



AYRSHIRE EYE CLINIC

Broomfield House, 3 Broomfield Road, Ayr, KA7 2SP

CORNEAL CROSS LINKING TREATMENT

Corneal cross-linking (CXL) is a treatment for patients with keratoconus which can prevent their condition getting worse. It is successful in more than 90% of cases. After treatment, you will still need to wear spectacles or contact lenses. Your eye will be sore for about one week after the procedure. Although vision is often hazy at first, most patients can resume contact lens wear and return to work after one week. As with all operations, there are risks: CXL is safe, but there is a small chance (about 1 in 100) of worse vision afterwards.

What is CXL?

Keratoconus gets worse because the cornea weakens. CXL, also known as C3R, uses ultraviolet light and vitamin B2 (riboflavin) drops to stiffen the cornea. Used together, they cause fibers within the cornea to cross-link – or bond more tightly. This treatment mimics the normal age-related stiffening of the cornea, which is known as natural cross-linking.

Which patients benefit from CXL?

The treatment is recommended only for patients whose corneal shape scans show that their keratoconus is getting worse, or for those who are at particularly high risk of worsening keratoconus. Because of natural

cross-linking with age, keratoconus usually stops getting worse by the mid-30s, so CXL is not normally required for older patients.

What evidence is there that it works?

Collagen cross-linking is the only treatment currently available that appears to stop keratoconus from getting worse. Evidence from three randomised clinical trials one year after CXL showed success in halting keratoconus progression in more than 90% of treated eyes, with more than 45% of eyes also gaining an improvement in corneal shape. Longer term results (up to five years) from a different study suggest a similarly high success rate in preventing keratoconus progression. Vision is better after treatment than before in about 50% of eyes treated with CXL.

Which type of CXL is Ayrshire Eye Clinic performing?

We perform a rapid version of 'epithelium off' CXL, which is an up-to-date, and potentially safer, variation of standard CXL. Standard CXL involves 30 minutes of ultraviolet (UV) light treatment. Rapid CXL speeds this process up by delivering the same total amount of UV light energy in eight minutes. Recent research has shown that the cornea may tolerate this shorter burst of UV light better than a longer treatment period. Rapid CXL is widely used, but as with any recent variation in treatment, long-term results are not yet available. You will be monitored for up to five years to confirm that your corneal shape has stabilised. CXL can be repeated if the shape does not stabilise after your first treatment.

Will I have both eyes treated at the same time?

If you need CXL for both eyes, we can offer you treatment for both eyes at the same time. If you would prefer to delay the second eye treatment, please request this at the clinic appointment prior to your treatment.

What happens during CXL?

CXL is performed as a day-case procedure by Prof. Srinivasan. The procedure takes less than one hour in total. You will be asked to lie flat on the treatment table. Anaesthetic drops are used to numb the surface of your eye before a small clip is placed to keep your eyelids open. The surface skin of your eye (epithelium) is gently brushed clear and riboflavin drops are applied every few minutes for at least 30 minutes. Following this, the ultraviolet light is shone at your eye for eight minutes. A soft 'bandage' contact lens is placed on your eye at the end of the procedure.

What happens after CXL?

You will be given eye drops to use after the procedure. The soft 'bandage' contact lens will remain in your eye until the surface has healed (3 – 4 days). If the bandage lens falls out during this time, please throw it away – do not attempt to reinsert it. The anaesthetic drops will wear off later on the day of your procedure, and your eye will be gritty, red and sensitive to light for several days. Everyone's experience of pain



is different, with some patients reporting very little discomfort and others describing the first few days as very painful. Your eyes could be light sensitive and many patients find sunglasses helpful. Your vision will be quite blurred at first, but will clear gradually over the first few weeks. It is normal to experience fluctuating pain within the first two days after surgery. However, if you experience increasing pain three or four days after the procedure this could be indicative of infection and you should contact us immediately. Please note that infection is rare, affecting fewer than 1% of patients.

Do I need to take time off work or studies?

Yes. You should allow at least one week off while most of the surface healing occurs, or two weeks if your job involves a lot of computer work, and the treatment is being done on your best eye. You will be putting eye drops in every hour for the first day, and then every four hours for the following days. Day to day activities such as watching TV or using a computer will not do any damage to your eye, but you might find it more comfortable to rest with your eyes closed early on. You will be given an appointment for the following day and the following week to check your eye is healing properly.

What should I do, or not do, after CXL?

It is important to put the eye drops in regularly as prescribed. Wash and shower normally, but try to avoid getting water in your eyes. You may

exercise, but should not swim before the surface of your eye has healed. We will check your vision in the clinic the week after your procedure to confirm if your vision is good enough to drive. It is normally safe to resume contact lens wear once the eye surface skin layer has healed. This typically happens around the end of the second week after your procedure.

What are the risks of CXL?

In general, CXL is very safe, but like all operations your eye needs time to heal and problems do occasionally occur. About 3% of patients will lose some vision in the treated eye as a result of haze, scarring, corneal surface shape irregularity or infection. In most cases, this visual loss is potentially reversible with a corneal transplant. Without CXL treatment, at least 20% of all patients with keratoconus will eventually require a corneal transplant.

Patient consent

I have been informed by Mr. Srinivasan & the Ayrshire Eye Clinic staff and understand the following:

1. The nature, purpose and the gravity of the above-mentioned procedure
2. The probable benefits, risks and minor and serious complications and the potential side effects.
3. The advantages, disadvantages, risks and possible effects of any alternative procedure.
4. The reasonable benefits obtainable by this procedure and the likelihood of success but acknowledge that no guarantee or assurance can be given as to the results that may be obtained and that it is impossible to identify and list every possible complications and outcomes.

I also authorise and consent to:

1. such additional or alternative procedure which may be found to be necessary in the professional judgment of the surgeon.
2. the need for glasses to correct distance, intermediate and near vision after the procedure.

----- **INITIALS**

Voluntary consent

I, the undersigned, hereby authorise and consent to the performance of cataract extraction with placement of intraocular lens together with all the attendances and other medical procedures related thereto. I certify that I have read and fully understood the above authorisation and consent that the explanations referred to therein were in fact made to me, and this form was filled prior to commencement of the procedure. I understand that I am free to withdraw this consent at any time before the surgery.

Eye being treated: -----**Patients Full Name (print):** -----**Signature of the patient:** -----**Date:**

I hereby certify that I have fully explained the risks and benefits of the above-mentioned procedure and in my opinion the above patient or guardian understands the nature of the risks and benefit of the procedure.

Signature of the surgeon : -----**(Mr. S Srinivasan)****Date:****Time:****Signature of the witness:** -----**Name of the witness:** -----**Date:****Time:**