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TWOP TIPS

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EXAMINING KERATOCONUS PATIENTS



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TIPS

Make note of:

- The potential genetic link of Keratoconus as shown in research. Therefore, ensure to ask the patient about family members such as siblings that may have similar visual symptoms and possible frequent prescription changes.
- The “scissors reflex” that is very difficult to neutralize on objective refraction and thus, using a bracketing technique to find your best possible correction may be necessary



TIPS

Signs that can be shown up during the progression of Keratoconus:



- Munson's Sign- V-shaped indentation of the lower lid due to the steepened cornea on down gaze.
- Rizutti's Sign- Conical reflection seen on the iris when a penlight is shone at an oblique angle to the cornea.
- Vogt's Striae- Fine folds seen in the posterior stroma.
- Fleischer's Ring- Iron deposit ring in the Descemet's membrane.
- Hydrops- Stromal edema due to break in the Descemet's membrane

TIPS

Always carry out the following assessments during patients visits:



• Corneal Topography - Compare the current mapping to the patient's previous visits especially the posterior cornea mappings and the corneal curvature.



- Central Corneal Thickness - Be sure to catch this measurement at the cone.
- And of course, continue to look out for the signs such as Hydrops on subsequent visits.

TIPS

And of course, patient education!!



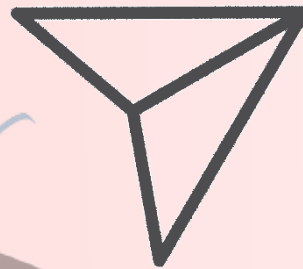
- There are many treatments for Keratoconus depending on the severity of the condition. Be sure to inform the patient based on their current severity. It wouldn't be effective to give in depth explanation of corneal grafts to a mild keratoconus patient likewise giving in depth explanation of soft contact lenses to a severe keratoconus patient.
- Share websites or pamphlets with the patient where they can learn more about their condition.



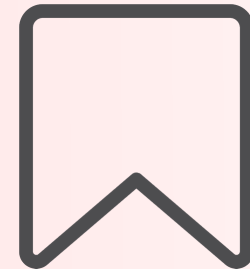
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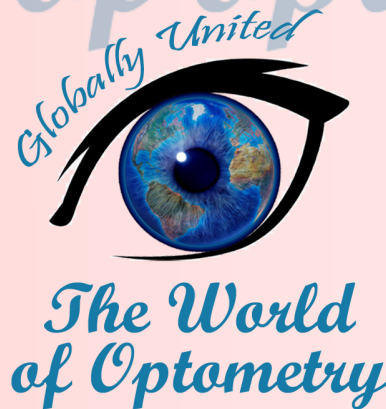


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