

Patient information – Accident and Emergency

Recurrent corneal erosion syndrome

What is recurrent corneal erosion syndrome?

Recurrent corneal erosion syndrome is a common condition that affects the cornea – the clear window on the front of your eye.

An initial scratch on your cornea damages its outermost layer and does not completely heal, forming a blister. The blister's surface can stick to the underside of your eyelid, usually while you are sleeping, or after you have been in dry, dusty environments.

When you open your eye, the blister may pop or tear and the damage reappears. This will usually make your eye painful and watery during the night or first thing in the morning, and you may also experience blurring of your vision and sensitivity to light. This may happen many months or years after the initial injury and may occur repeatedly.

What is the treatment?

An antibiotic ointment or drop is usually prescribed to prevent infection. You may be prescribed a pupil dilating drop, which may help to relieve the painful spasms of the iris. Provided you have no medical reason which prevents you from using non-steroidal painkillers, painkillers such as paracetamol or ibuprofen are available over the counter at a chemist or on prescription, and can be used to help with the pain. Anaesthetic drops are only given to numb your eye in order to help with your examination. They are not prescribed to take home as they will slow corneal healing if used regularly. The time taken for the erosion episode to settle varies from a few hours to a few days.

How can I prevent it from happening again?

The only way to avoid recurrent erosions is through the long term use of lubricating eye drops and ointment. Regular use of thick eye ointment at night, and artificial



tear drops during the day provides a barrier between the lid and the cornea. This prevents the corneal blister from sticking to the underside of the eyelid. Patients are often advised to continue the lubrication treatment for several months to prevent recurrence even if they do not experience any symptoms.

What if recurrences are frequent?

If you have frequent recurrences despite maximum lubrication treatment on a regular basis, additional treatment options may be considered- such as removing the excess blister tissue from the cornea or fitting a long-term contact lens, known as a bandage contact lens.

Are there any long-term complications?

Long term complications are rare with recurrent corneal erosion syndrome. Infection may occur, however only very few patients will develop permanent corneal scarring which may affect their vision.

When to seek advice

If your eye becomes more red or painful or your sight becomes more blurred, you should telephone Moorfields Direct for advice on 020 7566 2345 or attend your local A&E department or the A&E department at Moorfields, which is open 24 hours for emergency eye problems only.

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Moorfields Eye Hospital NHS Foundation Trust
City Road, London EC1V 2PD
Phone: 020 7253 3411
www.moorfields.nhs.uk

Moorfields Direct advice line

Phone: 020 7566 2345

Monday to Friday, 8.30am–9pm

Saturday, 9am–5pm

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.