

**Methods** 750 consecutive DMEK eyes, not including the very first 25 DMEK eyes that constitute the technique learning curve, were included. Main outcome parameters (survival, best-corrected visual acuity (BCVA), central endothelial cell density (ECD)) was evaluated up to 10-years postoperatively and postoperative complications were documented. Outcomes were analyzed for the entire study group and separately for the subgroup of the first 100 DMEK eyes.

**Results** For the subgroup of 100 DMEK eyes, 82% and 89% reached a BCVA of  $\geq 20/25$  (Decimal VA  $\geq 0.8$ ) at 5- and 10 years postoperatively, respectively, and preoperative donor ECD decreased by 59% at 5 years and 68% at 10 years postoperatively. Graft survival probability for the first 100 DMEK eyes was 0.83 [95% Confidence Interval (CI), 0.75-0.92] and 0.79 [95% CI, 0.70 -0.88] at 5- and 10-years postoperatively, respectively. For the total study group, clinical outcome in terms of BCVA and ECD were comparable, but graft survival probability was significantly higher at 5- and 10-year postoperatively.

**Conclusions** Most eyes operated in the pioneering phase of DMEK showed excellent and stable clinical outcomes with a promising graft longevity over the first decade after surgery. The increase in DMEK experience resulted in a lower graft failure rate and positively affected longer-term graft survival probability.

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#### LYOPHILIZED AMNIOTIC MEMBRANE FOR PTERYGIUM SURGERY: LONG-TERM OUTCOMES

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**Purpose** To investigate the tolerability, security and long-term efficacy of lyophilized amniotic membrane (LAM) as an alternative to cryopreserved amniotic membrane in pterygium surgery.

**Material and Methods** Prospective case series of patients with primary nasal pterygium who undergone pterygium surgery and LAM implant either with sutures or glue. Postoperative follow-up was until month 24. Clinical and cosmetic outcomes, quality of life (as ocular comfort), and complications were evaluated.

**Results** LAM was stiff and easy to manipulate as well as no tearing occurred during surgery or suturing. 4 patients (3 males) had pterygium surgery and LAM implant two with sutures and the other two with glue. Ocular comfort was checked and similar among those patients with LAM glued or sutured. After 24 months, there were no issues about tolerability or adverse events. Lower cosmetic outcomes (recurrence) were stated in 3 patients.

**Conclusion** Our study showed that LAM could be an effective alternative to cryopreserved amniotic membrane for graft after pterygium excision surgery. Its main advantage, storage at room temperature, can make it of immediate availability. Further studies comparing clinical outcomes of pterygium surgery with cryopreserved amniotic membrane versus LAM would confirm the benefits of the last.