**Patient Education**

*The Contact Lens Dispenser’s Responsibility*

By

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Introduction

- The Dispenser’s - Fitter’s Role
- The Dispenser’s - Fitter’s Responsibility
- Discussion of TEACHING
  - Getting the point across
- Patient Compliance

**Contact Lens Statistics**

- Contact Lens Current Use Patterns % of Current Wearers
  - GP 18%
  - Soft 82%
- Type of Contact Lenses Worn
  - Spherical 81%
  - Toric 16%
  - Bifocal 3%
- Modalities
  - Conventional 35 – 40 %
  - Disposable 30 – 35 %
  - Planned Replacement 25 – 30 %
  - Daily Disposable 2 %
- Compliance
  - Disposable Wearers 60 %
  - Planned Replacement Wearers 75 %

Study Says More Presbyopes Want Soft CLs

Nearly three of four U.S. eyecare professionals report an increasing patient demand for soft bifocal and multifocal contact lenses, according to an e-mail survey of more than 500 practitioners.

The CIBA Vision-sponsored survey also showed that 64 percent of practitioners are having a fitting success rate of 50 percent or greater with soft bifocal and multifocal lenses.

Patient Selection

Cosmetic Contact Lenses

- Emotional Purchase
- Visual Needs
Emotional Needs
NON – Prescription Contact Lenses

Education Begins With Explanation

– All Contact Lenses are Prescription

– Plano Powers

  – Fit by professional

  “Not Cause Harm”

Should all consumers/patients be fit with contact lenses?

Patients ARE consumers

Don’t let patients self prescribe

General History

Visual History

History of Family Members

General Observation

  – Observe Cosmetics Use

  – Observe General Hygiene

Lids

Lashes

Orbit

Others

Lens Selection and Instruction

Don’t be pushy

  – Be pleasant

Ask qualifying questions

  – Watch the patient

Present options

Soft Contact Lenses
Types of Soft Contact Lenses

- Daily Wear – Conventional design
- Daily Wear – Custom design
- Extended Wear – Conventional design
- Extended Wear – Custom design

Types – Continued

- Frequent Replacement
- Disposable
- Daily Disposable

Intended Use of Soft Contact Lenses

Functional Use

Cosmetic Use

Part Time Use

Cleaning Solution

Used to rid contact lenses of debris and contamination

Needs to be used freely

Needs to be mechanically applied

Needs to be rinsed off

Daily vs. Weekly cleaners

Soft Cleaning Solutions

Daily

Are surfactant agents

Are applied by gentle rubbing of the lens with a few drops of cleaner

Mechanical rubbing reduces the bio-burden extensively

Used to remove

- fresh lipid
- mucous
- tear proteins
- tear salts
- other fresh debris
- microorganisms

Soft Cleaning Solutions

Weekly

Used to remove resistant protein deposits on the lens

Proteins are harder to remove if they are allowed to build up

Include surfactant cleaners and enzyme cleaners

Surfactant weekly cleaners are safe and effective, and useful with most types of soft lenses
Occasionally mild enzymatic cleaners are used as a daily cleaner.

Enzyme cleaners such as papain (plant enzyme), subtilisin, and pancreatin (derived from highly purified pork) break down proteins.

Rinsing Solution

Used to rinse contact lenses, mechanical cleaning and thorough rinsing will eliminated 99.9% of the bio-burden on lens.

Needs to be used freely

Used for temporary storage

Rinsing lenses prior to insertion

Preserved saline

- 0.9 % NaCl, compatible with tears
- buffered solution, to match tear
- preserved with chemical, to maintain sterility

Preserved saline

- preservative may attach to the lens surface or invade the lens material causing toxicity or hypersensitivity

Toxicity vs. Hypersensitivity

Toxicity produces immediate inflammatory reaction to a foreign agent.

Hypersensitivity is a delayed Immunological reaction to a foreign agent, usually follows an initial sensitizing episode

Unpreserved saline

- Saline without any preservative
- Used to minimize toxicity or hypersensitivity
- Once opened, solution is not sterile
- Use small bottles and discard in two weeks

DO NOT USE TAP WATER OR ANY OTHER BOTTLED WATER ON SOFT CONTACT LENSES

DO NOT USE HOMEMADE SALINE ON SOFT CONTACT LENSES

Disinfecting Solutions

Chemical Systems
– non-oxidizing systems
– oxidizing systems

Non-oxidizing systems

- Use preservatives such as
  - thimerosal
  - chlorhexidine
  - quaternary ammonium compounds (e.g., benzalkonium chloride)
  - dymed (polyaminopropyl biguanide)
  - polyquad
  - ascorbic acid

Preservatives used for two reasons:
- keep the disinfecting solution sterile
- disinfect the lens
  - a disadvantage is high incidence of ocular irritation, due hypersensitivity to thimerosal
  - patients developing reactions to these chemicals are often switched to oxidizing system

Switching out of chemical systems

Chemicals should be removed from the lenses before switching, ideally start with new lenses
- Examples of chemicals:
  - ReNu, B&L, Dymed
  - OptiFree, Alcon, Polyquad
  - QuickCare, Ciba Vision, alcohol in cleaner

On patient insertion & removal

It is important that you insert and remove the lenses, not the patient, unless the patient is extremely experienced.

All patients are apprehensive first time.

Make it easier and comfortable for the patient not difficult.

Be confident in your approach

Insertion

- Insert Lenses
  - Teach the patient proper insertion techniques

SCL: insertion

- Wash your hands thoroughly
- Remove the right lens from the case
- Examine for lint or other particles on the lens
- Rinse, if necessary, with unpreserved saline
Ensure that lens is right side up before insertion
- Edges should be straight up
- if not, the lens will move around on the eye a lot more and will be more irritable to the patient than usual remove, reverse and reinsert
  - Inside out lens

- Have patient look straight ahead
- Open eye wide
- Hold the lids at the margins firmly
- Have the lens ready for insertion
- Talk to the patient, ask to keep the other eye open
- Insertion should be a clean one motion
- Lids held in position
- Bring lens in position quickly
- Will not have to fight the strong blink reflex

Removal
- Hold the lids apart using left thumb and right middle finger
- Have the right index finger and thumb ready
- Pull the lens down with the right index finger
- Use the right index finger and thumb to squeeze the lens
- Alternative method
- Holds the lids open with left thumb and the right index finger
- Lids should be beyond the lens edges
- Squeeze lids together

GP Lens: Insertion
- Hold lids apart similar to SCL insertion
- Lens on the tip of the index finger

GP Lens: removal
- Holds lids apart beyond the lens edges
- Patient looking straight ahead

GP Lens: removal
- GP Lens: decentered
- GP Lens: locate
- GP Lens: stabilize
- GP Lens: look towards lens

Insertion

Wash hands, eyes and face
- Use oil free, deodorant free, fragrance free soap
- Rinse thoroughly
- Dry with clean, lint free towel

Contact Lens Handling
Observe the Patient

- Apply cosmetics
  - Discuss proper application of cosmetics
- Wash hands
- Remove lenses
- Remove cosmetics
  - Use oil free remover
  - Contact lens Case
- Wash case with hot tap water and allow to air dry
  - with disinfecting solution
- Replace case regularly - every three months or more
- Replace case if contaminated

Solutions
- Discuss With Your Patients Which Solutions to Use
- Never Mix Solutions
- Never Use Expired or Contaminated Solutions
- Cosmetc Contact Lenses
  - Colored Lenses
- Bootleg Contact Lens Sales
  - Flea Markets
  - Beauty Shops
  - Out of Trunks
  - Others

How to discourage patients from purchasing contact lenses in this manner
- GP Contact Lenses
- Materials
Intended Use of the Lenses

GP Contact Lenses

Fitting What is Best for the Patient

– Lifestyle Questioning
– Physical Requirements
– Visual Requirements

Instructions – I & R

Teach the Patient

Observe the Patient

Solutions

*Some instructions are the same as for soft contact lenses*

General Instructions for Both Soft and GP Contact Lens Wearers

Advise Patient That Lenses Were Selected For Them Based On Intended Use And What Is Best For **THEM**

Never Share Contact Lenses

Never Switch or Mix Solutions
– Could cause problems

Reinforce Insertion and Removal Instructions
– Written instructions - Personalized
  Symptoms That Something Could Be Wrong

Loss or Reduction of Visual Acuity

Cloudiness or Smokey Vision

Redness

Pain

Burning

Itching

Anything Oozing in or From the Eye

Others

Instruct the Patient to Remove Lenses FIRST and Then Call you

Patient Must be Aware of Seriousness of Complications

Follow – Up With The Patient

Giant Papillary Conjunctivitis
Do’s

✓ Do Wash and rinse your hands before handling your lenses. Use oil free, lotion free, perfume free, deodorant free soap
✓ Do clean, rinse and air dry your lens case. Contact lens cases can be a source of bacteria growth. Lens cases should be cleaned, rinsed, and allowed to air dry each time the lenses are removed. Replace the lens case every three months, or more often if needed.
✓ Do see us as scheduled for follow-up care
✓ Do replace your lenses as scheduled

Don’ts

✓ Don’t wear your lenses beyond the prescribed wearing time. For example, don’t wear your daily wear lenses while sleeping or keep your lenses longer than prescribed.
✓ Don’t use saliva to wet your lenses
✓ Don’t use unsterile home-prepared saline, distilled water or tap water for any part of your lens-care regimen.
✓ Don’t allow your lenses to come into contact with cosmetic lotions, creams or sprays. It’s best to insert your lenses before putting on make up and remove them before cleansing your face. Water-based cosmetics are less likely to damage your lenses than oil-based products.
✓ Don’t change lens care regimen or solutions without consulting us.
✓ Don’t share your lenses with anyone

Your Wearing Schedule
✓ Day One____________________________
✓ Day Two____________________________
✓ Day Three__________________________
✓ Day Four____________________________
✓ Day Five____________________________
✓ Day Six_____________________________
✓ Day Seven___________________________
✓ Day Eight____________________________
✓ Day Nine____________________________
✓ Day Ten_____________________________
✓ Day Eleven__________________________

Your Follow Up Schedule

✓ Your follow-up visits are scheduled for:

____________________________________
____________________________________
____________________________________
____________________________________
Your cleaning and care solutions are:

- Cleaning ______________________
- Rinsing ______________________
- Disinfecting ___________________
- Protein cleaner_________________
- Rewetting ______________________
- Other __________________________
- __________________________________

Signature of person instructing patient

____________________________________ Date _______

I have been given a copy of the instruction booklet and agree to keep my follow-up appointments as scheduled.

I have also been instructed in the care and handling of my contact lenses and will only use them as instructed by

___________________________

I have also been instructed to remove my contact lenses immediately if there are any warning signs that something could be wrong and contact

________________________________________ Date ___

Effective Communication

Getting the Point Across

- Present yourself in a confident and knowledgeable manner
- Be interested in your patients
- Like your job
- Like your patients
- Be professional and ethical

Conclusion

- Select Your Patients
- Select Lenses That Are Appropriate For Your Patients
- Instruct – TEACH – Your Patients
- Document Instructions
Re-enforce Instructions

Tell Your Patients About Their Value
  – To you and your practice

Reinforcement of Relationship Between Dispenser/Fitter and Patient

Proper use and removal of cosmetics necessary

Brands should be appropriate

Proper hygiene necessary

Never share cosmetics

Discuss aerosols and fumes

Replace cosmetics regularly

Visual health

Eye health

Thank You