**Fuchs’ dystrophy**

Fuchs’ dystrophy is a slow progressing eye condition where the cornea (the clear front window of the eye) eventually loses the ability to pump-out excess fluid causing blurry or hazy vision and glare.

Fuchs’ dystrophy was named after Austrian ophthalmologist Ernst Fuchs who first described it in 1902.

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This brochure does not constitute professional medical advice. You should discuss your condition with a licensed ophthalmologist.
What are the symptoms of Fuchs’ dystrophy?
Depending on the degree of endothelial degeneration, Fuchs’ dystrophy can have mild to severe effects on your vision and may affect one eye more than the other.

**Early signs of Fuchs’ dystrophy:**
- Blurry or hazy vision in the morning that gradually improves as the day goes on
- Glare and halos when looking at lights
- Sensitivity to light
- Fluctuating vision
- Sandy or gritty sensation when blinking

**Signs of advanced Fuchs’ dystrophy:**
- Blurriness or haziness that does not go away
- Severe visual impairment
- Pain from epithelial blisters

How is Fuchs’ dystrophy treated?
Fuchs’ dystrophy does not always progress to the point that surgical treatment is required. Early on, your doctor may prescribe hypertonic saline to dehydrate your cornea and clear your vision. A hairdryer held at arms length may also be used to dry out excess moisture.

Unfortunately, in a small percentage of cases, Fuchs’ dystrophy progresses to the point that acceptable vision can no longer be maintained or the pain becomes intolerable. In those cases, surgical intervention is the next step.

Surgical treatment
The primary surgical treatment for advanced Fuchs’ dystrophy is a type of corneal transplant called Descemet’s stripping automated endothelial keroplaty, or DSAEK for short. In DSAEK surgery, the damaged endothelial layer is replaced with a donor while the healthy remaining layers are left untouched.

DSEA is favoured over traditional full-thickness corneal transplants because it has less graft rejection, a quicker visual recovery and a reduced need for postoperative topical steroids.

However, if there is significant corneal scarring, a traditional full-thickness corneal transplant is usually necessary. Full-thickness corneal transplants for Fuchs’ dystrophy have a high success rate, with over 85% remaining clear after 2 years.

Please arrange an appointment with Dr. McCarthy if you would like more information on your condition and the treatment options available.