside of precision cut is removed—any endothelium touched during dissection is removed (2).
- An asymmetrical one-two mark is placed on the peripheral edge of the graft. Endothelial side up (3); endothelial side down (4)— view when positioned in patient’s eye.



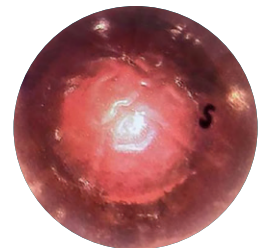
CLOCKWISE

DMEK orientation marking options

KeraLink offers two types of markings to confirm correct orientation, one-two (I-II) mark and the “S” mark. Both are placed with minimal manipulation and positioned on the periphery, which assists with knowing the position as well as the intraoperative centering of the graft.



“S” mark also available, shown here reversed when endothelium is up.

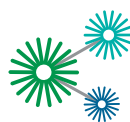


“S” in the correct orientation when endothelium is down, as it would appear when the graft is transplanted.

CATALOG NO.	DESCRIPTION
K005-DM	Pre-Punched Cornea for DMEK

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5520 Research Park Drive
Suite 400
Baltimore, MD 21228
Tissue@KeraLink.org