

Treatment for your RCES eye condition (recurrent corneal erosion syndrome)

Department of Ophthalmology

Information for Patients

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What is recurrent corneal erosion syndrome?

Recurrent corneal erosion syndrome (RCES) is a problem with the eye where the clear front part (cornea) the top layer gets pulled off again and again. This causes a break in the top layer on the eye. The cornea is the clear part of the eye on in front of the coloured part (iris) and the black centre (pupil). Its surface is very sensitive.

If you have scratched your eye before, it can leave a weak spot on the cornea. The outer layer (epithelium) is not as secure as it was before getting hurt. It is at more risk of getting stuck to your eye lid.

The loose outer layer can stick to the inner eyelid. This happens when the eye is closed overnight. It then pulls away when the eye is opened in the morning. This pulls off the top layer of the cornea, leaving an open and painful wound on the eye. It often gets better in a day or so, but can be very painful.

What causes RCES?

Even though your eye feels healed after an injury, the hurt part might still be weak. Months or years later that weak spot can cause the lid to stick to the top layer of the cornea.

Sometimes, there may have been no original injury. These patients may instead have a problem with their cornea. Or there may be no obvious reason why this is happening.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

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What are the symptoms of RCES?

The most common symptom is pain. This may be some or really bad pain. The pain is often worse in the morning when you wake up. Or if you wake during the night.

Other symptoms are:

- a feeling of something in the eye
- sensitivity to light
- blurred vision
- watery eyes (specially just after waking up)
- dryness

How will it affect me?

It can happen again and again. The condition is painful and may cause you a lot of distress. You will need treatment to improve healing and stop infection. Corneal erosion heals within 24 to 48 hours (1 to 2 days).

Without treatment your eye may continue to experience this erosion. Rarely, it can lead to cornea scarring. We use treatment to stop this from happening.

Your doctor will class the number of episodes in terms of:

- minor RCES (mild to moderate pain lasting less than 1 hour).
- major RCES (severe pain lasting for hours).

Care and treatment

If you have a major flare-up you should go to the Eye Casualty (or the Emergency Department outside of Eye Casualty hours):

- We will check you for infection. We will give antibiotic treatment if you have infection.
- We may need to remove some of the loose tissue from your cornea.
- We may give you contact lens to put in your eye. This helps to protect the surface as it heals. This is not a common treatment.
- We will give you advice on how to make sure it does not come back again.

You should take some painkillers to help with the pain. You **should not drive** to Eye Casualty.

If you are having minor flare-ups often and this is disrupting your normal activities:

- Ask your family doctor (GP) to refer you to the Ophthalmology Clinic.
- Use an ointment every evening just before you go to bed. This is to try to protect your eye. It may also help to use lubricant drops often through the day. This is to reduce friction between the eyelid and cornea. Both treatments are available in any pharmacy.
- Go to Eye Casualty if your eye:
 - gets more painful
 - is sensitive to light
 - has blurred vision
 - any discharge (thick yellow fluid) from your eye

If you are having many major flare-ups of RCES, despite following the advice from Eye Casualty, then the Eye Casualty doctors will refer you to the Corneal Clinic for more specialist advice.

Longer term management options:

- Lubricant treatments.
- Treatment of any underlying eye problems.
- Treatment to remove water from the cornea to help the surface stick better.
- Wearing contact lens long term to protect the surface.
- An operation to remove the surface layer of the cornea and smooth the underlying tissue. This is so that when the surface heals it can stick down better. This is referred to as alcohol delamination.

Simple things that you can do:

- Wear protective glasses. Do this where there is a risk of getting anything in your eyes (like gardening, painting).
- Keeping your eye well lubricated.
- Try not to rub your eyes.



- Apply long-lasting lubricating ointments last thing at night.
- Avoid sleeping-in late.
- Learn to wake with eyes closed and still (and keep lubricant within reach by your bedside).

Contact details

In case of emergency you can call:

- Your GP
- Leicester's Hospitals' Eye Casualty on **0116 258 6273**:
 - 8.30am to 4.30pm on weekdays
 - 8.30am to 12.30pm on weekends and bank holidays

If you have been seen by our Corneal Team, the corneal specialist nurses can be contacted on **0797 094 0125** (Monday to Friday, 9am to 5pm).

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