



High Quality Contact Lens Dispensing

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MSOL, CPOT, ABOC, COA, OSC



Types of SCLSS	
Daily Wear (DWSCL)	The FDA has approved DWSCLs for daily wear only. The wearer is expected to remove his or her lenses nightly for cleaning and to give the eyes a “rest” from contact lens wear.
Extended Wear (EWSCL)	EWSCLs have been determined by the FDA to be safe when worn on a continuous schedule. Most EWSCLs are approved for seven days/six nights of wear, but several lenses are approved for up to 30 days of continuous wear.
Flexible Wear (FWSCL):	FWSCLs are designed to be worn on a daily wear basis but have been determined by the FDA to be safe to wear overnight occasionally.
Replacement Type	
Conventional SCL	Conventional lenses are designed to be used for 12-18 months before being replaced. These lenses require the most diligent care. However, all SCLs eventually accumulate permanent protein no matter how well they are cared for. Protein deposits decrease the lens’s O ₂ permeability and affect both vision and comfort. The older the lens is the less healthy it is to wear due to those deposits.
Frequent Replacement (Planned Replacement)	Frequent replacement lenses are replaced monthly, quarterly, or semi-annually. Because of protein buildup over time, replacing the lenses more frequently is healthier for the eye.
Disposable (DispSCL)	Disposable lenses are just that...lenses are thrown away and replaced after a specified period of time. They may be prescribed to be worn on an extended wear basis in which case, they are replaced at least weekly. If prescribed to be worn on a daily wear basis, they are replaced at least every two weeks and as frequently as daily. Disposables are the most popular lenses because they require minimal care and are the healthiest contact lenses for the eye.
Correction Type	
Spherical	A spherical lens is a lens with the same base curve in all meridians. Spherical lenses are used to correct simple myopia and simple hyperopia. They can also be used for patients who have small amounts (<1.00D) of astigmatism. The lens “masks” some of the astigmatism by gently molding the cornea from a football shape into a basketball shape, but the patient’s vision is not likely to be as clear as it is with his or her spectacles.
Toric	A toric lens is an SCL with one base curve but two different refracting powers oriented 90° away from each other. It is used to correct the vision of patients who have larger amounts (>1.00D) of corneal astigmatism. A toric lens may be either a cylinder or a spherocylinder lens.
Bifocal	Bifocal SCLs are available in both concentric power rings and aspheric designs. See figure 4–3.
Clear	Self-explanatory...a colorless, clear lens.
Tinted	Lenses are available with tints serving specific purposes.
Visibility Tint	Some lenses have a very light blue or aqua visibility tint. This tint does not affect the color of the patient’s eye, but makes the lens easier to see if it is dropped on a white surface...like a sink.
Enhancing Tint	This tint makes the patient’s eyes appear a deeper shade of their original color, without actually changing the eye color. A blue enhancing lens will make a blue eye appear a deeper blue; a green enhancing lens will make a green eye appear a deeper green, etc.
Opaque	An opaque tint is a tint completely masking the patient’s natural eye color. Opaques are most popular with dark-eyed individuals desiring blue or green eyes. The contact lenses used for special effects in movies and at Halloween time (zombie, cat eye, 8-ball, etc.) are opaque lenses.
X-chrom Lens	The X-chrom lens is a red contact lens worn on the nondominant eye of color deficient people. The lens helps some patients to better interpret colors or contrasts.

Considered the Bible of Contact Lens

- List all contacts
- All manufactures
 - Specifications
 - Types (GPs, Scleral, Torics, etc.)
 - Lens Parameters
 - Powers
 - Axis'
 - Diameters
 - Modalities
 - Lens materials
- Brands

TQ[®]

**Tyler's Quarterly
Soft Contact Lens
Parameter Guide**

Progress Evaluation

- History
 - Visual Acuity
 - Over-refraction
 - Slit Lamp examination
 - Comfort level
- Evaluate lens for:
 - Fit
 - Movement





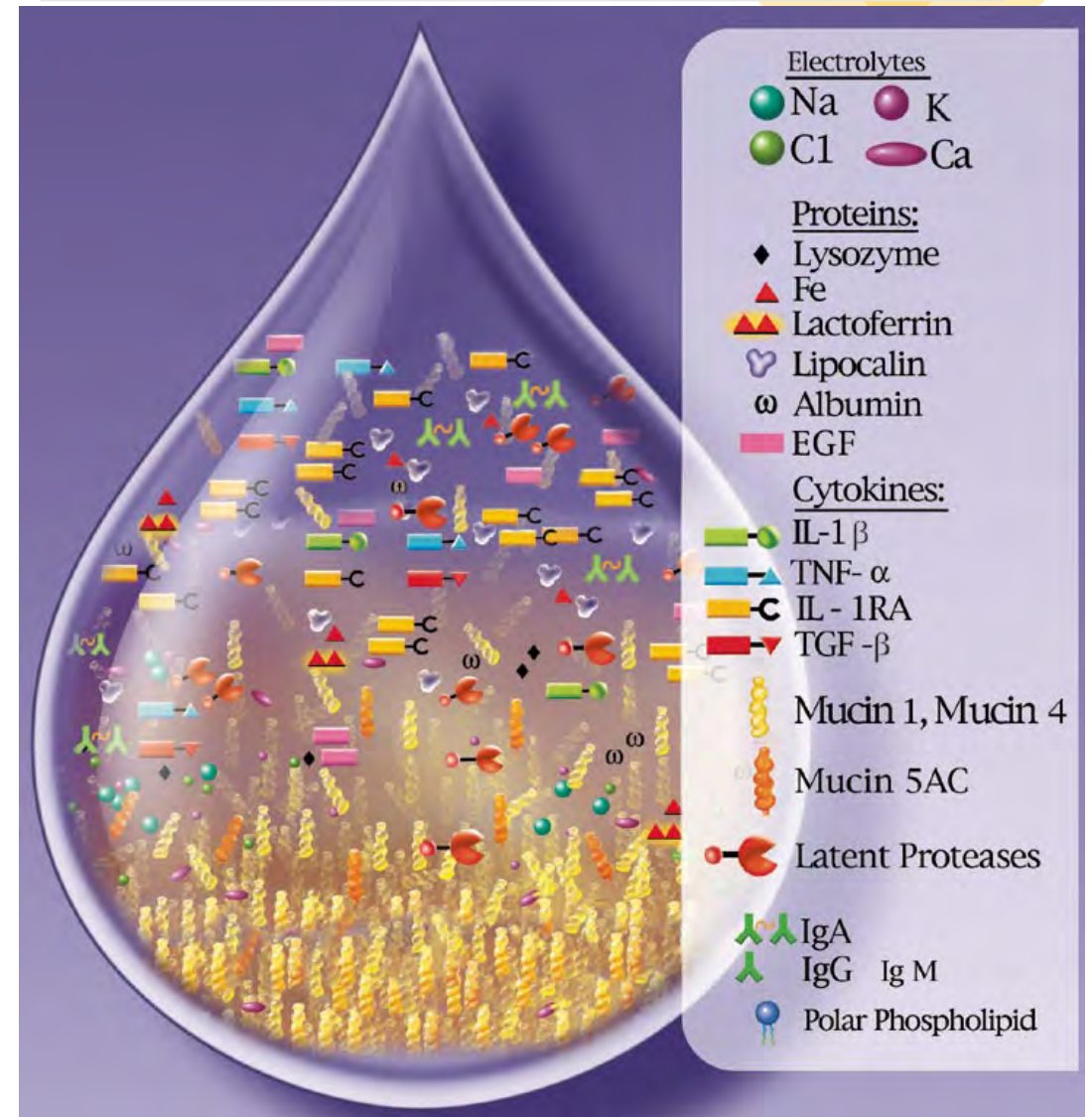
Pre-fit evaluation

- Palpebral fissure size – opening between upper and lower lid
- Visual Iris Diameter- measure limbus to limbus
- Break up time- BUT- Tear Quality
- Schirmer Tear test- Tear Quantity
- Keratometry, Topography, Refraction

A Healthy Tear

- Antimicrobial proteins
- Growth factors & suppressors of inflammation
- Soluble mucin helps stabilize tear film
- Electrolytes for proper osmolarity (295-300)
 - pH slightly alkaline (7.4)

A complex mixture of proteins, mucins, and electrolytes coated by a lipid layer



Two Primary Forms of Dry Eye

14% Aqueous Deficient

of patients with chronic eye discomfort of *known cause* have aqueous insufficiency

Lacrimal Gland

86% MGD

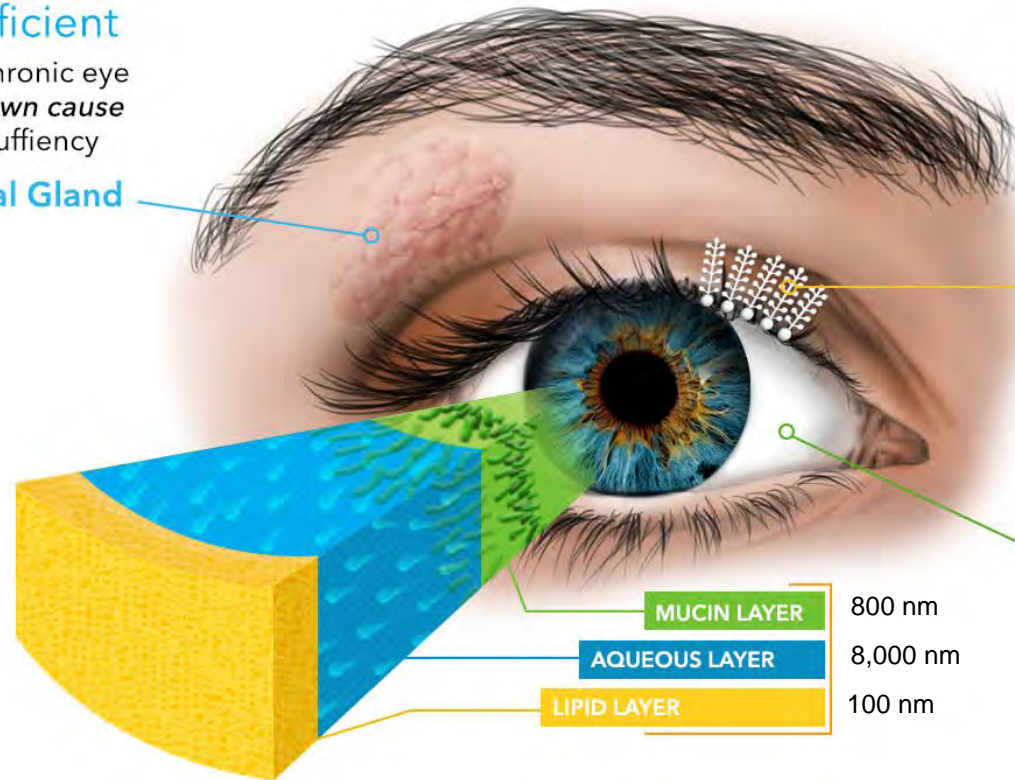
of patients with chronic eye discomfort of known cause have Meibomian Gland Dysfunction as a result of blocked or damaged meibomian glands

Meibomian Glands

<1% Other

of patients with chronic eye discomfort of known cause results from lack of mucin protection

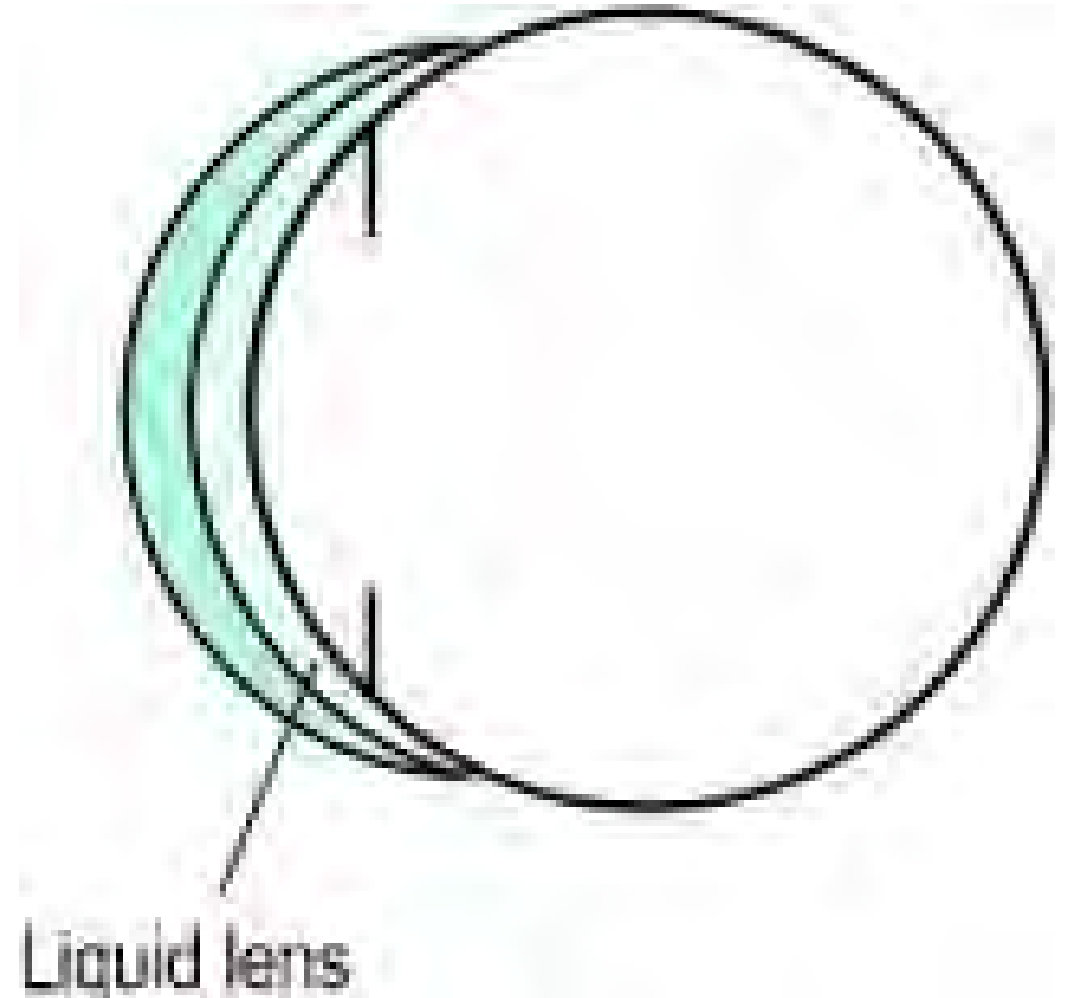
Conjunctiva



The two primary forms of dry eye are Evaporative Dry Eye, also known as Meibomian Gland Dysfunction or MGD and Aqueous Dry Eye. The majority of dry eye sufferers have MGD.

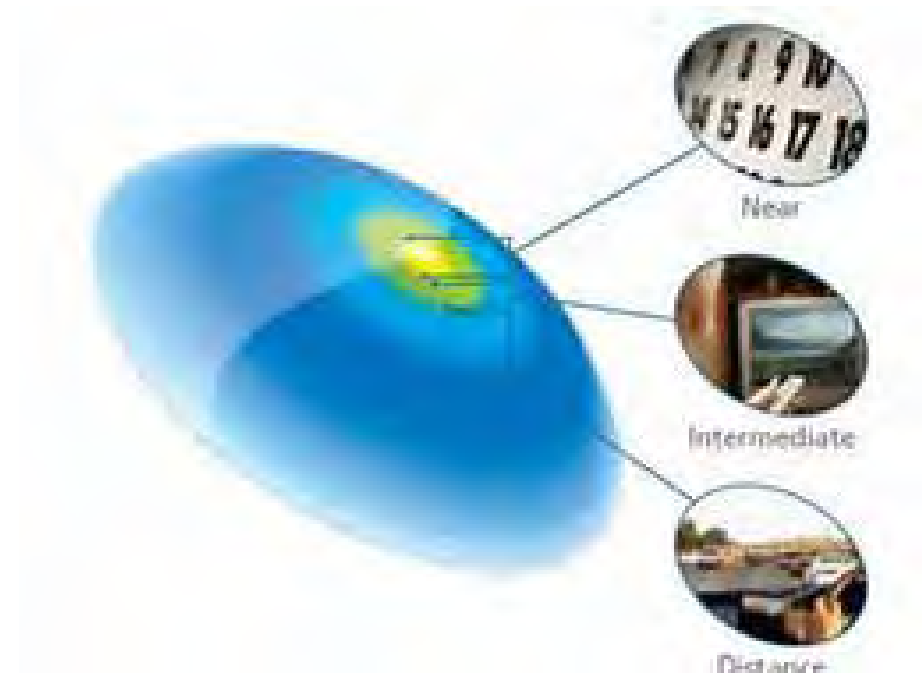
Fitting Theory

- Always consider the lacrimal tear layer, aka the lacrimal tear lens when fitting gas permeable lenses.
- Verify if your patient has any OSD conditions to consider. Mitigate as much as possible.



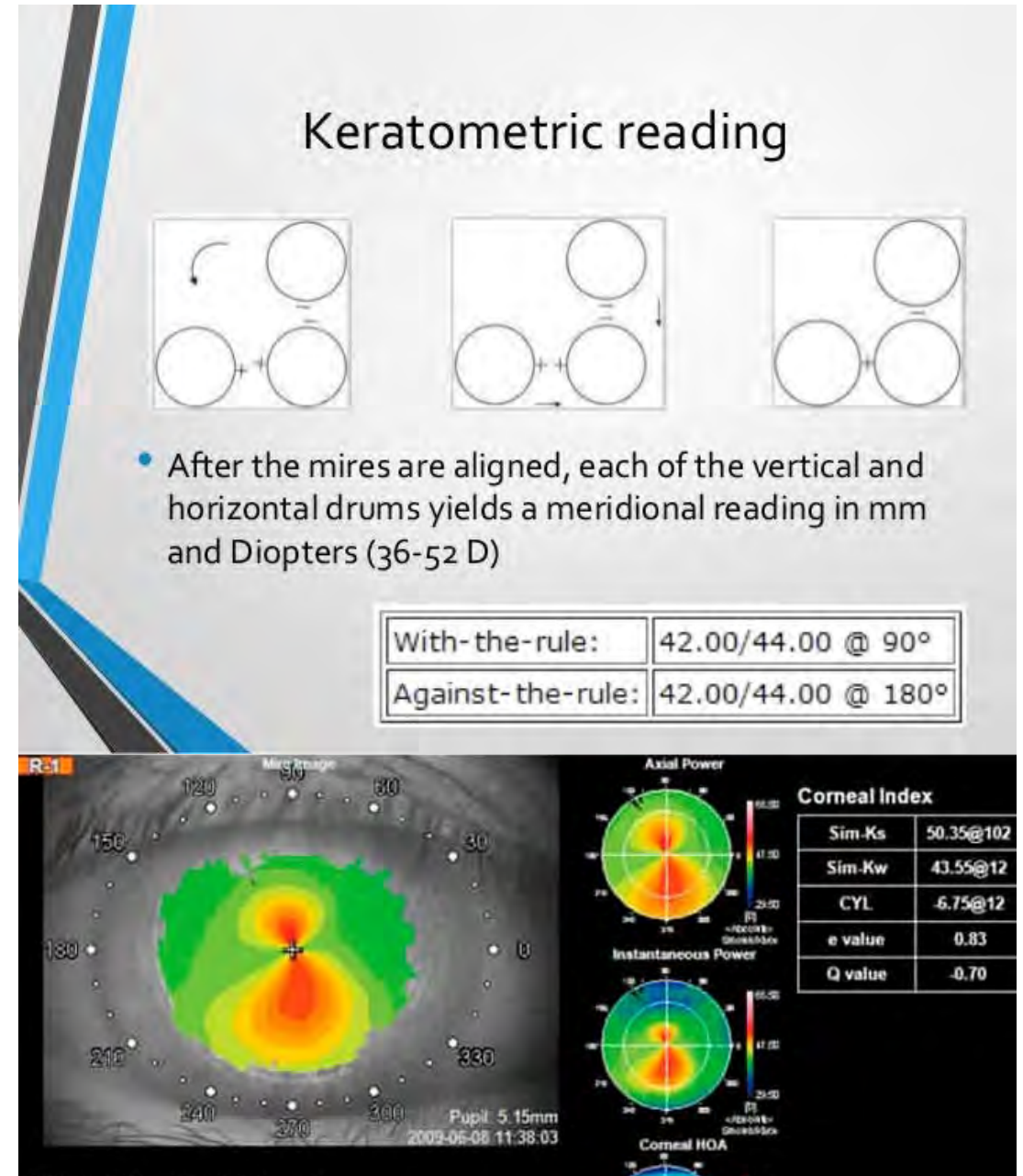
Exam and Fitting

- Eye health
 - Vision Testing
 - Tear eval - TBUT
 - Cornea eval – K-reading – Topography
 - Invert upper lids for an evaluation
 - Spectacles – current SRx
 - Diabetic patient (A1C 7.0)
 - Pregnancy (Breast feeding)
- Lens selection
 - Water content (high water 55%+, low water 38%)
 - Coverage
 - Centration
 - Movement upon blink
 - Rotation (LARS)



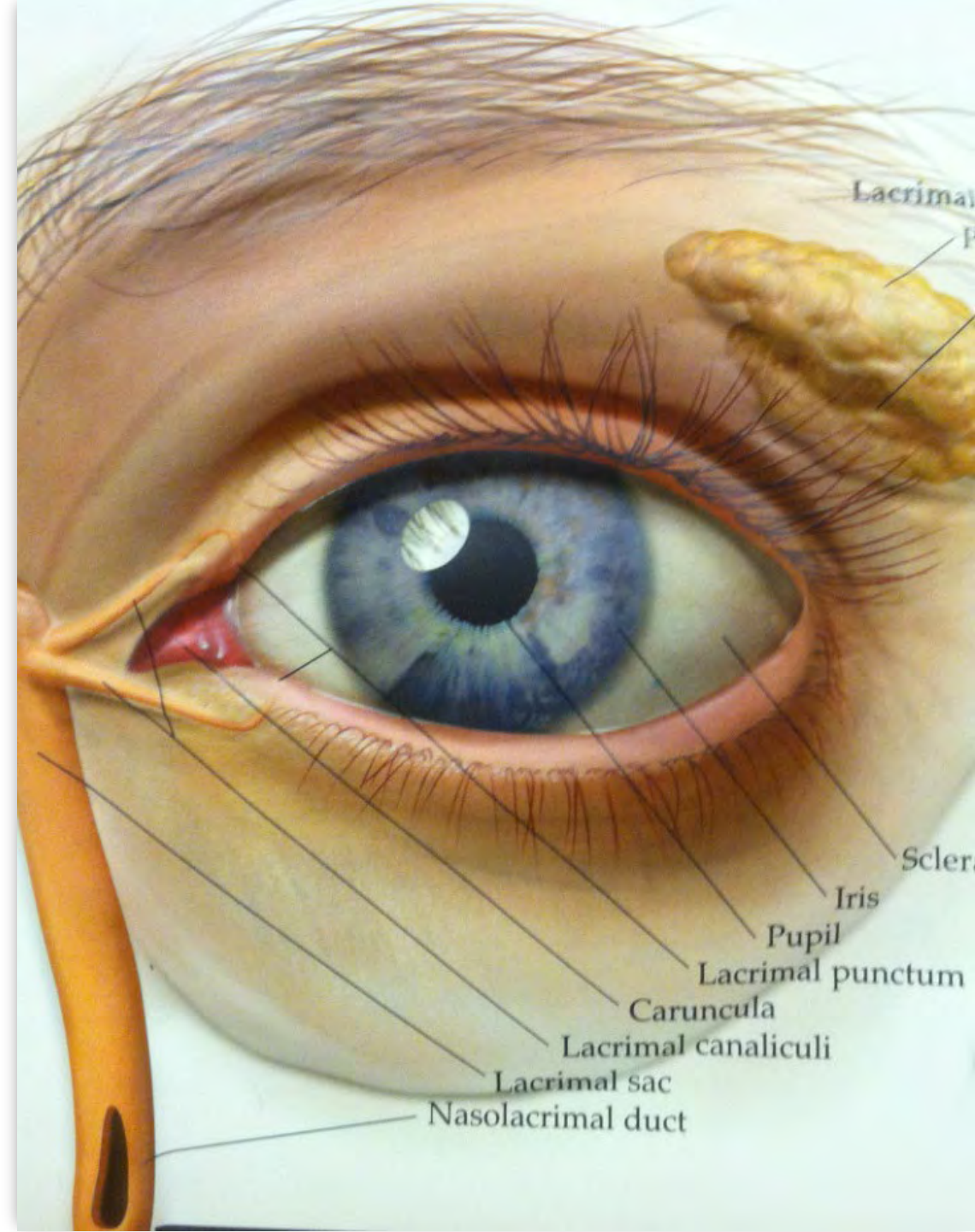
Contact Lens Data

1. Keratometry readings
2. Prescription
3. Horizontal visible iris diameter (HVID)
4. Pupil size
5. Fissure size
6. Eye dominance
7. Topographies*
8. Current contact lens brand, base curve and fit assessment if your patient is a current contact lens wearer.



Blink Rate

Determining the rate of blinking can be accomplished quite easily by counting the number of blinks made by the patient in a minute. The procedure should be performed without the patient's knowledge, or the results could be affected. Patients should be aware that blink rate prior to fitting can be useful as a baseline value with which to compare values obtained after lens wear has begun. A blink rate of 10 to 15 times per minute is considered normal. **Consider the patients daily activities!**

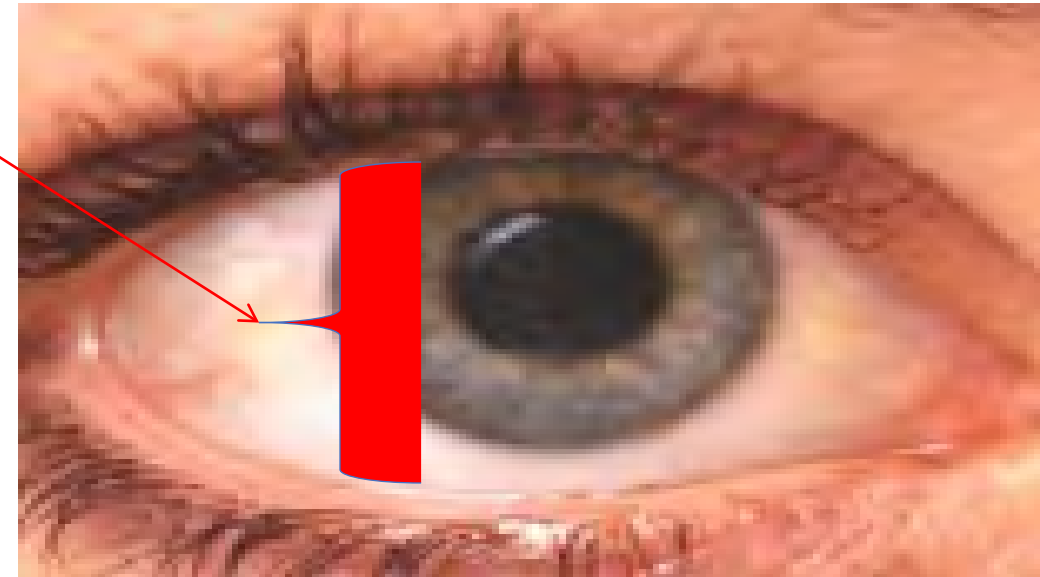


Lid Considerations

The palpebral aperture, or the separation of the lid margins between blinks with normal relaxed distance gaze, can be measured with a millimeter rule or PD stick. The rule is placed vertically near the patient's eye, with fixation over the examiner's shoulder at a distant object.

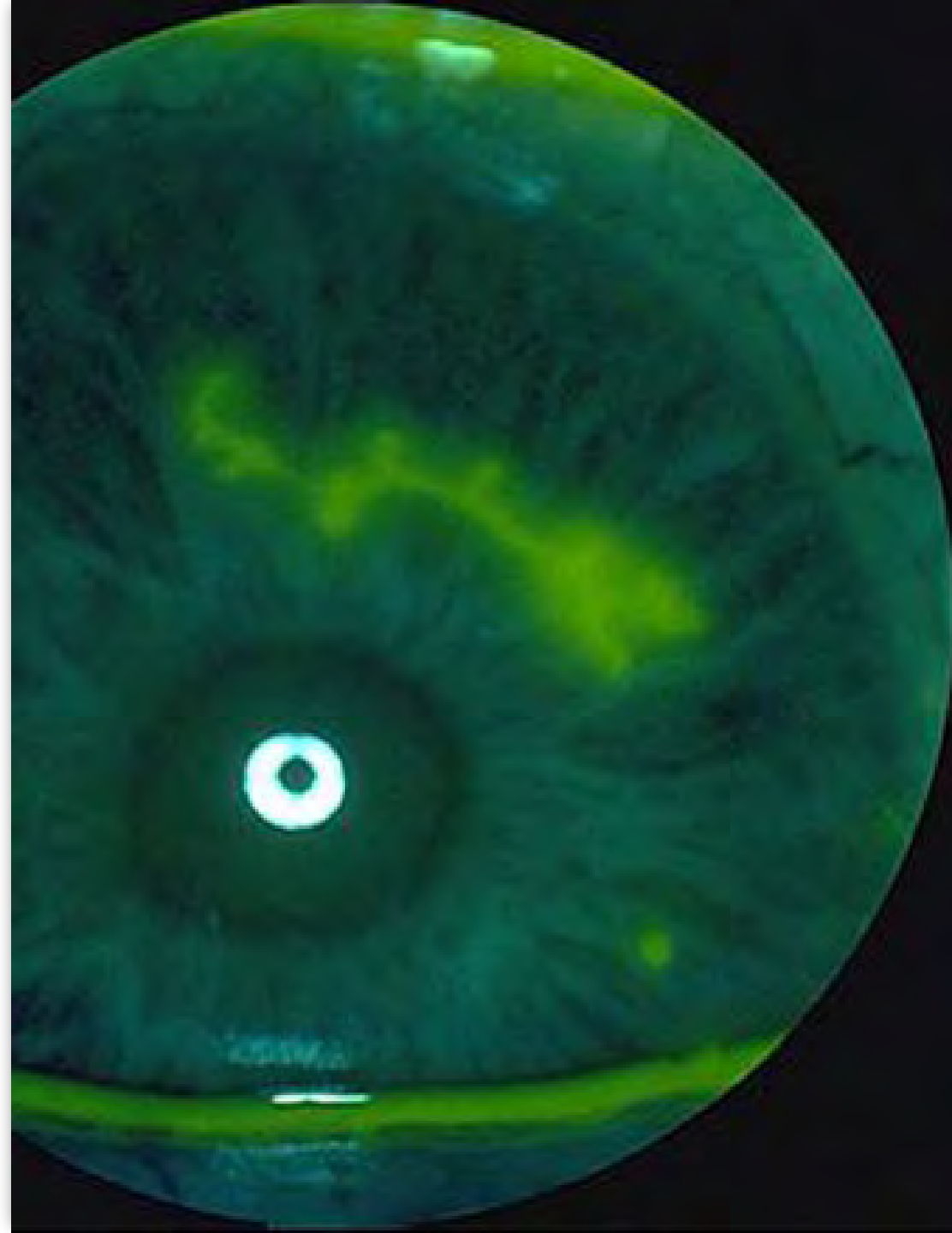
The average palpebral fissure size is 9 to 10 mm.

The Visible Iris Diameter (VID) is the distance from the nasal limbus to the temporal limbus and constitutes the lateral diameter of the iris. With the patient fixating straight ahead, a millimeter rule is angled toward the iris. A normal reading is between 10.5 and 12.5 mm.

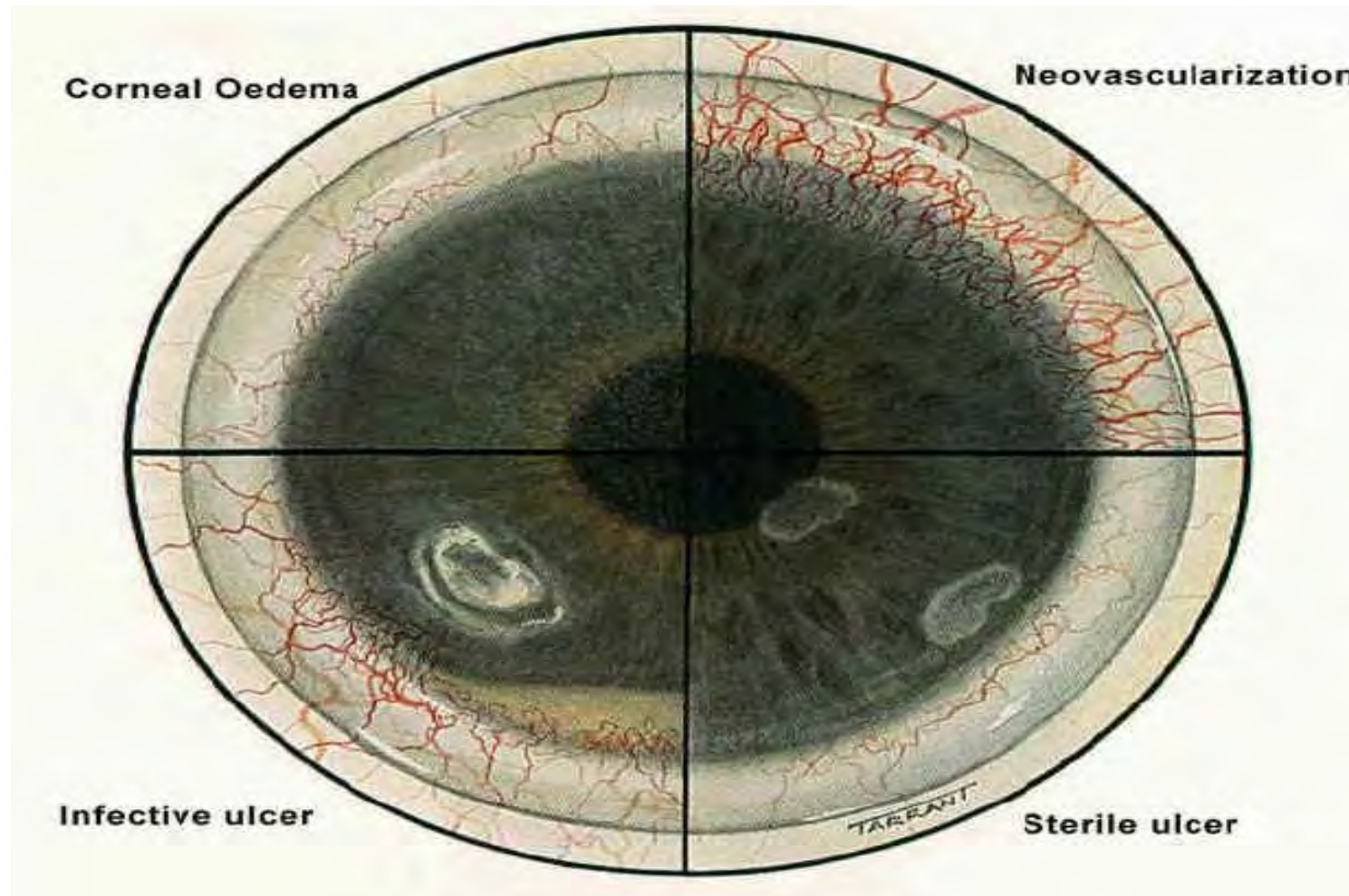


Negative fitting factors

- Chronic blepharoconjunctivitis
- Bad acne or rosacea
- Larger Pterygium
- Seventh Nerve Palsy (Bell's Palsy)
- Diabetes
- Severe allergies
- Severe dry eyes
- Poor hygiene



PANNUS/ NEOVASCULARIZATION



Contact Lens Uses



Convenience



Medical Uses

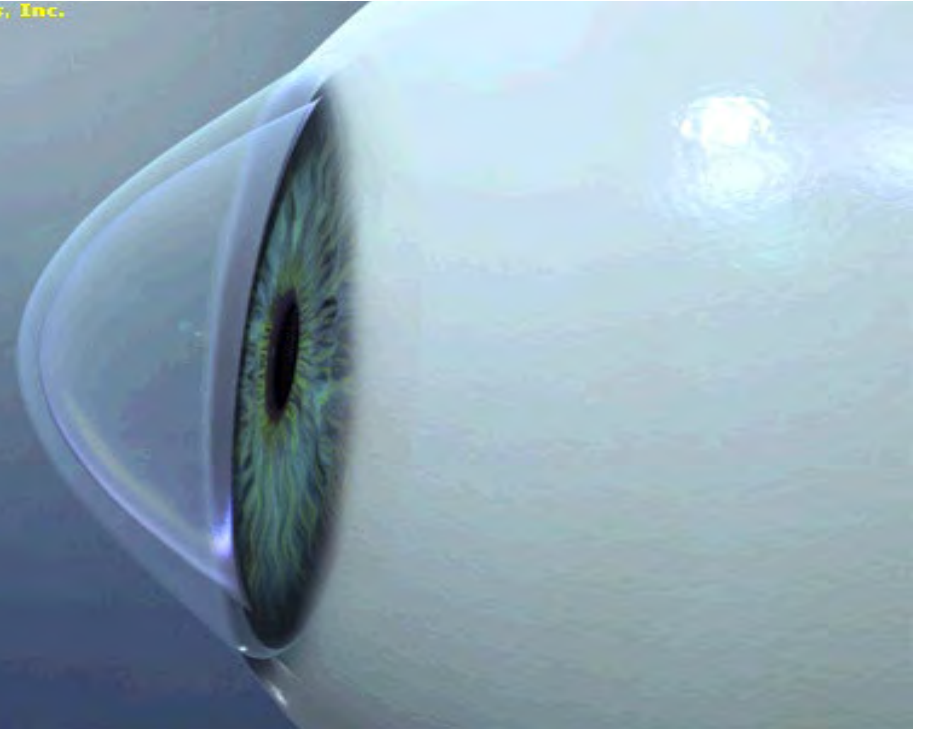


Cosmetics



Sports

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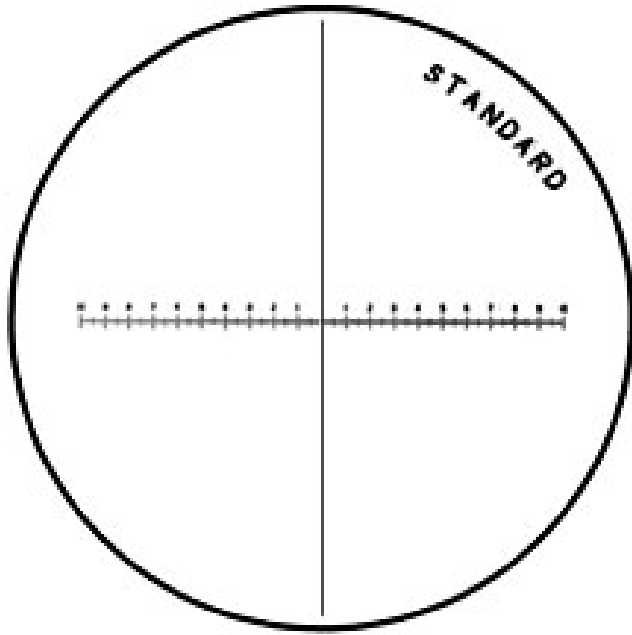
Contact Lens Verification

- **Lensometer**
 - Measures the power
 - For glasses and contact



- **Radiuscope**
 - Measures the base curve





Verification

- Hand Magnifier
 - Measures
 - overall diameter (OAD)
 - optic zone (OZ)
 - peripheral curve widths (PCW, SCW)
- V-Gauge or Slot Gauge
 - measures the overall
 - diameter (OAD)



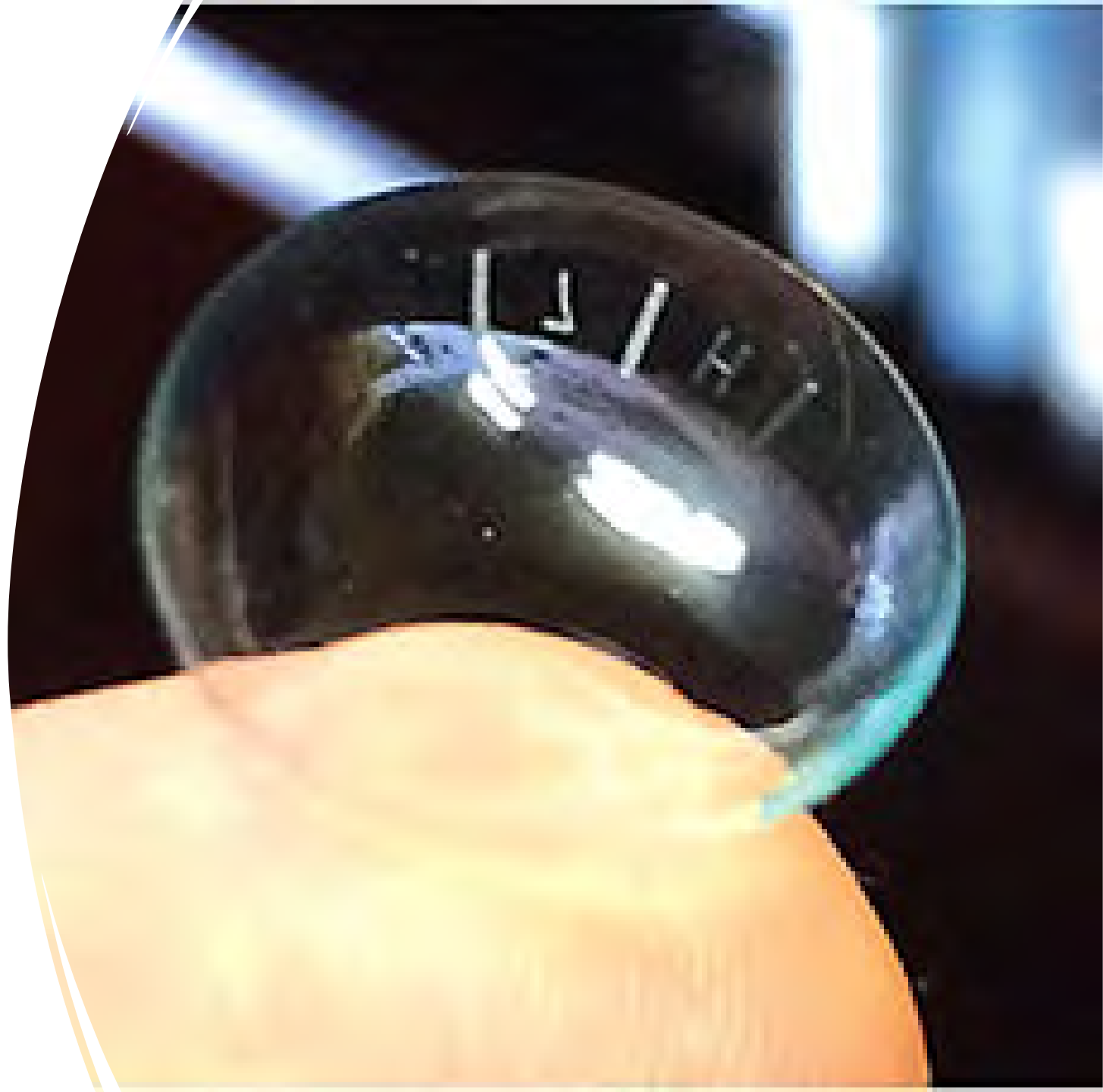
Verification

- Shadowgraph
 - magnifies and projects the contact lens



Trouble Shooting Contacts Issues

- Patient Compliance
- Vision Issues
 - Unstable/fluctuating
- Over-refraction
- Begin with spherical power first
- Toric Lens rotation
 - Too much movement
- Verify surface issues
 - Tear film evaluation
 - Inflammation
 - Dry Eye Disease



Care and Handling

- Hygiene!!!!
- Evaluate lens
 - Tears
 - Inverted
 - Lint

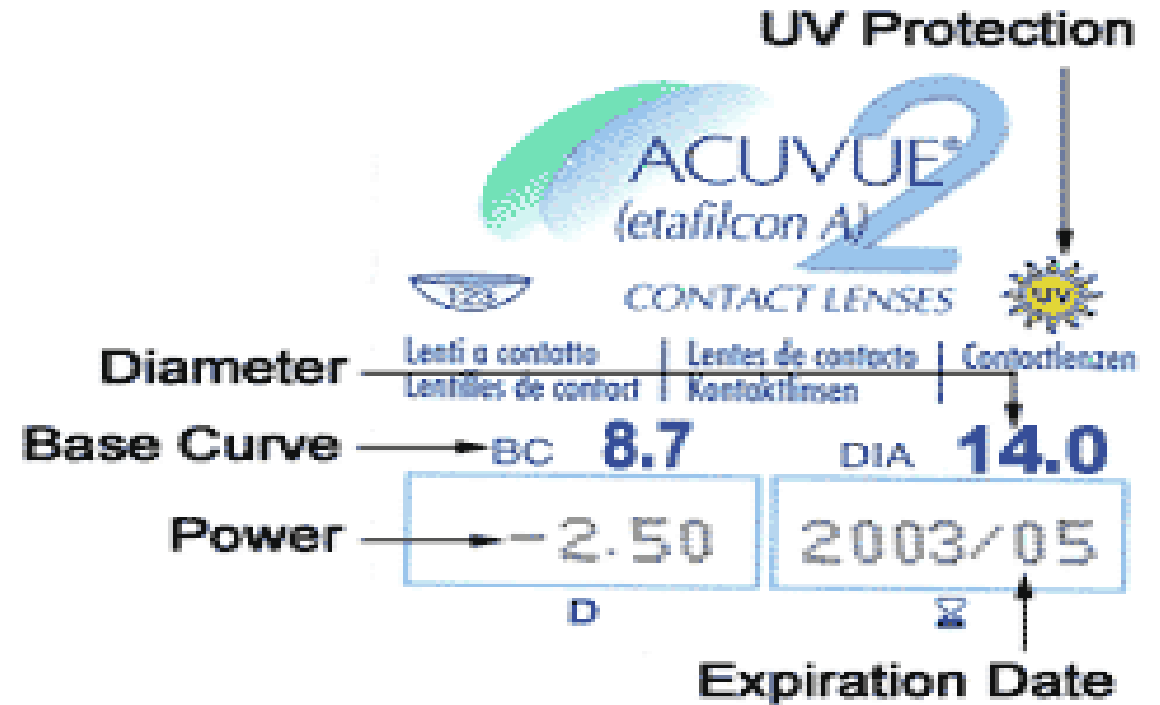
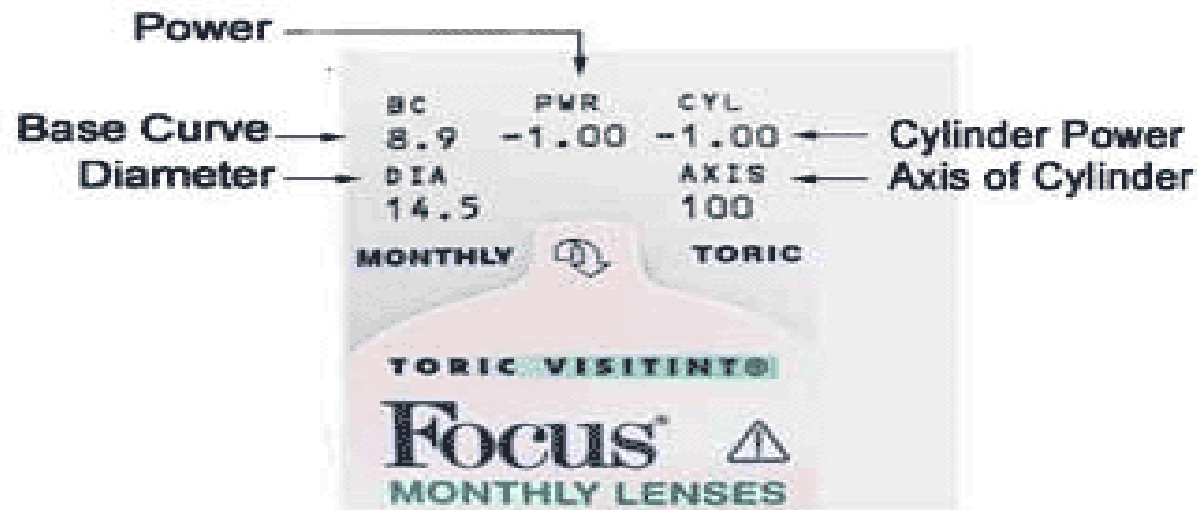


Ordering Parameters for Toric Contacts

Eye	RX	BC	Dia	Brand	Remarks
OD	-2.75 – 1.00 x 030	8.7	14.4	AV Toric	
OS	-3.00 – 2.00 x 070	8.9	14.0	Ciba Toric	



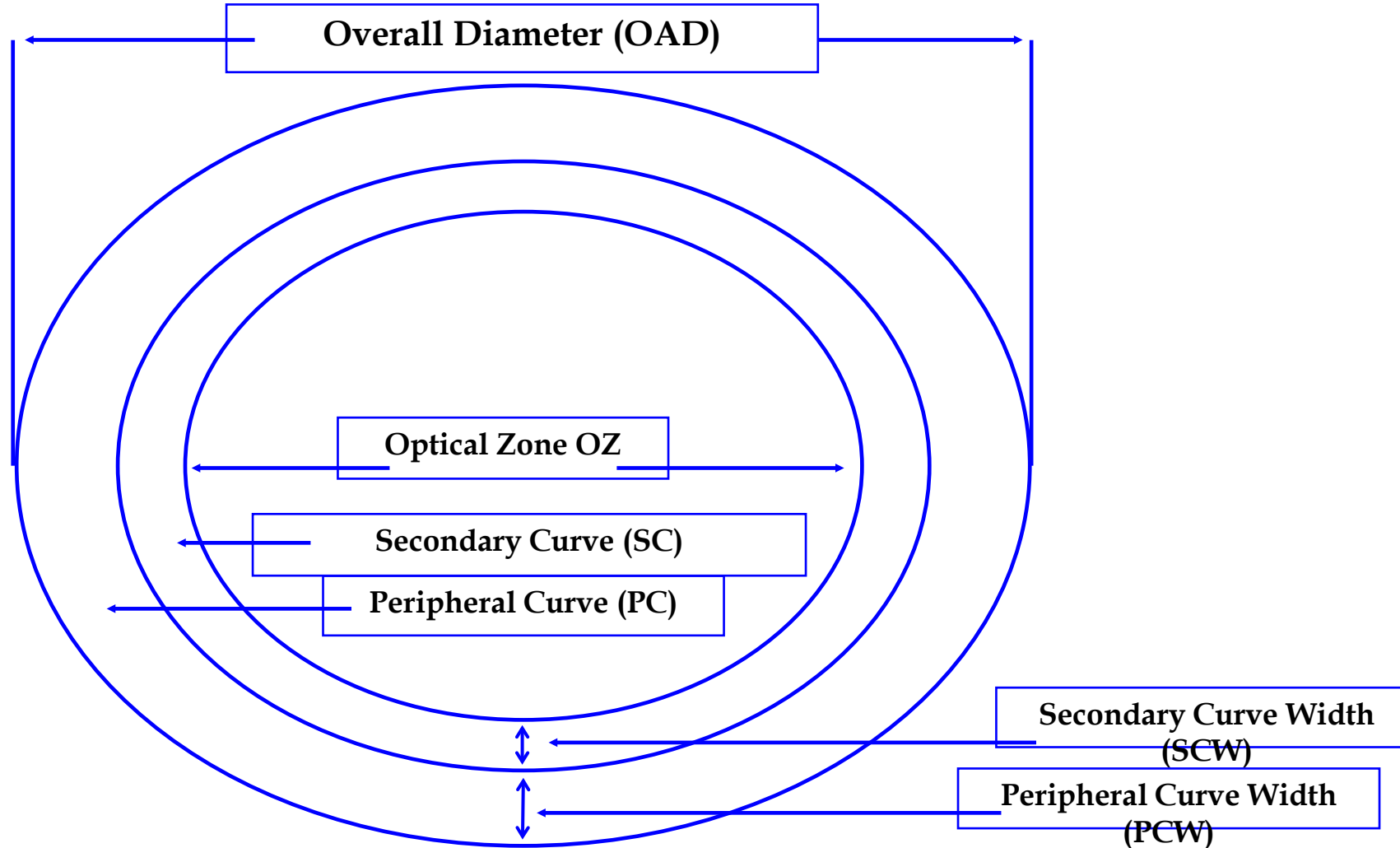
TORIC vs Spherical



What is a prism ballast used for? To stabilize the contact at a specific position

Contact Lens Parameters

$$2PCW + 2SCW + OZ = OAD$$



Contacts Characteristics



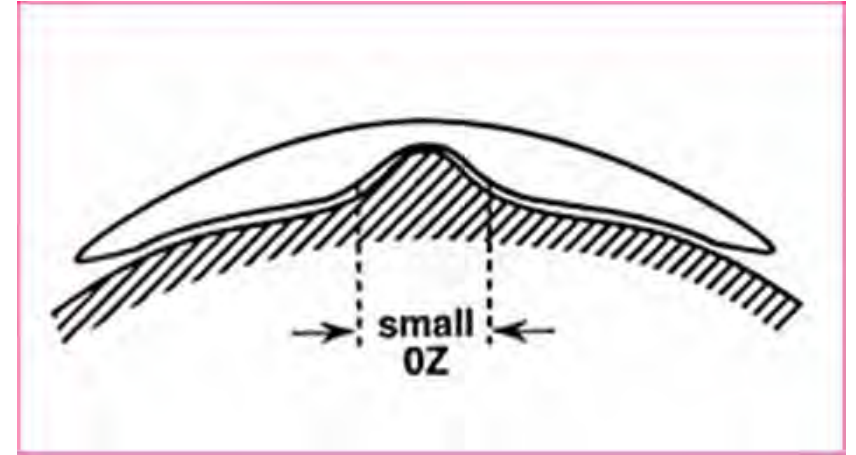
- Low water contacts are 38%
- High water content contacts are 55% and up
- Visitints are for pts with high Rx's to see the lens
- Some CLs are close to 70% water
- Biotribology is fraction, lubrication, and wear

Characteristics Cont...

Daily wear	Extended wear
Daily disposable	RGP
Scleral	Keratoconus
Bifocal/multifocal	



Rose-K For Keratoconus



- [Lens Types - ROSE K \(roseklens.com\)](http://roseklens.com)
- The ROSE K lens has a number of features that make it ideal for keratoconus:
- Its complex geometry can be customized to suit each eye and can correct all of the myopia and astigmatism associated with keratoconus.
- They are easy to insert, remove and clean.
- They provide excellent health to the eye, because they allow the cornea to "breathe" oxygen directly through the lens.
- Practitioners have the ROSE K trial set fitting system which achieves a first fit success in over 80% of patients internationally.



Verify Contact Lenses (ask the important question)

- Determine/verify contact lens measurements (base curve, diameter, thickness, and power)
- Radioscope
- Lensometer
- Reticle

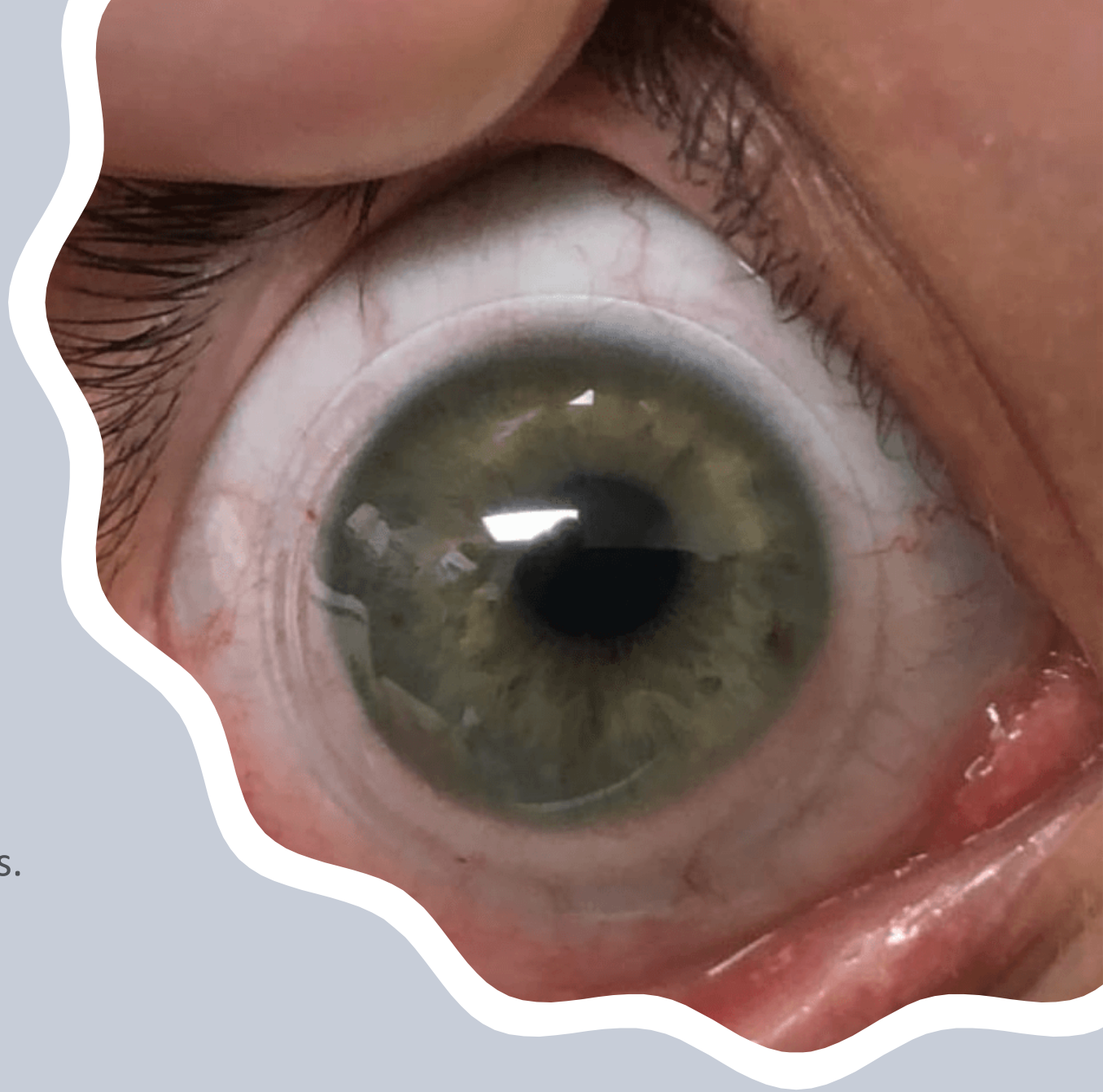
Safety First!

- Wash your hands!
- Procure all supplies
- Procedure must be safe
- Explain procedure
- Explain do's and don'ts
- Practical exams automatic failure for contact lens station



Contact Lenses Care Tips From FDA

- [Contact Lens Care | FDA](#)
- Do not “top off” the solutions in your case.
- Throw away all the lens solution after each use.
- Use only the lens solutions and eye drops that your eye doctor suggests.
- Do not use solutions longer than the recommended time after opening.
- Replace your contact lens case every 3-6 months.

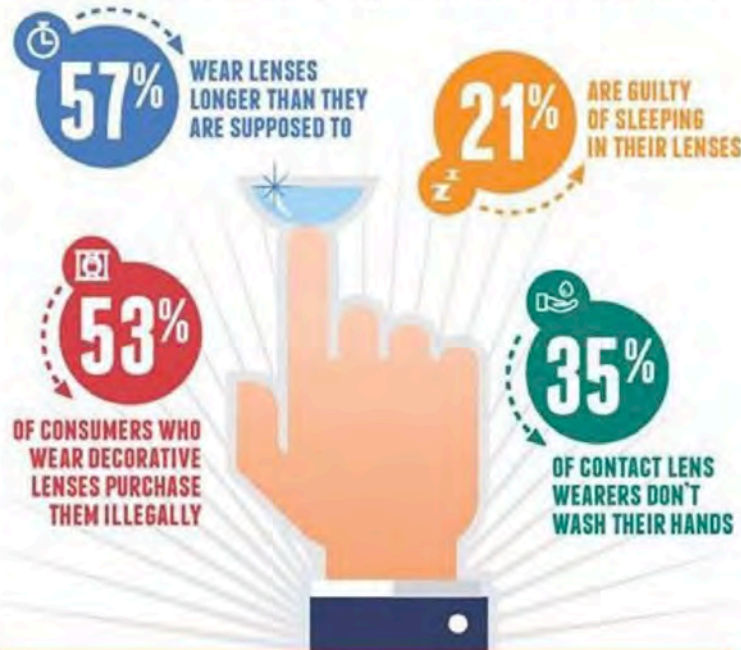


FDA Continued ...

- Follow your eye doctor's directions on how to wear and clean your contacts.
- If you have a problem, take out your lenses right away and bring them with you to see your doctor.
- Have an up-to-date, correct prescription from your eye doctor when buying contact lenses.
- Get your doctor's OK before using any new or different medicines.
- Do not use solutions longer than the recommended time after opening.
- Take out your contacts when you swim or go into a hot tub. You could risk an eye infection from the non-sterile water.
- You also need an eye exam and prescription for decorative contact lenses.
- Report problems to FDA's Medwatch program. 1-800-FDA-1088, www.fda.gov/medwatch

BAD HABITS OF CONTACT LENS WEARERS

Contact Lenses are a Safe Form of Vision Correction. But According to the American Eye-Q® Survey¹, Many People Make These Serious Mistakes:



POOR CONTACT LENS HYGIENE PRACTICES, OR WEARING ILLEGALLY-PURCHASED DECORATIVE CONTACT LENSES, CAN RESULT IN:

• Bacterial Infections • Pain and Irritation • Permanent Vision Loss

KEEP YOUR EYES HEALTHY!



WASH YOUR HANDS BEFORE HANDLING LENSES



KEEP YOUR CASE CLEAN USING FRESH SOLUTION EVERY TIME AND REPLACE IT AFTER 3 MONTHS



DON'T SLEEP IN LENSES NOT MEANT FOR OVERNIGHT WEAR



ALWAYS GET AN EYE EXAM AND PRESCRIPTION FROM A LICENSED OPTOMETRIST

ALL contact lenses are medical devices. Get an eye exam and only wear lenses that have been properly fitted and prescribed by an optometrist.

Compliance is a big issue

- You may require a patient to pay for the eye exam, fitting, and evaluation before giving them a copy of the contact lens prescription, but **only if you also require immediate payment from a patient whose eye exams show no need for glasses, contact lenses, or other corrective eye care products.** Proof of valid insurance coverage counts as payment for purposes of this requirement.¹
- The FCLCA has always required that prescribers provide contact lens prescription to anyone who is designated to act on behalf of the patient, including contact lens sellers. **The updated 2020 final regulations now require that physicians respond to these requests within 40 business hours.** Prior to this rule change there was not a timeframe within which the prescription was required to be provided.
- The entire must know the law!

CDC and FDA Recommendations



CDC

- ✓ Schedule a visit with your eye doctor at least once a year.
- ✓ Take out your contacts and call your eye doctor if you have eye pain, discomfort, redness, or blurry vision.
- ✓ Understand that eye infections that go untreated can lead to eye damage or even blindness.²



FDA

- ✓ “To be sure that your eyes remain healthy you should not order lenses with a prescription that has expired or stock up on lenses right before the prescription is about to expire. It’s safer to be re-checked by your eye care professional.”

Dispensing Contacts

Fitting...if you get the chance, have pt practice technique

Check VA's before and after dispensing

Care and Handling

- **Do's and Don'ts of contact lens wear**
 - Hand washing
 - Soaps
 - Towels
 - Activities
 - Make-up
 - Medications (wait at least 15 minutes after medication)
 - Fumes and vapors...high school kid
- Patient appearance
- Patient motivation
- Work Conditions
- Cleaning System...do not keep solutions opened for more than 90 days
- Contact lens case...clean daily, let air dry
- Follow-up Care...wear schedule and emphasis on the value of scheduled follow-ups
- Pre-appointment Instructions

Insertion and Removal Video Links

[Contact Lenses for Beginners | How to Put in Contacts - Bing video](#)

[Contact Lens Insertion and Removal - Bing video](#)

[Paragon CRT® Contact Lens Insertion and Removal Video - Bing video](#)

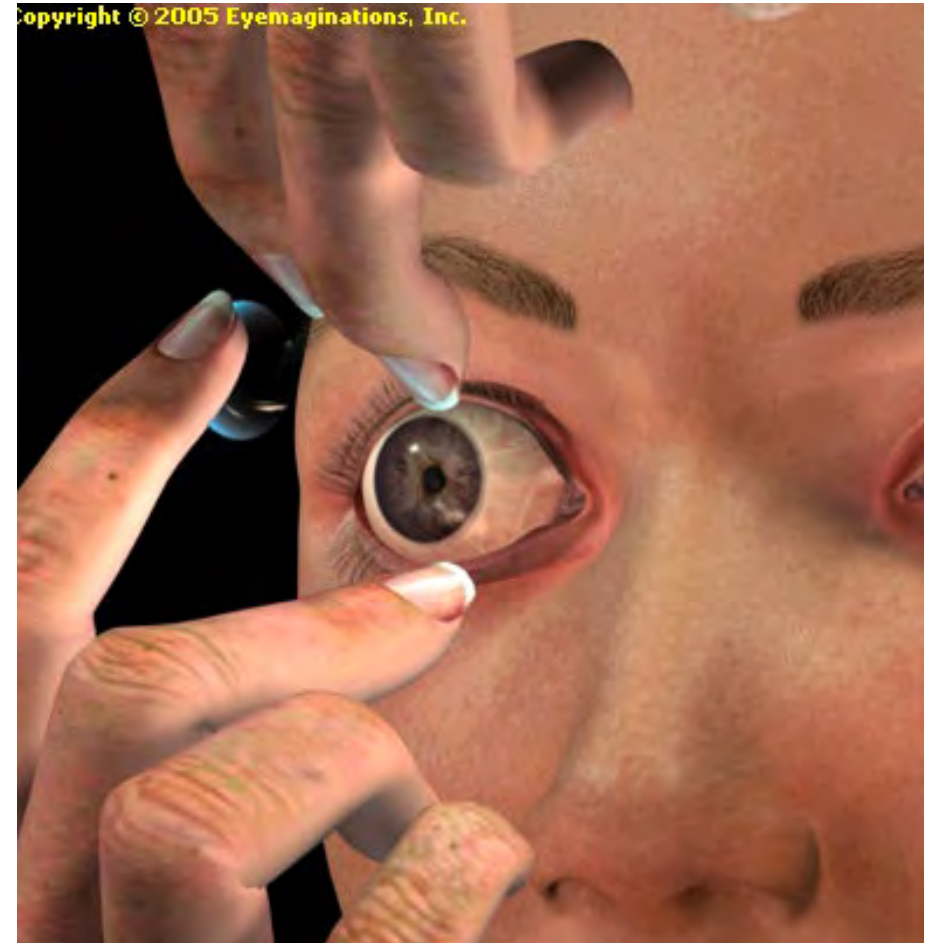
[Scleral Lens Society Insertion, Removal, Troubleshooting and Lens Care Video - Bing video](#)

[How to Insert and Remove SCLERAL LENSES | Beginners Guide to Scleral Lenses - Bing video](#)

Insertion of Contacts

- **Step-by-step instructions**

- First, [wash your hands](#) thoroughly and dry them well.
- Open your contact lens case and use your fingertip to put the first contact lens in your non-dominant hand.
- Rinse the lens with contact lens solution. Never use regular water.
- Put the lens on the top of the index or middle finger of your dominant hand.
- Check to make sure the lens isn't damaged and that the correct side is facing up. The edges of the lens should turn up to form a bowl, not flip out. If it's inside out, gently flip it. If the lens is damaged, don't use it.
- Look in the mirror and hold your upper and lower eyelids open with the hand not holding the lens.
- Look in front of you or up toward the ceiling and place the lens in your eye.
- Close your eye slowly and either roll your eye around or press gently on the eyelid to settle the lens in place. The lens should feel comfortable, and you should be able to see clearly after blinking a few times. If it's not comfortable, gently take out the lens, rinse it, and try again.
- Repeat with the second lens.



Insertion of Soft Lenses



- Wash your hands thoroughly with soap and water, and dry with a lint-free cloth. It is best to avoid using soap that contains heavy fragrances or oils, as they can adhere to the surface of your lens.
- Remove your contact lens from its storage case or sealed package using your fingertips (NOT your fingernails) and place it in the center of your hand. Some eye doctors recommend pouring the contact lens directly from the storage case onto the palm of your hand.
- Place the lens onto your index finger of your dominant hand and check that the lens is not inside out. To do this, look at the shape of the lens. If it appears with the sides turned out, similar to a teacup, it is inside out. The correct position of a lens resembles the shape of a bowl. Some contact lenses have numbers on them, making it easy for you to check if they appear correctly.
- With your other index or middle finger, gently hold your upper eyelid toward your eyebrow to ensure that your eyelashes don't get in the way.
- Using your middle finger on your dominant hand, pull your lower eyelid down.
- Staring straight ahead, or looking up toward the ceiling, slowly bring the contact lens toward your eye and gently place the lens in the center of your eye.
- Look down and blink a few times to help the lens move to its proper position.
- Release your eyelids and check for comfort and clear vision.

Placement of Soft Contact Lens

- Hygiene* (make-up)
- Placement
- Place lens on finger-tip
- Inspect lens
- Manipulate lids for widest aperture
- Place lens on eye
- Release lower lid, then upper lid



Removal of Soft Contact Lens

- Hygiene
- Pull lower lid down
- Pinch lens off the white part of eye
- Remove
- Reverse hand positions for second eye



Placement of Gas Perm Contact Lens

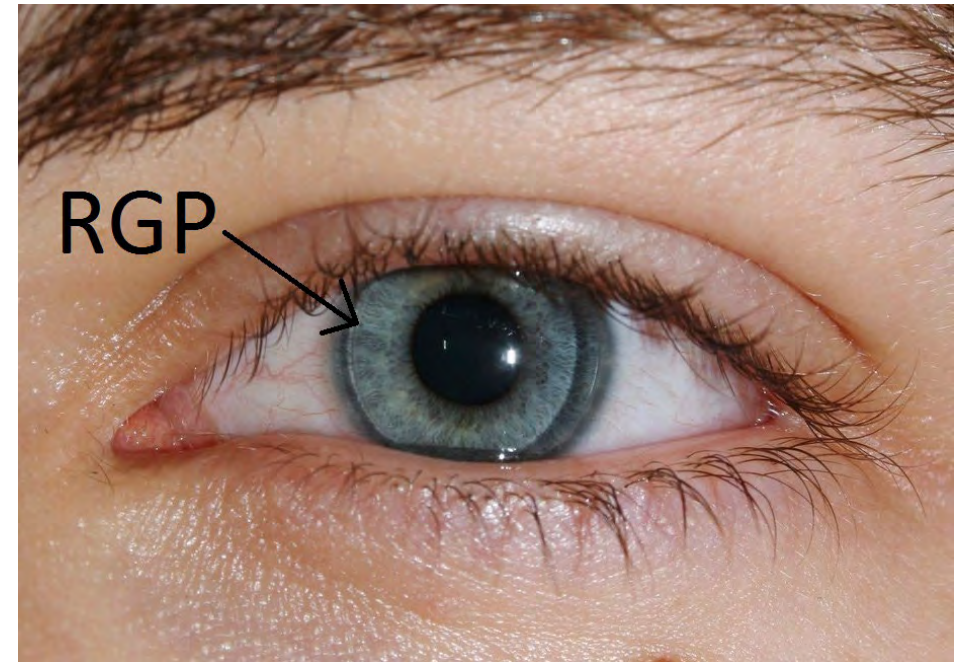
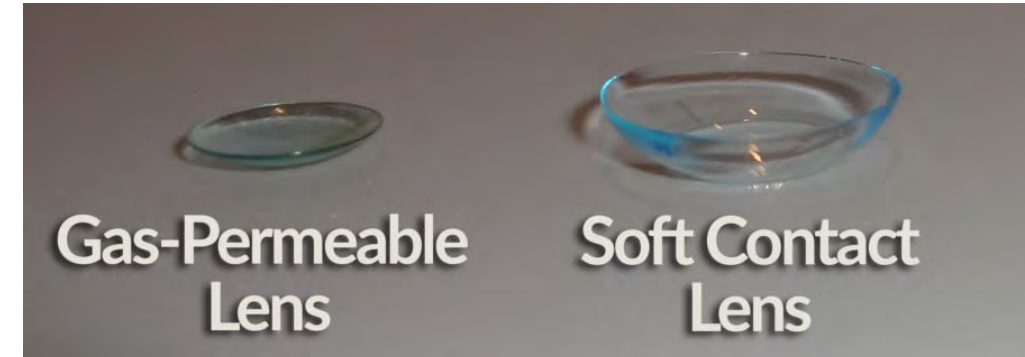
- Hygiene
- Place lens on moistened finger-tip
- Position head down
- Lift upper lid with forefinger
- Pull lower lid down
- Place lens on center of cornea
- Remove lens finger
- Release lids



Insertion of GP

When putting in gas permeable lenses, follow these steps:

1. Wash your hands with soap and water. Do not use soaps that contain lotion, cream, perfume, or artificial coloring.
2. Dry your hands with a clean, lint-free towel.
3. Remove a lens from its case. Try to get into the habit of always doing the same side first. This will help you avoid mixing up your lenses. When handling the lens, use your fingertips (like the image on the right). Avoid touching it with your nails.
4. Rinse the lens with fresh cleaning solution. Only use brands recommended by your doctor. Do not use tap water.
5. Check to make sure the lens is clean and wet.
6. Rub several drops of cleaning solution on the lens.
7. Place the lens on the fingertip of your dominant hand's index finger.
8. Use the middle finger of your dominant hand to hold down your lower eyelid. Use a finger on your other hand to hold up your upper eyelid.
9. Gently place the lens on the center of the colored part of your eye.
10. Release your eyelids and blink.
11. If you have blurry vision, check to make sure the lens is centered. If it is in the correct position, remove the lens and make sure it is clean. Clean and disinfect the lens again before reinserting it.





Removal of Gas Permeable Lens

- Open eyes are wide as possible
- Place fingertip at lateral canthus
- Pull lid laterally
- Blink
- Catch lens in other hand



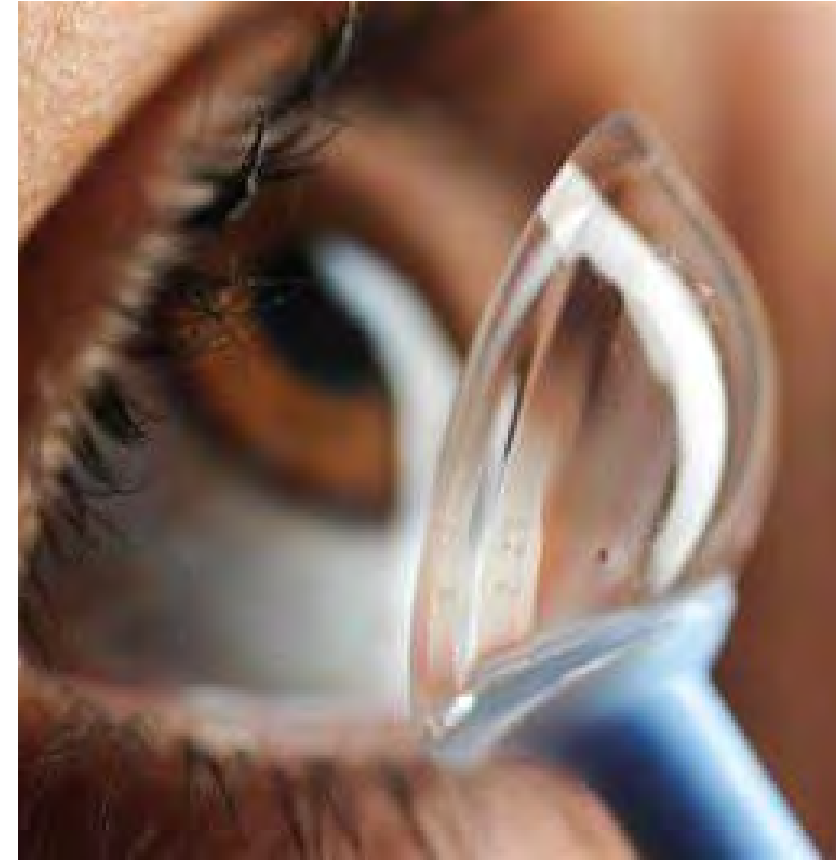
Insertion of Scleral Contact Lens

- Remove your scleral lenses from their storage case and rinse them with saline. If you're using a hydrogen peroxide solution, wait at least 6 hours for the solution to neutralize after you place the lenses in the storage case. Before placing the lens on the eye, always clean it with saline.
- Secure the scleral lens to a suction instrument (plunger) provided by your optometrist, or insert it between your middle finger, forefingers and thumb (the tripod method).
- To prevent air bubbles from accumulating between your eye and the lens, fill half the bowl of the lens with preservative-free saline solution. In a facedown position, place the lens directly on the middle of your eye.
- With a tissue, wipe and dry your lens case, then leave the cover off to air dry.

Step-by-step instructions

Removal of Scleral Contacts

- Wash your hands thoroughly and dry them well.
- Use the middle finger of your dominant hand to gently pull down your lower eyelid on one eye.
- While looking up, use the index finger of that same hand to gently pull the lens down to the white part of your eye.
- Pinch the lens with your thumb and index finger and remove from your eye.
- After you remove the lens, put it in the palm of your hand and wet it with contact solution. Gently rub it for about 30 seconds to remove any mucus, dirt, and oil.
- Rinse the lens, then place it in a contact lens case and cover it completely with contact solution.
- Repeat with the other eye.



Proper Care of Gas Permeable Contact Lenses

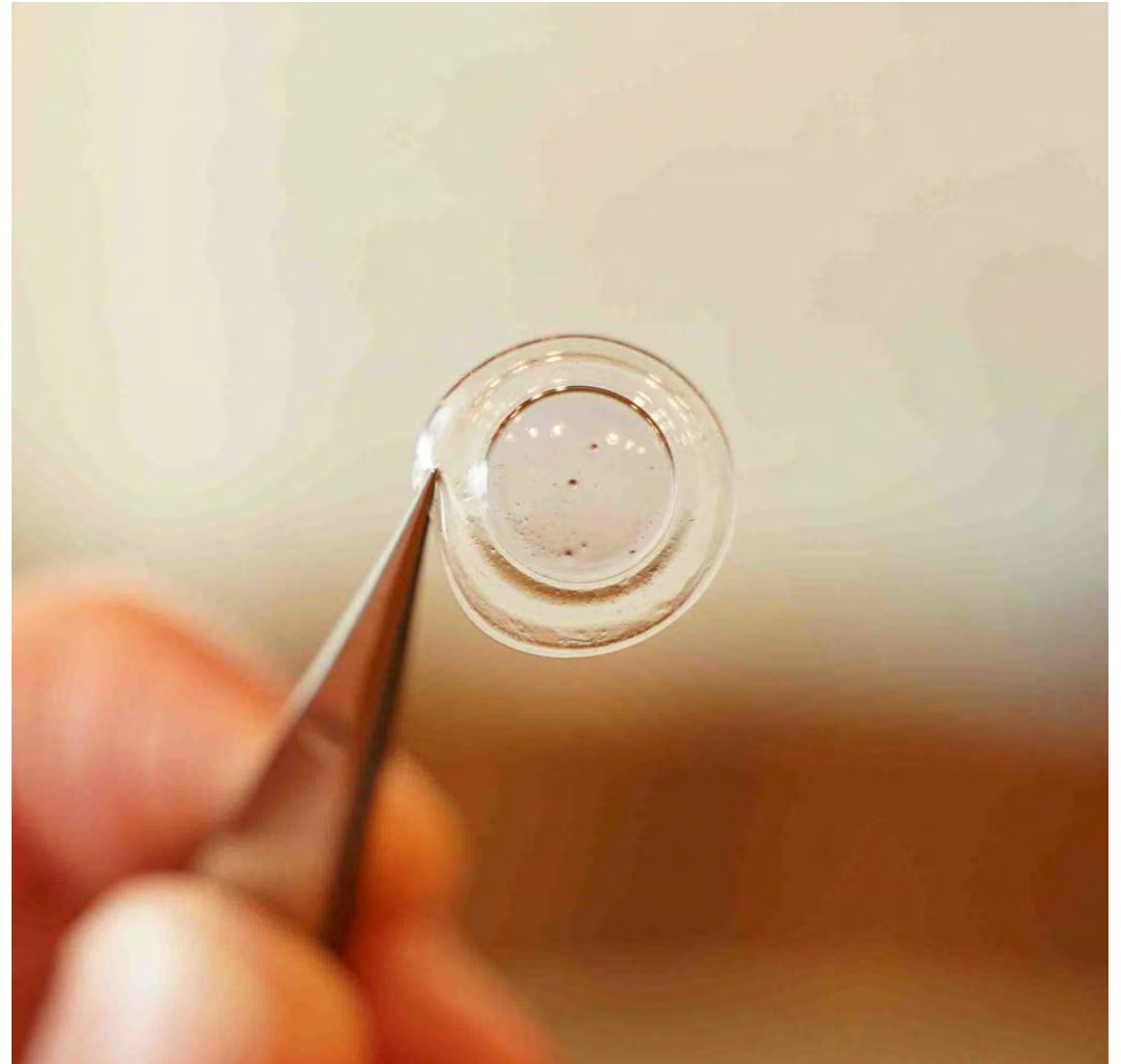
[Contact Lens Care Systems & Solutions | Contact Lenses | CDC](#)

1. Cleaning is the removal of deposits, debris and some germs from the surface of the contact lens.
2. Disinfecting is the killing of germs present on the contact lens, some of which can cause serious [eye infections](#).
3. Polishing



Hybrid Contact Lenses

- A hybrid lens has a gas permeable contact for clarity in the center and a soft contact lens skirt for comfort
- Great for certain types of astigmatism
- Requires more patient education
- Not used for lenticular astigmatism





Ortho-K

- GPs and Ortho-K lenses
- Reshapes the cornea
- Only wear at night when sleeping
- No pain involved
- Usually, one month of wear record wear time for 6 months



Prosthetic Contacts

- Provides visual correction
- Reduces photophobia
- Improves:
 - Deformities (Iris, pupil, etc.)
 - Binocularity (aniseikonia)
 - Self esteem
 - Confidence
 - Patient's quality of life

Never forget: Do's and Don'ts of Contact Lens Wear



DO make sure you wash and dry your hands thoroughly before putting in or removing your lenses.

DON'T wear your lenses for longer than the prescribed amount of time.

DO make sure to store contact lenses overnight in disinfecting solution.

DON'T store lenses overnight in saline. Saline is great for rinsing, but not for storing contact lenses.

DO throw out the solution in your lens case after you put your lenses in your eyes.

DON'T reuse the disinfecting solution in your lens case.

DO rinse your case with saline solution after you put in your lenses.

DON'T use water to clean or store your lenses.

DO replace your lens case every 3 months.

DON'T sleep in your contact lenses.

DO keep your nails short to avoid scratching your eye. If you have long nails, make sure to only use your fingertips to handle your lenses.

DON'T go underwater in your lenses, including swimming or showering. Water can contain pathogens that have the potential to cause eye infections.

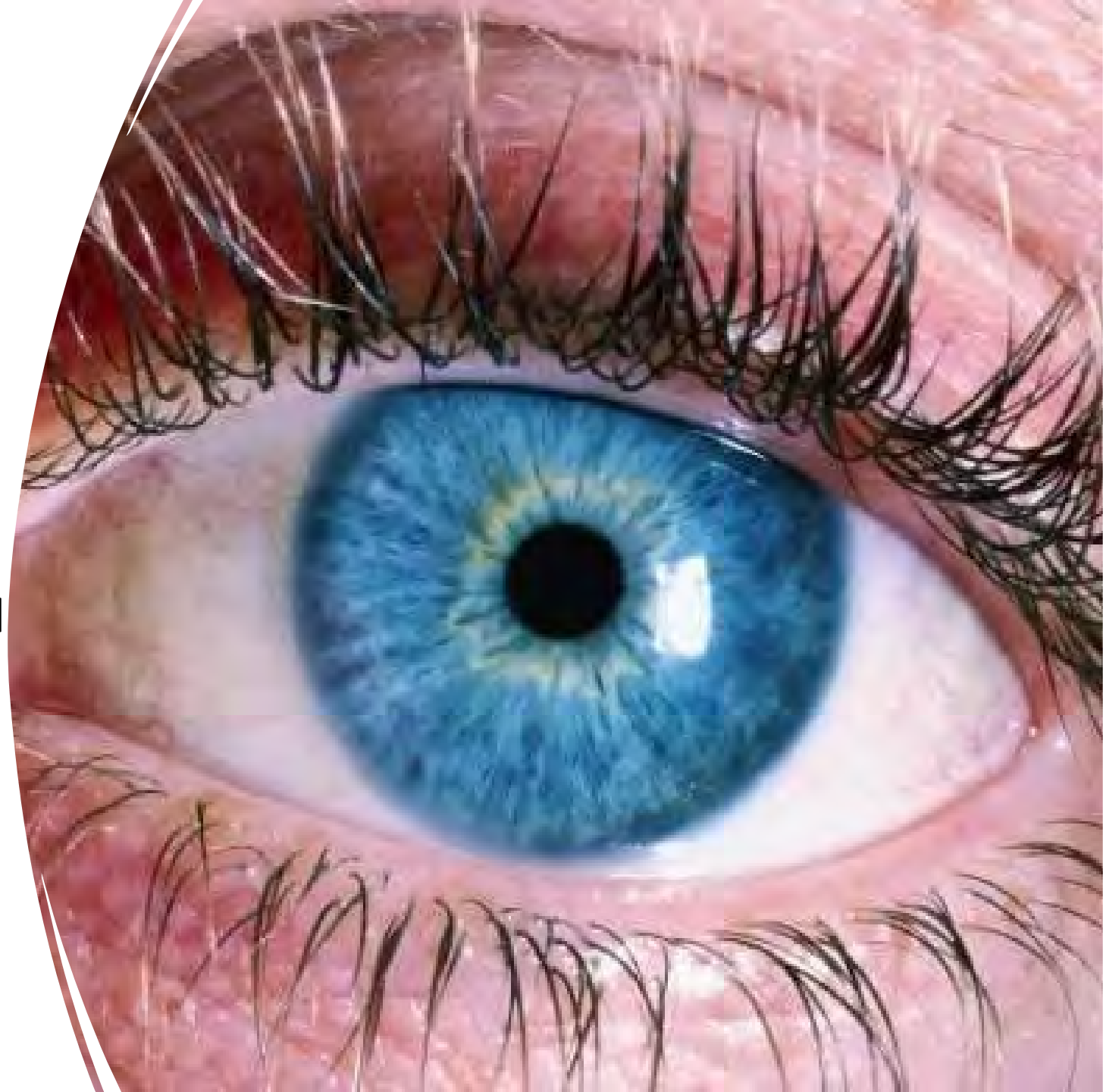
Wearing Schedules

- Every patient is different: pt record
- Soft Lenses
 - 4-6 hours plus 2 each day to full time wear
- Gas Permeable
 - 4 hours plus 1-2 each day to full time wear



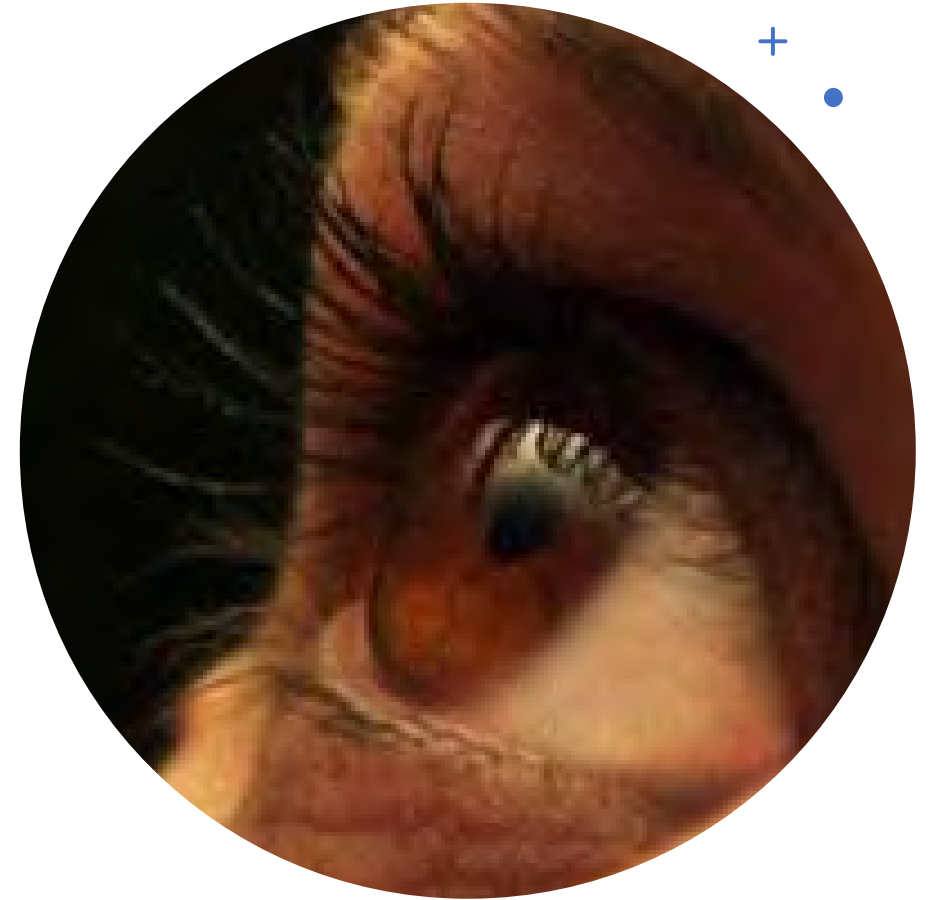
Normal Adaption

- Tearing is natural with initial lens placement
- Awareness, improving with continued wear
- Intermittent blur (due to excess tears)
- Increase photophobia
- Minor irritation to wind, smoke, dust
- Mild redness



Abnormal Adaption

- Sudden pain or blurring
- Severe or persistent haze or halo
- Severe redness or irritation
- Spectacle blur for one hour or more after contact lens removal



Care and Handling Techniques

- Provider recommends
- Lens Care Systems
 - Clean
 - Rinse
 - Disinfect & Store
 - Protein Removal



Why is it important to keep up with current trends?



- Hydrogen peroxide systems
 - Deactivation disc
 - Minimal time for disinfection for system
- Soft lens care systems
 - clean
 - rinse
 - disinfect & store
 - protein removal
- Gas Permeable care systems
 - clean
 - rinse
 - disinfect & store
 - protein removal

Cleaning/Disinfecting Solutions

- Soft contact lens solution for soft contact lenses
- Hard contact lens solution for RGP's



Multipurpose solution

- Multipurpose solution is an all-in-one care system used to clean, rinse, disinfect, and store soft contact lenses. This solution is the most commonly used care system among soft contact lens wearers. Follow these steps for proper use of multipurpose solution:
- What is the difference between cleaning and disinfection?
- **Cleaning** is the removal of deposits, debris and some germs from the surface of the contact lens.
- **Disinfection** is the killing of germs present on the contact lens, some of which can cause serious [eye infections](#).
- Rub and rinse your contact lenses and store them in fresh solution every time you take them out [1,2](#).
- Never mix fresh solution with old or used solution in the case—a practice called “topping off”—since it reduces the effectiveness of disinfection [3,4](#).
- Rub and rinse your contact lens storage case with fresh solution—never water—every day [5-7](#).
- Empty all excess solution out of the case, and dry it with a fresh, clean tissue [5-7](#).
- Store the clean case upside down on a fresh, clean tissue with the caps off after each use [8](#) in order to prevent germs from building up in the case [9-11](#).

Hydrogen Peroxide Systems

- Hydrogen peroxide-based systems clean, disinfect, and store contact lenses. An eye care provider may prescribe this care system if you have an allergy to ingredients in multipurpose solution that causes redness or irritation of the eye. Systems that use this type of solution require the use of a special case that comes with the solution when you buy it. The special case reacts with the hydrogen peroxide, converting it to harmless saline solution over time. Never use another type of case with hydrogen peroxide-based solution, as the solution will not convert to saline and will cause burning, stinging, and redness upon inserting the contact lenses.
- Carefully follow all instructions on the label for proper use of hydrogen peroxide-based systems
- Put the contact lenses in the special case with fresh solution. Never mix fresh solution with old or used solution.
- Wait at least 4 to 6 hours—depending on the label's instructions—before inserting your contact lenses.
- Never rinse your contact lenses with hydrogen peroxide-based solutions and directly insert into your eyes, as this can cause burning, stinging, and redness.

RGP Care Systems

Care systems for rigid gas permeable, or hard, contact lenses are different from care systems used with soft contact lenses. Hard contact lenses typically require several different solutions for wetting, cleaning, and disinfecting. If you wear hard contact lenses, talk to your eye care provider about which care system is best for you. Never use hard contact lens care products on soft contact lenses.

Talk to your eye care provider for more information about contact lens care systems. Your eye care provider can help you determine which care system will work best with your eyes and your contact lens type. Visit the [Protect Your Eyes](#) page for more information on how to properly care for your contact lenses.



Make-up and Contacts

- [Wearing Makeup and Contact Lenses \(eyeglassworld.com\)](http://eyeglassworld.com)
- Always wash and dry your hands prior to touching your eyes or your contact lenses.
- You should insert your contact lenses prior to applying your eye make-up. Remove your contact lenses prior to removing your eye make-up.
- Never apply eyeliner to your inner eyelid.
- When applying powder eye shadow, close your eye and brush off any excess prior to opening your eye.
- If you use cream eye shadow, be careful not to get it into your eyes. Use a water-based cream eye shadow should you pick to use cream rather than powder.
- Use only hypoallergenic make-up in order to help prevent irritation of one's eyes.
- Make-up brushes, specifically those used near your eyes, should be washed once per week and left to air dry.
- Cosmetics do have expiration dates. Typically, eye make-up for example eyeliner and mascara should be discarded no less once every three months to prevent introducing bacteria to the eyes.
- If your eyes are irritated from cosmetic use, do not wear your contact lenses. If irritation remains, see your optometrist for an eye exam.

Contact Lens Complaints

- Perform progress checks on contact lens patients
 - Prescription
 - Fit
 - Comfort
-
- Troubleshoot contact lens problems
 - Vision
 - Comfort
 - Redness



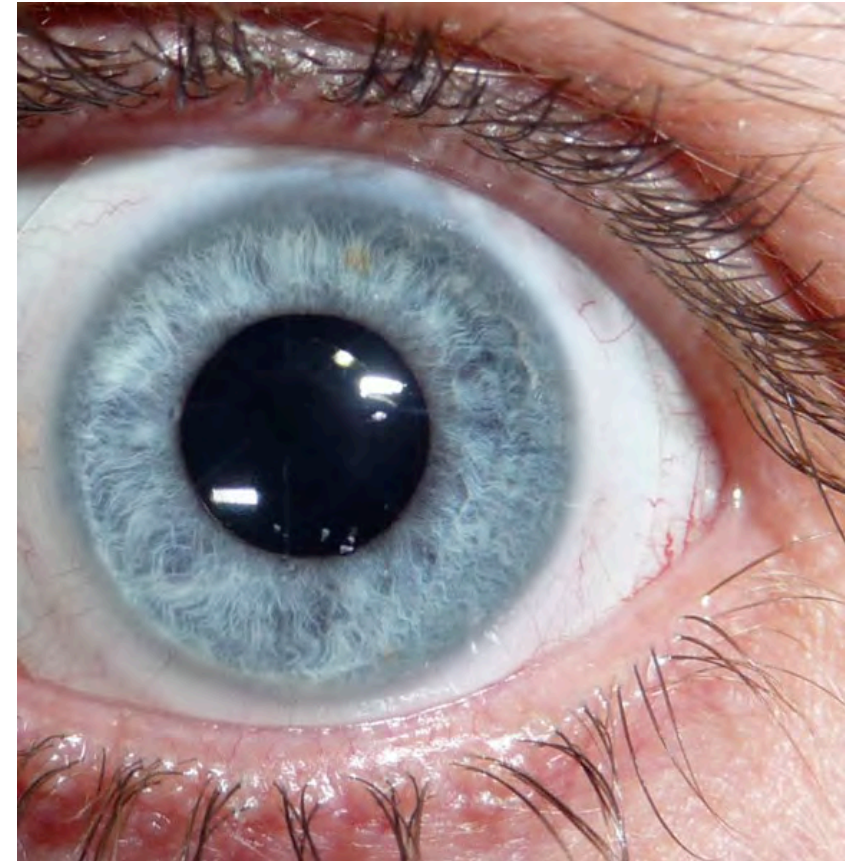
Document the patient's chart

- Documenting the patient chart is critical
 - Every dispense, that includes trials!
- All patient instructions must be documented
 - Do's and don'ts
 - Insertion and removal training, to include video instructions
 - Handwashing instructions
 - Care of contacts
 - Wear schedule
 - Replacements
 - Care
 - Remove contacts when eye is irritated
 - Contact the office with all concerns



TriCare on Contacts as of 3/9/2023

- TRICARE only covers glasses and contacts to treat certain conditions. This includes: [Glasses and Contacts | TRICARE](#)
- Infantile glaucoma
- Corneal or scleral lenses for treatment of keratoconus
- Scleral lenses to retain moisture when normal tearing is not present or is inadequate
- Corneal or scleral lenses to reduce corneal irregularities other than astigmatism
- Intraocular lenses, contact lenses, or glasses for loss of human lens function resulting from intraocular surgery, ocular injury or congenital absence
- "Pinhole" glasses prescribed for use after surgery for detached retina
- TRICARE doesn't cover adjustments, cleaning, and repairs for glasses.



HIPAA Law on sending the CL Rx

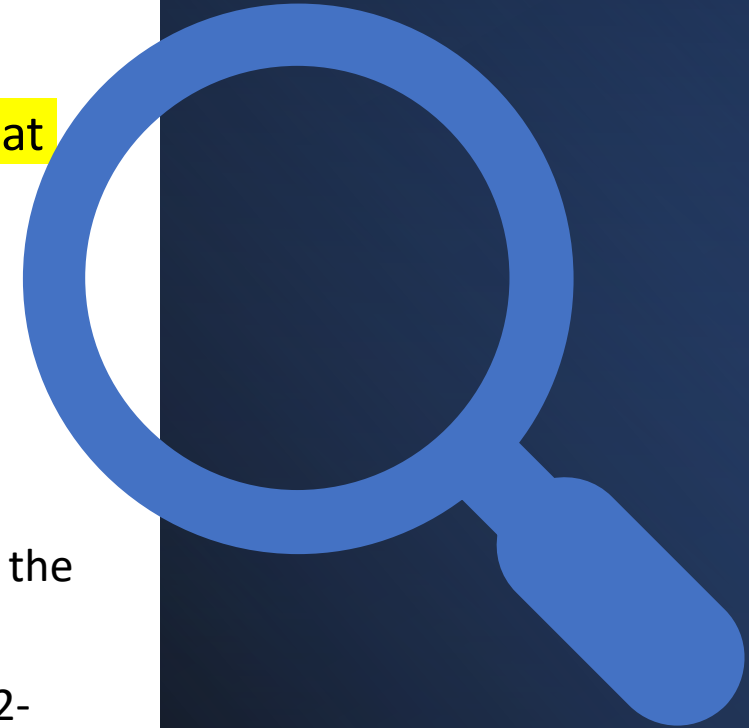
- Sending patient information securely is a best practice. However, if the doctor does not have the ability to send the prescription securely or via encrypted email, they can make the patient aware of that when the patient consents to receiving their prescription electronically. With regard to unencrypted email, HHS previously clarified, “covered entities are permitted to send individuals unencrypted emails if they have advised the individual of the risk, and the individual still prefers the unencrypted email.” So sending the prescription via unencrypted email would be acceptable, but the doctor should inform the patient that the prescription would be sent via unencrypted email and make sure the patient understands the situation. Again, using secure communications would be the best practice.
- What is the penalty for non-compliance?
 - Doctors should also be aware that failure to comply with Contact Lens Rule regulations can result in legal action including civil monetary penalties of up to \$42,530 per violation.

[Contact-Lens-Rule-Compliance-Toolkit.pdf \(aoa.org\)](https://www.aoa.org/Contact-Lens-Rule-Compliance-Toolkit.pdf)



Report a problem with on-line sales

- **FDA Online Sales** If your report is related to an online retailer that is selling contact lenses that you are concerned with, you can report the internet retailer to the FDA's "Report a Problem."
 1. Go to <https://www.fda.gov/Safety/ReportaProblem/ucm059315.htm>
 2. Complete the survey
 3. Submit the form
- **FDA COMPLAINT:** Defects, malfunctions, and contact lens related injuries/infections should be reported to FDA's MedWatch. The FDA's MedWatch Safety Information and Adverse Event Reporting Program is the initial step to take when reporting adverse events. Information may be reported to MedWatch by phone at 800.FDA.1088; by fax at 800.FDA.0178; by mail to 5600 Fishers Lane, Rockville, Maryland, 20852-9787; or online (See below for instructions for MedWatch Reporting). The FDA has also provided MedWatch Learn as a web-based learning tool that teaches students, health professionals, and consumers how to complete the forms necessary to report problems to FDA



Useful Videos

[Getting Comfortable With Multifocal Contact Lenses - Bing video](#)

[Multifocal Lenses: FINEvision: - Bing video](#)

[How do Bifocal and Multifocal Contact Lenses Work? - Bing video](#)

<https://youtu.be/4lHjsotMww>

Gas Permeable I&R

<https://youtu.be/mlvFsxjtFBY>

Soft Contacts I&R

<https://youtu.be/h0dl2P6qyZU>

Scleral Contacts I&R

<https://youtu.be/QspSu-Eligo>

Contact Lens Care

Thank you

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