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Rehabilitating keratoconus and containment non surgically

Jeff Eger

Two of my mentors Dr. Newton Wesley and Dr. Leonard Bronstein. Dr. Newton Wesley had KC and was told in the late 1950s he would need a corneal transplant because of intolerance to steep nipple alignment or vaulting contact lens fit (3 pt. touch fit) Taught me to fit the WHOLE cornea with special attention to alignment of aspheric RGPs to eventually align the superior mid periphery where cornea on KC is the healthiest. Ignore what is dying and diseased and enhance what is alive and healthy. Show evidence how topography has improved, apex flattened and horizontal symmetry after completed fitting. Holistic principles to keep posterior cornea stable. Accommodative flexibility and efficiency principles to keep the posterior cornea from changing from within. Breathing, meditation, exercise and yoga. Why? Rebalance total mind, body and spirit Personality of KC patients=A+ drivers, perfectionist, analytical, non trusting with little faith and intuition. Why rebalance+keep posterior cornea like an eggshell and not a changeable jellyshell. 469 KC cases and less than 1% of cases needing a PK or corneal transplant or corneal scaring or ulceration. When to refer for a PK 3 criterion. Email of patients in my 7 KC Rehabilitation articles to explain my treatment. It is a partnership between doctor and patient. Contacts (Aspheric RGP) are therapeutic and optically enhancing these low vision cases. 90% are 20/20 -25 BVA. See normally. Why is it important for KC to learn and be habitual to SEE THE BIG Picture? Intuition is enhanced plus trust in overall health.

Notes: