

**ESTABLISHMENT OF AN EYE BANK IN EGYPT**

**ESSAY**

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**OPHTHALMOLOGY**

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*INTRODUCTION  
AND AIM OF WORK*

## INTRODUCTION AND AIM OF WORK

Corneal diseases constitute one of the main causes of defective vision in our country. This is because of the widespread corneal and conjunctival diseases especially trachoma, mucopurulent conjunctivitis, and corneal ulceration with subsequent scarring. The dramatic increase in the need for corneal transplants together with the recent advances in the technique of keratoplasty operation, have created a widening demand for eye banking services (Shoukry et al., 1972).

Krachmer (1984) suggested that the eye bank must perform the following functions:

- Identify eye donors.
- Act as liaison between donors and surgeons.
- Procure and enucleate eye tissue.
- Evaluation and preservation of eye tissue.
- Distribution of eye tissue.

This work aims at studying the procedures of organizing and operating an eye bank. This includes its administration, public relations and fund raising. It also covers how to procure or collect eye tissue and methods of evaluation, preservation and distribution. The religious and legal aspects for operating an eye bank in EGYPT are also discussed.

*EYE BANK LAYOUT  
AND ADMINISTRATION*

## EYE BANK LAYOUT AND ADMINISTRATION

### Eye Bank Layout

This section provides some tips on the layout of an eye bank.

Fort (1984) described the layout of an eye bank model based on the experience of several successful eye banks, as follows:

"The layout for a given eye bank depends on a variety of interrelated factors. These factors are: the size of the population it serves, its proximity to hospital or medical school facilities, its sources of funding, the space available, the number of employees needed and the availability of the supply facilities."

To illustrate the average staff and instruments needed for this model, adequate funds must be available. Funds in most eye banks, come from a generous public service group or from a laboratory demands. Often both sources are present.

The eye bank model is suggested to be in a professional building adjacent to the city's medical school. The eye bank is independently managed, yet has close ties with the department of ophthalmology at the medical school. The eye bank has a medical director and a board of medical advisors, who are, in general, the local corneal surgeons.



The eye bank's suite of rooms occupies approximately 1200 square feet and the space is designed to serve the needs of four full time employees and four part time employees. An example of an eye bank model is given in Appendix A.1.

The Executive Director, Organ donation Educator and Financial Supervisor have their offices immediately off of the secretarial reception area. The Medical "Technical" Director's office is adjacent to the lab at the rear of the suite. The four part time employees are the rotating technicians and they use most of the lab space.

The space for secretarial, procurement, financial and executive functions is nearest to the main entrance and is separated from the lab area for several reasons. The offices separation from the lab area will make them less cluttered and noisy. The secretary, procurement specialist, and executive director deal more often with the public and need to be in close proximity to each other.

An attractive appearance is vital because it reflects on how the public will view the eye bank's quality of performance.

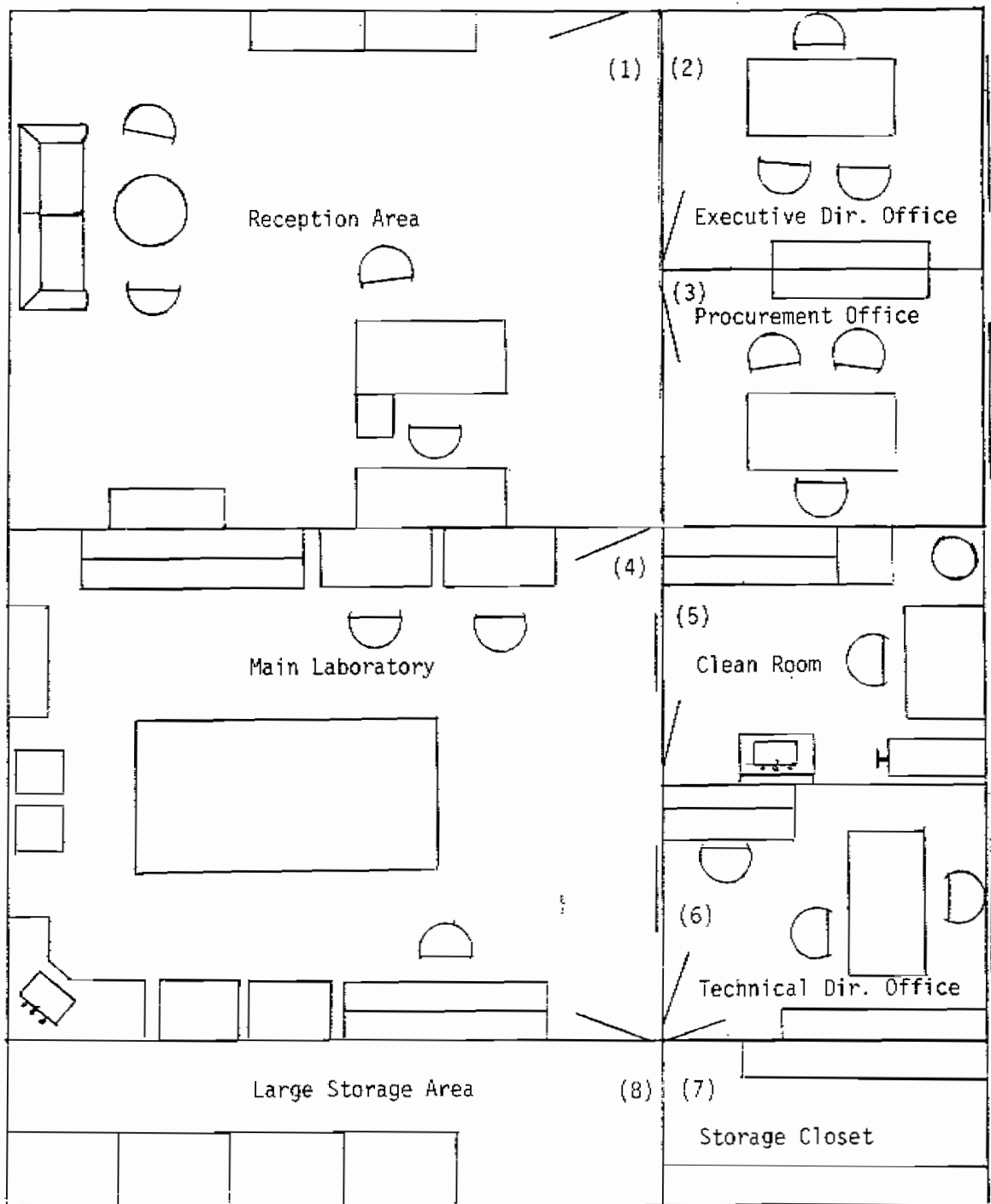
The eye bank laboratory should be placed behind the administrative section and is entered by only one door, ideally next to the secretary's desk.

The lab space is divided into three main rooms and storage areas. The rooms are the Medical "technical"

director's office, the "clean room" and the large lab area. The contents of each room are shown in Appendix A.2.

An intercommunication system can connect all the offices and lab areas.

**APPENDIX A**



## EYE BANK ADMINISTRATION

### Introduction

An eye bank like any medical institution, must be systematically organized to function properly. Fort (1984) reported that the first duty of the eye bank is the registration of both the people who want to donate their eyes after death and those of patients who are on the eye bank waiting list. This is achieved through the use of computer program. When the call regarding the donor is received, the team on duty is dispatched to do the enucleation. On returning to the bank, the eyes must be examined evaluated, cultured and preserved. The donor history is entered in the computer record. Then the eye is distributed.

### PROCEDURE

According to Stevens(1984), the steps in organizing an eye bank are the following:

- I] Organize board of directors.
- II] Decide number and types of personnel needed.
- III] Establish routines of work. This can be divided into two categories.

#### [A] Medical Routines

- 1) Receiving calls on 24-hour basis.
- 2) On-call schedule for technicians and enucleators.
- 3) Processing and culturing tissue.

- 4) Request list - distribution for corneal surgery and research.
- 5) Transportation of tissue-packing procedures, delivery service, etc.

[B] Office Routines

- 1) Proper telephone etiquette.
- 2) Filing system.
- 3) Use of form letters.
- 4) Receiving, recording and depositing funds.
- 5) Book keeping.
- 6) Fund raising.
- 7) Promotion, publicity and public relations.
- 8) Printing of forms, letters, etc.
- 9) Ordering supplies, "medical and office".
- 10) Use of computer.
- 11) Use of color coding for forms and identification wherever possible. This will strengthen the office's organization, improve the record keeping and monitoring of the tissue.

**IV] Communication System**

One of the main keys to a successful eye bank program is communication. Keep the lines open between all parties involved in the eye bank, the medical board, office staff and personnel, surgeons and delivery services.

## **PERSONNEL**

Stevens (1984) outlined some sample responsibilities and job descriptions for personnel working in the eye bank.

### **1) Medical Director**

The Medical Director must be an ophthalmologist. He is responsible for the day-to-day operation of the eye bank laboratory, the function of all eye bank technicians, the removal, evaluation, preservation and distribution of whole eyes and/or corneas. He is also responsible for the preparation of the annual laboratory budget.

### **2) Executive Director - Administrator**

He is responsible for maintaining liaison between medical and lay boards, staff and community. He is also responsible for organizing office, hire and terminate personnel.

The Executive Director oversees Secretarial staff, Financial office and Answering Service.

### **3) Organ Donation Educator**

He is responsible for development, supervision, and evaluation of all education, publicity and public relations programs of the eye bank. He also serves as liaison between the eye bank and other organ procurement interests, as for example kidney banks.