



Direction des soins infirmiers

Information Guide

Eye surgery

Corneal collagen cross-linking

Definition:

"Cross-linking" is a therapeutic innovation that increases corneal resistance (the clear front part of the eye globe) achieved by exposing it to long UV-A rays for 30 minutes.

The goal is to increase the strength of the corneal tissue to make it more rigid, which slows down its progressive deformation causing a decrease in vision. The goal is not to correct vision.



Procedure:

- It is a simple surgical procedure. It is done in ambulatory care, under local anaesthesia with the use of a few anaesthetic drops.
- The corneal epithelium (the superficial layer) is painlessly debrided. Drops will be applied every 2 minutes for 30-60 minutes. The cornea is then exposed to UV-A rays.
- A contact lens or a dressing is placed over the cornea at the end of the surgery. Local treatment of antibiotic and steroids will be prescribed for 2 weeks.

Pre-operative guidelines:

- Remove all facial cream and makeup.
- Remove your contact lenses.
- Have a normal diet prior to surgery.
- Make sure you understand well the postoperative recommendations and guidelines before leaving the hospital.
- Come to the hospital with someone as you will not be able drive a motor vehicle after the procedure.

Medication:

- VIGAMOX or OCUFLOX or ZYMAR: An antibiotic used for the healing of the eye surface.
- MAXIDEX: An anti-inflammatory that is used until the inflammation resolves.
- ACULAR: An anti-inflammatory that can be used prior to the surgery to prevent and treat inflammation.

Post-operative guidelines: During the first 3 days:

- The eye will remain frozen for 30-45 minutes after the surgery. During that period, blink your eyes often to prevent dryness.
- Take your analgesic as soon as possible, as it may take up to 60 minutes before you feel the effects.
- It might be impossible for you to open your eyes for the first few hours after the surgery. This is NORMAL.
- Application of ice or gel envelopes can help to ease the pain.
- Many patients will experience intense pain for 24-48 hours post surgery. Do not hesitate to take your pain medication.
- Do not wear make-up for 1 week after the surgery.
- In order to be more comfortable, avoid any visual work like reading, watching television or the computer for the first 24-48 hours.
- Resting with your eyes closed will promote healing.

- ARTIFICIAL TEARS (Bion Tears/Celluvisc): These lubricate the eye in order to decrease dryness, pain and excessive watering of the eye.
- TETRACAINE: A white single-dose drop that freezes the pain for 30-45 minutes, to be used ONLY if the pain is too intense, at bedtime.
- ANALGESICS: Tylenol (acetaminophen), Advil or Motrin (ibuprofen). Used to treat moderate pain. To treat intense pain, an additional medication will be prescribed to you.

During the first week:

- Secure the eye patch with the tape supplied by the pharmacy during naps and overnight.
- Keep your eyes closed when taking a shower or a bath in order to avoid having water and soap splash in the eyes. Do not rub your eyes.
- Avoid smoke and dust for the first few weeks.
- You will have a follow-up appointment the day after the surgery, and 4-5 days later for the removal of the contact lenses.
- If you loose a contact lens, DO NOT PUT IT BACK IN THE EYE. If you still feel comfortable enough, simply continue with the drops.
- It's normal to have blurry vision, watery eyes, eye redness and a feeling of burning and/or having a foreign object.

Be vigilant:

You must come back to the hospital if:

- The loss of a contact lens causes a new and severe pain.
- You notice a white mark on the cornea (the color of the eye).

To contact us:

During the day, Monday to Friday:

- At the ophthalmology clinic: 418 682-7680

Evening, nights and weekends:

- Info-santé: 811

Present yourself at the Emergency Room of Saint-Sacrement Hospital.

Personal notes:							

Information Guide	Eye surgery Corneal collagen cross-linking				

This guide makes recommendations in accordance with the scientific information available at the time of its publication, i.e. May 17th 2012. However, these recommendations are in no way a substitute for the judgment of a clinician. If you have any questions, we invite you to contact your healthcare professional. If in one way or another you misuse the information contained in this document, the CHU de Québec cannot be held responsible for any damages of any kind in this regard.



Copyright

No complete or partial reproduction of this document is permitted without the written permission of the CHU de Québec-Université Laval and other (s) as needed. © CHU de Québec or other (s) as needed, 2012. However, you can print it and use it for professional use.