Cornea - Ulcer

The Following Information has been Prepared for You:

The cornea is the clear dome on the front of the eye that is primarily responsible for focusing the light for clear vision. A corneal ulcer is an often very painful infection of the cornea that is typically caused by bacteria or viruses. Fungal and acanthamoeba infections are rarer. Improper contact lens wear, cleaning or replacement schedule is the most common cause. One should never use water directly on soft lenses, as this is the greatest risk for acanthamoeba infections. Additionally, contact lenses should not be worn during times of illness. Contact lenses should not be slept in, unless directed to do so by your doctor. Herpes simplex and herpes zoster are common causes of repeat ulcers. Herpetic ulcers are particularly prone to reactivation by stress, illness, or immune system compromise.

Typical symptoms of corneal ulcers include pain, redness, watering, light sensitivity, blurred vision, and headache. Individuals that have repeat herpetic ulcers may eventually develop corneal anesthesia, and lose the ability to sense pain on the surface of the eye. Oral antiviral medications may be prescribed to prevent repeat flare-ups.

Large ulcers may be seen as a whitish spot on the cornea. Smaller ulcers are visible only under microscopic exam. Your doctor will use special equipment and diagnostic dyes to better visualize the corneal ulcer in great detail.

Ulcers require immediate treatment with antibiotic, antiviral, or antifungal eyedrops or ointments. Left untreated, progression can occur very rapidly and cause profound eye scarring, internal infection and inflammation, and significant vision loss. Ulcers can become very serious, very quickly. It is critical to take your medications exactly as prescribed, follow up with recommended eye evaluations, and report any worsening of vision or symptoms immediately to your eye doctor.

Pain control involves the frequent use of artificial tears, dilating the eyes, wearing dark sunglasses, alternating use of Tylenol and Advil, oral Benadryl, and cold compresses. As the ulcer begins to heal, your doctor may prescribe steroid eye drops or apply amniotic membrane tissue with stem cells to minimize scarring and aid in quicker recovery.

When you have a corneal ulcer, it is important to never cover your eye with a patch during the course of healing.

Contact our office with any significant vision changes or emergencies that you feel require immediate attention.

Please Rate the Information You Received

	☐ Very helpful - all questions are answered ☐ Somewhat helpful - I still have questions ☐ Not helpful – none of my questions were answered
Comments / Questions / Typos:	

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