

Change Notification for the UK Blood Transfusion Services

Date of Issue: 13 October 2025

Implementation: to be determined by each Service

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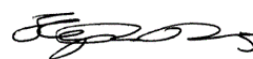
Eye Disease

This notification includes the following changes:

	BM-DSG Bone Marrow & Peripheral Blood Stem Cell	CB-DSG Cord Blood	GDRI Geographical Disease Risk Index	TD-DSG Tissue – Deceased Donors	TL-DSG Tissue – Live Donors	WB-DSG Whole Blood & Components	Red Book Guidelines for the BTS in the UK
1. Eye Disease	☐	☐	☐	☒	☐	☐	☐



Dr Richard Lomas
Chair, Standing Advisory Committee on Tissues (SACT)



Dr Stephen Thomas
Professional Director of JPAC

Changes are indicated using the key below. This formatting will not appear in the final entry.

original text	«inserted text»	deleted text
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1. Changes apply to the **Tissues – Deceased Donors DSG**

Eye Disease

(revised entry)

<i>Obligatory</i>	1. Must not donate if: a) Ocular tissue transplanted. b) Malignancy. 2. Eyes: a) Active ocular inflammation or infection. b) Congenital or acquired ocular disorders or previous ocular surgery that may preclude a successful graft outcome. This includes iridocorneal syndrome and keratoconus. c) History of malignant tumours of the anterior segment, or retinoblastoma, ocular metastasis or ocular melanoma. d) Past history of ocular Herpes or interstitial keratitis in either eye.
<i>Discretionary</i>	1. Eyes: «a) Allergic conjunctivitis – accept. b) Vernal/atopic keratoconjunctivitis – discuss with medical officer. - c)» a) Past ocular trauma – discuss with medical eye bank advisor. «d)» b) If a donor has fully recovered from: • an isolated past episode of inflammatory eye disease (e.g. uveitis or episcleritis), and the condition is not associated in the donor with other general contraindications to donation, accept. • no more than 3 past episodes of inflammatory eye disease: refer to DSCO for individual risk assessment. «e)» c) If a donor has fully recovered from an isolated past episode of scleritis, accept for cornea donation only. «f)» d) If a donor is known to have a choroidal naevus which has been diagnosed and followed up in an eye clinic, and no concerns over alternative diagnoses, particularly malignancy, have been raised, refer to DCSO. «g)» e) Punctate epithelial erosions: if there is no known visible abnormality, accept. (See Additional Information section regarding cornea assessment at retrieval and at the eye bank.) 2. Other tissues: If no other contraindication, accept.

<i>See if Relevant</i>	<u>Autoimmune Disease</u> <u>Basal Cell Carcinoma</u> <u>Central Nervous System Disease</u> <u>Glaucoma</u> <u>Herpes – Ocular</u> <u>Immunosuppression</u> <u>Infection - General</u> <u>Laser Treatment</u> <u>Malignancy</u> <u>Ocular Surgery</u> <u>Ocular Tissue Recipient</u> <u>Steroid Therapy</u> <u>Tissue and Cell Allograft Recipients</u>
<i>Additional Information</i>	For donors with a past history of inflammatory, infectious or traumatic ocular conditions, relevant clinical records, especially ophthalmology records, should be reviewed. Choroidal naevi are common, benign melanocytic lesions of the posterior uvea. It is important to confirm that they have been diagnosed and monitored in an eye clinic. Punctate epithelial erosions develop commonly due to a diminished lid reflex, especially in ventilated patients. Corneas must be deferred from clinical use if they are visibly abnormal. Corneas can be accepted for endothelial keratoplasty (EK) if they pass assessment at retrieval and in the eye bank. «Allergic conjunctivitis is very common and does not impact on corneal tissue quality. Atopic and vernal keratoconjunctivitis may affect the cornea but donors with these conditions may still be acceptable for cornea donation for posterior lamellar grafts, subject to review of eye clinic information and satisfactory assessment in the eye bank.»
<i>Reason for Change</i>	«Update of 'discretionary' and 'additional information' sections to add information regarding allergic conjunctivitis and atopic/vernal keratoconjunctivitis.» 'Discretionary' and 'Additional Information' sections updated regarding inflammatory eye disease, choroidal naevus and punctate epithelial erosions.