

Ophthalmology department

# Recurrent corneal erosion

## Information for patients, relatives and carers

### Introduction

This leaflet has been designed to give you information about **recurrent corneal erosion**. We hope it will answer some of the questions that you or those who care for you may have at this time. This leaflet is not meant to replace the discussion between you and your medical team but aims to help you understand more about what is discussed. If you have any questions about the information below, please contact us using the details on the back page.

### What is recurrent corneal erosion?

This is a common condition which can occur months or even years after an injury or scratch to the cornea (the clear window at the front of the eye). It is due to imperfect healing at the time of the original injury, which leaves a weakness of the outermost layer of the cornea. The eyelids can stick to this layer. This poorly healed layer can therefore become dislodged by the eyelids when you open your eyes from sleep.

In some cases, recurrent corneal erosion is due to an underlying change of the cornea, where there is a weakness of the top layers of the cornea. In such cases, the condition can affect both eyes.

### What are the signs/symptoms?

- severe pain on waking
- sensitivity to light
- eye redness
- watering eye
- blurred vision

### 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.

Recurrence is painful and, rarely, can lead to cornea scarring, which is why preventative management is a key part of treatment.

## Treatment

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Antibiotic drops or ointments are prescribed to avoid corneal infection. Lubricating eye drops also help healing.

A lubricating ointment is then used last thing at night for several months to prevent another erosion occurring. By keeping the cornea and inner surface of the eyelid lubricated in this way, it prevents the friction which dislodges the loose area and causes the erosion.

There is no single treatment that works best, and there is no strong evidence for one treatment being better than others.

Treatment options will be discussed in detail by your practitioner.

## Follow-up

If the episodes become frequent, then other treatment options may be offered. We will discuss these with you. We refer you to an outpatient ophthalmology department directly in less than two weeks or via the GP if it's a routine referral to your local hospital provider.

## Who can I contact for more information?

- Emergency Department at Western Eye Hospital – 020 3312 3245
- Outpatients at Western Eye Hospital – 020 3312 3236
- Outpatients at Charing Cross Hospital – 020 3311 1109 / 1233/ 0137

## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any suggestions or comments about your visit, please either speak to a member of staff or contact the patient advice and liaison service (PALS) on 020 3313 0088 (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or 020 3312 7777 (St Mary's and Western Eye hospitals). You can also email PALS at [imperial.pals@nhs.net](mailto:imperial.pals@nhs.net) The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf. Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street  
London W2 1NY

Email: [ICHC-tr.Complaints@nhs.net](mailto:ICHC-tr.Complaints@nhs.net)

Telephone: **020 3312 1337 / 1349**

## Alternative formats

~~This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: [imperial.communications@nhs.net](mailto:imperial.communications@nhs.net)~~

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