

Puberty is known to bring about various changes in the body, the most commonly known being hair growth, acne, change in voice, etc. What is not common knowledge is that changes can also occur in the eye condition in which the normally spherical cornea thins out and begins to bulge into a cone-like shape. The symptoms of keratoconus (kerato = cornea, konos = cone), as it is called, usually first appear in the patient's adolescent years and attain its most severe state in the 20s and 30s.

Asfiya Khan was about 11 when the first signs of visual discomfort appeared. Shapes and figures seemed crooked to Asfiya and the vision in the left eye progressively worsened. Asfiya's parents took her to the local optician who prescribed glasses and continued to change the numbers when the results were dissatisfactory. A couple of years later, the optician realized that this was not a simple case of weak eyesight and advised Asfiya's parents to take her to an ophthalmologist. The first ophthalmologist turned them away saying that there was no cure for keratoconus. It was at Centre for Sight that Asfiya found the perfect solution. With C3R and Intralase assisted Intacs procedure done later, 15 year old Asfiya is now able to see as normally as any other teenager.

Although keratoconus does not cause blindness, it can cause significant distortion and blurring of vision, with multiple images, increased sensitivity to light and a host of other problems. If affecting both eyes, the deterioration in vision can affect the patient's ability to drive a car and read a normal print. Usually early diagnosis of keratoconus is missed because it progresses slowly. Keratoconus is a rare non-inflammatory eye condition usually affecting both the eyes.

Chances of having keratoconus vary between 1 in 3000 to 1 in 10,000.

For an early and accurate diagnosis, one must consult a competent ophthalmologist, preferably a cornea specialist. Moderate to severe cases of keratoconus may be picked up on a detailed slit lamp biomicroscopic examination. The subclinical and mild cases may, however, escape detection unless a comprehensive corneal topography assessment is carried out. The state of the art Pentacam topography system now enables the ophthalmologist to detect even subclinical



Asfiya who underwent C3R & Intralase assisted Intacs at Centre for Sight

NEWER HOPES FOR KERATOCONUS: MIRACLE OF MODERN SCIENCE

ALTHOUGH KERATOCONUS DOES NOT CAUSE BLINDNESS, IT CAN CAUSE SIGNIFICANT DISTORTION AND BLURRING OF VISION. FOR LONG IT WAS BELIEVED THAT THERE IS NO CURE FOR IT. BUT NOW, THINGS HAVE CHANGED.

cases of keratoconus. This procedure takes only a few minutes and is non invasive i.e. nothing touches the eye. Serial records obtained by the Pentacam assist the ophthalmologist in tracking the progression of keratoconus and adopt appropriate treatment modalities as per the stage and progression of the disease.

In the early stages, vision can often be improved using glasses or contact lenses. However, as keratoconus progresses, patients may require specialised treatments which are available today.

Gas Permeable Contact Lenses are used to replace the cornea's irregular shape with a smooth, uniform refracting surface to improve vision. These lenses are

usually used in the initial stages of keratoconus. 'Piggyback' Contact Lenses increase wearer comfort as the soft lens acts like a cushioning pad under the rigid Gas Permeable lens.

Intacs are advised when contact lenses or eyeglasses are no longer effective. Intacs or corneal inserts (FDA approved) are placed in the peripheral cornea and help re-shape the cornea for clearer vision. With a 10 minute Intralase assisted Intacs procedure, visual improvement is instant and the implants are removable and exchangeable.

C3R, has now emerged as a ray of hope for many patients suffering from keratoconus. C3R stands for 3 Cs & 1 R. It denotes Corneal Collagen Cross linkage with Riboflavin. In this procedure, after the instillation of riboflavin eye drops, the cornea is exposed to UV rays. This leads to a significant increase in corneal collagen diameter along with increased cross-linking of the collagen fibres, thereby strengthening the cornea and preventing its progressive bulging. C3R is the only modality known to arrest the progression of this disease and may avoid the need of a future corneal transplant in a majority of the patients.

Once the cornea is stabilized about 3 - 6 months after C3R procedure, the refractive error can also be corrected by Implantable Contact Lens (ICL)

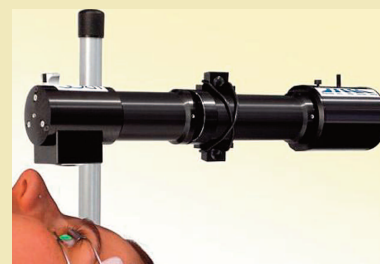
ICL are used to help patients of keratoconus with large refractive errors.

Even with appropriate therapy, some cases with advanced keratoconus may continue to progress. These patients may require a corneal transplant to restore corneal architecture and restore vision.

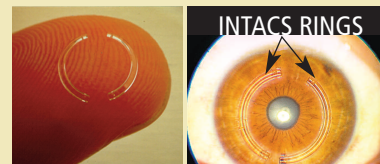
With correct diagnosis and treatment of keratoconus you can get your 20:20 vision back. It's a little miracle of modern medicine!!!

Watch out for the next part of this series on November 22, 2009

TREATMENT OPTIONS



Corneal Crosslinking System



INTACS

SPECIAL OFFER

- 10% off on keratoconus surgery package
- Not valid for any empanelled institutions
- Offer valid till Nov 30 at all the centres.
- Bring this ad cutting to avail the offer
- Terms & Conditions apply

TREATMENT MODALITIES FOR KERATOCONUS

KERATO=CORNEA, CONUS=CONE

C3R: C3R stands for 3Cs and 1 R. It denotes Corneal Collagen Cross linkage with Riboflavin. After the instillation of riboflavin eye drops, the cornea is exposed to UV rays. This strengthens the cornea and prevents its progressive bulging. C3R is the only modality known to arrest the progression of this disease and may avoid the need of a future corneal transplant in a majority of the patients.

INTACS: Tiny plastics inserts are placed under the eye's surface in the periphery of the cornea by creating grooves using Intralase. This helps reshape the cornea.

ICL: Once the cornea is stabilized about 3 - 6 months after C3R procedure, the refractive error can also be corrected by implantable contact lens.

CONTACT LENSES: Gas permeable lenses help in initial stages of keratoconus. 'Piggyback' contact lens are used to increase comfort level of patients.

CORNEAL TRANSPLANT: In the advanced stage, other therapies no longer provide acceptable vision. The last option available is corneal transplant.

CENTRE FOR SIGHT AT YOUR DOORSTEP

GURGAON:
SCO 317, Sector 29, Near Hotel Lemon Tree

EAST DELHI:
F19, 1st & 2nd Floor, Preet Vihar

FARIDABAD:
Sector 16A, Sunflag Hospital

AGRA:
G-5 & B-5, Friends Plaza, Sanjay Place



...Because Every Eye Deserves The Best

CENTRE FOR SIGHT

GROUP OF EYE HOSPITALS

SOUTH DELHI: B-5/24 Safdarjung Enclave, Opposite Deer Park Tel: 011 45738888, 41644000, 9313837311/12
EAST DELHI: F-19, 1st and 2nd Floor, Preet Vihar, Main Vikas Marg, Tel: 011 43097930-31, 34, 9310493560
GURGAON: SCO Complex - 317, Sector 29 Tel: 95 124 4210317-18, 4287300, 9310486490
FARIDABAD: At Sunflag Hospital, Sector 16A Tel: 9968354213, 9350747431, 95 129 4004441-42
AGRA: G-5 & B-5, Friends Wasan Plaza, Sanjay Place Tel: 0562 4044113, 3257515
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OPD SEVEN DAYS A WEEK. SUNDAYS OPEN.