

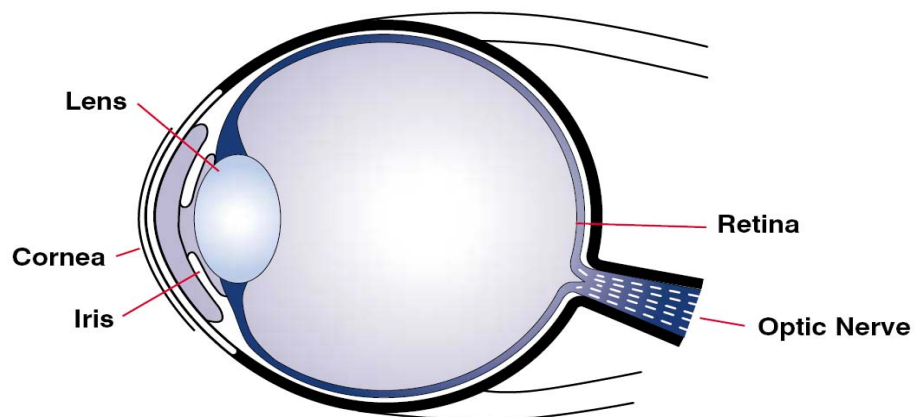
CORNEAL DYSTROPHY

What we see is in fact made in the brain. The brain makes sight from signals given to it by the eyes.

What is the normal structure of the eye?

The eye is made of three parts.

- A light focusing part at the front (cornea and lens).
- A light sensitive film at the back of the eye (retina).
- A large collection of communication wires to the brain (optic nerve).



What is Corneal Dystrophy?

- A dystrophy is a condition that a child is born with.
- There are many different types of corneal dystrophy where the front of the eye (the cornea) is affected.
- Sometimes the child develops problems soon after birth but often the dystrophy is not a problem until teenage years.
- The cornea becomes hazy and irregular.

How does this affect the way my child sees?

1. **Blurred vision.**
2. **Glare** (scattered light). Children may be uncomfortable in bright light and this may cause their eyes to water.

How your child's vision is affected depends on the type and severity of the condition.

What can be done to help?

1. **Medical treatment.**
 - Sometimes **eye drops** can help the eyes feel more comfortable.
 - A soft clear contact lens called a '**bandage contact lens**' may sometimes be prescribed
2. **Glasses.**
 - **Tinted lenses** may be prescribed to relieve discomfort from glare.
3. **Hat.**
 - To reduce glare a peaked hat or visor may also be helpful.
4. **Vision.**
 - If the cornea is hazy from an early age, vision may not develop normally. If one eye has poorer vision than the other, patching treatment may be tried to improve the vision in the 'lazy eye'.
 - If the vision is very blurred, an operation may be the only way to improve vision (corneal transplant).
 - Further treatment will be necessary even after an operation.

How can parents, family, friends and teachers make a difference?

1. Be aware that adjusting to daylight in the morning can be uncomfortable. Sometimes this is painful and the eyes may water a lot.
2. Be aware of the problems with **glare**. Children may need reduced or shaded light. Blinds and curtains are useful.
3. Wherever possible use **matt surfaces** for desktops, whiteboards, paper, wall, floors etc. Shiny surfaces, snow and water can reflect light causing glare.
4. **Outdoor protection**. Encourage the child to wear specially tinted glasses (if prescribed).
5. **Near work**. A close reading position may be preferred and should not be discouraged.
6. **Seating in school**. Where possible the child should be seated close to the teacher, away from windows if there are no blinds and close to the board and TV.
7. **School Equipment**. Children may benefit from using some type of magnifier. This enlarges print making reading less tiring. It may sometimes be helpful to provide a desk stand or a copyholder, which will bring work to eye level and prevent discomfort and poor posture.

Ensure that your child attends all appointments, and ensure that any treatment is carried out as instructed.

Useful contacts.



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This information is intended to describe most aspects of the condition but each child is different and there will always be exceptions.

Acknowledgements

This leaflet was compiled by a multidisciplinary team from the eye departments at Birmingham Children's Hospital and Birmingham Heartlands Hospital, Birmingham Focus on Blindness and Birmingham Specialist Support Services.