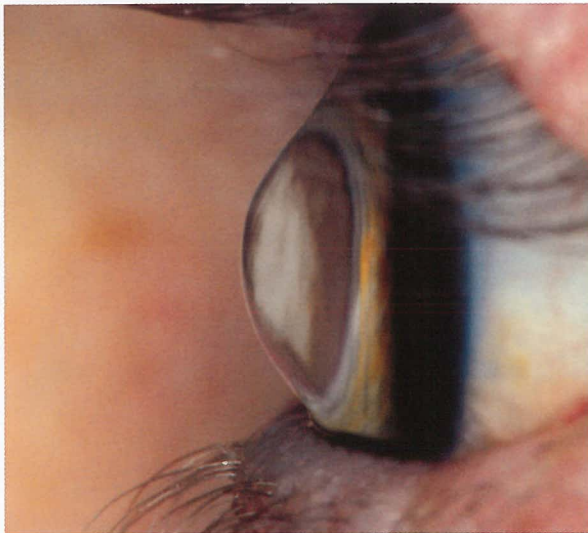


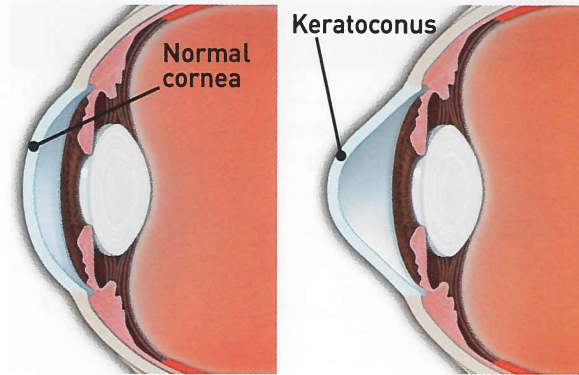
What is keratoconus?

Keratoconus (pronounced KEHR-uh-toh-KOH-nus) is an uncommon condition in which the normally round, dome-like cornea (the clear front window of the eye) becomes thin and develops a cone-like bulge. Keratoconus literally means "cone-shaped cornea."

The cornea is a very important part of your eye. Light enters the eye through the cornea, which refracts, or focuses, the light rays so that you can see clearly. With keratoconus, the shape of the cornea is altered, distorting your vision. Keratoconus can make some activities difficult, such as driving, typing on a computer, watching television or reading.



An eye with keratoconus.



What are the symptoms of keratoconus?

Keratoconus usually affects both eyes, though symptoms in each eye may differ. Symptoms usually start to occur in people who are in their late teens and early 20s and may include:

- Mild blurring of vision;
- Slight distortion of vision;
- Increased sensitivity to light;
- Glare;
- Mild eye irritation.

The rate of progression varies. Keratoconus will often progress slowly for 10 to 20 years and then suddenly stop.

As the condition progresses, the most common symptoms include:

- Increased blurring and distortion of your vision;
- Increased nearsightedness or astigmatism;
- Frequent eyeglass prescription changes;
- Inability to wear contact lenses.

Occasionally keratoconus can advance rapidly, with sudden swelling of the cornea and development of corneal scarring. Scar tissue on the cornea causes the cornea to lose its smoothness and clarity. As a result, even more distortion and blurring of vision can occur.

How is keratoconus diagnosed?

Your ophthalmologist (Eye M.D.) will be able to diagnose keratoconus during a routine eye exam. A slit lamp can be used to diagnose severe cases of keratoconus, but sometimes corneal topography is needed to diagnose the more subtle cases of keratoconus.

Additional tests may be appropriate to determine the shape of your cornea. These include:

- **Keratometry.** In this procedure, a circle of light is focused on your cornea, and the reflection is used to determine the curve of your cornea.
- **Computerized corneal mapping.** This procedure is used to take a picture of your cornea and generate a topographical map of your eye's surface.

The American Academy of Ophthalmology is an organization of more than 31,000 ophthalmologists (Eye M.D.s) dedicated to preserving eye health and sight.

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When good vision is no longer possible with other treatments, a corneal transplant may be recommended. This surgery is only necessary in about 10 percent to 20 percent of patients with keratoconus. In a corneal transplant, your ophthalmologist (Eye M.D.) removes the diseased cornea from your eye and replaces it with a healthy donor cornea.

A transplanted cornea heals slowly. It can take up to a year or more to recover good vision after corneal transplantation.

While a corneal transplant will relieve the symptoms of keratoconus, it may not provide you with flawless vision; however, of all conditions requiring corneal transplants, keratoconus has a lower rejection rate and the best prognosis for clear vision.

Additional online resources

For more about keratoconus, scan this code with your smartphone or visit <http://bit.ly/keratoconus>.

