

CONTACT LENS UPDATE AND REVIEW

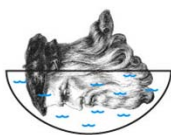
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FINANCIAL DISCLOSURES

OBJECTIVES

- ▶ Described a variety of uses for contact lenses
- ▶ Discuss the complications associated with contact lenses
- ▶ Discuss the present and future advances in contact lenses

HISTORY OF CONTACT LENSES



1508

Leonardo da Vinci speculated that submerging one's head in a bowl of water could alter vision in his "Codex of the Eye." The solution proved less than practical because, you know, breathing.

1636

René Descartes places a glass tube filled with liquid in direct contact with the cornea; contact lenses get their name. Great name, terrible solution.



1801

Thomas Young reduced the size of the glass tube to ¼ inch and used wax to stick the water-filled lenses to his eyeballs. While we admire his advances in the technology, we're forced to respond with, "Yikes."

1845

Sir John Herschel entertains the idea of using contact lenses to correct the refraction errors that cause nearsightedness, farsightedness, and astigmatism. Way to go, Sir John.

EARLY 1880s

Dr. Fick and colleagues invent the first contact lens with refractive power for visual improvement; contact lens wearers can blink. Progress!



1929

Dr. Dallos and Istvan Komáromy perfected a method of making molds from living eyes. Cool, but ew.

1948

Optical technician Kevin Touhy unintentionally created the corneal lens when sanding down a plastic lens. Yay for happy accidents.



1960

Bausch and Lomb refined the technique of casting hydrogel, which produced consistent lens surfaces and a process for mass production.

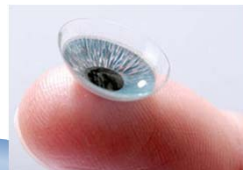
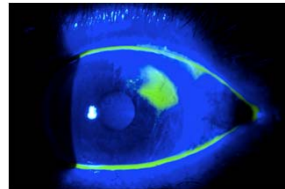


HISTORY OF CONTACT LENSES

- ▶ 1979 — The introduction of rigid gas permeable contact lenses
- ▶ 1981 — The introduction of soft extended wear contact
- ▶ 1982 — The launch of soft bifocal contacts
- ▶ 1986 — The introduction of extended wear GP contact lenses
- ▶ 1987 — The launch of disposable contact lenses
- ▶ 1995 — The introduction of daily disposable contact lenses
- ▶ 1999 — The introduction of silicon hydrogel contact lenses
- ▶ 2002 — Silicone hydrogel contact lenses first marketed in U.S.
- ▶ 2010 — Custom-manufactured silicone hydrogel in U.S.

USES FOR CONTACT LENSES

- ▶ Refractive Error
 - ▶ Especially helpful for high refractive errors
 - ▶ Anisometropia
- ▶ Bandage Contact Lens
 - ▶ Abrasions
 - ▶ Recurrent Corneal Erosion
 - ▶ Dry eye
- ▶ Irregular Corneas
 - ▶ Keratoconus
 - ▶ Post-surgical
 - ▶ Corneal Scarring
- ▶ Ocular Surface Disease
- ▶ Cosmetic

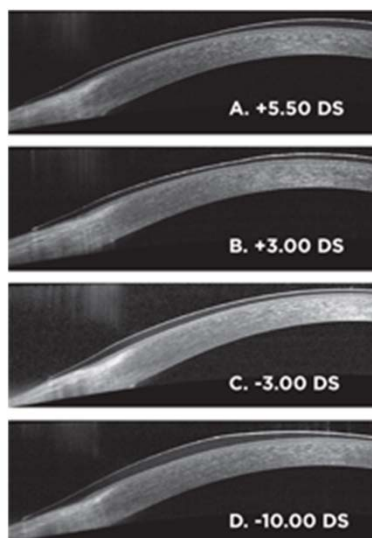


DK FOR COMMONLY PRESCRIBED LENSES

Lens	Dk	Water Content
Dailies AquaComfort Plus	26	69%
1-Day Acuvue Moist	28	58%
Acuvue 2	28	58%
Proclear	34	62%
Acuvue Oasys	103	38%
Acuvue Vita	103	41%
Air Optix Aqua	110	33%
PureVision	112	36%
Ultra	114	46%
Biofinity	128	48%
Dailies Total 1	140	33% core; >80% surface
Night and Day	140	24%

LENS THICKNESS

- ▶ High minus = thicker edge
- ▶ High plus = thicker center
- ▶ Dk/T
 - ▶ T = Lens Thickness
 - ▶ Higher thickness = less oxygen transmission



SILICONE HYDROGELS



► Silicone Hydrogel

► Advantages

- High Dk
- Less hypoxia
- Extended Wear
- Comfort?

► Disadvantages

- Less wettability
- Higher modulus
- Cost
- GPC

SCLERAL LENSES

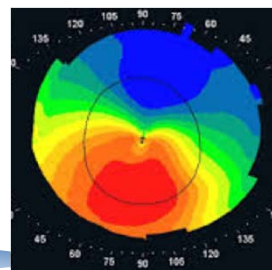
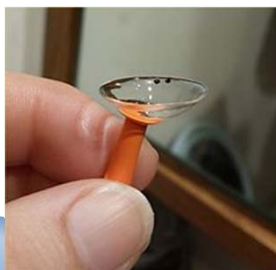
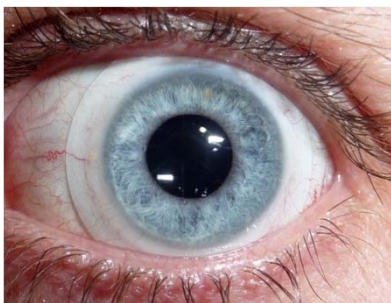
► Benefits

- Better comfort
- More stability
- Visual acuity
- Advanced irregularity

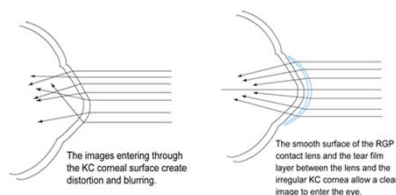
► Fitting

- Central clearance
- Limbal fit
- Edge

► Wear and care

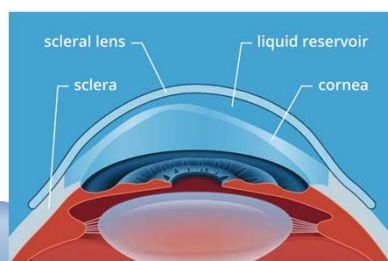


WHY RGP AND SCLERAL LENSES?



- ▶ The scleral lens allows a reservoir of tears to form between the irregular cornea and the scleral lens

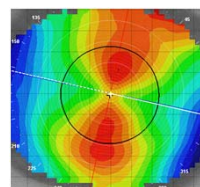
- ▶ This provides a more regular refractive surface and better vision



COMPARING CORNEAS

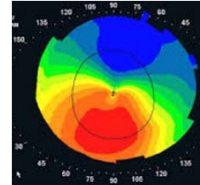
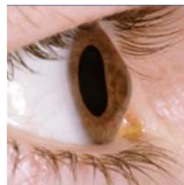
Normal Cornea

- ▶ Bow-tie pattern
- ▶ Superior = Inferior



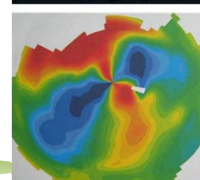
Keratoconus

- ▶ Inferior steepening
- ▶ Superior \neq Inferior

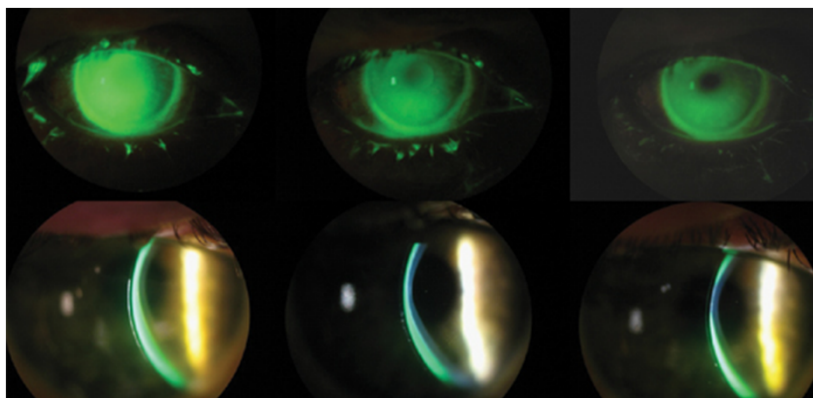


Corneal Transplant

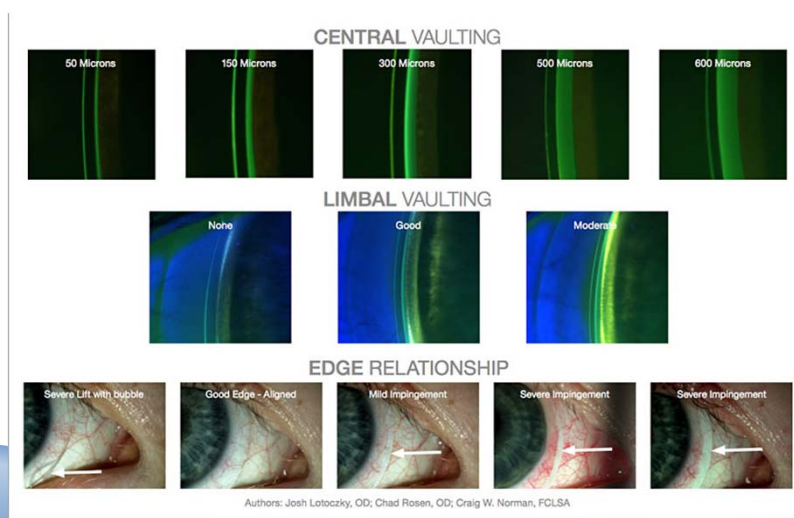
- ▶ Varying irregularity



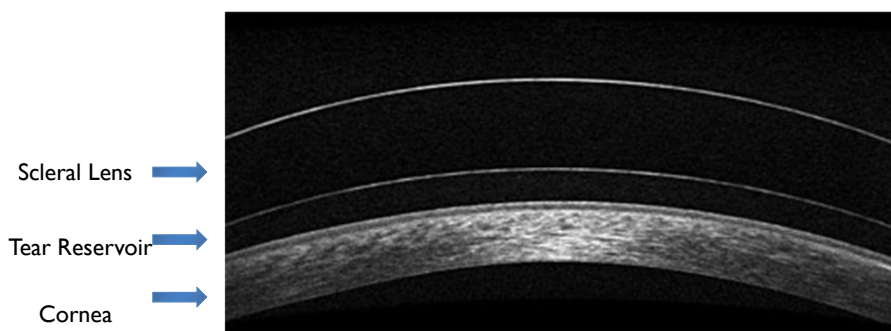
SCLERAL LENS FITTING



SCLERAL LENS FITTING



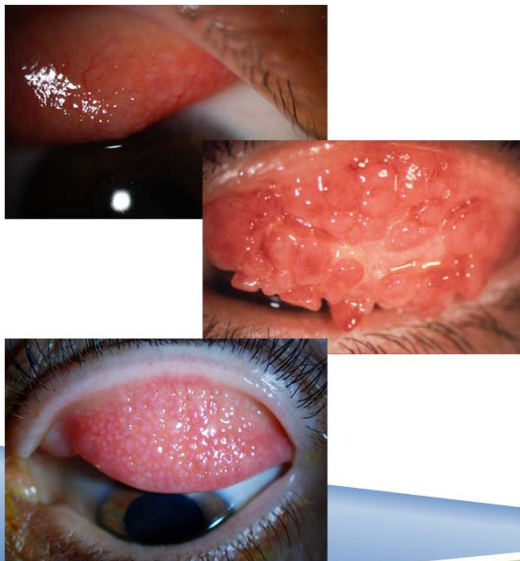
SCLERAL LENS FITTING



CONTACT LENS COMPLICATIONS

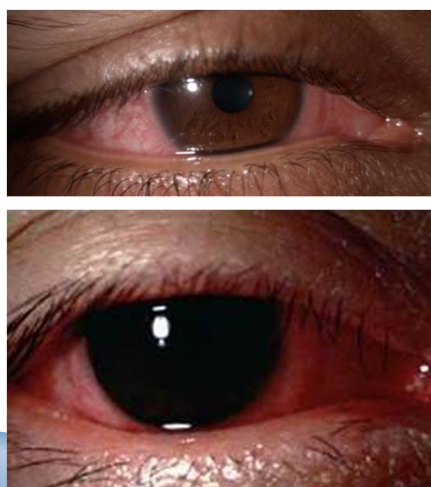
- ▶ GPC
- ▶ CLARE
- ▶ Contact Lens induced infiltrate
- ▶ Bacterial keratitis
- ▶ Acanthamoeba

GIANT PAPILLARY CONJUNCTIVITIS



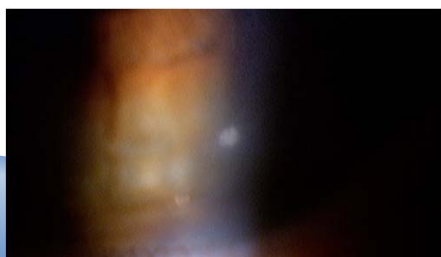
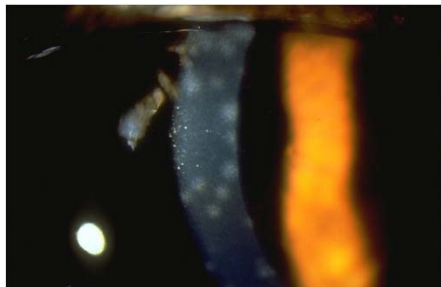
- ▶ Allergic conjunctivitis caused by mechanical irritation
- ▶ More common in SiHy lenses
- ▶ Symptoms
 - ▶ Irritation both with and without contact lens present
 - ▶ Excessive lens movement
- ▶ Treatment
 - ▶ Mild – anti allergy drops
 - ▶ Severe – Steroid
- ▶ Prevention
 - ▶ H₂O₂ Solution
 - ▶ Daily allergy drop
 - ▶ Daily disposable lenses

CONTACT LENS ACUTE RED EYE – CLARE



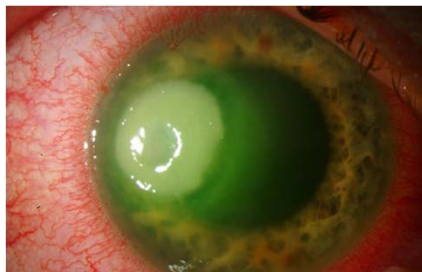
- ▶ Inflammatory reaction (not infectious!)
- ▶ Symptoms
 - ▶ Pain
 - ▶ Redness
 - ▶ Watering
 - ▶ Photophobia
- ▶ Treatment
 - ▶ Antibiotic and steroid combo
 - ▶ D/C contact lens wear
- ▶ Prevention
 - ▶ Improve compliance
 - ▶ Higher D/k lens

CORNEAL INFILTRATE



- ▶ Hypoxia, hypersensitivity
- ▶ Inflammatory (not infectious!)
- ▶ Symptoms
 - ▶ Pain
 - ▶ Redness
 - ▶ Watering
 - ▶ Photophobia
- ▶ Treatment
 - ▶ Antibiotic and steroid combo
 - ▶ D/C contact lens wear
- ▶ Prevention
 - ▶ Improve compliance
 - ▶ Higher D/k lens

BACTERIAL KERATITIS



- ▶ Cause
 - ▶ *Pseudomonas aeruginosa*
 - ▶ *S. aureus*, *S. epidermidis*, *S. pneumoniae*
 - ▶ *Moraxella*
- ▶ Treatment
 - ▶ Culture
 - ▶ Aggressive antibiotics
 - ▶ Fluoroquinolone
 - ▶ Fortified
- ▶ Prognosis
 - ▶ depends on extent and location of infection

ACANTHOMOEBA KERATITIS

- ▶ Cause
 - ▶ *Acanthamoeba*
- ▶ Treatment
 - ▶ Topical antiamoebics
 - ▶ Topical antibiotics
 - ▶ Prevention!
- ▶ Prognosis
 - ▶ Ranges from complete recovery to corneal transplant



CURRENT AND FUTURE ADVANCEMENTS

- ▶ Extending Range of SiHy Lenses
- ▶ Transitions
- ▶ Selenium infused lenses
- ▶ Medication Delivery
- ▶ Glucose monitoring