

Keratoconus

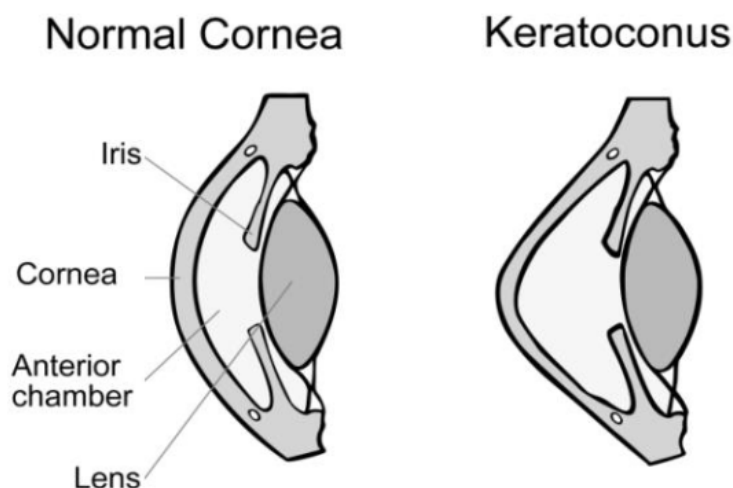
Ophthalmology

Introduction

This leaflet is for patients who have been diagnosed with Keratoconus.

What is Keratoconus?

Keratoconus is a non-inflammatory eye condition in which the normally round dome-shaped clear window of the eye (cornea) progressively thins causing a cone like bulge to develop. This impairs the ability of the eye to focus properly, leading to poor vision.



What causes Keratoconus and who gets it?

The exact cause is unknown. It is believed that genetics and environmental factors play a role that causes keratoconus. Patient with Eczema and those suffering from allergic eye disease are more prone to develop Keratoconus. It is more common in non- Caucasians. It is usually diagnosed in young people at puberty, in late teens or early twenties. Rubbing eyes can make the condition get worse.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

What treatment is available?

In early stages, spectacles or soft contact lenses may be used to correct vision. If evidence of progression is present then Corneal cross-linking (CXL) is effective in 90% of patients. If patients are already in advanced stage then rigid gas permeable (RGPs) contact lenses are often required to correct vision more adequately. In very advanced cases, where contact lenses fail to improve vision, a corneal transplant may be needed.

How is Keratoconus diagnosed?

Your Doctor will examine your eye under a special microscope (Slit Lamp) and get a special scan (Pentacam / Corneal Topography) done which gives the detail about your corneal thinning, shape of cornea and astigmatism level in your eyes.

Why do you need to monitor my eyes?

CXL is only suitable when there is evidence of progression. Once you are past your late 30s, the cornea starts to stabilise. Below this age, the cornea is more flexible and disease progression is more likely to occur. During the monitoring of your eyes, if we detect any deterioration in your eyes we may recommend you have CXL.

Is cross linking procedure available on the NHS?

Corneal cross-linking is only offered to those patients with evidence of progression and where the criteria is met. If there is evidence of the Keratoconus getting worse, your Ophthalmologist will refer you to your nearest hospital that offers this treatment to see if this would be suitable for you.

What are the complications of Keratoconus?

Corneal hydrops is a rare complication of Keratoconus. It occurs when fluid from inside your eye enters your cornea through breaks in the membrane at the back of the cornea. This fluid causes the cornea to become swollen.

This swelling can affect your vision, making it blurry, even with your contact lenses in. It can also give your cornea a cloudy or milky appearance.

Hydrops can cause irritation or pain, light sensitivity and make your eye watery (teary) and red.

The breaks in your cornea will usually take at least 3 months to heal. You will usually be advised not to wear contact lenses while your eye is recovering. If you feel any discomfort or pain, your Ophthalmologist can give you eye drops to make your eye feel more comfortable. Once the breaks have healed most people find that their vision improves again.

You may need a new contact lens prescription after hydrops as your cornea may have changed shape. Some people can also find contact lenses are more comfortable and stay in better after having hydrops. This is because hydrops can cause scarring which flattens the cornea. Less commonly, you might be left with scarring that could make your vision in that eye worse.

What should I do if I need advice or information?

Staff in Ophthalmology are here to help and contactable as follows:

Corneal Specialist Nurse

Monday, 9:00am – 5:00pm

Thursday, 9:00am – 1:00pm

Friday, 9:00am – 1:30pm

Mobile 07824 867119

Eye Referral Unit

01902 695805

Monday – Friday, 8:00am – 5:00pm

Weekends, 8:00am – 5:00pm

Outside of these hours please attend the main Emergency Department or contact NHS Direct on telephone number 111.

References

www.rnib.org.uk/eye-health-eye-conditions/keratoconus

www.moorfields.nhs.uk/condition/keratoconus

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。