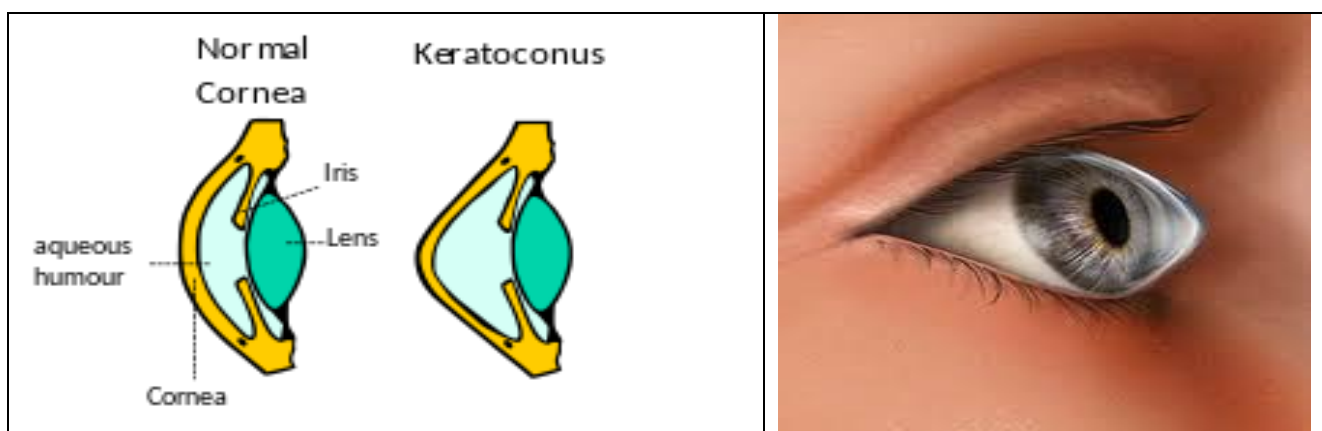


Keratoconus

Information for patients

Keratoconus

The transparent front part of the eye, the cornea, is usually round shaped like a dome. Keratoconus is the condition when the cornea progressively becomes thinner, worsening over time and bulges outwards in a cone shape. The speed of change and severity varies between affected population. It usually affects both eyes; however, it can be asymmetrical (one eye is worse than the other). The condition usually progresses from adolescence to mid thirty and forties.



Why does it happen?

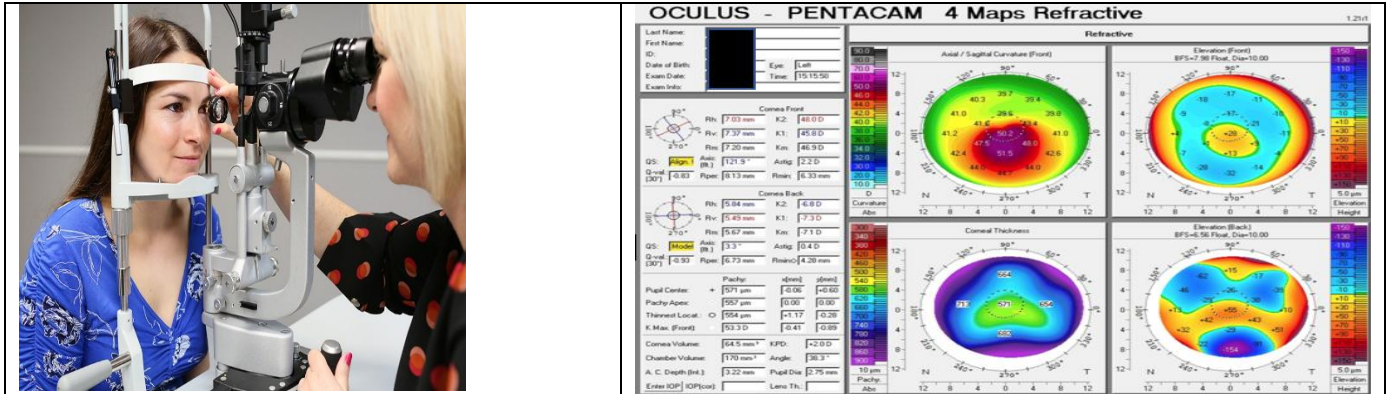
The exact cause is not known. It may sometimes run in families, but it can also be associated with allergic diseases such as eczema or asthma and those who suffer from allergic eye diseases. Eye rubbing is known to worsen this condition hence should be avoided.

Who does it affect?

Keratoconus is usually diagnosed in young people at puberty, late teens, or early twenties. It is more common in non-Caucasians and affects as frequently as 1 in 450.

How is Keratoconus diagnosed?

The eye doctor (ophthalmologist) or optometrist (ophthalmic optician) will examine your eyes with a microscope called a slit-lamp and get a special scan (Corneal topography) which gives the detail about corneal thinning and shape of cornea.



What treatment is available for keratoconus?


In the early stages, patients are monitored for Keratoconus progression through repeated checks in the clinic with scans explained above. Some patients will need no more than usual prescription glasses to improve the vision, but many eventually require contact lenses (which can be soft but often rigid). The smooth outer surface of the contact lens focuses the incoming light more evenly than the uneven cornea and thus allows the eye to see more clearly.

Contact lenses do not make keratoconus better or worse and simply improve vision while you are wearing them. In very advanced cases, where contact lenses fail to improve vision, surgical options are considered. Options available are

- Corneal collagen Cross-Linking (CXL)
- Intra corneal ring segments (ICRS)
- Corneal transplant ('graft')- Most patients with keratoconus will not need a corneal transplant



Further information and advice can be obtained from:

NHS 111
NHS Choices online

 **111**
www.nhs.uk

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone:  01622 224960 or  01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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