

patient story



EVA STURGIES, CORNEA PATIENT OF DR. JOEL SUGAR



Eva Sturgies, born with corneal ulcers in both eyes, was legally blind by 1996 despite receiving bilateral corneal transplants in the early 1960s. It wasn't until Dr. Joel Sugar performed corneal transplants in 1996 and 1999 at the University of Illinois Eye and Ear Infirmary (IEEI) that she could see normally for the first time in her adult life.

"My reaction was, 'Oh, I can see!'" she says. "To be able to see! It was awesome, so awesome—everything was so bright."

In the early 1960s, Sturgies had felt lucky to undergo bilateral corneal transplants in both eyes while in her late teens. By that point, her childhood ulcers had left one eye blind and the other partially blind. Dr. Sugar, Professor of Ophthalmology and, at that time, Director of the Cornea Service, notes that childhood corneal ulcers are relatively uncommon but can be very serious.

Sturgies relates that as a young person growing up with deteriorating vision, there were many instances that she couldn't see well at all. But because she was wearing glasses, people just assumed that she could. "I was miserable because I couldn't see," she says. "Friends can't relate to you. My quality of life was not good because I had limited vision and couldn't travel without someone. So it was very difficult, but you made adjustments because life goes on."

In fact, she traveled to New York for her first transplant, and a year later received her second one in Memphis. Unfortunately, only the second transplant achieved a good result, lasting only a year before turning cloudy. After a promising series of events, she had been left with limited vision again.

What followed were years of trying glasses, soft contact lenses—sometimes in combination with the glasses—and gas permeable lenses. Sturgies' quality of life did improve with the gas permeable lenses, which ultimately brought one eye up to 20/50 vision.



"To be able to see!"

—By Megan Pelligrini

Indeed, for some time she ran her own transportation company—at her own pace, she says. "I made my career work for me, and did very well," she says.

However, by the mid-1990s she had once again lost a significant amount of her vision. Dr. Sugar notes that the treatment of corneal ulcers depends on the cause, and ultimately Sturgies had to be treated with corneal transplants. Because Sturgies didn't have the funds at the time for the operation, she was able to get the eye bank to waive the tissue processing fee. "She was unemployed and unemployable before her surgeries" because of her limited vision, says Dr. Sugar.

Although the potential impact on the lives of those who receive transplants is profound, the surgery itself is surprisingly brief. Eva Sturgies' operation was an outpatient procedure and took only about an hour at the IEEI building. When Sturgies came out of surgery, Dr. Sugar removed her bandage and asked her to read the eye chart. She was stunned that she actually could. Indeed, her vision tested at 20/60 without contacts or glasses. The following week she came in for a check-up, was fit for glasses and was able to pass the driver's vision test. Six months later, she returned to have her sutures removed and was fit for contacts that brought her vision to 20/20 in her left eye.

Her right eye received its own corneal transplant three years later and now tests at 20/25. She says her aftercare has been very good with few problems, such as some dryness and pressure from the steroid medication.

"I give the Infirmary 1000 percent praise," she says. "It's awesome how corneal transplants can really change someone's life. If you are able to see, you don't need anything else. I'm able to work and do what the day calls for me to do."

In fact, she applied for a program service aide opening in Dr. Sugar's office only six months after her second corneal transplant in 1999, and she was hired.

"When patients see someone who's had the procedure, particularly on the staff, it makes a difference," she says. "People ask me questions about how my transplants feel. They can be frightened because the whole experience is unknown to them and they don't know what to expect."

Now she enjoys seeing transplant patients return for follow-up visits with happy, grateful expressions and attitudes—and even a few new hairstyles.

"It's amazing how your vision—and life—can be restored," she says. "Not being able to see saddens a person. When you don't have hope, your life is miserable. Hope gives you something to cling to. I feel that I've been given another shot at life!"