

patients were female and 6 were male. Five patients were phakic and 4 pseudophakic. Average donor age was 67 ± 9 years.

Results During routine postoperative consultation, specular microscopy images showed suspected recurrence of guttae in 10 eyes after DMEK. Presence of guttae was subsequently confirmed in 9 cases by confocal microscopy and in one case by histology. Six out of 10 patients (60%) had undergone bilateral DMEK, but all only showed recurrence of guttae in one eye. In 9 eyes guttae recurred after primary DMEK, while in one eye recurrence was after a re-DMEK that has been performed 56 months after the first DMEK with no signs of guttae after primary DMEK. Suspected guttae were visible on specular microscopy images already at 1 month after DMEK in most cases.

No guttae had been noted during donor cornea processing in the eye bank. Preoperative donor endothelial cell density (ECD) had been 2643 ± 145 cells/mm² and 1-year postoperative ECD was 1047 ± 458 cells/mm² (n=8).

Conclusion Recurrence of guttae after DMEK is most likely due to guttae on the donor graft that were not detectable by routine slit-lamp and light-microscopy evaluation in the eye bank. Better screening methods for guttae detection need to be developed for eye banks to avoid releasing tissue for transplantation that contains guttae or is prone for postoperative guttae formation.

33 NHSBT TISSUE AND EYE SERVICES CLINICAL SUPPORT NURSE TEAM: ADVANCED NURSING PRACTICE

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NHS Blood and Transplant (NHSBT) Tissue and Eye Services (TES) save and improve the lives of thousands of patients every year.

The Clinical Support Nurse Team (CSNT) within TES is an example of registered nurses working at an advanced level, making professionally autonomous decisions for which they are accountable.

The concept of nurses working at this level began with a pilot study in 2012 under a robust governance system and change process within NHSBT. The development and progress of the team has also been reviewed by NHSBT Clinical Audit.

The CSNT currently comprises two band 7 nurses and a band 8a manager who work together to safely assess and authorise donated tissue for transplant. There are plans to expand the team in 2022 and to ensure that the work is underpinned by a suitable academic framework that reflects the level of clinical responsibility. The CSNT work in conjunction with TES medical consultants who provide education, guidance and governance.

The team is required to use complex reasoning, critical thinking, reflection and analysis to inform their assessment and clinical judgement.

CSNT practice is guided by the Donor Selection Guidelines set by the Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (2013). These guidelines stipulate contraindications to tissue donation on which the CSNT bases clinical decisions to ensure the safety of the recipients of any donated tissue by

ruling out the chances of contracting any transmissible illness or transplanting tissue of compromised quality.

Although a large component of the TES CSNT workload is to authorise donor files from deceased donors there are also living donation programmes. CSNT also review the Autologous/Allogeneic Serum Eye Drop Programme (ASE/AlloSE). This involves reviewing clinical requests made by ophthalmologists for serum eye drop options.

This is a brief summary of how CSNT nurses apply their expert knowledge and skills to a broad range of Clinically challenging and complex situations.

Poster abstracts

34 DECREASED OPPORTUNITIES TO APPROACH NEXT OF KIN FOR EYE DONATION TO THE LIVERPOOL RESEARCH EYE BANK DUE TO COVID-19

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Background The Liverpool Research Eye Bank (LREB) specialises in collection and storage of ocular tissues for use in projects investigating ophthalmic diseases and potential treatments. In collaboration with the Liverpool Eye Donation Centre (LEDC), we collect whole eyes from cadaveric donors. The LEDC screens potential donors and approaches next-of-kin for consent on behalf of the LREB; however, there are factors which reduce the pool of donors such as transplant suitability, time constraints, medical contraindications and other complications. During the past 21 months, COVID-19 has been a big contraindication to donation. The study aimed to determine how much of an impact COVID-19 has had on donations to the LREB.

Methods Between January 2020 and October 2021, the LEDC compiled a database detailing the results of decedent screen at The Royal Liverpool University Hospital Trust site. From these data the suitability of each decedent for transplant, research or unsuitable for both was extrapolated along with the number of decedents unsuitable specifically due to having COVID-19 at the time of death. Data on the number of families then approached regarding donation for research, the number who gave consent and the number of tissues collected were also included.

Results The LREB did not collect any tissues from decedents who had COVID-19 listed on their death certificate during 2020 and 2021. The number of unsuitable donors for transplant or research increased considerably due to COVID-19 positivity, in particular, during the months of Oct 2020-Feb 2021. This led to decreased approaches being made to next of kin. Interestingly, COVID-19 did not appear to have directly affected the number of donations. The number of donors consented ranged from 0-4 per month throughout the 21 months, with no correlation to the months when COVID-19 deaths were at their highest.

Conclusions The lack of an association between COVID-19 cases on donor numbers suggests that the donation rates are influenced by other factors. Increasing awareness of the opportunity for donation for research may increase donation rates. Development of informational materials and organisation of outreach events will aid in this goal.