Patient Information

Early Keratoconus clinic

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, causing poor vision.

What causes keratoconus?
The exact cause is unknown. It is believed that genetics and environmental factors play a role. It is not generally considered an inherited disease, although rarely in some families more than one individual can be affected.

What treatment is available?
In the early stages, spectacles or soft contact lenses may be used to correct vision. As the cornea becomes thinner and steeper, 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. Corneal cross-linking (CXL) is a new treatment that can stop the disease getting worse. It is effective in over 90% of patients with a single 30 minutes outpatient procedure.

Why do you need to monitor my eyes?
CXL is only suitable where the corneal shape is continuing to deteriorate. Once you are past your late 30s, the cornea

[Diagram of normal cornea and keratoconus]
naturally stiffens and CXL is generally not required. Below this age, the cornea is more flexible and disease progression (and worsening vision) 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.

What happens in this clinic?
Each time you attend this clinic, we will perform the same tests;
1. Vision (reading chart)
2. Refraction (spectacle test)
3. Corneal scan (Pentacam)
We will compare these results with those from your previous visits. If any of the results are getting worse, we will discuss with you whether CXL is required.

Preparing for your visit
In order to obtain the most accurate scans, we ask that you remove your contact lenses prior to your appointment (2 weeks for RGPs, 1 week soft contact lenses). This is because contact lenses distort the corneal shape, which affects the accuracy of the Pentacam scan of your cornea. If you are unable to remove both lenses, please remove just one lens.

How long will I have to attend this clinic?
Changes caused by keratoconus can take many years to develop. For this reason we will invite you back for repeat assessments for up to 5 years from your initial visit.

What don’t we do in this clinic?
This clinic is solely to diagnose keratoconus and to monitor the disease. It is important to stress that no extended eye examinations will be performed. We will not be checking your eyes for other problems (e.g. glaucoma, diabetes). This clinic is not a substitute for regular eye screening with your local optician or other eye healthcare provider.

What if I have further questions?
If you have further questions or would like to understand keratoconus better, please ask the optometrist you see in this clinic. Further information about the condition can also be sought from the UK Keratoconus Self Help and Support Association
www.keratoconus-group.org.uk

Author: Daniel Gore
Revision number: 1
Approved: June 2013
Review date: June 2014
Moorfields Direct telephone helpline
Phone: 020 7566 2345
Monday to Friday, 9am to 4.30pm,
for information and advice on eye
conditions and treatments from
experienced ophthalmic-trained nurses.

Patient advice and liaison service
(PALS)
Phone: 020 7566 2324 or 020 7566 2325
Email: pals@moorfields.nhs.uk
Moorfields’ PALS team provides
confidential advice and support to help
you sort out any concerns you may have
about the care we provide, guiding you
through the different services available at
Moorfields. The PALS team can also
advise you on how to make a complaint.

Your right to treatment within 18 weeks
Under the NHS constitution, all patients
have the right to start their consultant-led
treatment within 18 weeks of being
referred by their GP. Moorfields is
committed to fulfilling this right, but if you
feel that we have failed to do so, please
contact our patient advice and liaison
service (PALS) who will be able to advise
you further – see above for contact
details. For more information about your
rights under the NHS constitution, please
visit www.nhs.uk/choiceinthenhs.