

Keratoconus Monitoring Clinic

This leaflet explains what happens in the Keratoconus Monitoring Clinic.

What is keratoconus?

Keratoconus is a non-inflammatory eye condition in which the normally dome-shaped, clear window of the eye (cornea) gradually get thinner, causing a cone-like bulge to develop. This affects the ability of the eye to focus properly, possibly causing poor vision.

Who gets keratoconus?

Depending on ethnicity, keratoconus affects up to one in 450 people. It is more common in non-Caucasians (non-whites). It is usually diagnosed in young people at puberty, in their late teens or early twenties.

What causes keratoconus?

We don't know exactly what causes keratoconus. It is believed that genetics and environmental factors play a role.

What treatment is available?

Treatment depends on the severity of your condition. Mild to moderate keratoconus can be treated with spectacles or soft contact lenses. As the cornea becomes thinner and steeper, rigid gas permeable (RGPs) contact lenses are often required to adequately correct vision. In very advanced cases, where contact lenses fail to improve the vision, a corneal transplant may be needed. Corneal cross-linking (CXL) is a newer treatment that may help to slow or stop the condition from worsening. CXL is effective in over 9 out of 10 cases, and is carried out as a single outpatient procedure (so no hospital stay is needed).

Why do you need to monitor my eyes?

CXL is only suitable where the corneal shape is continuing to get worse. Once you are past your mid/late 30s, the cornea often naturally stiffens and CXL is generally not needed. Below this age, the cornea is more flexible and worsening of the disease is more likely to happen. During monitoring, if we detect any deterioration in your eyes we may refer you to Moorfields Eye Hospital in London, to be considered for CXL.

What happens in this clinic?

You will be seen by an orthoptist every four to six months (depending on your age). We will perform a vision test and corneal scan. We will compare these results with those from your previous visits. If any of the results show deterioration, we will discuss with the consultant if referral for CXL is required.

What is corneal cross-linking (CXL)?

CXL is a treatment that prevents keratoconus getting worse. Keratoconus gets worse because the cornea weakens. CXL uses ultraviolet light and vitamin B2 (riboflavin) drops to stiffen the cornea. Used together, they cause fibres within the cornea to cross-link or bond more tightly.

Preparing for your visit

In order to obtain the most accurate scans, we ask that you remove your contact lenses some time before your appointment (2 weeks for hard lenses and 1 week for soft lenses). This is because contact lenses distort the corneal shape, which affects the accuracy of our scans.

How long will I have to attend this clinic?

Changes caused by keratoconus can take many years to develop. Age is the most important factor in determining the risk because of natural cross-linking as you get older. Therefore, we monitor for stability until around 30 years of age.

What don't we do in this clinic?

This clinic is only to monitor keratoconus. It is important to stress that no extended eye examinations will be performed, and we will not be checking for other eye problems.

Further information

www.keratoconus-group.org.uk

www.moorfields.nhs.uk/condition/keratoconus

Contact us

If you have any questions, please ring the Orthoptics Department on 0118 322 7683 or 0118 322 7681, Monday to Friday between 8.30am and 4.30pm.

Orthoptics Department

Level 2 Eye Block

Royal Berkshire Hospital

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Orthoptic Department, November 2022

Next review due: November 2024