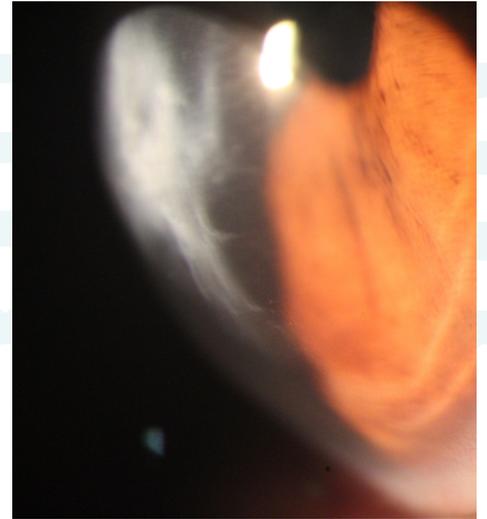
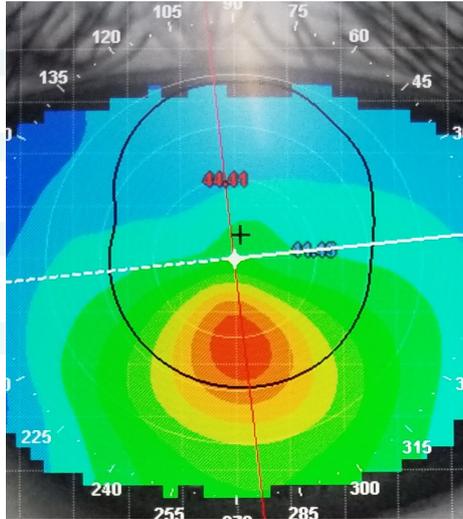


KERATOCONUS FAQ'S

KNOW MORE ABOUT KERATOCONUS!



1. What is it?

Keratoconus is a condition where there is a progressive thinning of the cornea (the outer, transparent portion of the eye). This thinning induces nearsightedness and irregular astigmatism, and so patients will experience blurring of vision.

2. How can I get it?

Many studies are looking into the causes of keratoconus. A common denominator though is the history of eye rubbing amongst the patients when they were younger. These patients also mostly have atopic allergies, rhinitis, and asthma while growing up. There is a genetic component in some cases as we have seen siblings or parent and child having keratoconus.

3. Age of onset?

Often, it is during the 2nd decade of life when keratoconus gets detected. However, the youngest ever recorded with this condition is 4- year old, who had a history of vigorous eye rubbing. Recently, a surge of new diagnoses has been seen, especially in eye centers where patients have initially been planning for a refractive laser procedure. It is during the screening process where keratoconus is seen. Most of these patients just thought that they have very poor eyesight.

4. How do I know if I have it?

This condition will start as a normal blurring of vision, which will improve with glasses. Eventually, you will notice that your grade changes fast until it comes to a point where regular lenses cannot enhance your vision anymore. Your optometrist may then refer you to a corneal specialist. A corneal topography test may be done to get a map of your cornea. The image taken will show the ophthalmologist if there is any irregularity in the shape of your cornea. Slitlamp examination will also show some signs of this condition.



DO YOU KNOW?

Keratoconus is found:

Progression of keratoconus is faster in kids. The condition becomes more stable when one reaches 4th decade of life.

Personalities with keratoconus

Stephen Curry
Mandy Patinkin
Matthew Colwell
Brandon Williams

5. Does it get worse?

Yes, keratoconus is a progressive condition. It is exceptionally fast progressing in kids and normally stabilizes when the patient reaches 40 years of age. By this age, the body has its own mechanism to cross-link, making the cornea less vulnerable to continuous thinning.

6. What kind of eye specialist should I go to?

All ophthalmologist should be able to detect keratoconus. The general ophthalmologists will refer patients to corneal specialists who will do the further evaluation and give recommendations as to the next step you need to do based on the severity of the condition.

7. How can it be managed?

In its initial stage, regular eyeglasses can be used to manage keratoconus. At this time, you and your corneal specialist can discuss if collagen cross-linking is a good option for you. Corneal Collagen cross-linking is a procedure where vitamin B drops are instilled on the cornea while the cornea is exposed in ultraviolet rays. This procedure allows the cornea's stromal fibers to cross-link together, making it stronger and resist continuous thinning. After this procedure, customized contact should be fitted to improve your vision. Some corneal specialists may suggest for you to have intrastromal corneal rings implanted. The purposes of these rings are to flatten the cornea to improve vision when not wearing glasses, and to improve contact lens fits for some patients. When vision is not clear enough, one may still need to wear contact lenses after the procedure.

8. Can I still have 20/20 vision?

You can have 20/20, especially if your condition is at an early stage. In moderate to severe cases where corneas have scars, vision may be less than 20/20, but contact lenses can definitely improve your vision.

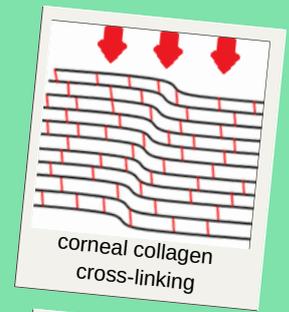
9. Is corneal transplant a good option?

Corneal transplant is the last line of managing keratoconus. This procedure is indicated only if the cornea becomes too thin and when contact lenses do not improve vision for the patient to have functional vision. It is a general rule to delay corneal transplants, especially for younger patients, as the cornea may not last a lifetime.

10. What are the cheapest options for managing keratoconus?

The cheapest option for managing keratoconus is using glasses, while vision can still be improved with it. The next option is contact lenses. In mild stages, soft contact lenses for astigmatism can be enough to provide excellent vision. As the condition progress, special customized contact lenses can be used, such as gas permeable contact lenses, customized soft contact lenses for keratoconus, and scleral contact lenses. The final design of the contact lens to be prescribed also depends on the fit of the lens, comfort, and vision of the patient.

Some Management for Keratoconus



If you have keratoconus:

1. Have yourself checked and treated.
2. If you have siblings who have eye problems, make sure to have them checked too. Keratoconus can run in the family.
3. Do not consider corneal transplant unless if your vision failed to improve with scleral contact lenses.



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more.**