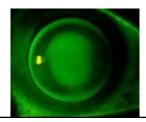
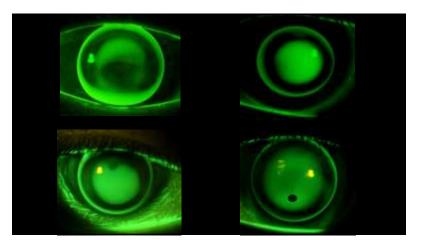


Corneal RGP Contact Lenses

- Apical clearance, 3pt touch
- CLEK study: apical insult \rightarrow progression, scarring & \downarrow vision
 - FDACL (first definite apical clearance lens)
- Does not push cone into shape

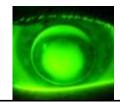






Low Riding Lenses

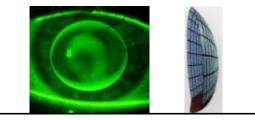
- Most common form of KCN low sagging cones
- Lens centres over steepest part of cornea
- Low cones \rightarrow inferior lift off, drops down
- Decreased vision, ghosting, haloes
- Always centre lens when assessing



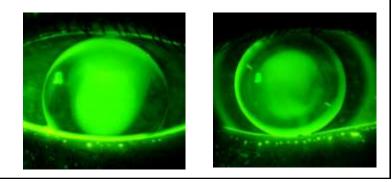


Tucks (asymmetrical quadrants)

- Inferior lift off (stand off) → decentration, instability, ejection, discomfort, poor, variable vision
- Can 'tuck', steepen one or more quadrants
- At least 0.3mm tuck



Toric Periphery



Toric Periphery

- Useful when peripheral cornea toric
- Toric BOZR used for regular cyl corneas
- Toric not used for KCN high irreg cyl
- Order with at least 0.3mm toricity











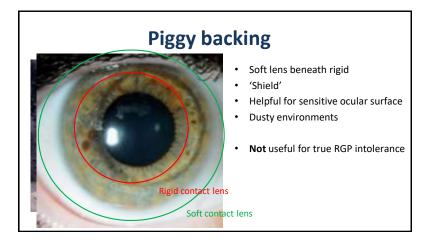
The Premise:

A hard plastic disc designed to rest on and slide over the distorted surface of the most sensitive and fragile tissue of the human body is logical.

- Dr Perry Rosenthal

Improving Comfort

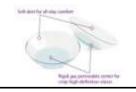
- PiggyBacking
- Hybrids
- Corneo-scleral/Semi-scleral
- Mini-scleral / Sclerals

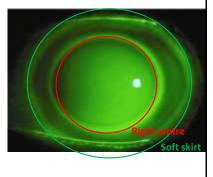


Hybrids

Hybrid Contact lenses

- Rigid center
 - optimal visual acuity
- Soft skirt
 - Stability, comfort, centration, not prone to FBs





Hybrid Contact Lenses

Pros

- Comfort
- Stability
- Centration
- Reduced corneal insult?
- Fast adaptation
- Part time
- Lenses rarely broken/lost
- Postpone/prevent surgery

Cons

- Handling
- Increased cost
- Limited parameters
- Fixed optic size

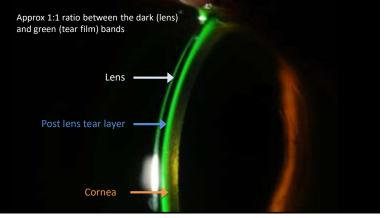
Mini-Scleral / Scleral lenses



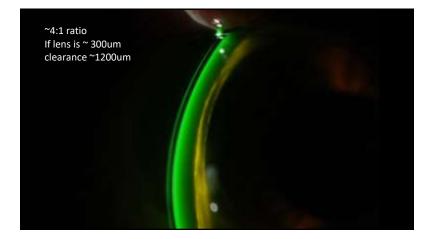
- Larger diameter
- Entire lens rests on sclera
- 'Mini-scleral:' up to 6mm > HVID
- 'Large scleral:' Diam > 6mm > HVID
- 'Vault' the cornea
- Sealed lens system
- Post lens 'resevoir'

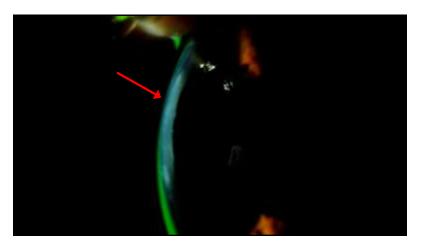
van der Worp E. A Guide to Scleral Lens Fitting, Version 2.0. Forest Grove, OR: Pacific University; 2015. Available from: http://commons.pacificu.edu/mono/10/.

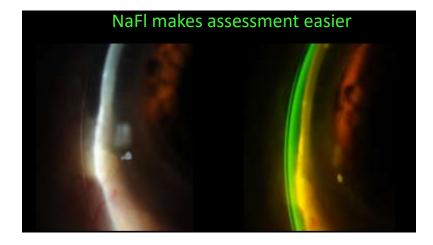
Scleral Lenses Pros Cons Comfort ٠ Handling Stability Increased cost Centration Hypoxia Reduced corneal insult • Post-tear lens debris Fast adaptation Part time ٠ Ocular surface protection ٠ Lenses rarely broken/lost ٠ Postpone/prevent surgery

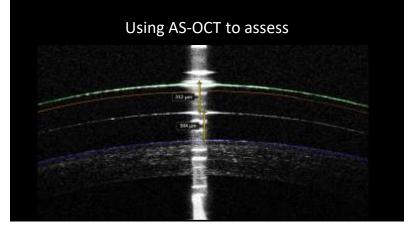


5



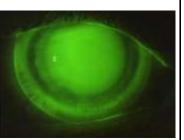






Corneo-scleral/Semi-scleral

- Rests partly on sclera, partly on cornea
- Larger cf corneal RGPs
- Smaller cf mini-scleral/scleral
- Improved comfort, centration, stability, less foreign particles
- Tear exchange
- E.g. RoseK2XL, Limbal lift



When to Refer

- For cross-linking when progression
- When all CL options exhausted
- Surgery not a cure
- Surgery does not mean good unaided or spectacle acuity
- Many still require RGPs post surgery
- Kerarings often make CL fitting more difficult
- Grafts compromised tissue
- Grafts do not last forever



Resources

- <u>https://www.roseklens.com/practitioners/rose-k2-video-fitting-guides/</u>
- <u>https://sclerallens.org/</u>
- van der Worp E. A Guide to Scleral Lens Fitting, Version 2.0. <u>https://commons.pacificu.edu/work/sc/1c04131a-7e30-4ccb-9ce5-6bee90360f3d</u>
- <u>https://synergeyes.com/professional/</u>
- Randy Kojima topography videos YouTube

