

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) refers to repeated episodes of eye pain caused by erosions (similar to a scratch) to the surface of the cornea. The cornea is the clear portion of the eye overlying the coloured part (iris) and the black centre (pupil). It's surface is extremely sensitive.

A previous injury to the cornea can leave a weakness between the top layers of the cornea. The outer layer (epithelium) is not as secure as it was before injury, and is at more risk of being removed.

The loose outer layer can stick to the inner eyelid while the eye is closed overnight, and then comes away when the eye is opened on awaking. This causes a new erosion, leaving an open and painful wound on the eye. It usually settles in a day or so, but can be very painful.

What causes RCES?

The most common cause is a minor injury to the cornea (e.g. a scratch from a fingernail or stick) that appears to heal but then months or years later the symptoms of the original injury come back, possibly repeatedly.

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

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What are the symptoms of RCES?

The most common symptom is pain. This may be mild or severe pain. The pain is usually worse in the morning when you wake up, or if you wake during the night.

Other symptoms include:

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

How will it affect me?

Recurrent corneal erosions, as implied by the name, can be recurrent. The condition is painful and may, therefore, cause you significant distress. Treatment is needed to improve healing and prevent infection. Healing of the corneal erosion happens within 24 to 48 hours.

Without treatment your eye may continue to experience this erosion. Rarely, it can lead to cornea scarring, which is why preventative management is a key part of treatment.

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 attend Eye Casualty (or the Emergency Department outside of Eye Casualty hours):

- You will need to be checked for infection and given antibiotic treatment.
- You may need to have some of the loose tissue removed from your cornea.
- You may need to have a contact lens put in your eye to help protect the surface as it heals. This is not a common treatment.
- You will get more advice on how to avoid recurrences.

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

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

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

If you are having several major flare-ups of RCES, despite following the advice from Eye Casualty, then the Eye Casualty doctors will refer you to the Ophthalmology 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.
- Long term contact lens wear to protect the surface.
- An operation to remove the surface layer of the cornea and smooth the underlying tissue, 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, especially where there is a risk of getting anything in your eyes (e.g. gardening, painting).
- Keeping your eye well lubricated.
- Avoid rubbing 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 contact your GP or Leicester's Hospitals' Eye Casualty on 0116 258 6273 (opening times are 8.30am to 4.30pm on weekdays and 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 07970 940125 (Monday to Friday, 9am to 5pm).

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