

Facilitating Eye Donation in the Inpatient Unit



Blood and Transplant



The gift of sight is one of the greatest gifts we can leave behind.

Patient Experience, Staff Development

How was this identified as a priority

- In 2023, the EDiPPPP study* highlighted the clinical potential for eye donation in palliative and hospice settings. While many patients welcomed the idea, professionals reported not knowing how to have these conversations.
- NHS Blood and Transplant (NHSBT) launched a national hospice project to implement the study recommendations.
- Following a conversation with a patient and their family an eye donation project for EoL patients was proposed.
- NICE Guideline NG142 (End-of-life care for adults) recommends hospices have a guideline in place. This was identified as a key action from our baseline assessment.
- This priority aims to increase awareness and encourage conversations with patients and families, supporting those who wish to donate eyes, organs or other tissue after death.

*Long-Sutehall T, Bracher M, Mollart S & Wale J. Eye donation from palliative and hospice care contexts: the EDiPPPP mixed-methods study. Health Soc Care Deliv Res 2023;11(20).

Recent research in the UK

- The NHSBT 2023-24 Annual Report highlights ongoing investment in tissue donation, with a focus on increasing corneal donation from all settings, including hospices.
- NHSBT data (2024) shows ~4,800 corneal transplants performed in the UK, yet demand continues to outstrip supply.
- Research published in BMJ Supportive & Palliative Care (2022) demonstrated that structured communication training increases staff confidence in discussing donation.
- A 2023 study in the Journal of Pain and Symptom Management found most people receiving palliative care are willing to consider donation when approached sensitively
- NHSBT continues to work with hospices to embed best practice, support training and remove barriers to donation.

Key findings from research (EDiPPPP study and related work)

- 56% of patients in a Hospice setting and 36% of patients known to the Hospital Specialist Palliative Care Teams were eligible for referral for Eye Donation
- In practice, only 4% had been approached regarding Eye Donation
- 94% of patients surveyed wanted the option and conversation about Eye Donation

The power of donation

Whilst eye donation offers comfort and hope for families, it is not always something people are comfortable approaching or discussing.

The donation of one cornea could help up to four people to have their sight restored or improved.

One act of kindness can transform many lives.

How this priority will be achieved

- Develop and implement a Standard Operating Procedure (SOP) to identify patients who wish to donate eyes or other tissue after death and to support conversations with patients and families.
- Provide staff education and resources to build confidence in having conversations and managing the process.
- Work in partnership with NHS Blood and Transplant and the Regional Tissue Donation Nurse Specialist to ensure safe, dignified and efficient donation and retrieval.
- Once developed, records will be maintained of the number of times the SOP, patient information and tissue donation discussions are used or undertaken.

Why this matters

- The cornea is the clear front window of the eye. One cornea can help up to four people restore or improve their sight.
- Corneal transplant is highly successful: 93% working after 1 year 74% still working after 5 years
- There is a shortage of over 500 corneas each year in the UK and the waiting list to receive a corneal transplant is currently 2 years.
- Most people can donate, including those with cancer or poor eyesight.
- Some people cannot donate, such as those with blood borne viruses, dementia, certain neurological conditions, leukaemia, lymphoma, myeloma, or those who have had laser eye surgery, although this is not an absolute contraindication, it would depend on age.

Project Progress

QUARTER ONE (Planning)

- Work with the Regional Tissue Donation Nurse Specialist to plan the project.
- The local Medical Examiner (ME) service was contacted and confirmed that donation can go ahead.
- The survey for IPU staff from the Tissue Donation Service resumed following ME confirmation.

QUARTER TWO (Preparation)

- Due diligence in reviewing the contract with NHSBT completed and signed; confirmation of cover from all three insurance providers (employer & public liability, management liability, medical malpractice).
- NHSBT educational materials ready for use: six modules (1-hour total) mandatory for IPU clinical staff including AHPs via Bluestream education platform.

QUARTER THREE (Readiness)

- Educational resources available on Bluestream for all IPU staff and Clinical On-Call Managers; uptake is high (monitored by Education Team and Transplant Service).
- The project will be launched on 5 January 2026.
- Medical staff using National Screening Tool (NEQCA) on admission to identify eligibility: conversations can then take place.
- SOP in draft with revisions required; Regional Tissue Donation Nurse Specialist presentation on 9 January in IPU Seminar Room.
- Symptom template developed and ready for IPU staff use.

QUARTER FOUR (Implementation)

- The eye donation project commenced on 5 January.
- All IPU clinical staff completed bespoke training from the Transplant Service prior to launch.
- Consultant and the Deputy Governance and Quality Lead meet monthly with the Regional Tissue Donation Nurse Specialist to discuss operational issues and review the monthly data.
- The Transplant Service send a monthly "dashboard" detailing our data.
- To date there have been 7 successful retrievals from patients in the IPU.

Case Study

Woman in her 40s, previously fit and well. Presented with severe left-sided headache, right limb weakness, slurred speech, dizziness and vomiting. Admitted to hospital and had a seizure in A&E. CT scan showed a severe intracranial haemorrhage. Transferred to ICU to be ventilated.

Not a candidate for neurosurgery as poor chance of recovery, so decision to withdraw care and prioritise comfort. Medications were stopped and she was extubated prior to transfer to the hospice for end of life care.

Unconscious on arrival at the hospice, and a syringe driver was started. We were informed she had opted in to the national organ donor register. She was unable to be a solid organ donor as no longer in intensive care, but her family were happy to go ahead with corneal donation.

She died two days after moving to the hospice, and we were able to support referral to NHSBT. The funeral directors praised the dignity and respect shown to the patient by the retrieval team.

Subsequently, one cornea was transplanted to a patient. The other was found to be unsuitable, but was used in research and development.

OUR PARTNERS

Working in partnership with NHS Blood and Transplant, the Regional Tissue Donation Nurse Specialist, Medical Examiners and Funeral Directors.

IMPACT

- Supports patient wishes and family comfort
- Increases the availability of sight-restoring corneas (eyes)
- Strengthens staff knowledge and confidence
- Embeds best practice and governance

Routine consideration of eye donation honours our patients' wishes and can bring life-changing hope to others.

CONCLUSION

Consideration for patient eligibility for eye donation is routine practice on admission to the Inpatient Unit and has been welcomed by many patients and families.