

# Patient information

## Corneal Abrasion

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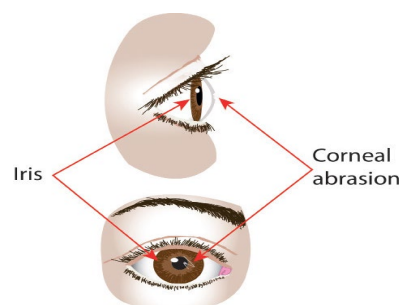
If your first language is not English, we can arrange for an interpreter to be available. Please let us know in advance if you require this service.

### What is the cornea?

The cornea is the clear dome-shaped surface covering the iris and pupil. It is the main focusing element of the eye. Light shines through the cornea and the lens, then on to the retina at the back of the eye, allowing us to see.

### What is a corneal abrasion?

A corneal abrasion is when a small scratch or graze causes disruption on the surface of the cornea and/or the superficial layers of the cornea. The cornea has many nerve endings just under the surface, so that an abrasion is often painful.



### What are the sign/symptoms of a corneal abrasion?

- Red painful eye
- A 'foreign body' sensation (a feeling that something is in your eye)
- Watery eye or a sticky discharge from the eye
- Sensitivity to light (your eye hurts when exposed to light)
- Vision may be blurry or reduced
- Swollen eyelids

### What causes a corneal abrasion?

A corneal abrasion is a common eye injury and is typically caused by accidentally poking the eye. For example:

- A fingernail
- A hairbrush
- A tree branch or twigs
- Blunt injury (being hit by a ball or fist)
- Foreign bodies (a piece of grit becomes lodged under the eyelid)
- Inserting or removing contact lenses

### How is the corneal abrasion diagnosed?

Diagnosis of a corneal abrasion is usually by an Ophthalmologist (Eye Doctor). The Ophthalmologist will examine the cornea with a slit lamp microscope (shining a light to magnify the internal layers of the eyes). A drop of anaesthetic is given to make the examination more comfortable and then a small amount of Fluorescein (a staining yellow dye) is applied onto the eye so that the abrasion can be seen more clearly.

## What treatments are available for a corneal abrasion?

The following treatments may be recommended by your doctor:

- **Antibiotic eye drops or ointment** to prevent an infection developing.
- **Lubricants** at night to prevent the eyelid from sticking to the cornea while sleeping and to protect the healing tissue.
- **Pupil dilating drops (cyclopentolate)** to enlarge the pupil and help relieve the pain. The dilating drops will blur vision for at least 24 hours after the drops have been applied.

The doctor/clinician will advise you how long you need to continue the treatment (usually 5-7 days).

If you are able to take over the counter painkillers, such as paracetamol or ibuprofen, these can be used to help relieve the pain.

## How long will the abrasion take to heal?

With treatment, corneal abrasions can heal within one to two days. Larger or deeper abrasions may take longer.

## Other advice:

- Sunglasses may help reduce sensitivity to light
- Avoid rubbing or touching your eye
- **Do not drive** if you have been given eye drops that could blur your vision
- **Do not wear contact lenses** until your eye has completely healed (usually within two to four weeks)

## What happens if I do not get treatment?

The eye can be very painful, but in most cases the cornea heals and all symptoms pass. In some cases, inflammation and infection can occur if the abrasion is left untreated and may cause permanent damage. This may require further and more complex ophthalmic intervention.

## Can there be any permanent damage?

Provided the injury is superficial and there is no secondary infection, most corneal abrasions heal quickly and vision returns to normal. The treatment outlined above will help ensure this.

## When to seek advice?

In most cases, you will not need to return for a further check up. However if your sight becomes more blurred over time or if the pain and redness are getting worse please refer to the next section: 'What should I do if I have a problem?'

## What should I do if I have a problem?

**If you develop any of the symptoms featured in this leaflet, or need urgent advice about your eye(s), you can contact our Triage telephone line on 0300 131 4500 extension 771744 (Mondays to Fridays between 09:00am and 5:00pm).**

**For Out of Hours contact you may leave an answerphone message on the telephone number above, and a member of staff will contact you the next working day. Otherwise if you feel you need to be seen urgently, please either visit an optician or attend your local Accident and Emergency Department.**

## Consent

Although you consent for the treatment described in this leaflet, you may at any time after that withdraw such consent. Please feel free to discuss this with your medical team.

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – on 0300 131 4731 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4434 Email: [esh-tr.accessibleinformation@nhs.net](mailto:esh-tr.accessibleinformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

Reviewed by: Paul Russell (Ophthalmology Staff Nurse)

The following clinicians have been consulted and agreed this patient information:  
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Ophthalmology Department, Diagnostic, Anaesthetic and Surgery division (DAS)

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Responsible clinician/author: Ophthalmology Department (ESHT)

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