# RNIB film transcript: Keratoconus

[Reena talks about her experience of keratoconus including the treatment she has had. The video also includes information about keratoconus and treatment from an optometrist working in a hospital contact lens clinic]

**Reena:**

[Reading with Krish] …what do you think is going to happen next?

My name is Reena Patel, I’m 41 years old and I’m a local primary school teacher, and I’m mum to Krish, who is three and a half years old.

So I was 14 when I was diagnosed with keratoconus. I was struggling with my classwork and so I had my eyes tested and I was prescribed glasses.

**Reena’s mum:**

When she was 14 I was out and she called me, “Mum, I’m not well. Something is happening to my eye.”

**Reena:**

It was quite sore and it had turned into a kind of blue colour.

**Reena’s mum:**

She was admitted to hospital and because of her asthma they didn’t operate the next day but day after they operated.

**Reena:**

I think I was 15 when I had my first graft in my left eye and 16 on my right eye, yup.

**Elaine:**

My name is Elaine Styles, I’m an optometrist and I work in the Contact Lens Clinic at Moorfields Eye Hospital. I work in a keratoconus clinic, specialising in contact lenses for keratoconus.

Keratoconus affects the surface of the eye, the cornea, which is the clear window, and basically it thins and protrudes into a conical shape. The symptoms of keratoconus tend to be blur and haze and occasionally light sensitivity. More sinister complications tend to be quite rare, one of them may be where you get a split on the back layer of the cornea, which is where the fluid comes into the cornea and the cornea becomes thick and this can distort the vision and often give the eye a slightly blue colour. So hydrops is quite rare, it affects about 1.4 in a thousand people who have keratoconus.

For most people contact lenses are sufficient for correcting the keratoconus, in the early stages it may be that they require just a soft lens and in moderate cases we would then progress onto fitting rigid gas permeable lenses. The rigid lens holds its shape and becomes the new surface on the cornea to correct the distortion. Very few cases nowadays tend to progress onto needing a corneal graft. So with a graft what you do is you take out the central part of the cornea that has become distorted and thin and you replace it with a transplant.

**Reena:**

About five years ago I’d noticed that my vision had become to a level where I wasn’t confident driving. If I was reading a book I’d have to bring it…it was into my face. People would notice and say, “Oh, why don’t you wear your glasses?” And I would say, “Well, glasses don’t help me. My glasses don’t help me.”

**Reena’s mum:**

A couple of years back they did tell her that her eyesight is going down. And one of her friends, she has got similar symptoms and she’s the one who recommended, “Reena, why don’t you ask for contact lenses?”

**Elaine:**

Now for about 30 per cent of people, after corneal grafting, they still require a contact lens to be fitted to correct the remaining prescription, which may be a little bit of astigmatism on the surface of the eye. So astigmatism is where the eye is oval in shape and it’s like a rugby ball instead of a football.

**Reena:**

I didn’t think they could really help me, I thought they’d be uncomfortable on my graft, if anything, but then I learned about these, they are hard lenses, the rigid gas permeable lenses. I wanted to go home with the contact lenses, the trial ones that they first put in me. I was, “Can I take them home? I don’t want to take them off!” It was just so nice, yeah.

**Elaine:**

The aim nowadays if we find someone with keratoconus in the early stages, what we do is monitor to find if they’re still progressing, if they are still progressing we would recommend that they consider cross linking, which is a radiation treatment to strengthen the surface of the cornea and the fibres, to stop them from progressing. So the hope would be that in the long term we will actually prevent people getting to the stage that actually they get a hydrops or they progress onto needing a corneal graft.

**Reena’s mum:**

There is always hope, so never give up hope. And she’s fine now, she’s mother of a child, and she’s coping well, she’s working in the school with children.

**Reena:**

[Reading with Krish]

Oh no, it’s a…?

Gruffalo!

**Reena’s mum:**

And she’s doing well. I’m very proud of her.

**[Voiceover]**:

Our Sight Loss Advisers can help you deal with the uncertainty of living with sight loss. Get in touch with us on 0303 123 999 or visit rnib.org.uk/advice for more information.

RNIB, see differently.