

junior surgeons (one or two years of experience) and the other by expert surgeons (more than five years of experience). All used an extracapsular cataract extraction technique with "smile" capsulotomy and posterior chamber IOL implantation. No statistically-significant differences were found in the two groups pre- and post-operatively ( $K_c$  preop. =  $0.00364 \pm 0.00134 \text{ min}^{-1}$  and  $K_c$  postop. =  $0.00420 \pm 0.00147 \text{ min}^{-1}$ ), nor did they differ with respect to the junior or expert surgeons in their postoperative values ( $K_c$  junior postop. =  $0.00415 \pm 0.00150 \text{ min}^{-1}$  and  $K_c$  expert postop. =  $0.00424 \pm 0.00151 \text{ min}^{-1}$ ). There was no correlation between the thickness of the cornea, transfer coefficient and the endothelial central density. Our results suggest that with the capsulotomy technique employed, there is no increased endothelial permeability which could be related to the surgical act.

#### **66. Lamellar keratoplasty with lyophilised tissue for the treatment of corneal scarring**

*A pilot study in Pakistan*

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A pilot study was carried out in Pakistan to assess the feasibility of the use of lathed freeze-dried corneal tissue in the treatment of corneal scarring. Six patients underwent lamellar keratoplasty, and visual improvement was obtained in every case. In one case the procedure was complicated by a persistent epithelial defect but in the remaining five patients the grafts epithelialised rapidly. The use of freeze-dried donor tissue simplifies storage and distribution of corneas and avoids the risks of rejection associated with penetrating keratoplasty. Since lack of medical facilities for the careful follow-up and treatment necessary for successful penetrating keratoplasty is lacking in many developing countries, lamellar keratoplasty with lyophilised tissue may offer the best hope of treatment for patients with corneal scarring in these countries.