A CORNEA IS LIKE AN ORGAN, NOT A TISSUE

The cornea is living tissue.

Like an organ, corneas are alive and not processed. Other donated tissues — bone, skin, or heart valves — may be frozen, irradiated, or processed in any number of ways. Corneas are not and must be quickly kept viable in fluid with specific nutrients for the specialized cells that make the cornea function.

Time is the worst enemy.

Like an organ, corneas have a limited life-span after cardiac death. Tear production stops at death and threatens the cornea’s viability. Considering release of the cornea separate from other tissues is vital to restoring sight to someone else. It’s the reason the eye bank works with you apart from the tissue bank.

Post-autopsy is often too late.

Like an organ, corneas may be jeopardized by waiting for an autopsy. While other tissues may have 24 hours for recovery, corneas do not. The nation-wide standard is to recover corneas within 8 hours from death. This is not to say that corneas cannot be recovered after after 8 hours, but the longer the time between death and preservation, the less likely they are to be transplanted.

Evidence can be preserved.

In the same way a transplant surgeon will notice abnormalities during organ recovery, so will the eye bank. After all, few people look at more eyes than an eye banker. Allowing us to check for abnormalities and collect vitreous fluid contributes to your investigation and preserves the chance to help another overcome blindness.

There is a gold standard.

The National Association of Medical Examiners advocates release of donated organs and tissues in all cases. Your role as a public health official fits the goal of maximizing donations for transplant. In fact, many jurisdictions in the country have “zero-denial” policies. It takes commitment, followed by a conversation with your forensic pathologists, district attorney, and the eye bank on how to best to do it.