

# KERATOCONUS



EDGBASTON EYE CLINIC  
Safe, Efficient & Patient Centred Care



## Understanding Corneal Thinning, Distorted Vision & Specialist Management

Keratoconus is a progressive condition in which the cornea becomes thinner and bulges forwards into a cone-like shape, causing irregular astigmatism and blurred or distorted vision. Early diagnosis and careful monitoring are important.



EXPERT CARE



ADVANCED TECHNOLOGY



SAFE, EFFECTIVE TREATMENTS



PERSONALISED APPROACH



SHORT WAITING TIMES & FLEXIBLE APPOINTMENTS

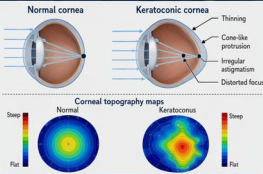
### 1 CAUSES & RISK FACTORS

- Genetic predisposition / family history
- Eye rubbing
- Allergy / atopy (hay fever, eczema, asthma)
- Young age at onset
- Associated connective tissue tendencies in some patients
- Often affects both eyes, sometimes asymmetrically



Persistent eye rubbing may contribute to progression and should be avoided.

### 2 WHAT HAPPENS?



As the cornea thins and steepens, light no longer focuses evenly, leading to blurred and distorted vision.

### 3 COMMON SYMPTOMS

- Blurred or distorted vision
- Ghosting / monocular double vision
- Increasing irregular astigmatism
- Frequent changes in glasses prescription
- Glare and haloes, especially at night
- Reduced quality of vision not fully corrected by spectacles
- Eye strain or headaches in some cases



Worsening vision despite glasses may suggest keratoconus or progression.

### 4 CLINICAL SIGNS



Inferior corneal thinning

Conical cornea

Vogt striae

Corneal topography changes

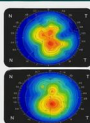
- Irregular corneal steepening
- Thinning, often inferior or central-inferior
- Fleischer ring may be present
- Scarring in advanced disease
- Reduced best-corrected visual acuity



Diagnosis is based on the clinical examination together with corneal shape analysis.

### 5 ASSESSMENT AT EDGBASTON EYE CLINIC

- ✓ Full symptom and vision assessment
- ✓ Keeler digital slit lamp examination
- ✓ Corneal topography / corneal mapping
- ✓ Keratometry and refraction where indicated
- ✓ Ocular surface assessment if irritation is present
- ✓ Monitoring for progression over time
- ✓ Specialist onward referral if corneal cross-linking is indicated



Corneal mapping is central to diagnosis, staging and monitoring progression.

### 6 MANAGEMENT / TREATMENT

#### A Early / mild disease



- Spectacles may help in early cases
- Soft toric lenses may help some patients

#### B Specialist contact lenses



- Rigid gas permeable lenses
- Mini-scleral or scleral lenses
- Aim is to improve vision and comfort

#### C Reducing progression risk



- Avoid eye rubbing
- Manage allergy / ocular irritation
- Regular follow-up and repeat corneal mapping
- Corneal cross-linking referral if progression is confirmed

#### D Advanced disease



- Vision may require more complex lens fitting
- Corneal specialist care may be needed
- Corneal transplant is reserved for selected advanced cases



Management depends on severity and progression — early detection helps preserve vision.

### 7 WHEN TO SEEK HELP



- Worsening or rapidly changing vision
- Frequent prescription changes
- Increasing ghosting or haloes
- Difficulty achieving clear vision with glasses
- Contact lens intolerance
- Sudden pain, redness or reduced vision in a contact lens wearer



Seek prompt specialist assessment if your vision is deteriorating or you are concerned about progression.

### KEY POINTS



Keratoconus is a progressive corneal ectasia.



Early diagnosis is important.



Avoid eye rubbing and manage allergy.



Specialist lenses and careful monitoring can significantly improve outcomes.



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