

Dr Andrew Apel
MB BS (QLD) FRANZCO

Dr Andrew Apel is an ophthalmologist with additional sub-specialty training in corneal and anterior segment surgery. He is an accomplished, highly-esteemed refractive surgeon with more than 25 years' experience. He is a Fellow of the Royal Australian College of Ophthalmologists.

Dr Apel founded our Keratoconus Care Clinic.



Dr John Hogden

MB BS (UNSW) BMedSc FRANZCO

Dr John Hogden is an ophthalmologist with sub-specialty training in external eye disease as well as corneal, cataract, anterior segment and refractive surgery. He completed an additional sub-specialty fellowship training program at the University of British Columbia Vancouver Eye Care Centre in Canada.

Keratoconus is one of Dr Hogden's specialty interest areas.

Do you have a question or concern about your eye health?

To discuss your condition with an experienced ophthalmologist or optometrist, please contact The Eye Health Centre.

Brisbane

Level 11, 87 Wickham Terrace Brisbane Qld 4000 | P 07 3831 8606

Aspley

7/1344 Gympie Road Aspley Qld 4034 | P 07 3863 1097



Wynnum

93 Clara Street Wynnum Qld 4178 | P 07 3026 2600

Booval

44 South Station Road Booval Qld 4304 | P 07 3282 4396



Keratoconus

Your guide to keratoconus causes, symptoms and treatments.





What is keratoconus?

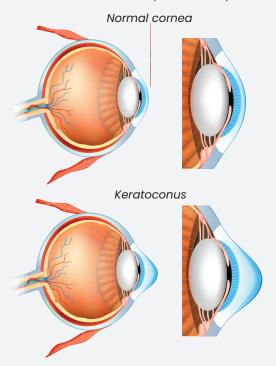
Keratoconus is a condition that causes thinning and bulging of the cornea, the front surface of the eye that allows light to enter.

It is a progressive condition that distorts the cornea's shape. While the condition is present from birth, most people do not experience symptoms until they are between the ages of 10 and 25 years.

What are the symptoms of keratoconus?

- Blurred or distorted vision
- Cloudy vision
- Light sensitivity

The distorted cornea shape results in blurred or reduced vision and increased eye sensitivity.



What causes keratoconus?

The exact cause is uncertain, but a genetic link seems likely, as the incidence rate is greater if a family member has been diagnosed. Keratoconus affects approximately one person in every 1000.

Experiencing seasonal allergies and asthma can be additional risk factors, and the associated rubbing of the eye can make the condition worse.

How we diagnose keratoconus

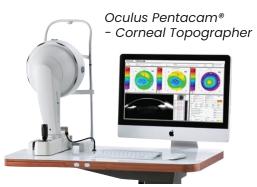
Diagnosis

There are a range of vision and corneal measurement assessments we can use to diagnose and monitor your keratoconus.

Refraction testing checks for problems in vision, and uses combinations of different lenses to improve your eyesight. This is the basis for corrective glasses.

Corneal topography records the shape of the eye's surface and is used to monitor your condition's progression – how your eye is changing – over time.

Once keratoconus progresses, corneal thickness testing (pachymetry) is another simple and painless way of tracking corneal measurements.



How we help treat keratoconus

Everyone's experience of keratoconus is different and the best treatment at one stage will be different to that at another stage. Our highly experienced eye health professionals can provide advice and guidance to suit your needs.

Keratoconus glasses

Glasses can help your vision in the early stages of keratoconus. Over time, however, as your condition progresses you may require frequent changes.

Contact lenses

In many cases, people experiencing keratoconus will require rigid contact lenses to improve their vision. These lenses are better able to correct the cornea's irregular shape.

Corneal collagen cross-linking

This new treatment can stabilise vision and delay progression of keratoconus. It uses vitamin B2 and ultraviolet light exposure to strengthen the corneal collagen fibre connections. This can help to stabilise the cornea.

Corneal transplant

Up to one in four people who experience keratoconus may require a corneal transplant. This operation removes the distorted tissue and replaces it with healthy donor tissue.