

Contact Lens Wearers Control Their Own Success Through Compliance

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solution and disinfecting solution) are recommended by the Eye Care Professional and must be approved by the FDA as safe and effective for use with soft contact lenses.

Patients may question the need for cleaning lenses that will be replaced so quickly after only a few weeks of wear. They may decide the cleaning step is unnecessary and ignore the Eye Care Professional's instructions on this matter. This is a bad idea because cleaning is a critical component of lens disinfecting. The cleaning and rinsing steps will remove more than 90% of any live bacteria on the lens. Disinfecting solutions have to be relatively mild to avoid irritating the eyes. If most of the bacteria were not

Today, the cleaning, rinsing and disinfecting actions performed by the three types of solutions just described can be performed by a single multi-purpose solution. And lately, a number of solution manufacturers have developed solutions that don't require the rubbing step in order to clean the lens. With these new solutions, instead of the rubbing step, the lens must be rinsed very thoroughly to achieve the same level of cleaning. However, not all solutions have been approved for this, so it is important for contact lens wearers to read and follow the directions for use in the product labeling and to consult with their Eye

Care Professional on proper cleaning procedures. If patients do not properly care for their lenses by following these steps, they place their eyes at risk of complications from contact lens wear.

Visiting the Eye Care Professional on a regular basis is the single most important way to identify eye problems and maintain good vision and healthy eyes. Remember, some eye disorders can go unnoticed for a long time before symptoms occur. Routine eye examinations can spot signs of such problems before they cause irreversible damage to your eyes. ■

Did You Know?

- **Did you know sharing solutions or contact lenses is dangerous and means taking a big risk with the safety and health of the eyes? Contact lenses are uniquely fitted for a person's individual eyes and should never be shared with anyone else.**
- **Did you know using the wrong solutions can damage a contact lens, as well as the surface of the eye? To be safe, never use any solutions that have not been recommended specifically for you by your Eye Care Professional.**
- **Did you know proper cleaning and rinsing of contact lenses after they are removed can eliminate at least 90% of the live bacteria that may be on them? This is a critical step that cannot be skipped.**

Remember, some eye disorders can go unnoticed for a long time before symptoms occur.

already removed during the cleaning and rinsing steps of the process, it might not be possible to kill all of them during the disinfecting step, thus risking placing a contaminated lens back on the eye.

Disinfecting solution should never be used more than once. After the lenses are removed from the case and placed back on the eyes, the disinfecting solution in the case should be poured out. The case should be rinsed out with fresh disinfecting solution and wiped out with a lint-free tissue or a cotton swab and allowed to air dry before closing it.

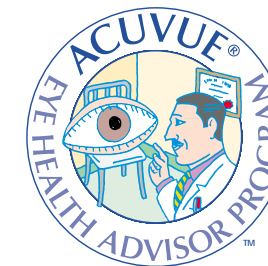
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The Advisor



Advancing the Science of Sight™.
The news magazine that gives you better than 20/20 insights on vision.

SHORTER REPLACEMENT CYCLE REDUCES GPC

During the 1970s and 1980s, soft contact lenses became very popular as people learned how comfortable they are. At the time soft contact lens wearers replaced their lenses only when lost or damaged or when poor vision and/or discomfort reached an intolerable level. It was commonplace to wear the same lenses over and over for a year or two or even longer, before replacing them. As a result, surface deposits would build up and were not only eventually responsible for causing reduced vision and discomfort, but complications such as inflammations of the eye as well. One such inflammation that often occurred was giant papillary conjunctivitis or GPC. In GPC the underside of the upper eyelids become red and irritated and develop bumps called "papillae" which resemble cobblestones in appearance. As the condition progresses, the wearer experiences severe itching, while the papillae become larger and redder. The eyes produce copious amounts of sticky mucus that attaches to both the lenses and eyelids, making the lenses unstable and even more uncomfortable, due to exaggerated lens movement during blinking. Eventually, GPC progresses to the point where lens wear becomes simply unbearable.

The cause of GPC is thought to be part allergic and part mechanical. The mucus and other proteins that form surface deposits break down into substances that can trigger an allergic reaction by the eye. Deposits also dry out and harden, creating a rough surface. Considering that the average person blinks approximately 14,000 times a day, it's easy to understand how so much rubbing across a dirty, deposited lens surface becomes a constant source of irritation that contributes to the development of GPC.

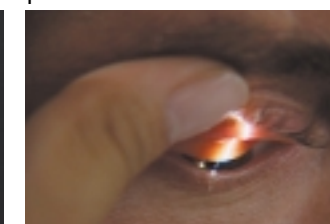
Until the late 1980s, GPC was the most common complication associated with soft contact lens wear. The itching and irritation experienced by patients with GPC was often so severe that contact lens wear had to be suspended

with lens cleaning and disinfecting procedures was notoriously poor, causing deposit build-up to occur much more rapidly. Attempts to develop deposit-resistant lens materials were unsuccessful.

In the late 1980s disposable and frequent replacement contact lenses* were introduced, driven by the idea that if soft contact lenses could be replaced before the buildup of surface deposits, perhaps problems like GPC could be prevented. Over the past decade, disposable and frequent replacement contact lenses have become the most prescribed types of contact lenses because they reduce the risk of problems associated with wearing overused, soiled soft contact lenses. As a result, the incidence of GPC has dramatically decreased, as has the occurrence of minor, yet debilitating, symptoms including blurred vision, discomfort, itching, etc. ■



Soft contact lens with heavy surface deposit buildup after 18 months of wear.



Inspecting the underside of the upper eyelid for GPC.



Magnified view of moderate GPC (cobblestone appearing bumps are papillae).

for long periods until the condition slowly subsided. While daily cleaning slows the buildup of deposits, there is no way to prevent them over the long term. Not only that, but due to the cost, complexity and inconvenience of caring for soft contact lenses, patient compliance

*Disposable contact lenses are defined by the U.S. Food & Drug Administration (FDA) as lenses that are used only once and discarded when removed. Frequent replacement contact lenses are worn more than once but are replaced at short intervals, usually after two weeks or one month. Although incorrect, it is not unusual in the U.S. to hear the term "disposable" applied to contact lenses worn for up to two weeks or less, whether single-use or otherwise. Outside the U.S. and Canada, disposable generally applies to contact lenses worn for up to one month.

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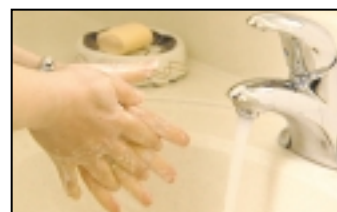
Patients have an important role to play in successful contact lens wear. How well they comply with wearing instructions given by the Eye Care Professional will determine if they avoid problems that can otherwise develop. As with most things, the safest and most effective approach to achieving success is to carefully follow directions.

Contact lens wearers should replace their lenses as recommended by their Eye Care Professional. The Eye Care Professional determines the lens replacement interval based on the needs and health of the patient. Lenses are replaced before the buildup of surface

The best time to clean and disinfect soft contact lenses that will be reused is immediately upon removal.

deposits can reach the point of degrading lens performance. This requires discipline by patients who often find it illogical to throw away their lenses while their vision and comfort are still good. However, eye problems often have no symptoms early on and vision can be reduced considerably without detection if it occurs in small increments. Therefore, in reality, it is only by throwing away lenses before any degradation of performance that one can best

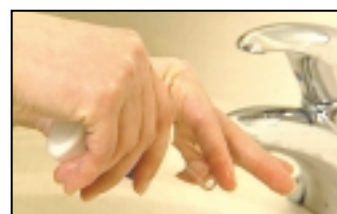
avoid complications. The eye may be compromised by a dirty soiled soft contact lens by the time a patient notices symptoms. Throwing away lenses when recommended by the Eye Care Professional prevents future problems from occurring. Stated another way, in the words of a familiar proverb: **"An ounce of prevention is worth a pound of cure."**



Wash Hands



Clean Lenses



Rinse Lenses



Disinfect Lenses in Clean Case

Another area where it is important for the contact lens patient to comply with the instructions given by the Eye Care Professional is lens care and maintenance. Any contact lens that is worn more than once (i.e., reused) must be cleaned and disinfected before being placed back onto the eye. Hand washing is always the first step before handling contact lenses, whether that be lens removal or lens placement on the eye, or lens cleaning and disinfecting. Otherwise, anything found on the hands can be transferred to the lens, including bacteria and other micro-organisms. The hands should always be dried with a lint-free towel to prevent getting lint on the lenses.

The best time to clean and disinfect soft contact lenses that will be reused is immediately upon removal. Traditionally, this is done by placing the lens in the clean, dry palm of one hand and applying a few drops of a daily cleaning solution. The lens should then be gently rubbed with the forefinger of the other hand, first on one surface of the lens and then the other surface. Following the rubbing, the lens should be rinsed thoroughly on both sides with a rinsing solution (also commonly known as saline solution). The cleaning and rinsing steps remove oils and proteins that stick to the lens while it is being worn, along with dirt and other loosely adhering debris, including micro-organisms, all of which, if allowed to remain on the lens, will eventually build up to a level that will blur vision and irritate the eye as the lens is reused.

After cleaning and rinsing, the lenses are placed in a carrying case along with another type of solution called disinfecting solution where they remain for a minimum period of time necessary to kill any residual micro-organisms. These solutions (i.e., cleaning solution, rinsing

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CLEARING UP ASTIGMATISM

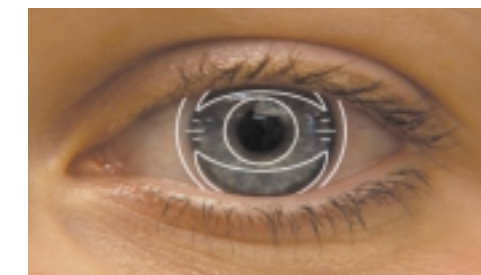
Are you one of the millions of people who have been told you have astigmatism but have no idea what that means? Don't be alarmed. It's not life threatening. Nearly half of the entire population has some amount of astigmatism. And today, there are many options for correcting it almost as easily as nearsightedness or farsightedness.

What exactly is astigmatism? We see an object clearly when light from it or reflecting off it enters the eye and forms a focused image on the retina. Consider the simplest example of this, a point source of light like a star. If there is no astigmatism present, light entering the eye from the star will be focused forming an image that is also a point. [If the focused image forms in front of the retina, the eye is myopic or nearsighted. If it forms in back of the retina, the eye is hyperopic or farsighted. If it forms on the retina, there is no refractive error and the eye is said to be emmetropic.]

If there is astigmatism present, the light from the star will not focus as a point but instead will be distorted. [Actually, the image of the star focuses as two lines, one in front of the other and separated by some distance, with one line oriented 90 degrees from the other.] Don't bother trying to understand what astigmatism is. Just remember it distorts vision and can be corrected with special lenses called cylinders. Astigmatism is usually caused by the cornea having a shape that resembles a football instead of the normal case, a basketball. In most cases astigmatism occurs with either myopia or hyperopia. Some people have astigmatism only but not many. Astigmatism can be easily corrected with glasses, with rigid gas permeable contact lenses or with so-called "toric" soft contact lenses. "Toric" refers to the shape of one of the lens surfaces. It is the toric surface that is responsible for correcting the astigmatism. ■



WELCOME NEWS For People with ASTIGMATISM



Toric soft contact lenses for correcting astigmatism have been available for over two decades. They were not very well accepted in the early years due to high cost and poor reproducibility of their complex designs. In fact, they were known as *Mona Lisa* lenses, each a unique irreplaceable work of art because in the event that a patient lost or damaged one, the chances of obtaining an identically performing replacement were not good. However, recent advances in technology and manufacturing have added to the number of available options. Now, in many cases, disposable and frequent replacement soft contact lenses are available for people with astigmatism. These lenses are affordable, consistent and therefore, can be thrown away on a frequent basis. A shorter replacement schedule is healthier and lets more people with astigmatism successfully wear soft contact lenses. Information from a consumer tracking group showed that the number of toric soft contact lens wearers in the U.S. has grown by 34% over the past two years. The number of disposable and frequent replacement toric soft contact lens wearers has grown to 72% of the market. For those who have been told in the past they couldn't wear contact lenses because they have astigmatism, this may be a good time to reconsider this alternative and ask their Eye Care Professional about toric soft contact lenses. ■