

Useful website

Keratoconus Group www.keratoconus-group.org.uk

Remember:

- always wash your hands before and after touching your eyes
- always finish the course of any treatment you have been prescribed, even if your symptoms have improved.
- have regular eye checks with your Optometrist.
- always protect your eyes with goggles or glasses when carrying out DIY or using any power equipment.
- if you splash anything into your eye immediately remove your contact lens, rinse with plenty of saline or tap water and seek medical advice.
- never use anyone else's medication or contact lenses (this includes eye drops).

Keratoconus



The Eye Unit

Information and advice for patients
about keratoconus
(pronounced keh-rah-toe-cone-us)




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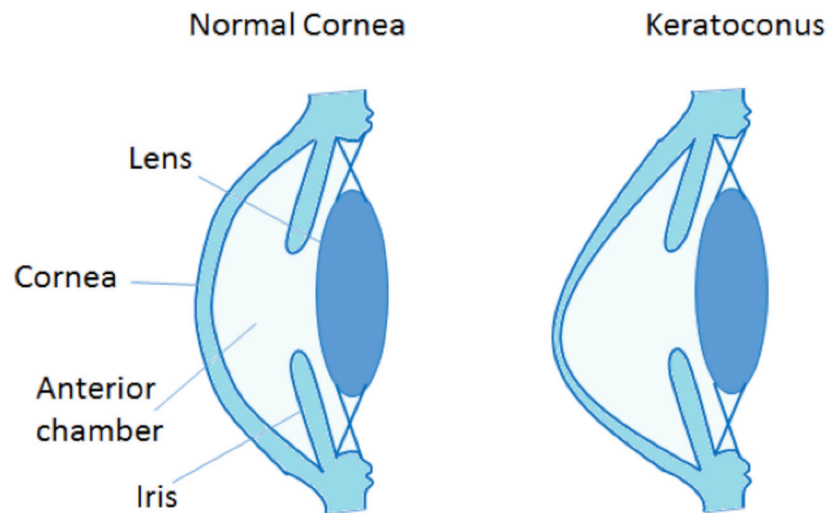
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What is keratoconus?

The cornea is the clear window at the front of the eye that helps to focus light as it enters the eye. It needs a round and regular shape for us to see clearly.

In keratoconus, the cornea becomes thinner and bulges outwards into a cone shape. This cone shape can cause the vision to become blurred and distorted. Keratoconus is a progressive condition and can get worse over time. The speed of change and severity varies between affected people.



What causes keratoconus?

There is no known cause for keratoconus. There may be some genetic link (passed on in a family). It also happens more frequently in people with allergies. Allergic conditions like asthma and eczema can make you more likely to rub your eyes. Eye rubbing is sometimes linked to progression of keratoconus. If you think you have allergies that affect your eyes, you may be prescribed drops to make the eyes more comfortable. Eye rubbing should be avoided.

Who gets keratoconus?

Keratoconus usually develops from puberty to early twenties. It is less common in white people and affects up to 1 in 450 people (depending on ethnicity).

How is keratoconus diagnosed and monitored?

At your appointment, a number of tests may be used to diagnose and monitor keratoconus. These include:

- topography - where a photograph of the front of the eye is taken to look at the shape of your cornea
- slit lamp examination - where your eyes are examined using a microscope

How is keratoconus treated?

There is no cure for keratoconus. In early stages many patients can still use glasses to see well. If your vision can't be improved with glasses, you may require contact lenses for better vision. Contact lenses do not make keratoconus worse or better, they just improve your vision while you are wearing them.

In very advanced cases, where contact lenses fail to improve vision, a corneal transplant (graft) may be required. Most patients with keratoconus will not need a corneal transplant.

What happens if progression is seen?

If any of the tests show that your keratoconus has progressed, you may benefit from corneal cross-linking treatment.

Corneal cross-linking mimics the normal age-related stiffening of the cornea. UV light and vitamin B2 (riboflavin) drops are used together to create cross-linking in the fibres of the cornea. This allows the fibres to bind more tightly and stiffens the cornea to help prevent progression of the keratoconus. Naturally the cornea will stiffen with age (usually by the mid-30s) therefore corneal cross-linking is not normally needed for older patients.