

# *Scleral Lens Fitting and Troubleshooting*

*Buddy Russell, COMT, FCLSA, FSLS, LDO*

# Scleral Lenses

- Originally, glass scleral contact lenses were made by very skilled glass blowers at the end of the 19th century.
- Feinbloom and Obrig pioneered PMMA for manufacturing scleral lenses in 1938.
- They were fitted in England by Dallos from 1938 until early 1970.



# History of Therapeutic CL

The story of therapeutic lenses began in Wiesbaden, Germany, in 1887 when master glass blower and prosthetic eye maker Frederick A. Muller were asked to fabricate a protective glass shell for a patient with severe exposure following removal of a malignant lid tumor. The patient continued to wear the glass shell successfully until his death 21 years later.

# Scleral Lens Indications

## Refractive Errors

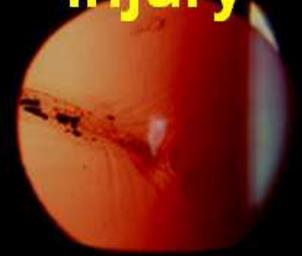
- Irregular astigmatism, Post trauma, PK, KC, PRK, RK, LASIK
- Centration
- Lens stability

## Therapeutic Indications

- Exposure, OSD
- Symblepharon management

Improvement in quality of life

Injury



Surgery



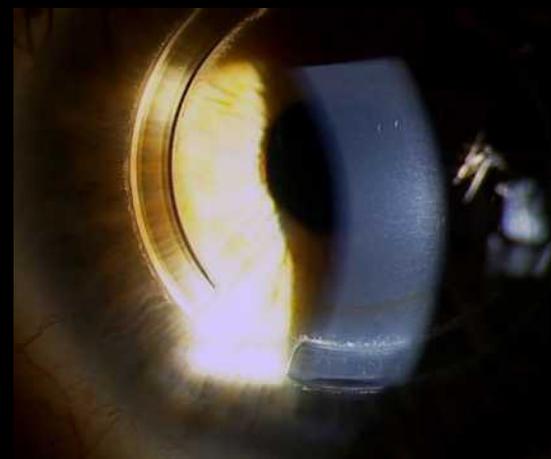
Disease



# Scleral Lens Indications

## Refractive

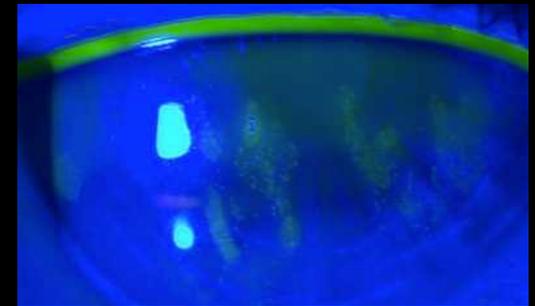
- Ectasias
  - Keratoconus
  - Pellucid marginal degeneration
- Post surgical
  - RK/AK/Hex-K
  - Lasik/Lasek/PRK
  - Penetrating keratoplasty
  - ICRS
- Scars
  - Salzmann's
  - Post trauma
- **Other lens failures**



# Scleral Lens Indications

## Ocular surface disease

- Stevens Johnson Syndrome
- Ocular pemphigoid
- Kerato-conjunctivitis Sicca
- Sjogren's syndrome
- Graft-host disease
- Exposure keratitis



# Scleral Lenses

- In the beginning...
- After that...



# Ocular Impression Tools for Scleral Lens Fitting





# Early GP Scleral Lenses

- **Don Ezekial (Australia) first reported using GP sclerals in 1983**

Gas Permeable Haptic Lenses. J BR Contact Lens Assoc. 1983;6:158-161.

- **Ken Pullium (UK) developed GP scleral lenses from impressions**

A Study of 530 patients referred for rigid gas permeable Scleral Contact Lens Assessment. Cornea. 1997;16:612-622

- **Later, Polymer Technology developed the raw material used to produce scleral GP lenses**

Rosenthal. Fluid-ventilated, gas permeable contact lens to avoid keratoplasty. Eye & Contact Lens.2005;3:130-134.

# Material Dk and Tear Thickness Impact on Oxygen Transmission

Predicted values of oxygen transmissibility (Fatt  $Dk/t$  units) under the center of scleral contact lenses with a  $Dk$  of 150.

Dk=150	Clearance ( $\mu\text{m}$ )	100	150	200	250	300	350	400
Lens thickness ( $\mu\text{m}$ )								
250		34.3	28.2	24.0	20.9	18.6	16.6	15.0
300		30.8	25.8	22.2	19.5	17.4	15.7	14.3
350		27.9	23.7	20.7	18.3	16.4	14.9	13.6
400		25.5	22.0	19.3	17.2	15.6	14.2	13.1
450		23.5	20.5	18.2	16.2	14.8	13.5	12.5
500		21.8	19.2	17.1	15.5	14.1	13.0	12.0

# Lens Manufacturing



## Newest Materials

**Acuity 200**

**DK = 200**

**Contamac Infinite**

**DK = 200**

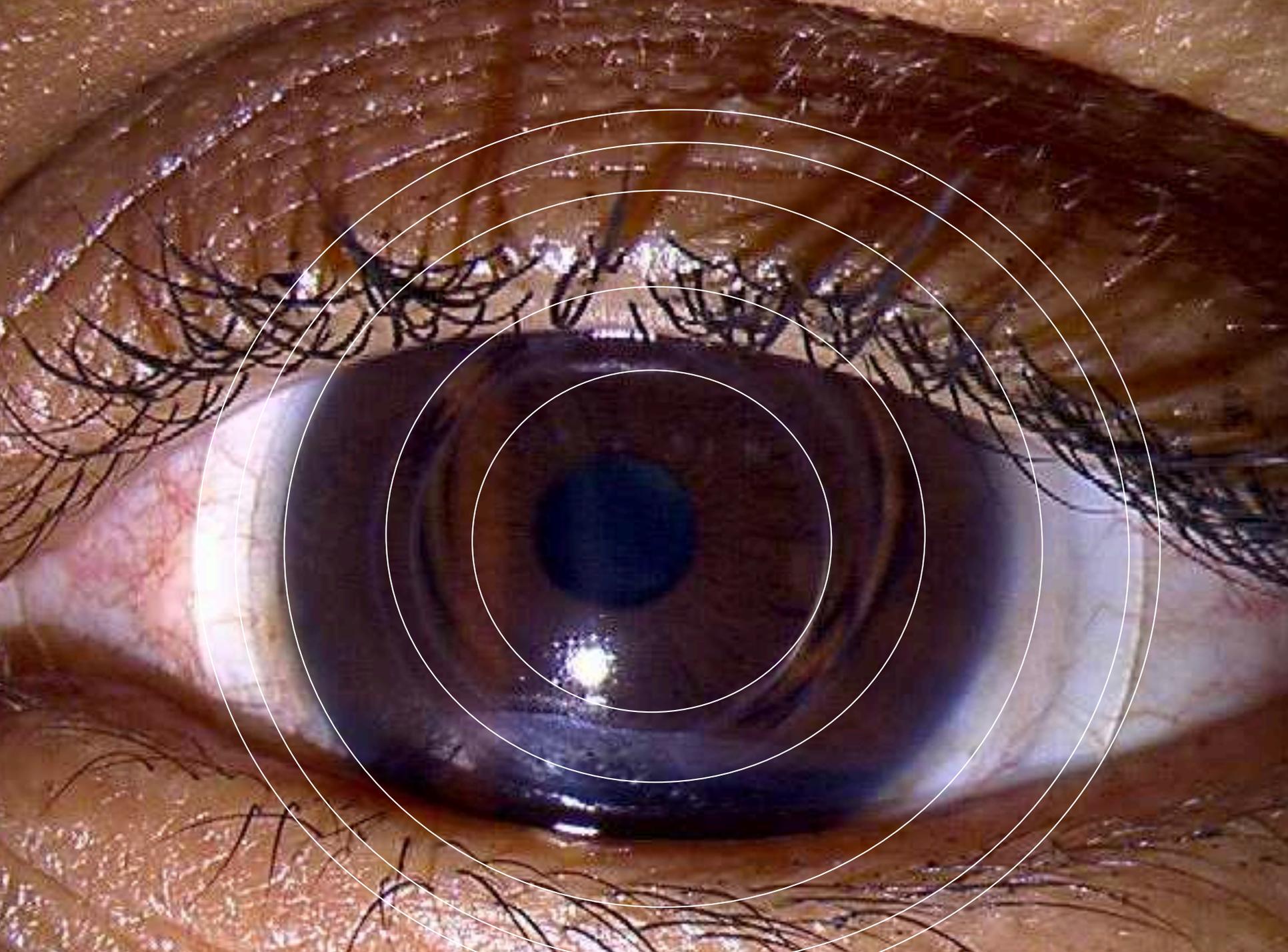
# What Does That Mean?

200 DK

—————

.35 CT

**DK/T 57**



# Scleral Nomenclature

- Base curve
- Optic zone
- PC 1
- PC 2
- PC 3
- PC 4
- Central curvature of optic zone
- Width of BC / power
- Usually most width  
BC + PC 1 = corneal zone
- Limbal zone
- Scleral zone
- Edge zone

# Scleral Nomenclature

**Chamber size**

OZ + PC 1 & PC 2

$9.4 + (1.7 + .9) \times 2$

$2.6 \times 2 = 5.2$

$5.2 + 9.4 = 14.6$

**Haptic size**

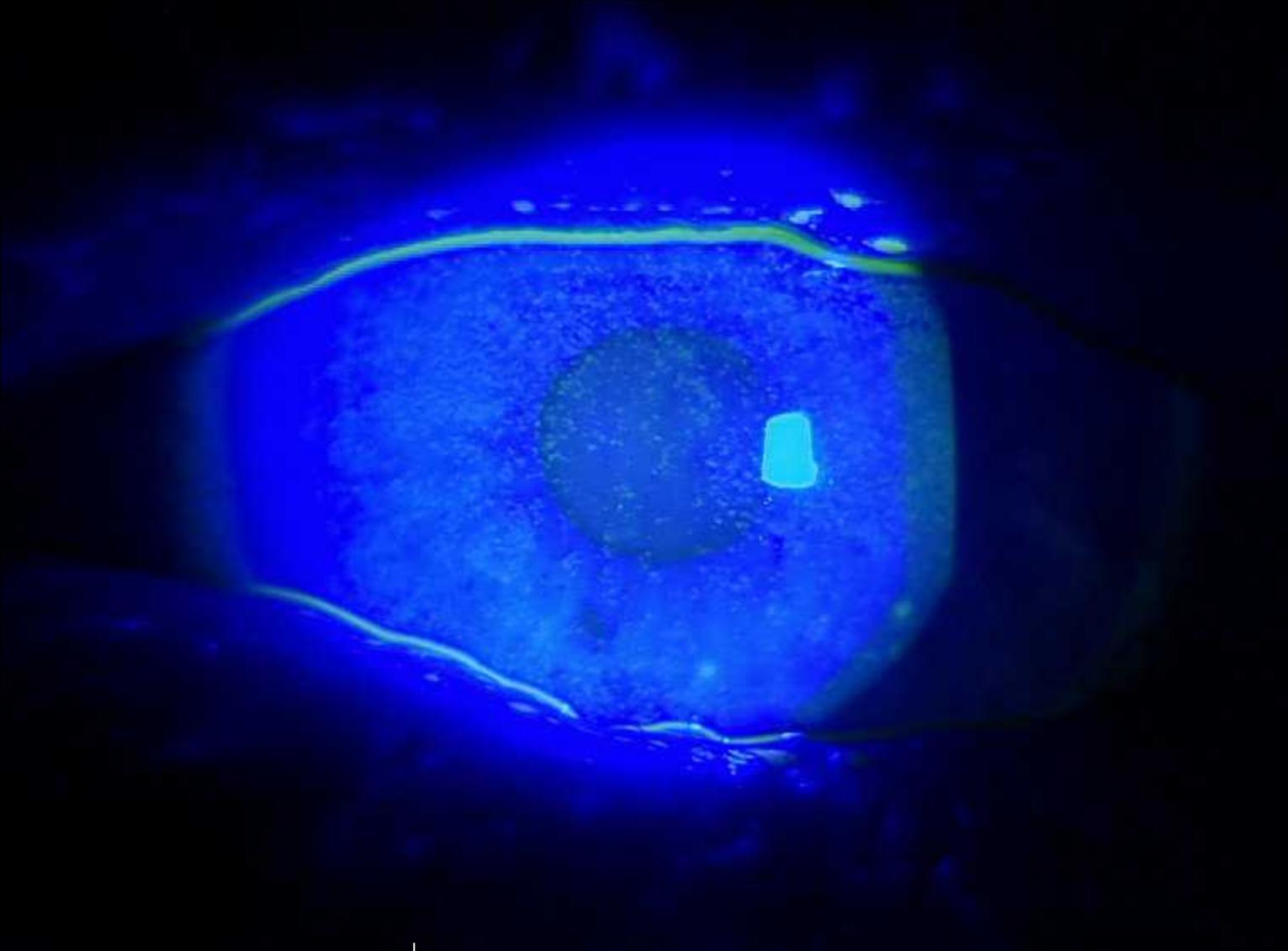
PC 3 + PC 4 x 2

$.4 + .5 = .9$

$.9 \times 2 = 1.8$

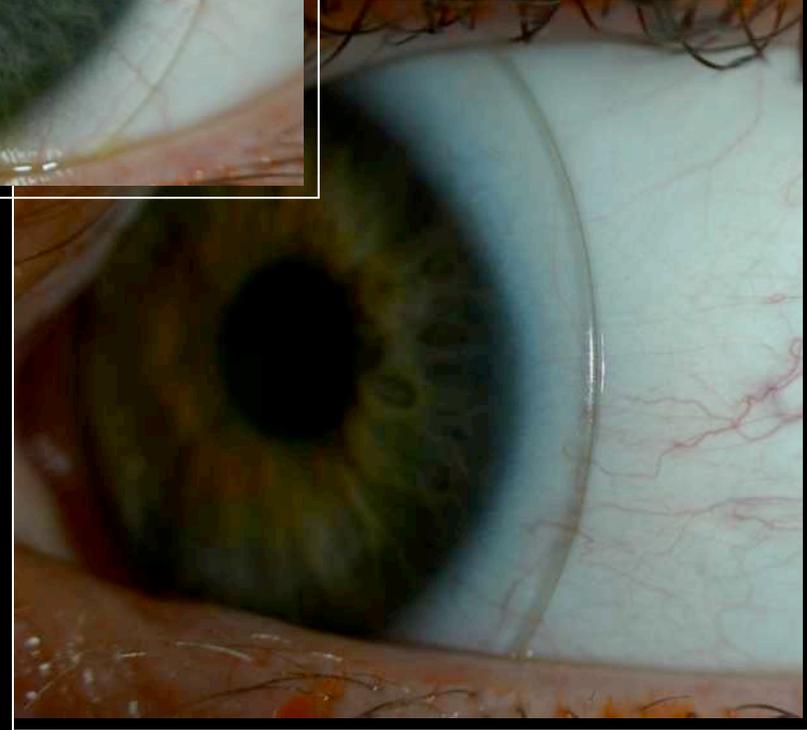
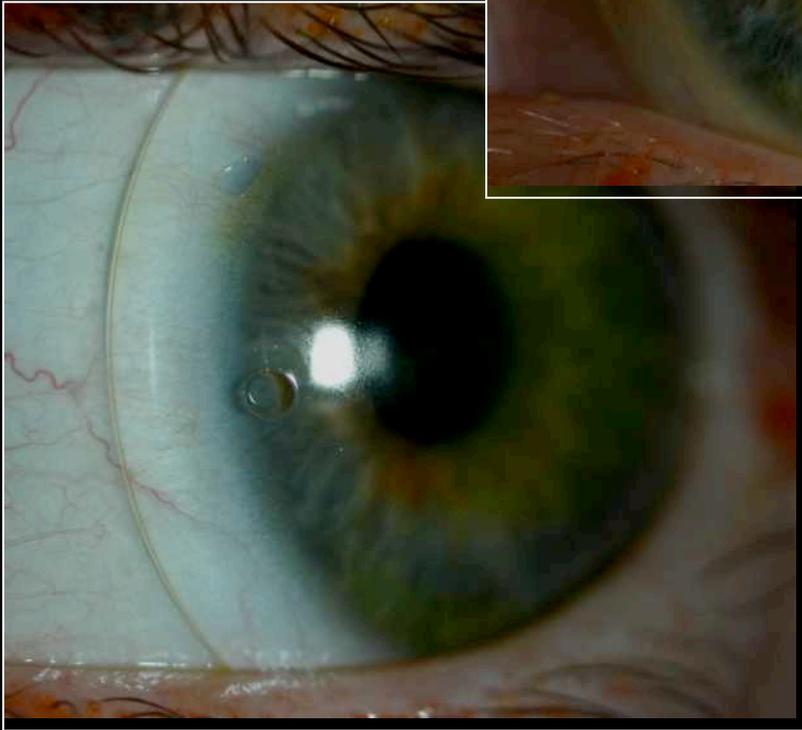
**Total Diameter**

$14.6 + 1.8 = 16.4$



Subjective does not equal Objective

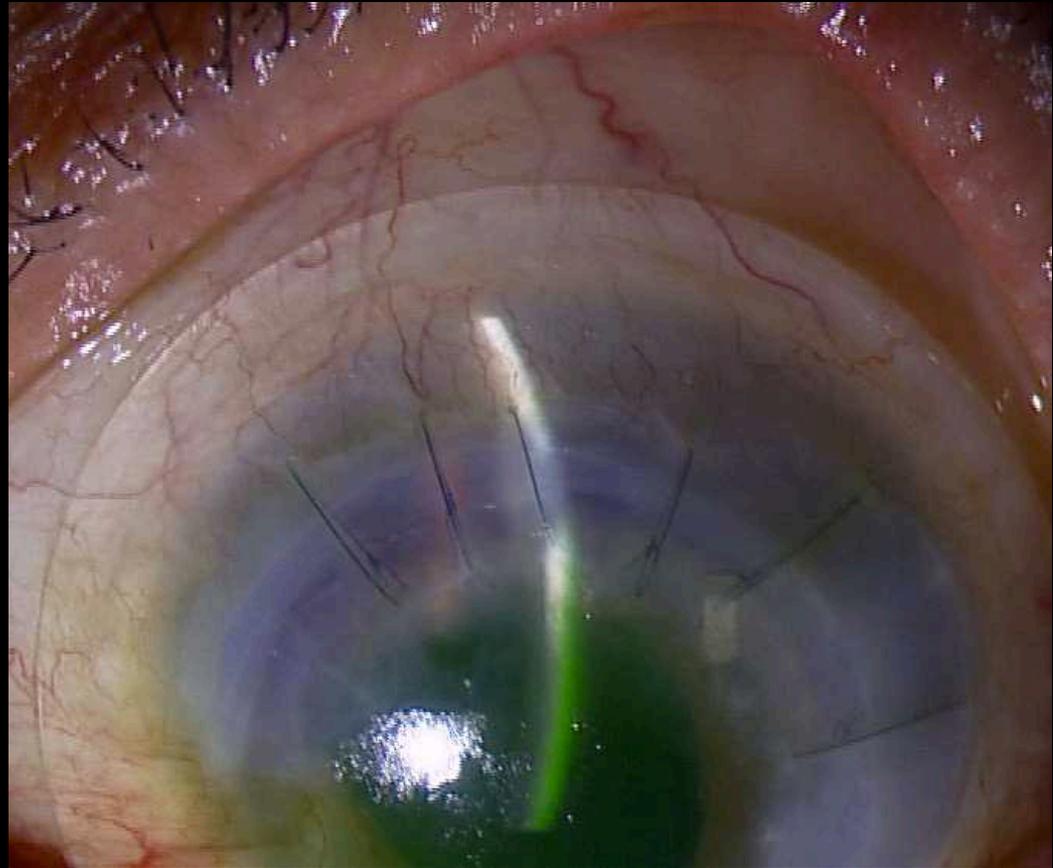
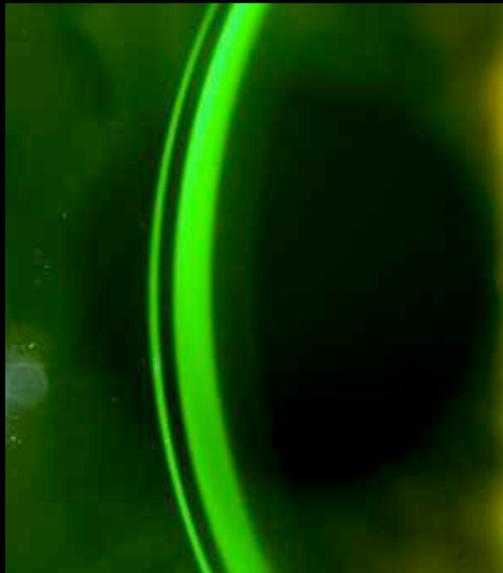
# Fitting Scleral Designs



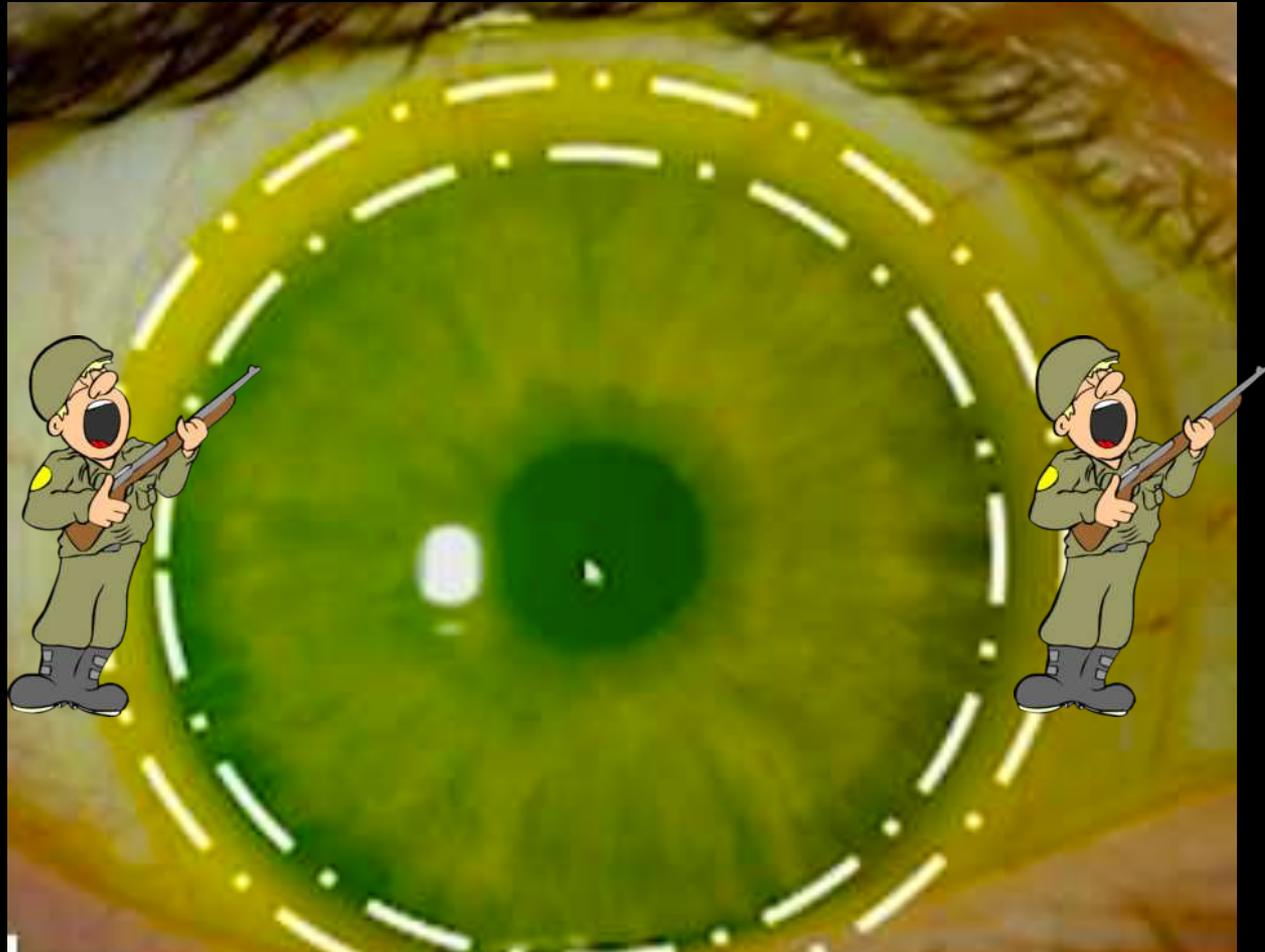
# *"Where do I start?"*

## 3 Decisions

- How large?
- What depth?
- Align haptic

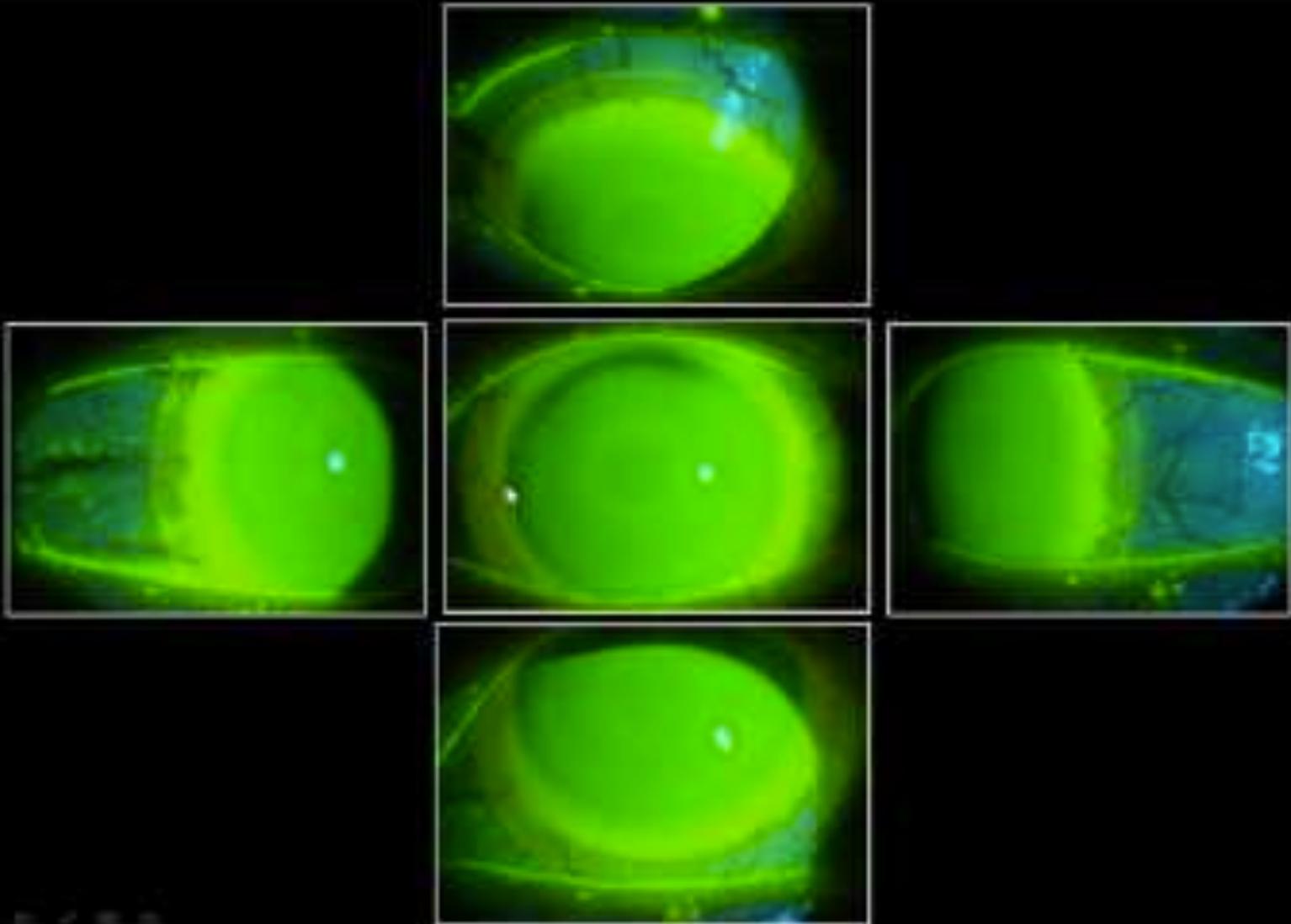


# Protect the Limbus

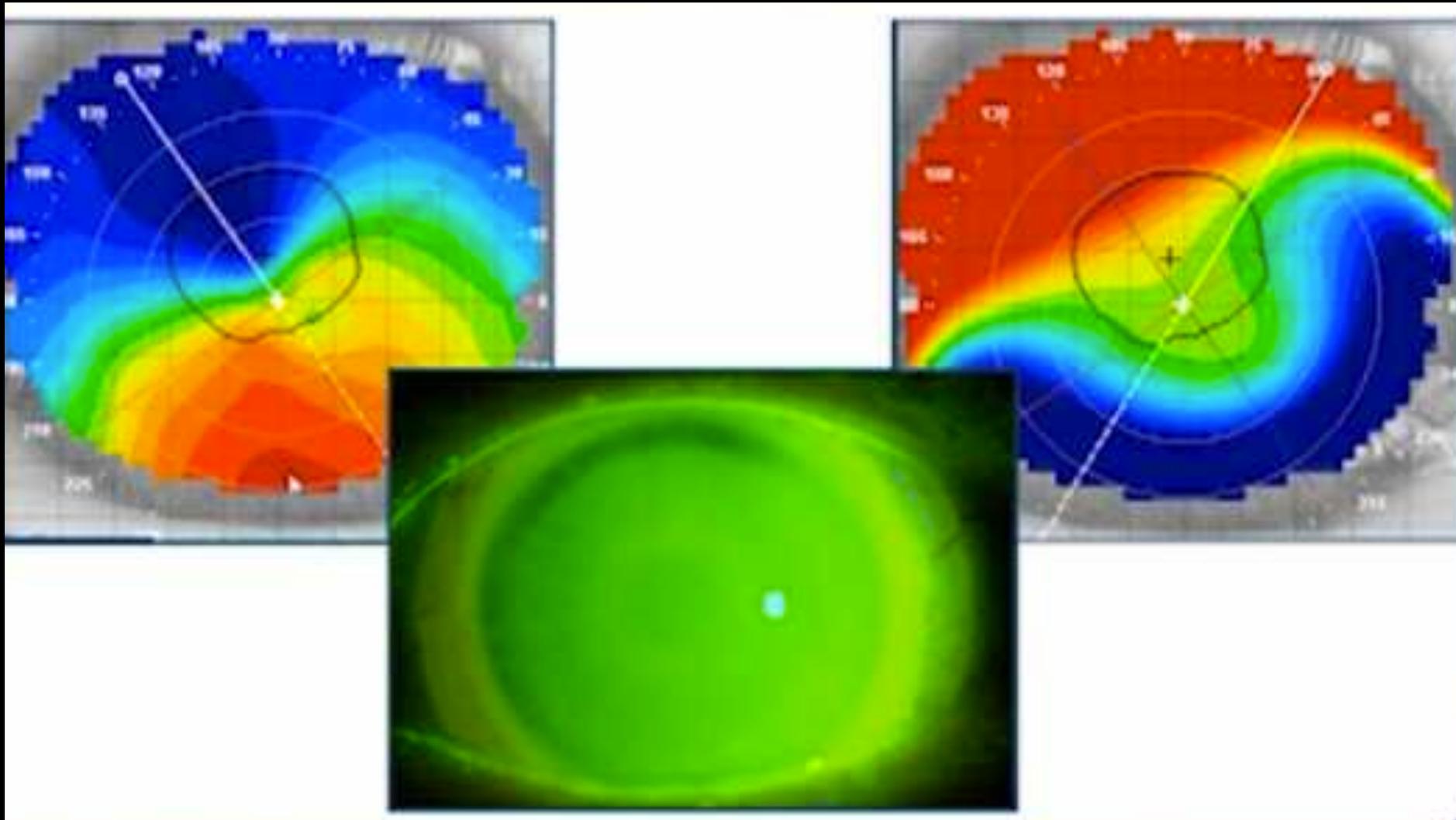


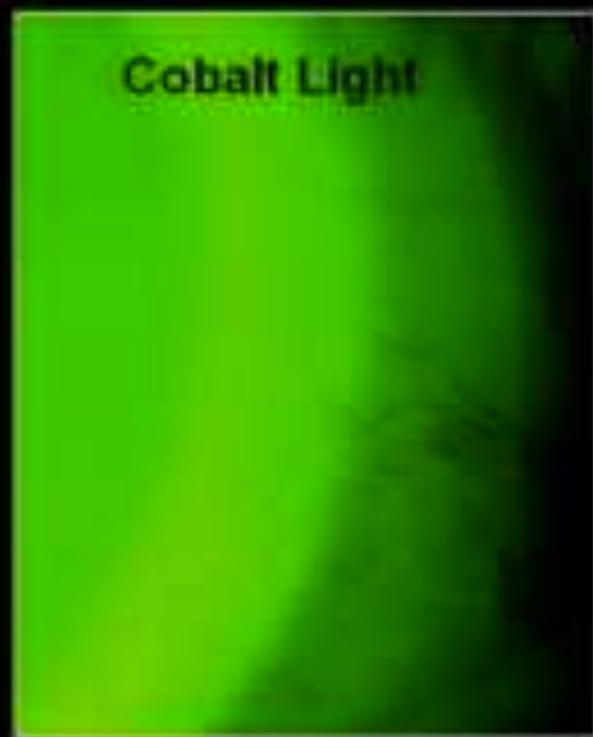
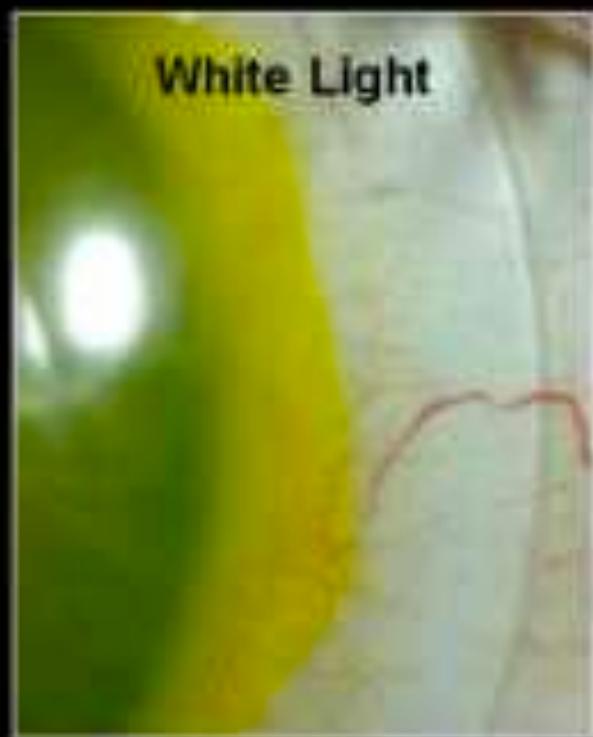


# Check in All Gazes



# Elevation Display May Help





**15.6 mm Diameter**



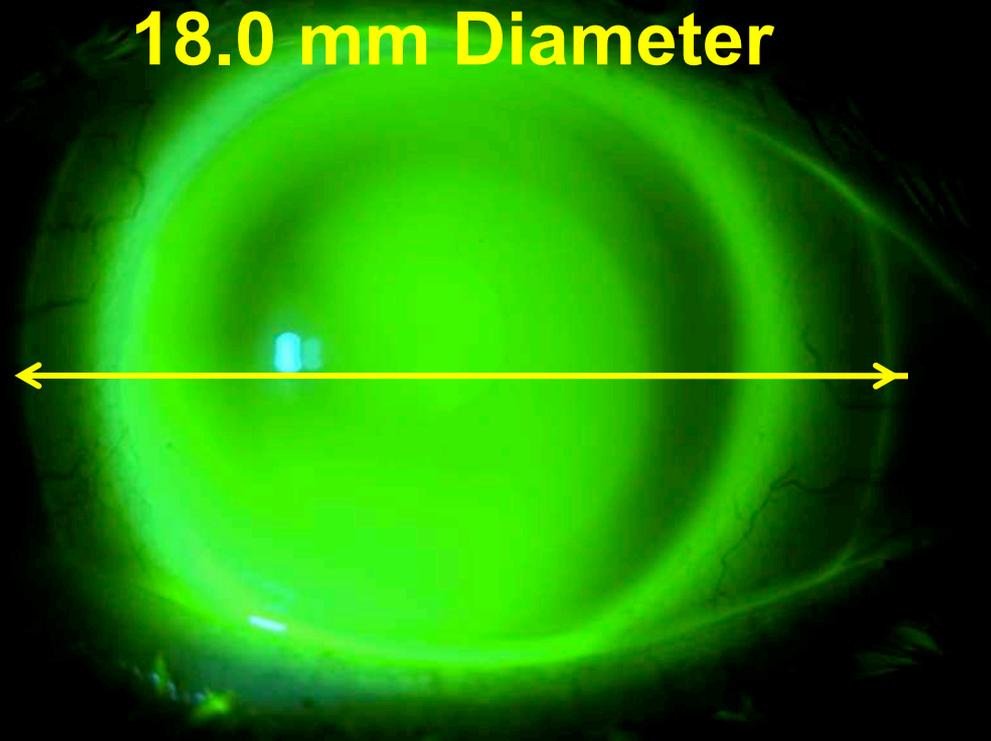
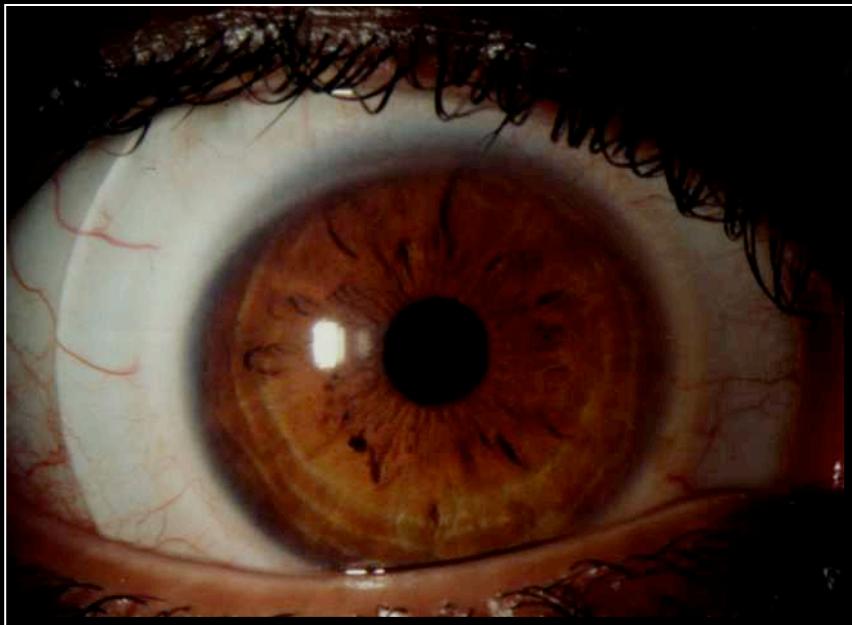
**Step #1  
Lens  
Diameter**

**18.0 mm Diameter**

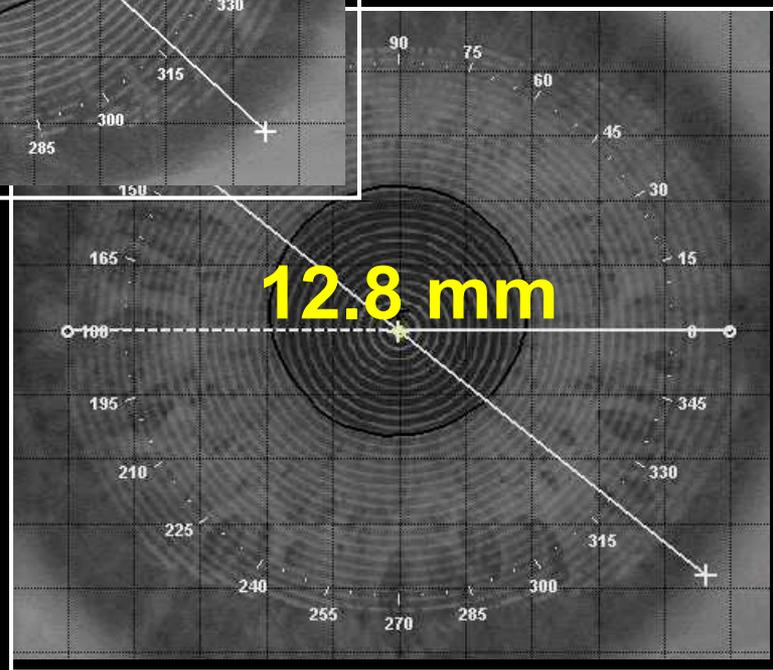
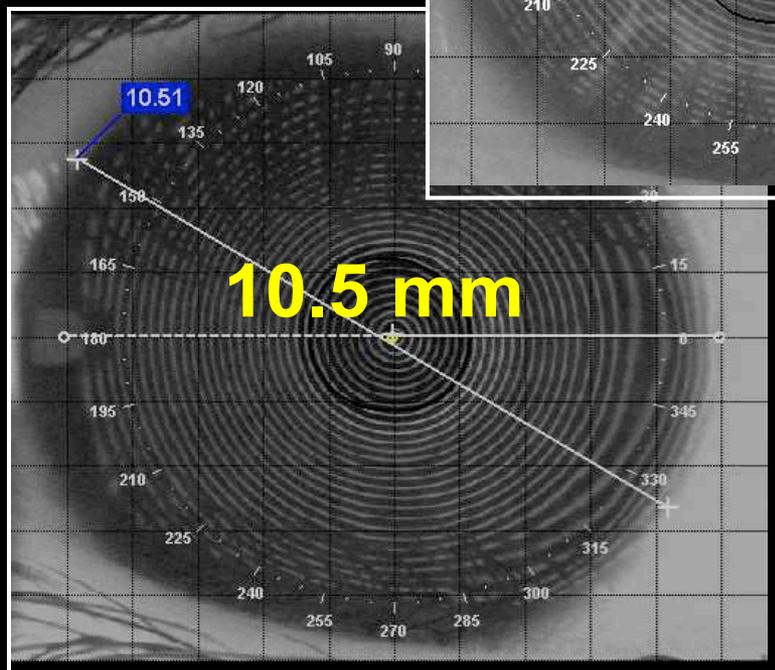
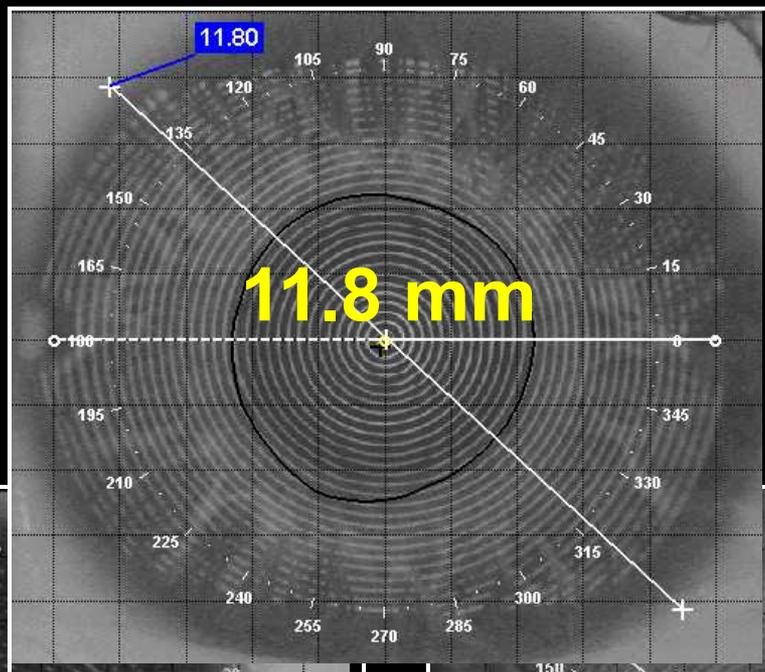


# Step #1 Lens Diameter

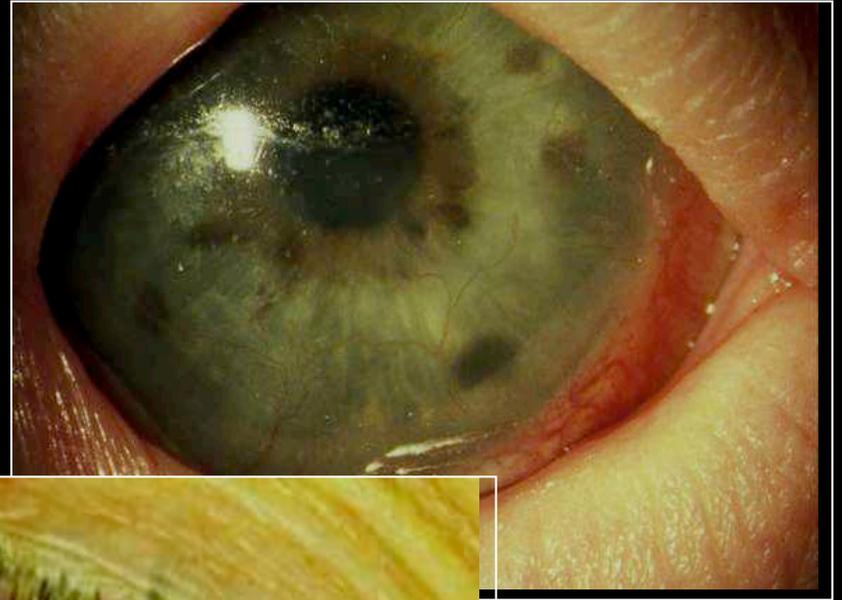
- Cornea diameter
- Fissure size
- Conjunctiva challenges



# Corneal Diameter & Scleral Lenses

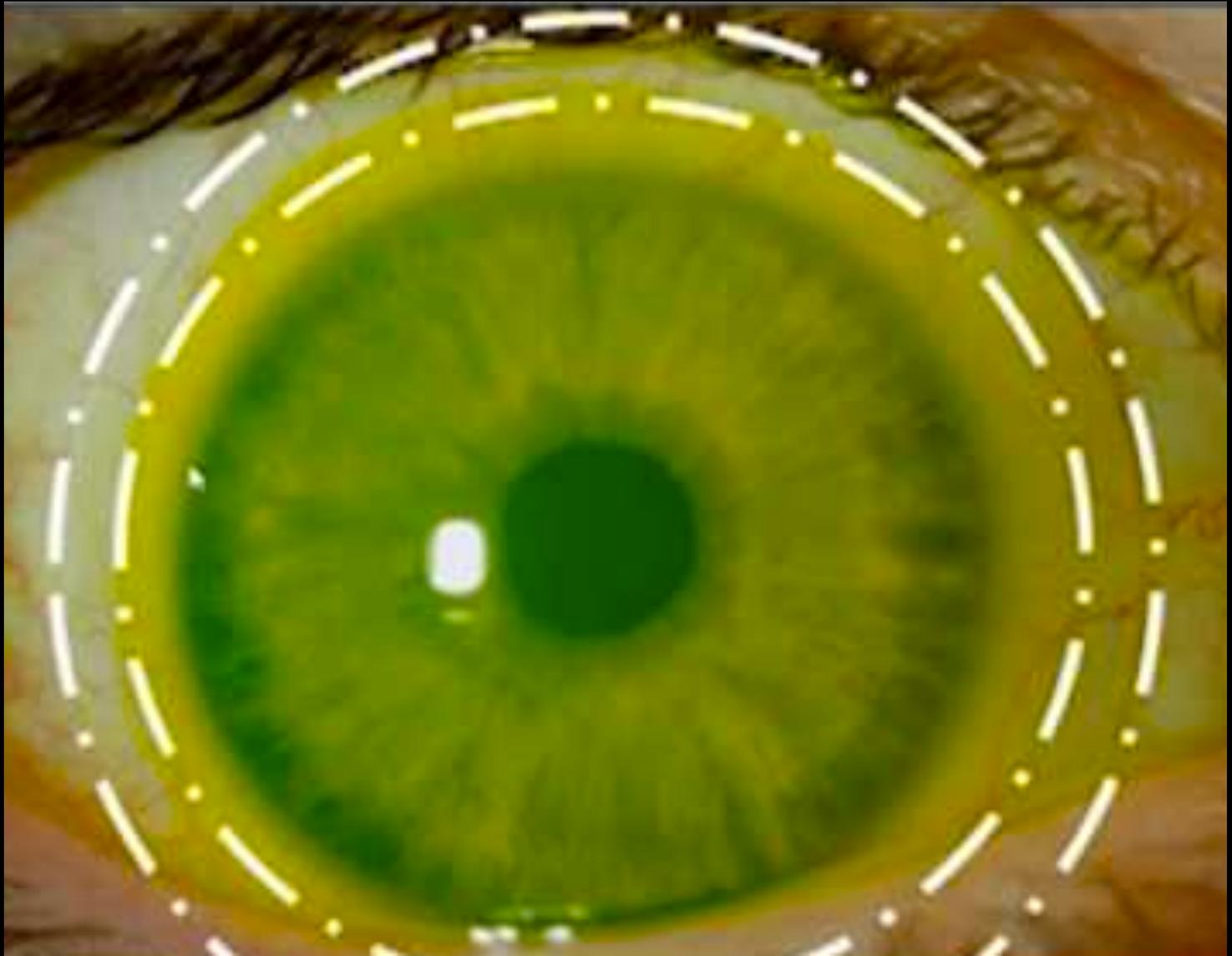


# Fissure Size and Lens Diameter



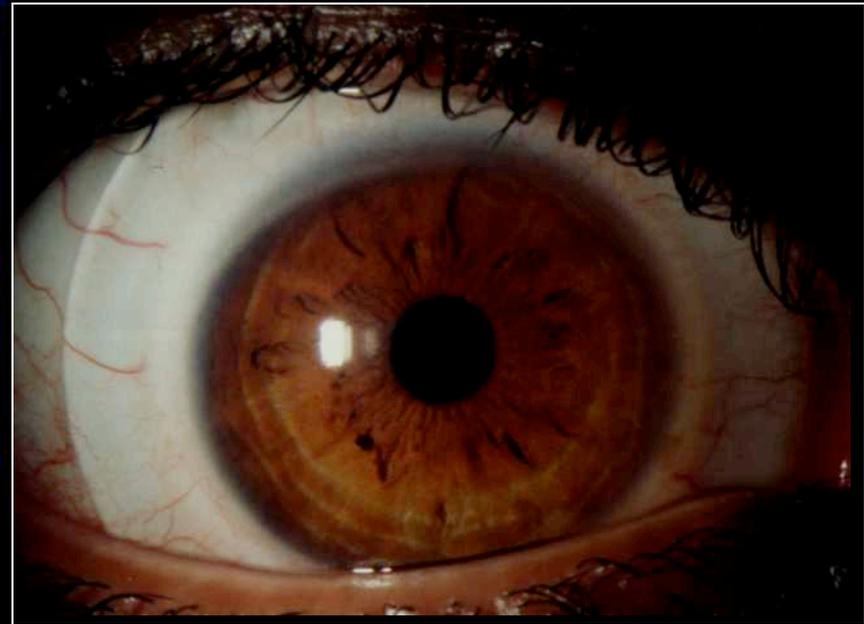
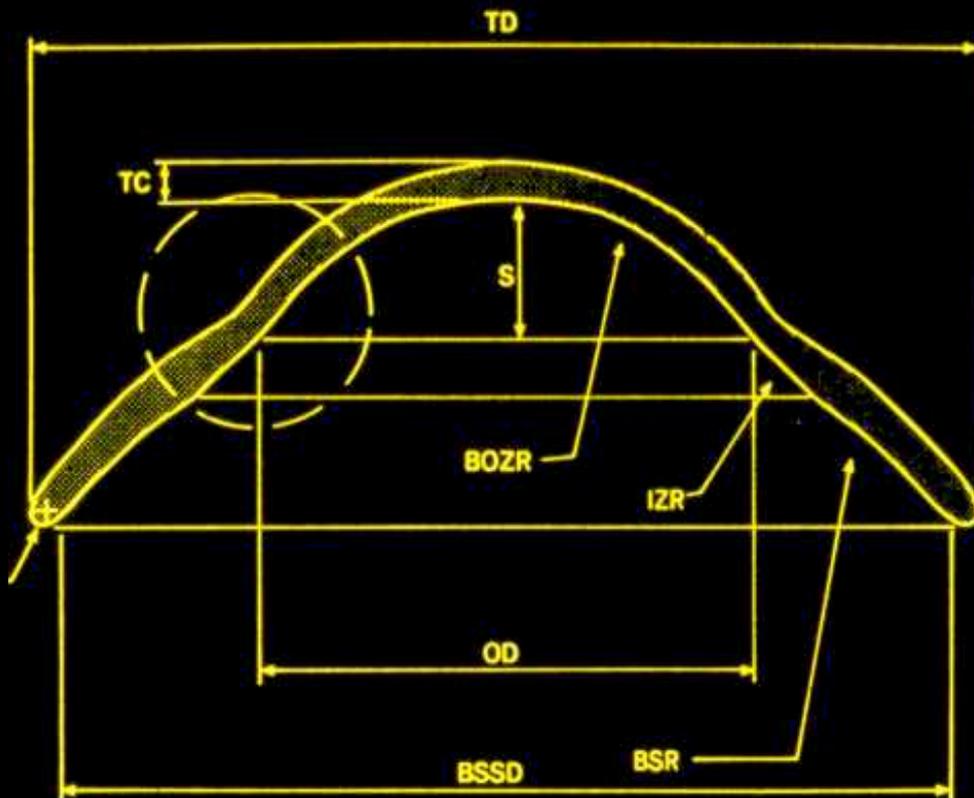


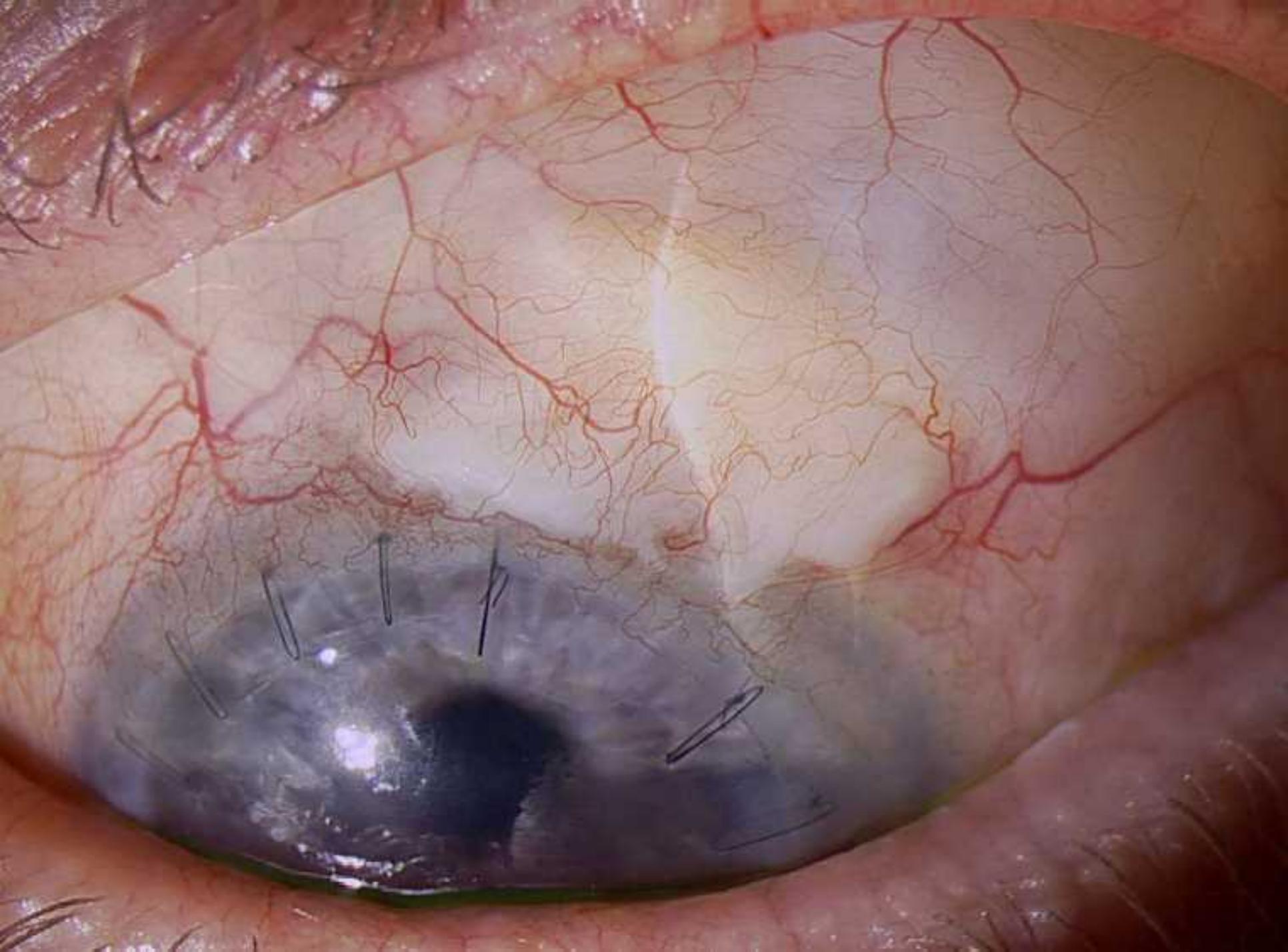
# Landing the Lens

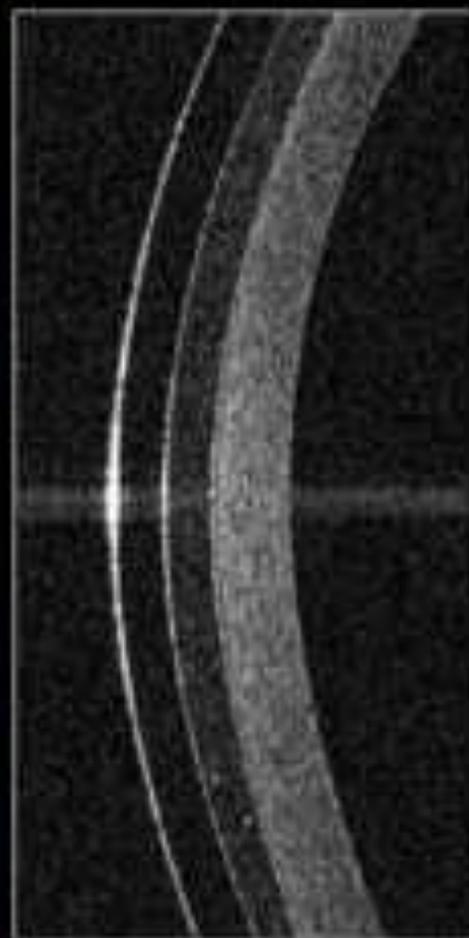


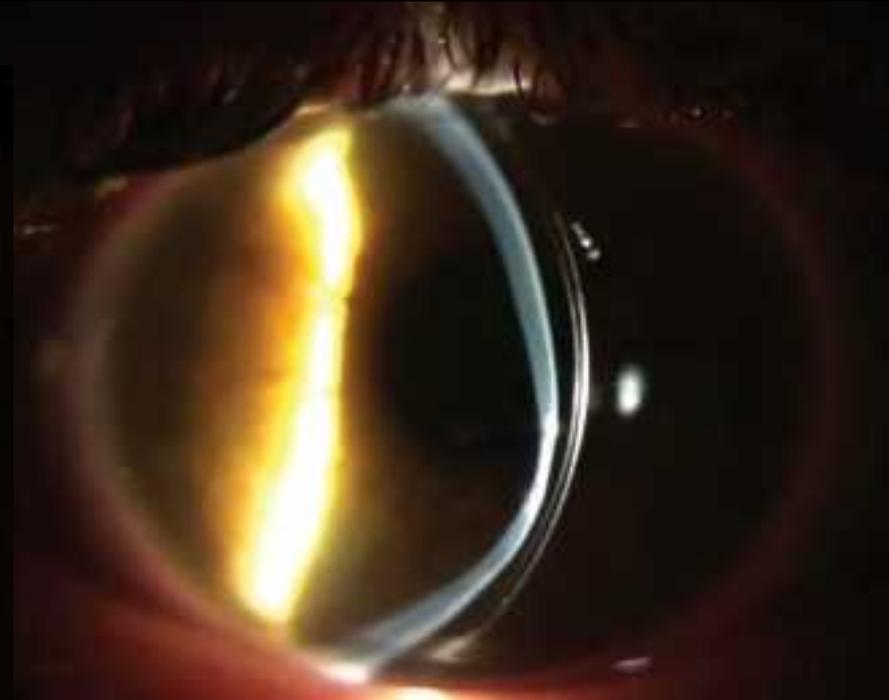
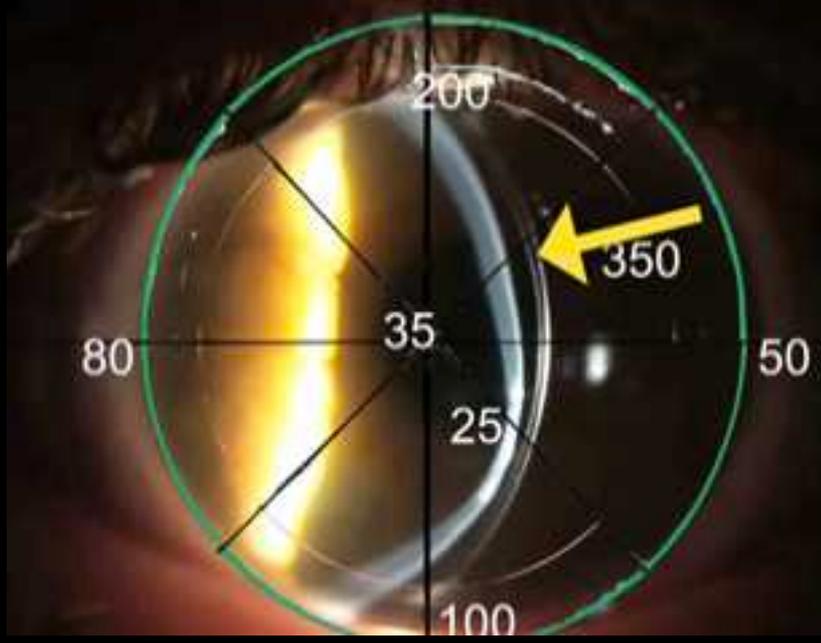
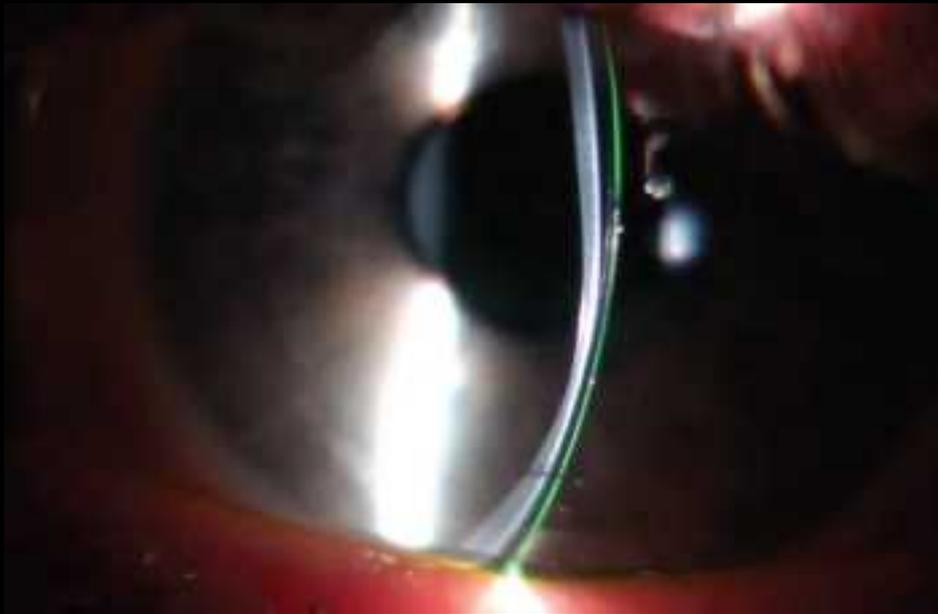
# Weight Pressure Bearing...

*ONLY on the sclera*







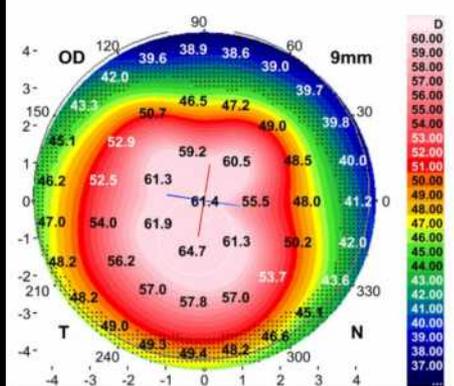




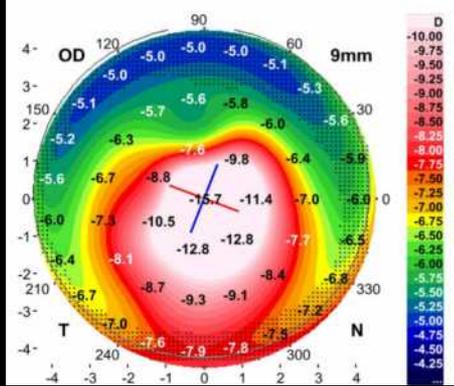
0.295 mm

0.131 mm

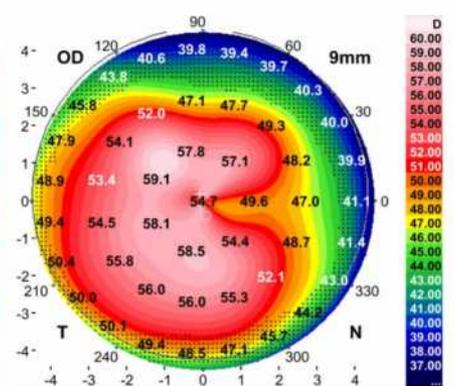
Anterior Axial Curvature [D] n 1.3375



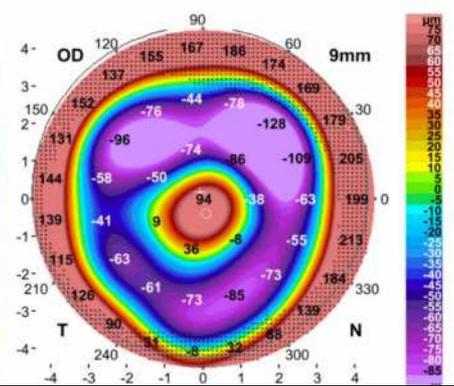
Posterior Axial Curvature [D]



Total Corneal Power 2 (Ray Traced) [D] n 1.3375

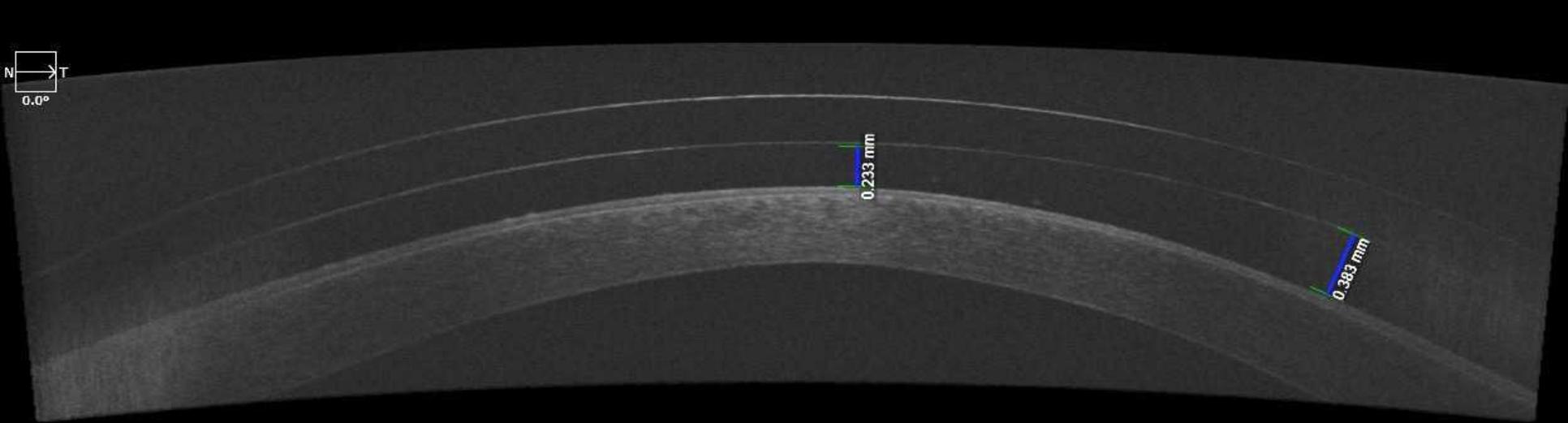


Post. Elevation BFS [μm] Fit Zone 8.0 mm | RadiusBFS 5.20 mm

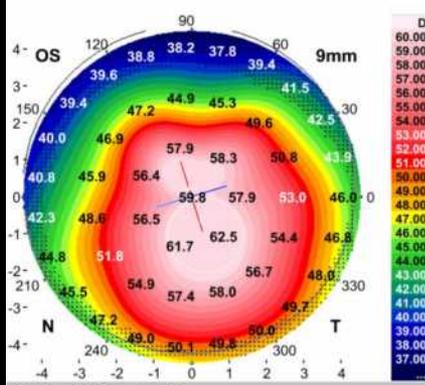


SimK n 1.3375

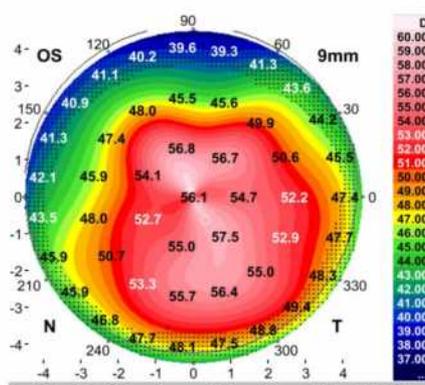
SimK	60.24D	R	5.60mm
Flat SimK	58.37D	171°	R1 5.78mm
Steep SimK	62.11D	81°	R2 5.43mm
Astig	3.74D	81°	e <sup>2</sup> (-Q) 1.91
<b>Anterior Axial Curvature Zones</b> n 1.3375			
Central	61.77D	5.46mm	
Mid	52.19D	6.47mm	
Periph	43.30D	7.79mm	
Kmax	67.08D	5.03mm	location x,y -0.04mm -0.30mm
<b>Posterior Axial Curvature</b>			
Mean K	-11.38D	R	3.52mm
Flat K	-11.31D	69°	R1 3.54mm
Steep K	-11.45D	159°	R2 3.49mm
Astig	-0.14D	159°	e <sup>2</sup> (-Q) 3.14
<b>Pachymetry</b>			
o Thinnest	372μm	location x,y	0.08mm -0.39mm
Central	441μm	CCT	382μm
Mid	571μm		
Periph	658μm	Corneal Vol.	29.39mm <sup>3</sup>
<b>Total Corneal Power 2 (Ray Traced)</b>			
Mean TCP2	55.27D	Central	55.66D
Flat TCP2	53.14D	170°	Mid 51.81D
Steep TCP2	57.40D	80°	Periph 42.76D
Astig	4.26D	80°	
<b>Anterior Chamber and Biometry</b>			
WTW, N-T	12.58mm	Mean Angle	n/a
ACV	n/a	Kappa Dist	0.20mm
AQD	n/a	ASL endo	n/a
+ Pupil Diam	8.82mm	location x,y	-0.08mm 0.18mm
<b>Keratoconus Probability</b>			
CLM1aa	3.77D	PPK	83.1%
<b>Exam Label and Notes</b>			



Anterior Axial Curvature [D] n 1.3375



Total Corneal Power 2 (Ray Traced) [D]



SimK n 1.3375

SimK	59.15D	R	5.71mm
Flat SimK	57.18D	R1	5.90mm
Steep SimK	61.12D	R2	5.52mm
Astig	3.94D	e <sup>2</sup> (-Q)	1.95

Anterior Axial Curvature Zones n 1.3375

Central	59.88D	5.64mm
Mid	51.12D	6.60mm
Periph	43.44D	7.77mm
Kmax	65.36D	5.16mm
location x,y	0.08mm -0.29mm	

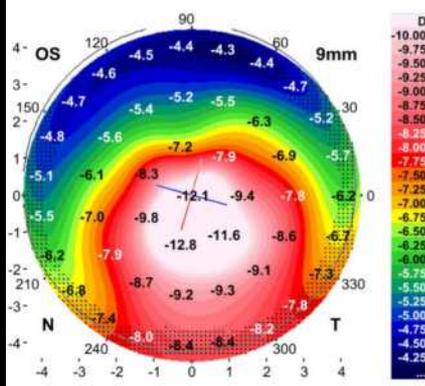
Posterior Axial Curvature

Mean K	-10.01D	R	4.00mm
Flat K	-9.57D	R1	4.18mm
Steep K	-10.45D	R2	3.83mm
Astig	-0.87D	e <sup>2</sup> (Q)	2.88

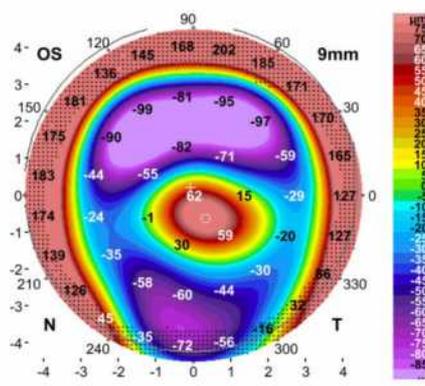
Pachymetry

o Thinnest	397µm	location x,y	0.32mm -0.62mm
Central	457µm	CCT	420µm
Mid	565µm		
Periph	661µm	Corneal Vol.	29.31mm <sup>3</sup>

Posterior Axial Curvature [D]



Post. Elevation BFS [µm] Fit Zone 8.0 mm | RadiusBFS 5.31 mm



Total Corneal Power 2 (Ray Traced)

Mean TCP2	55.54D	Central	55.48D
Flat TCP2	53.57D	21°	Mid 50.51D
Steep TCP2	57.50D	111°	Periph 43.25D
Astig	3.93D	111°	

Anterior Chamber and Biometry

WTW, N-T	12.64mm	Mean Angle	n/a
ACV	n/a	Kappa Dist	0.23mm
AOD	n/a	ASL endo	n/a
+ Pupil Diam	8.88mm	location x,y	-0.08mm 0.21mm

Keratoconus Probability

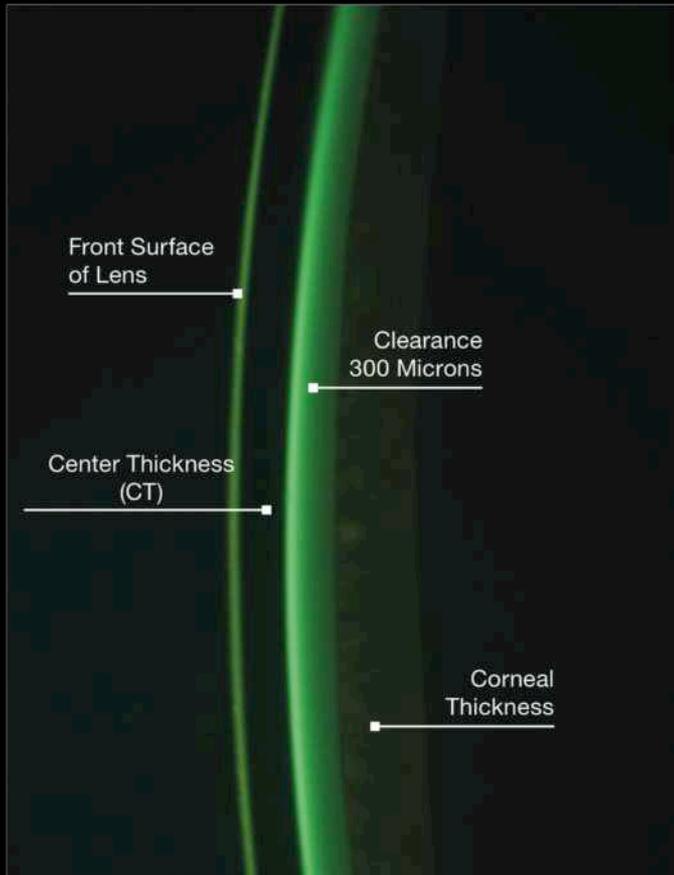
CLMlaa	4.64D	PPK	96.9%
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Exam Label and Notes

# SCLERAL LENS FIT SCALES

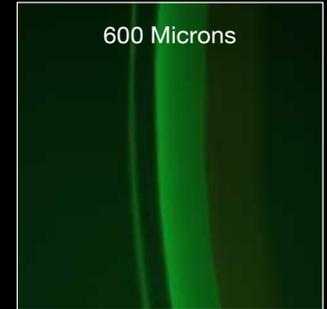
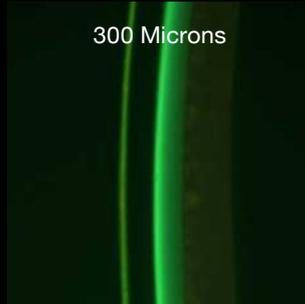
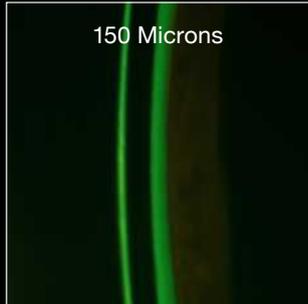
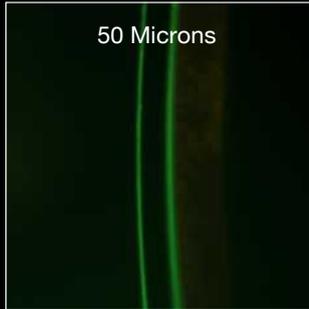
To accurately estimate the amount of vaulting (clearance) underneath the posterior surface of a scleral lens necessitates a reference point for comparison. Although some have suggested corneal thickness for the reference, we prefer the

center thickness (CT) of the lens itself which will be listed on the manufacturer's invoice. In each of the examples below, the CT is 0.30mm (300 microns). In most scleral lens designs, the ideal amount of clearance is about 300 microns.



# SCLERAL LENS FIT SCALES

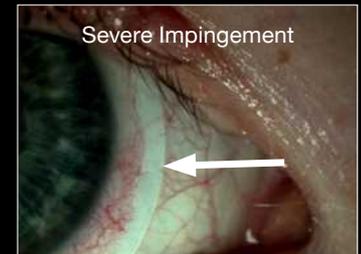
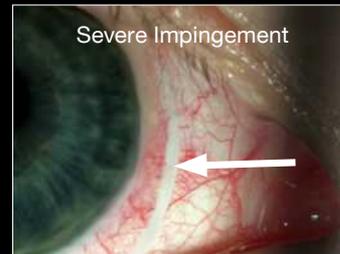
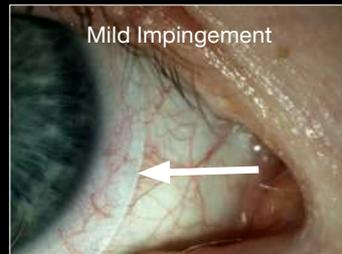
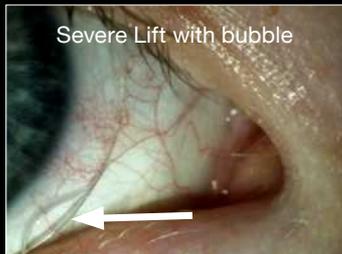
## CENTRAL VAULTING



## LIMBAL VAULTING



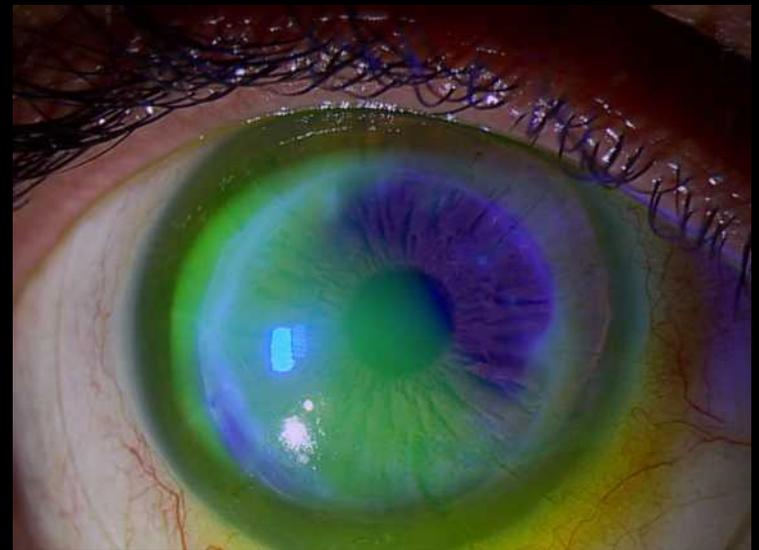
## EDGE RELATIONSHIP

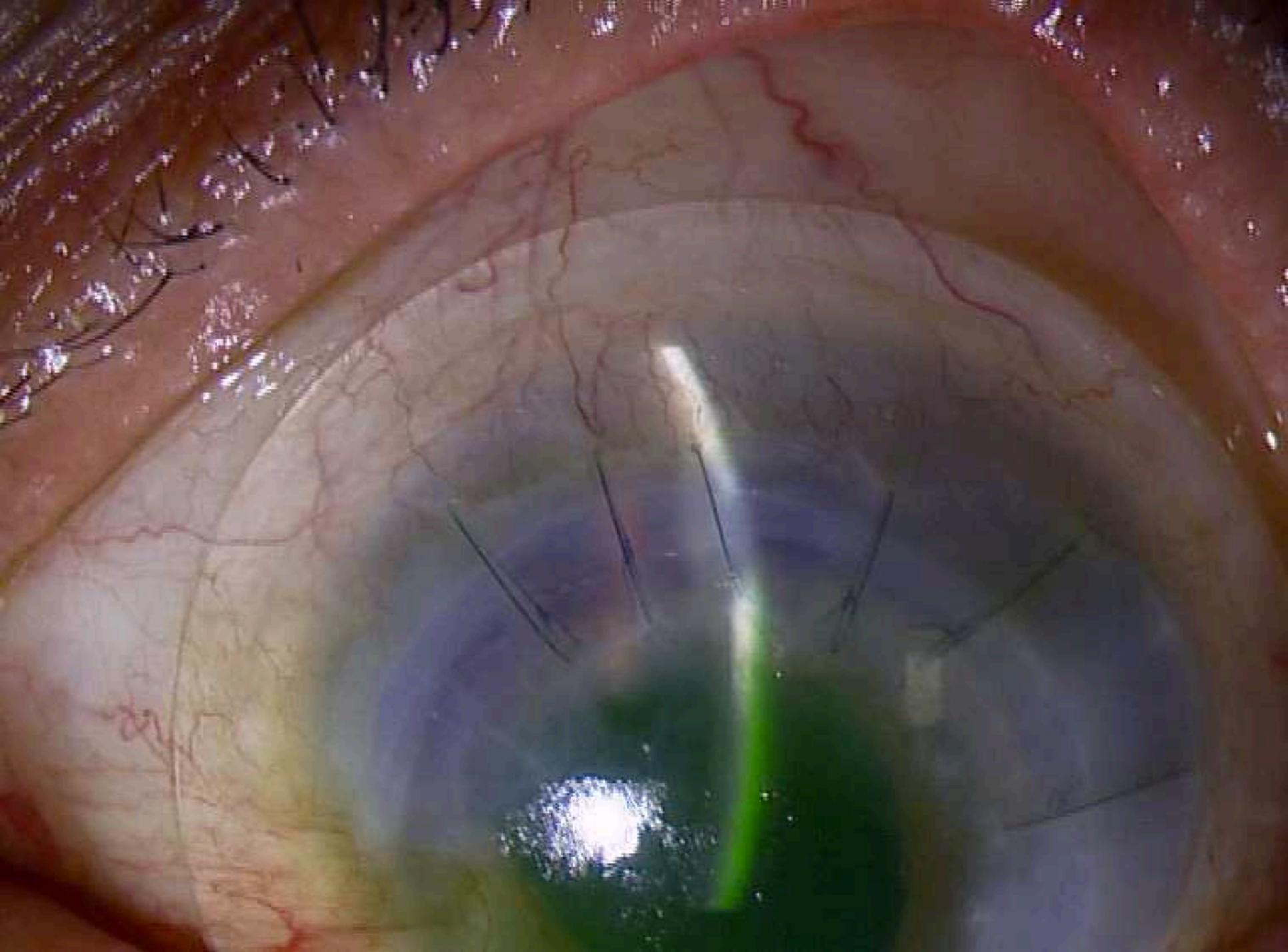


# Reservoir Chamber Depth

Example:

Insufficient fluid chamber depth

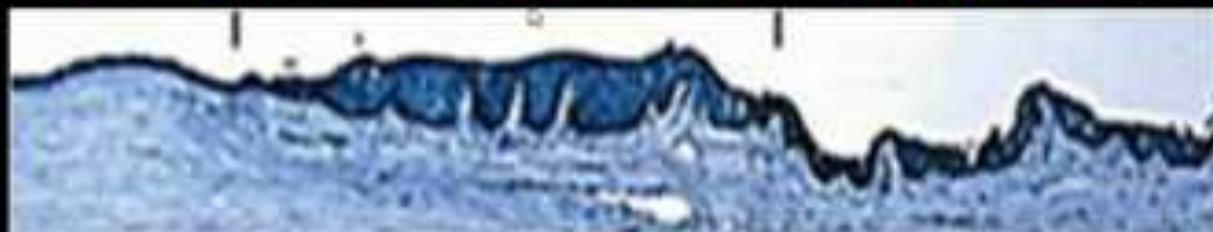




## Lens Settling

### 15 Normal Eye Subjects

- Following 8 hours of lens wear the scleral lenses “settled” on average **96  $\mu\text{m}$** .
- The amount of “lens settling” varied with a range in sagittal depth loss from **70 to 180  $\mu\text{m}$** .
- Following one month of scleral lens wear John Mountford found the average lens settling to be **146 microns with a range of 106 to 186 microns**.



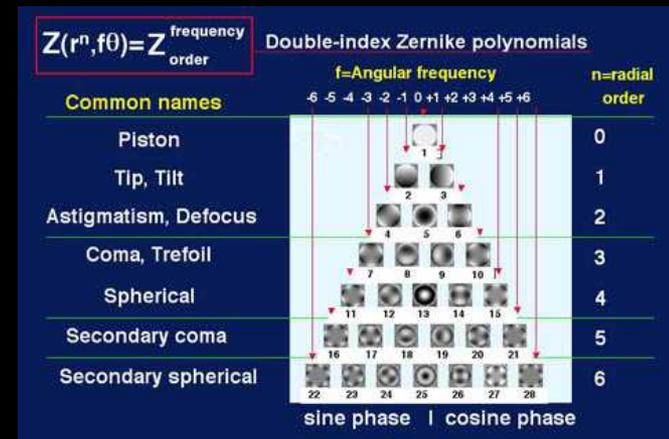
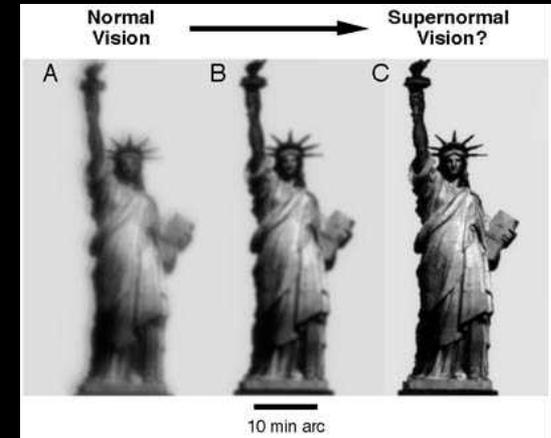
# Impact on Vision

## Same Effective RX

49 D    -10.00    16.5

42 D    -3.00    16.5

\* using wide RC  
to achieve same depth

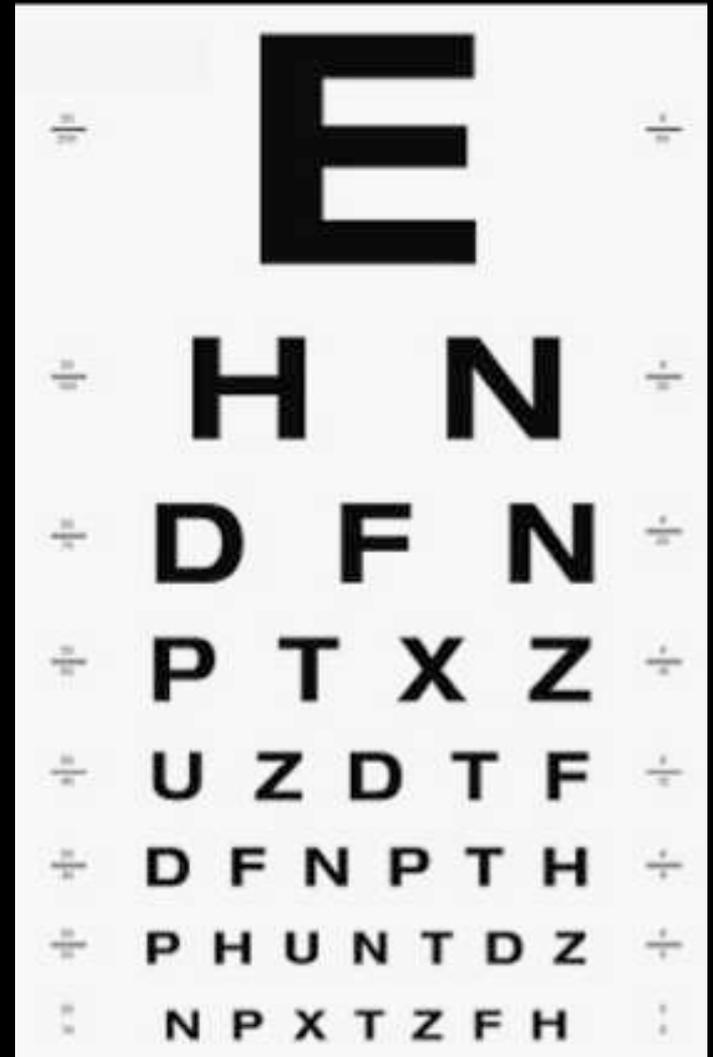


# Higher Order Aberrations

Spherical  
**symmetrical**

Coma  
**comet**

Trefoil  
**triple**



# The "Perfect" Scleral Lens

- Provides complete alignment 360 degrees
- Uncompromised vision
- Corneal alignment
- Limbal shape control
- Sufficient oxygen delivery
- Wettable surface
- Easily maintained
- Stays clean despite the environment

# The "Perfect" Scleral Lens

Provides complete alignment 360 degrees



## Surface coverage with single vs. multiple gaze surface topography to fit scleral lenses.

DeNaeyer G<sup>1</sup>, Sanders DR<sup>2</sup>, Farajian TS<sup>3</sup>.

### Author information

- 1 Optometrist at Arena Eye Surgeons, United States.
- 2 Center For Clinical Research and President and CEO, Visionary Optics LLC, United States. Electronic address: drsmd@drsmd.com.
- 3 Precision Ocular Metrology, LLC, United States.

### Abstract

**OBJECTIVES:** To determine surface coverage of measurements using the sMap3D<sup>®</sup> corneo-scleral topographer in patients presenting for scleral lens fitting.

**METHODS:** Twenty-five eyes of 23 scleral lens patients were examined. Up-gaze, straight-gaze, and down-gaze positions of each eye were "stitched" into a single map. The percentage surface coverage between 10mm and 20mm diameter circles from corneal center was compared between the straight-gaze and stitched images. Scleral toricity magnitude was calculated at 100% coverage and at the same diameter after 50% of the data was removed.

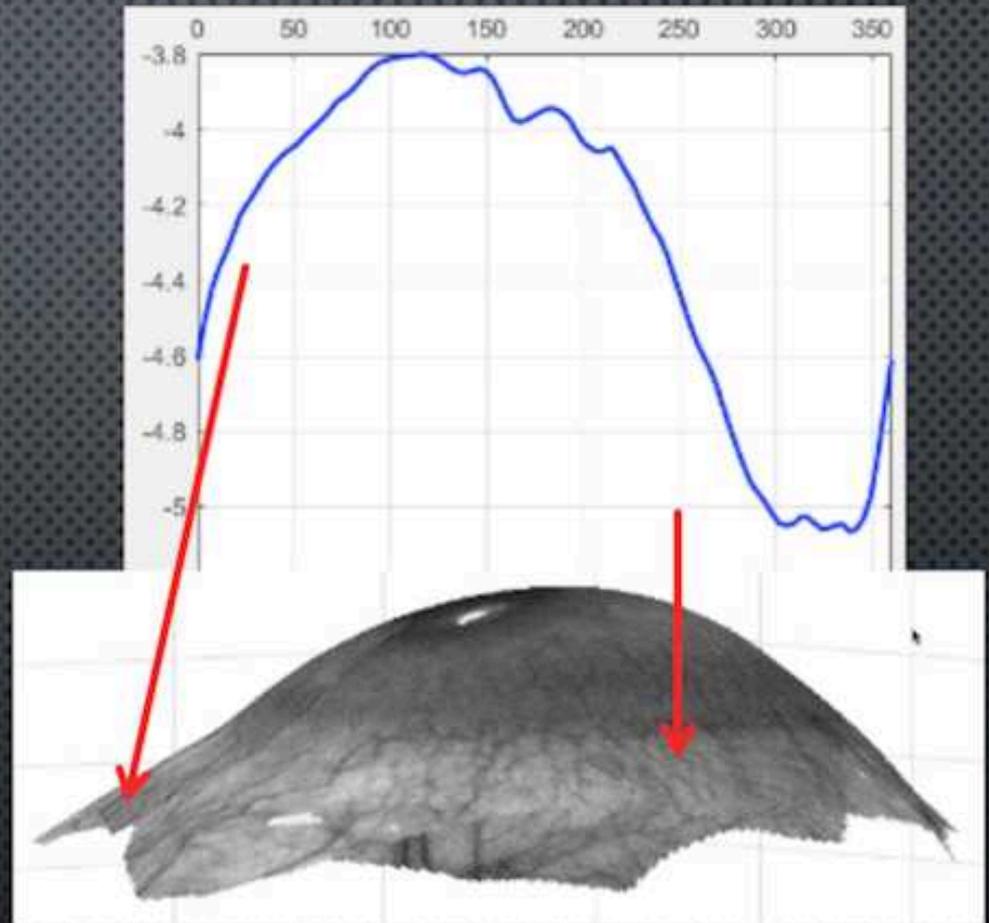
**RESULTS:** At a 10mm diameter from corneal center, the straight-gaze and stitched images both had 100% coverage. At the 14, 15, 16, 18 and 20mm diameters, the straight-gaze image only covered 68%, 53%, 39%, 18%, and 6% of the ocular surface diameters while the stitched image covered 98%, 96%, 93%, 75%, and 32% respectively. In the case showing the most scleral coverage at 16mm (straight-gaze), there was only 75% coverage (straight-gaze) compared to 100% (stitched image); the case with the least coverage had 7% (straight gaze) and 92% (stitched image). The 95% limits of agreement between the 50% and 100% coverage scleral toricity was between -1.4D (50% coverage value larger) and 1.2D (100% coverage larger), a 2.6D spread. The absolute difference between 50% to 100% coverage scleral toricity was  $\geq 0.50D$  in 28% and  $\geq 1.0D$  in 16% of cases.

**CONCLUSIONS:** It appears that a single straight-gaze image would introduce significant measurement inaccuracy in fitting scleral lenses using the sMap3D while a 3-gaze stitched image would not.

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**KEYWORDS:** Ocular surface coverage; Scleral lenses; Scleral topography

- 4 PRIMARY CATEGORIES OF SHAPE
- RESULTS SUGGEST THAT THE MAJORITY OF EYES MAY BENEFIT FROM **CUSTOM BACK SURFACE** HAPTICS



**Table 1 Scleral Surface Patterns  
x in 140 Scleral Lens Patients**

<b>Group</b>	<b>Pattern Description</b>	<b>N(%)</b>
1	Spherical	8 (5.7%)
2	Toric-Regular	40 (28.6%)
3	Asymmetric High or Low Points	57 (40.7%)
4	Periodicity different from 180°	35 (25%)

**65.7%**

Groups 3 and 4 have scleral shapes that are different from commonly designed spherical or toric haptic designs!

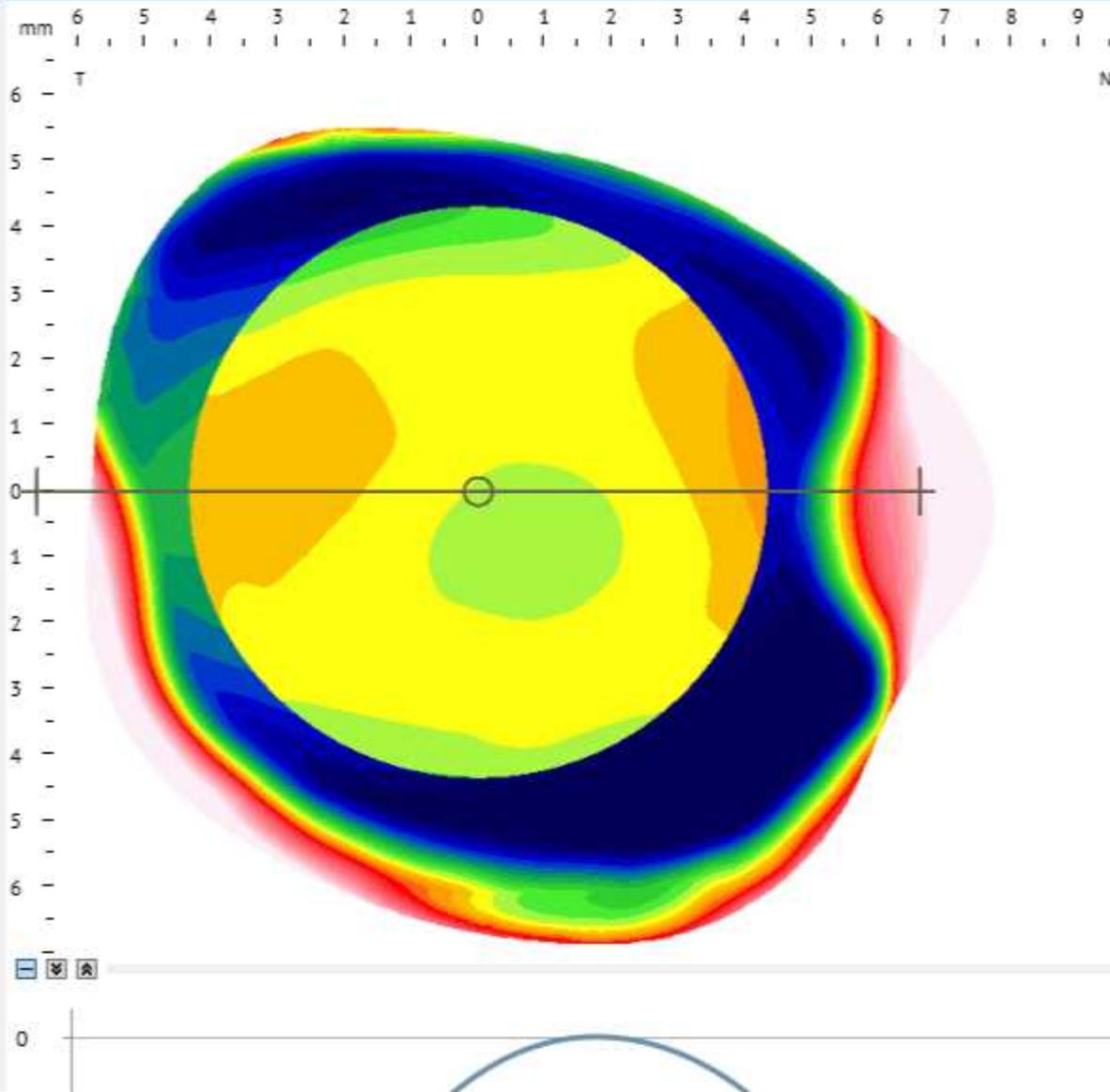
# The "Perfect" Scleral Lens

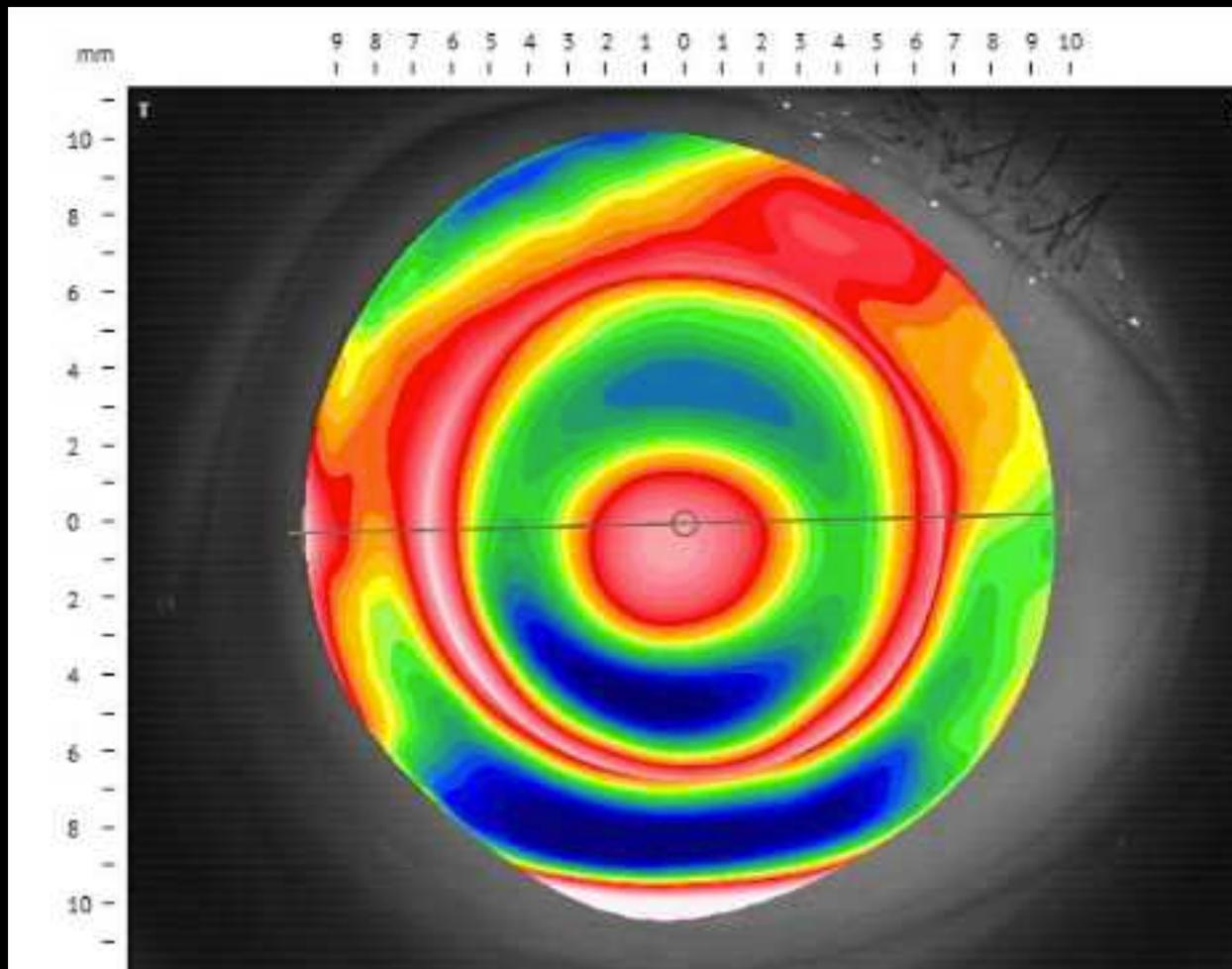
Provides complete alignment 360 degrees

- Spherical
- Toric
- Asymmetrical
- Quadrant specific
- Angles
- Manage additional lesions ( 1 or more )

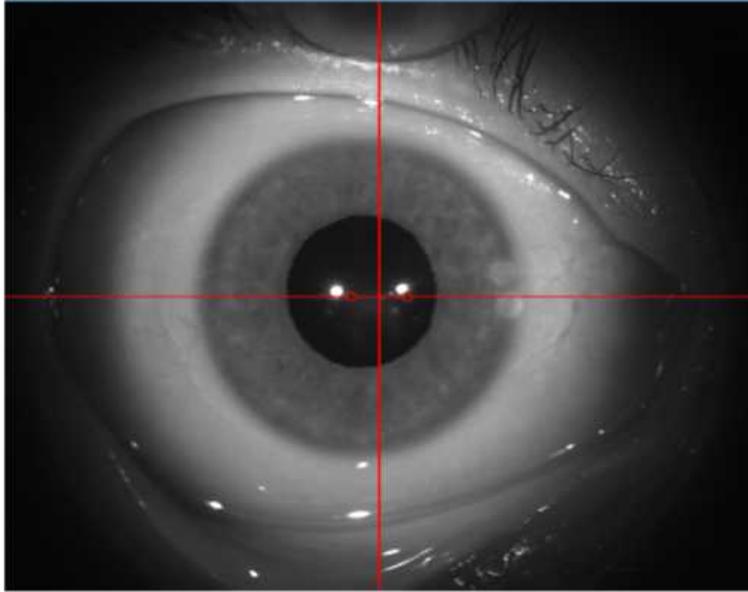


9/11/2019 8:34 AM (0) OD

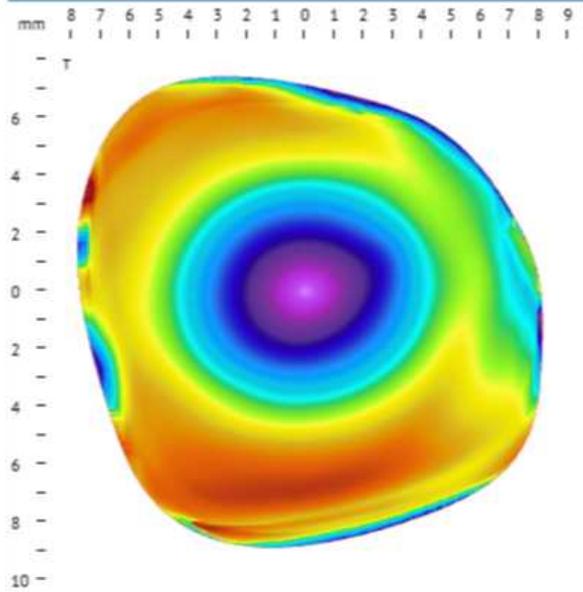




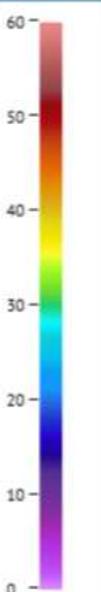
Source



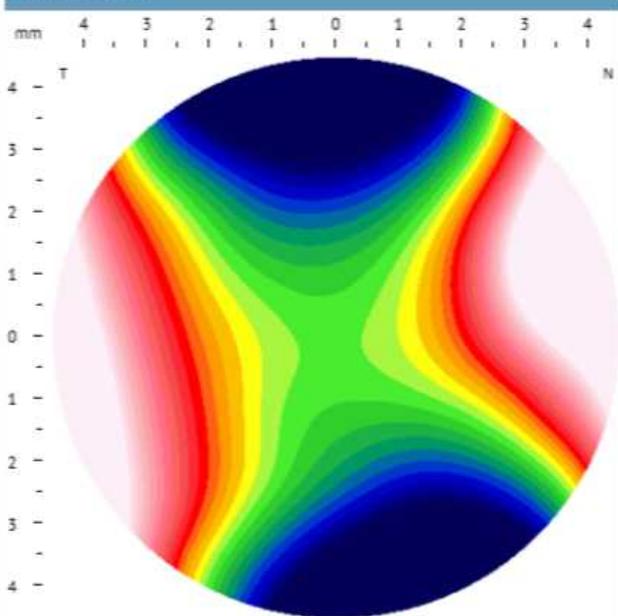
Tangent angles



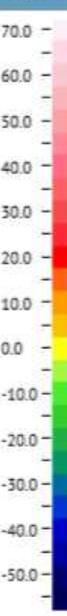
° Ansi



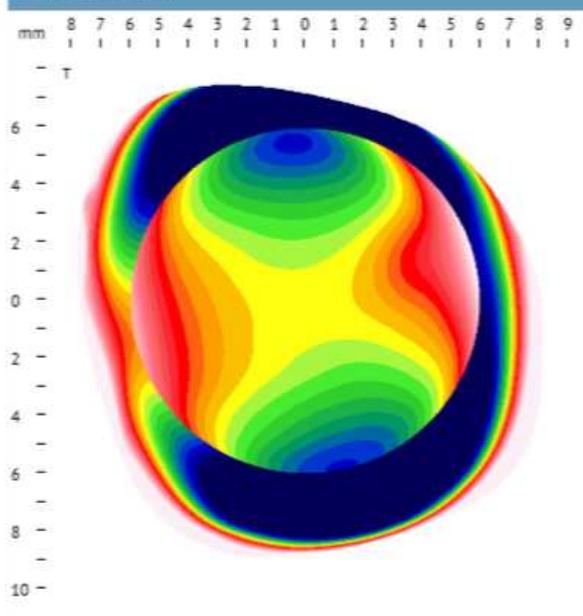
Corneal elevation



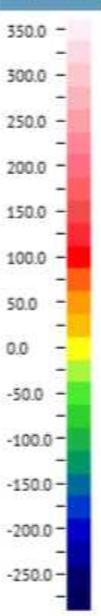
µm

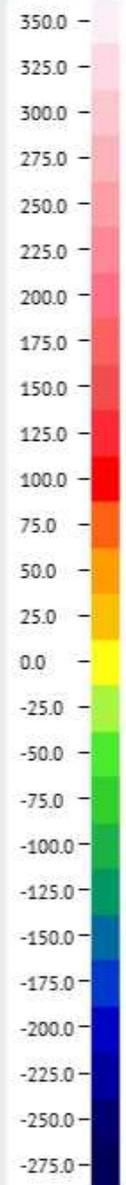
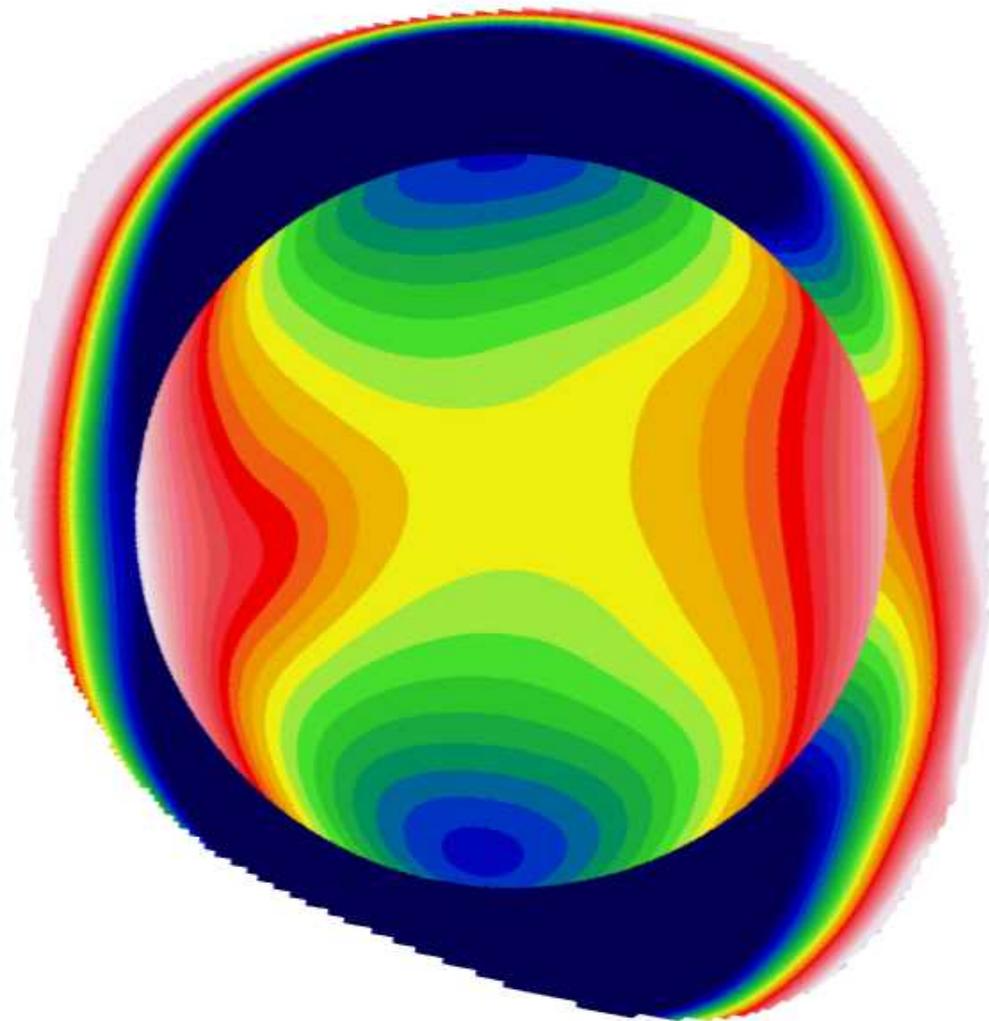


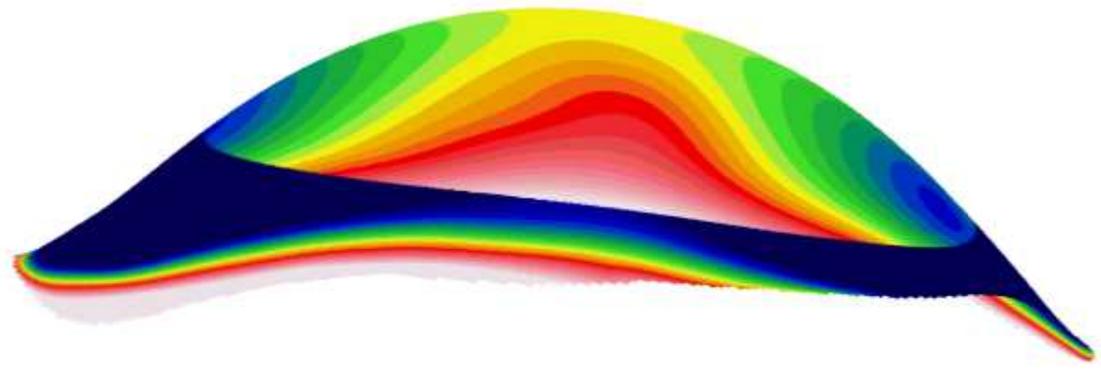
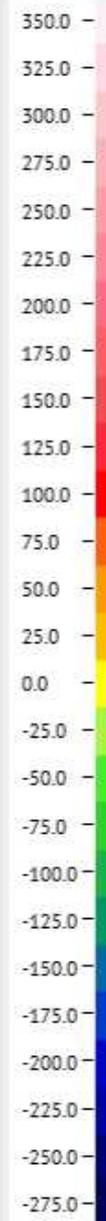
Sisphere elevation



µm

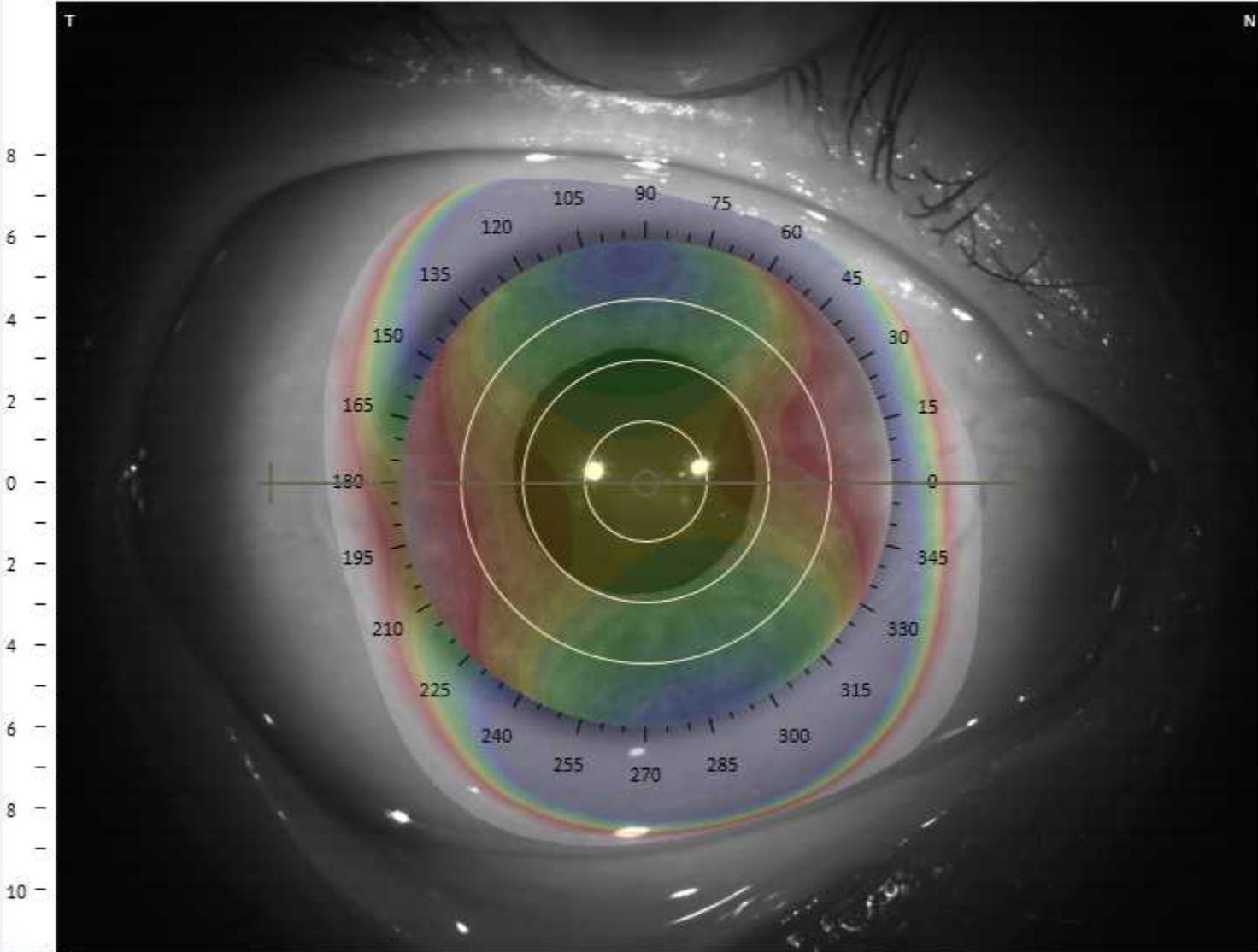






mm

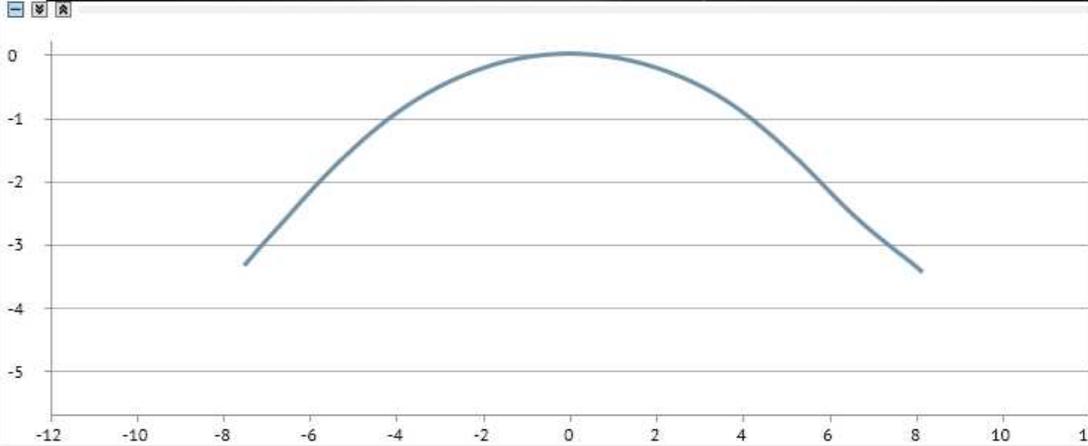
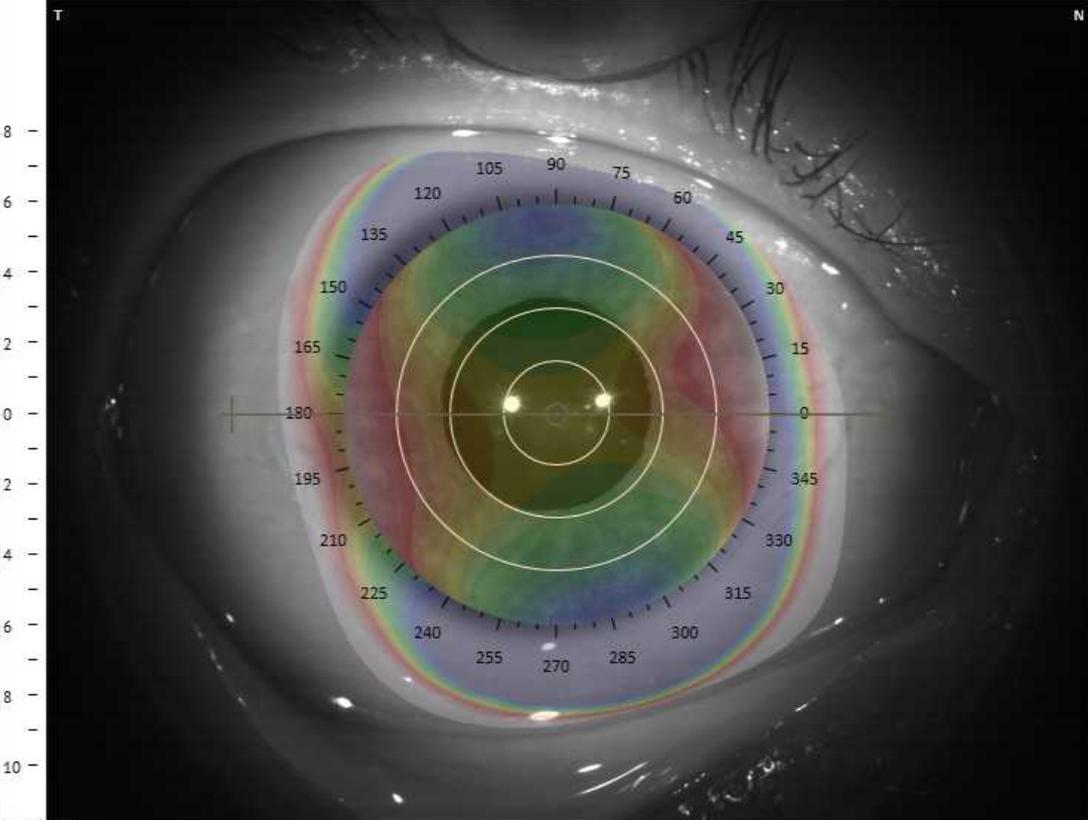
8 7 6 5 4 3 2 1 0 1 2 3 4 5 6 7 8 9  
| | | | | | | | | | | | | | | | | |



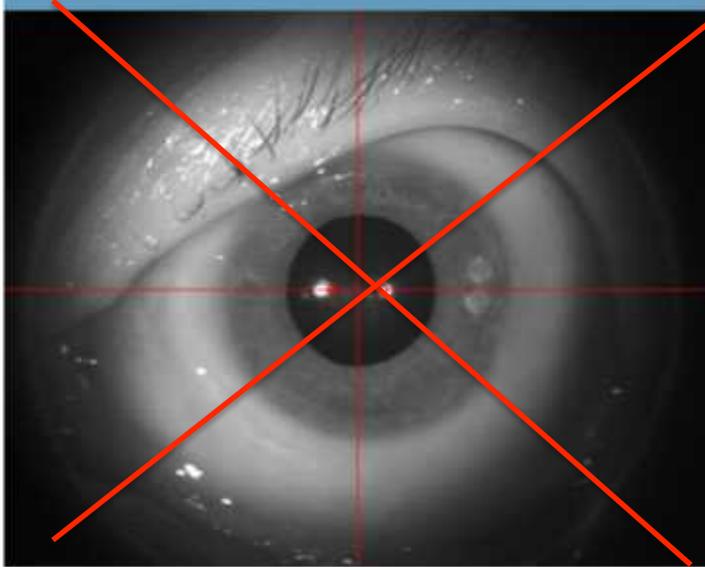
0

mm

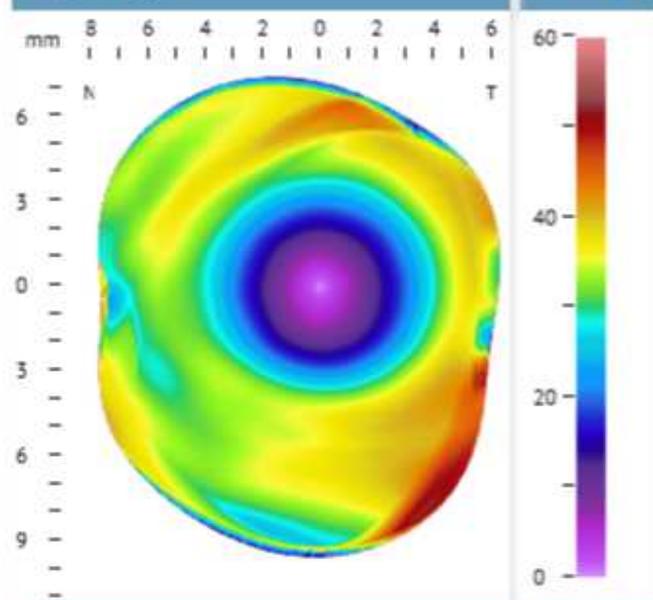
8 7 6 5 4 3 2 1 0 1 2 3 4 5 6 7 8 9



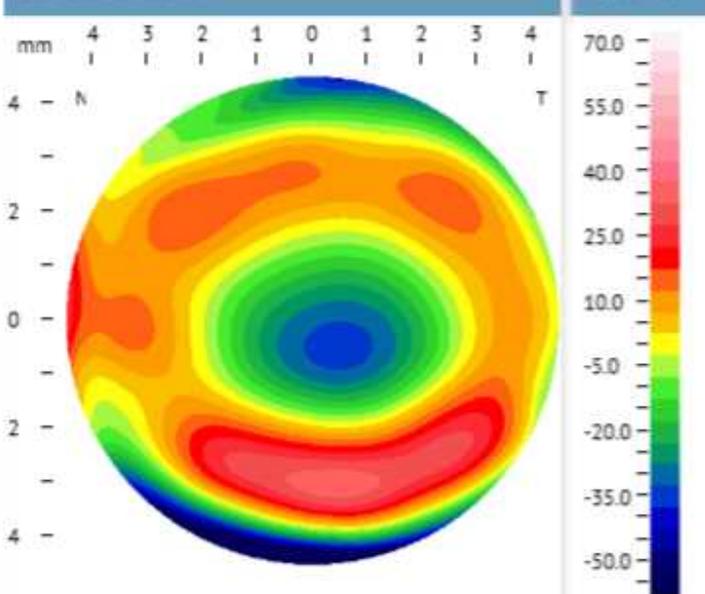
Source



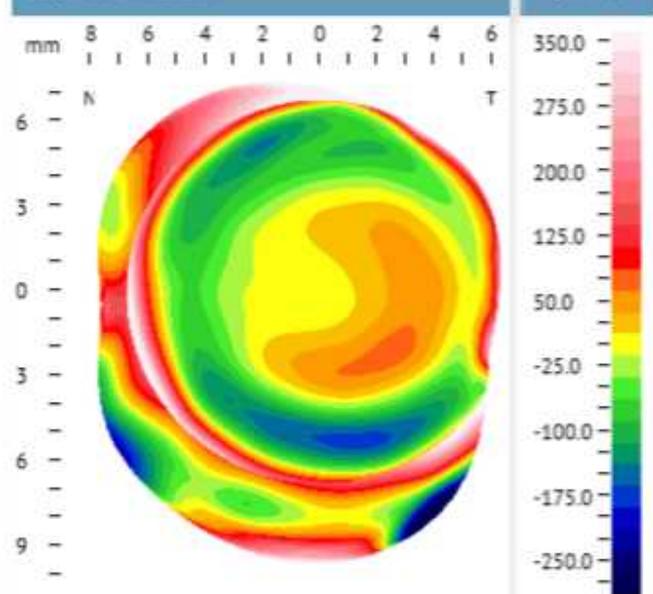
Tangent angles



Corneal elevation



Bisphere elevation



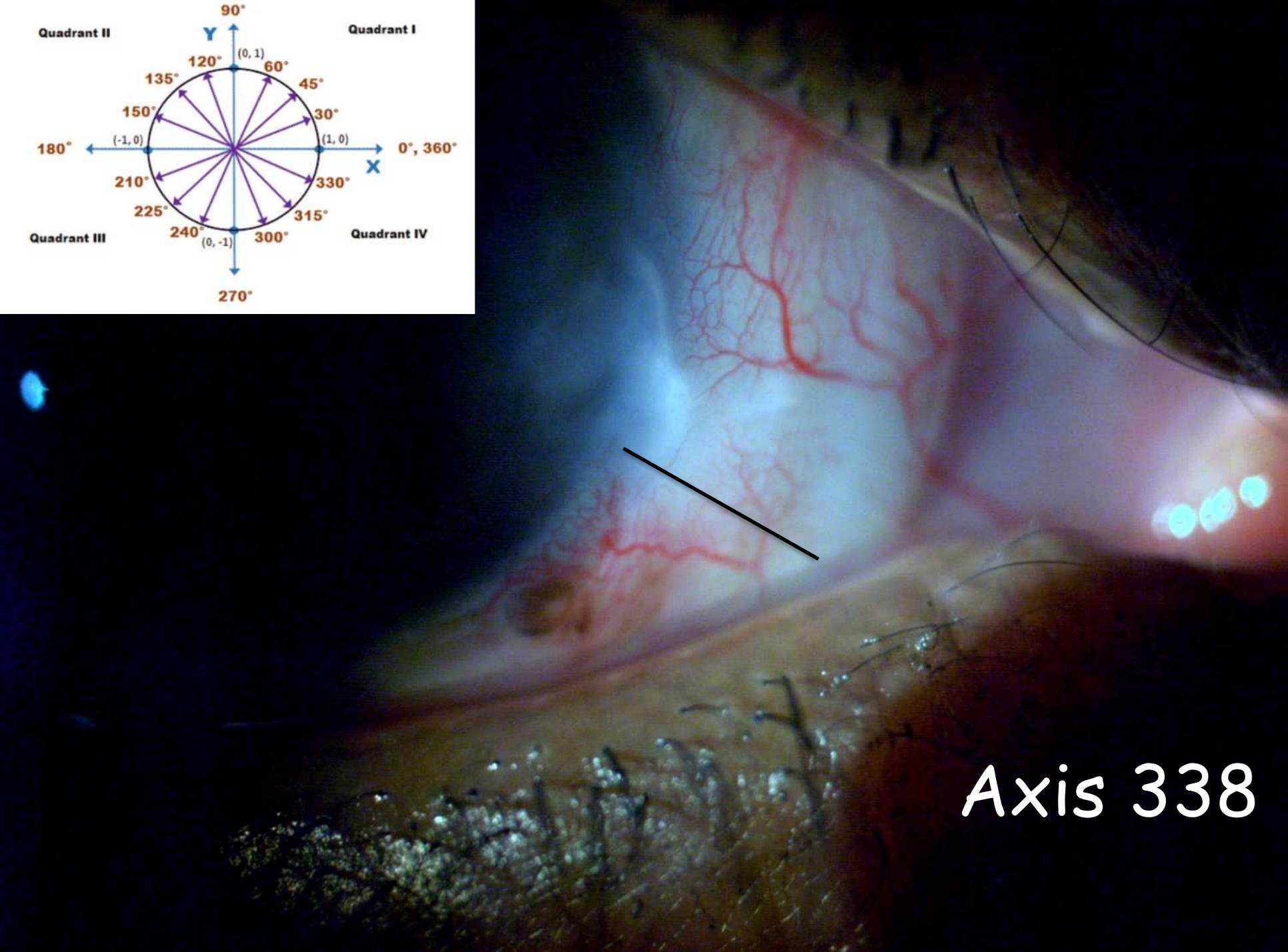
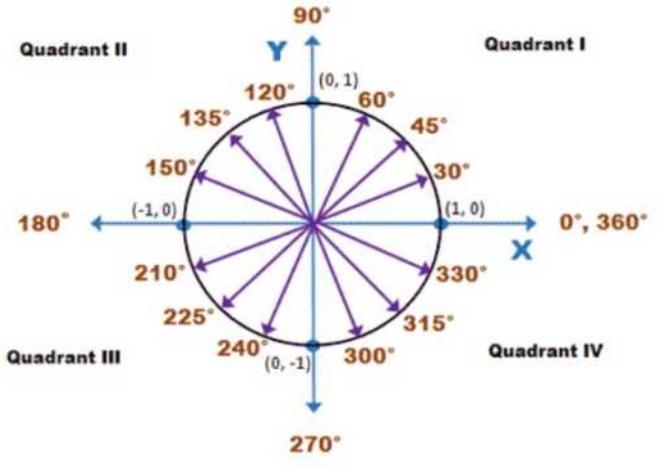
1699

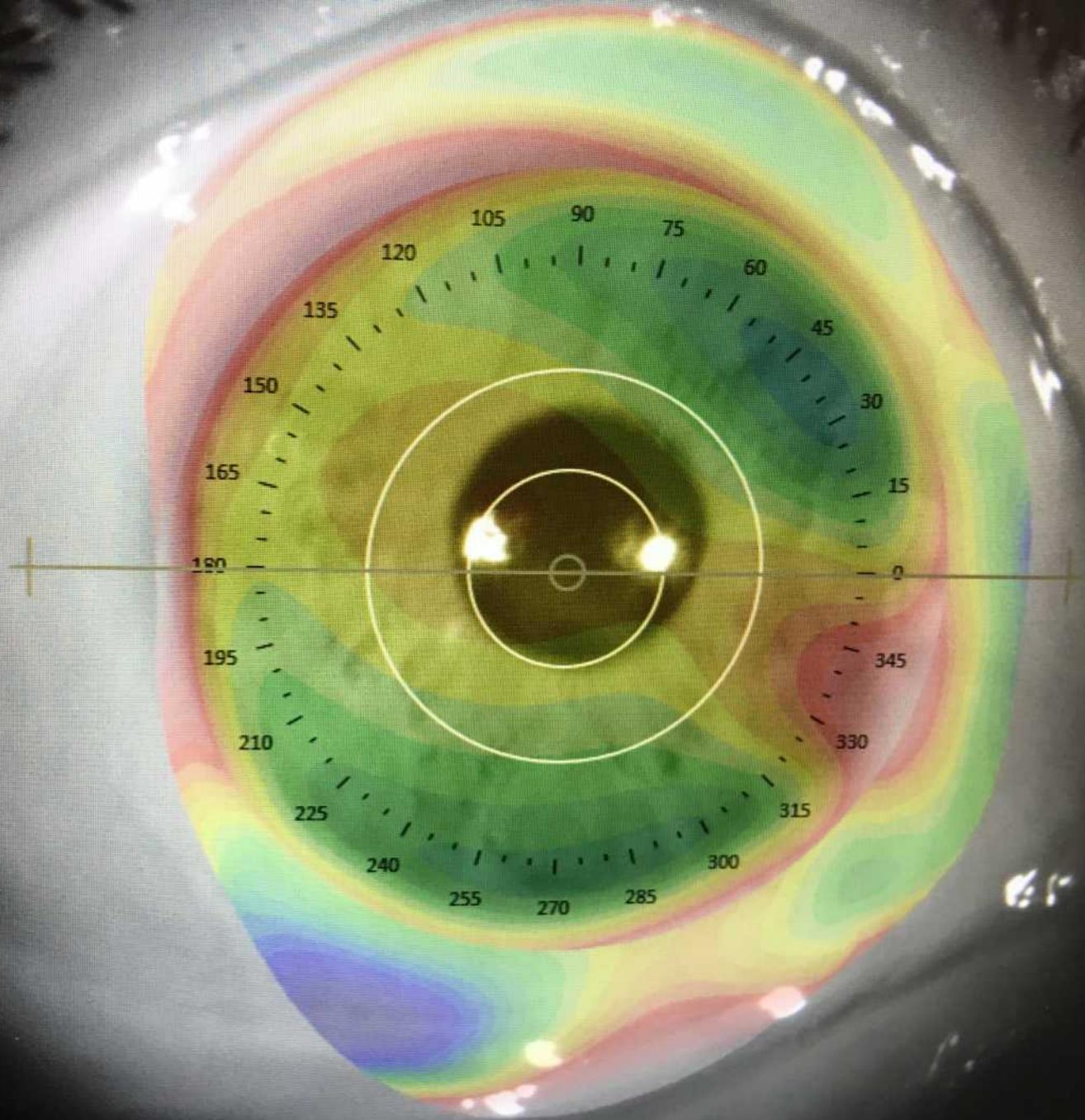


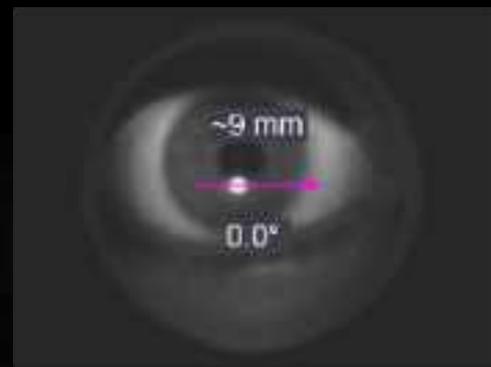
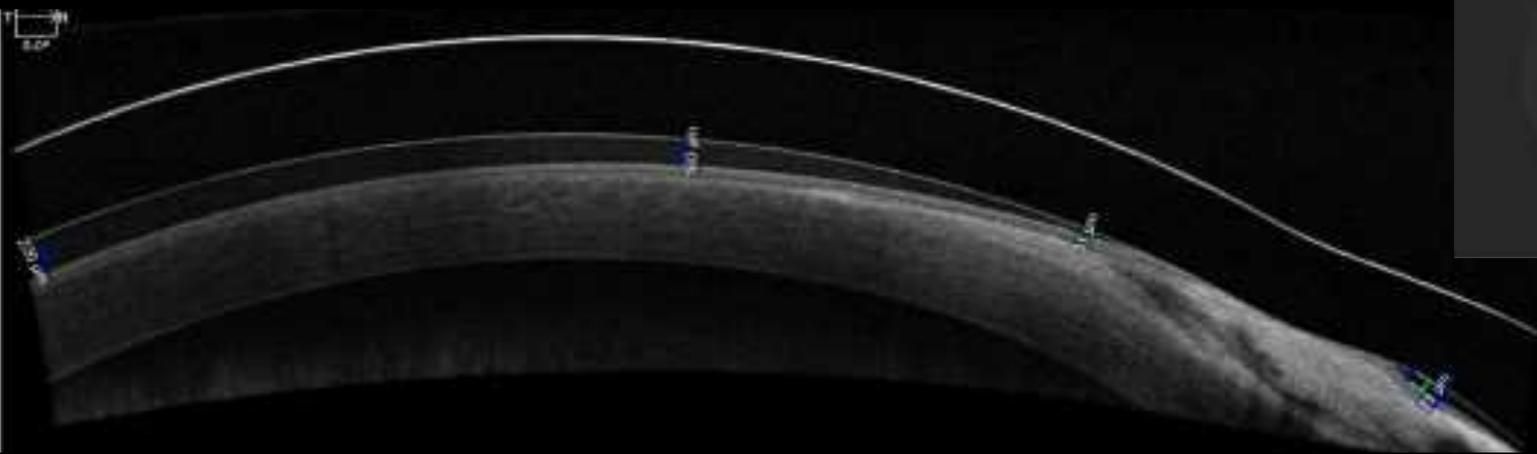
# Axis Assistant App

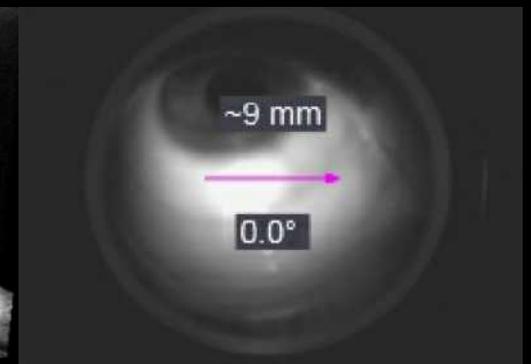
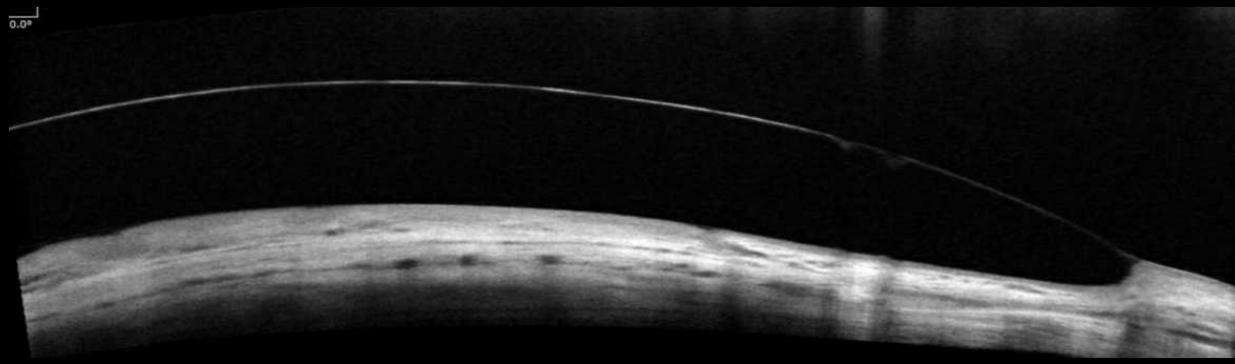
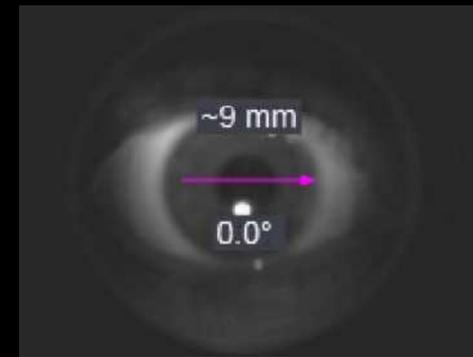
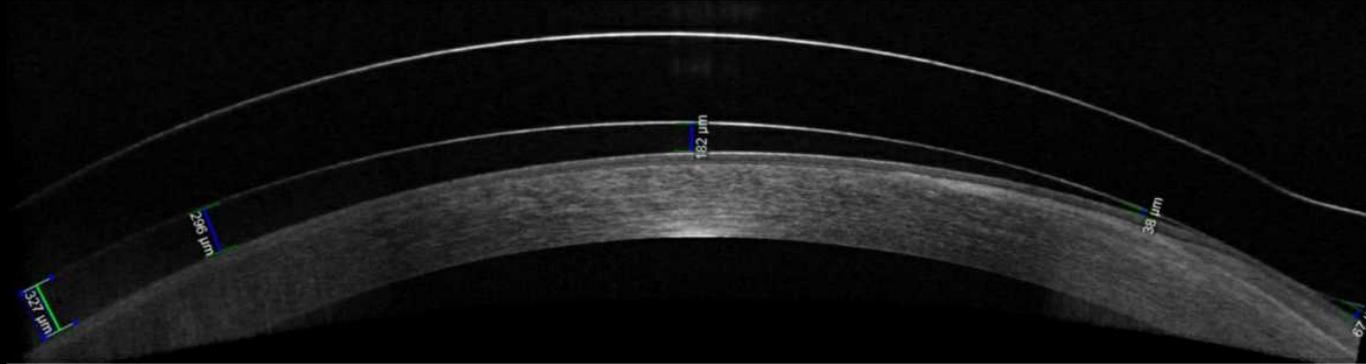
Lock Camera: Off Reset Level

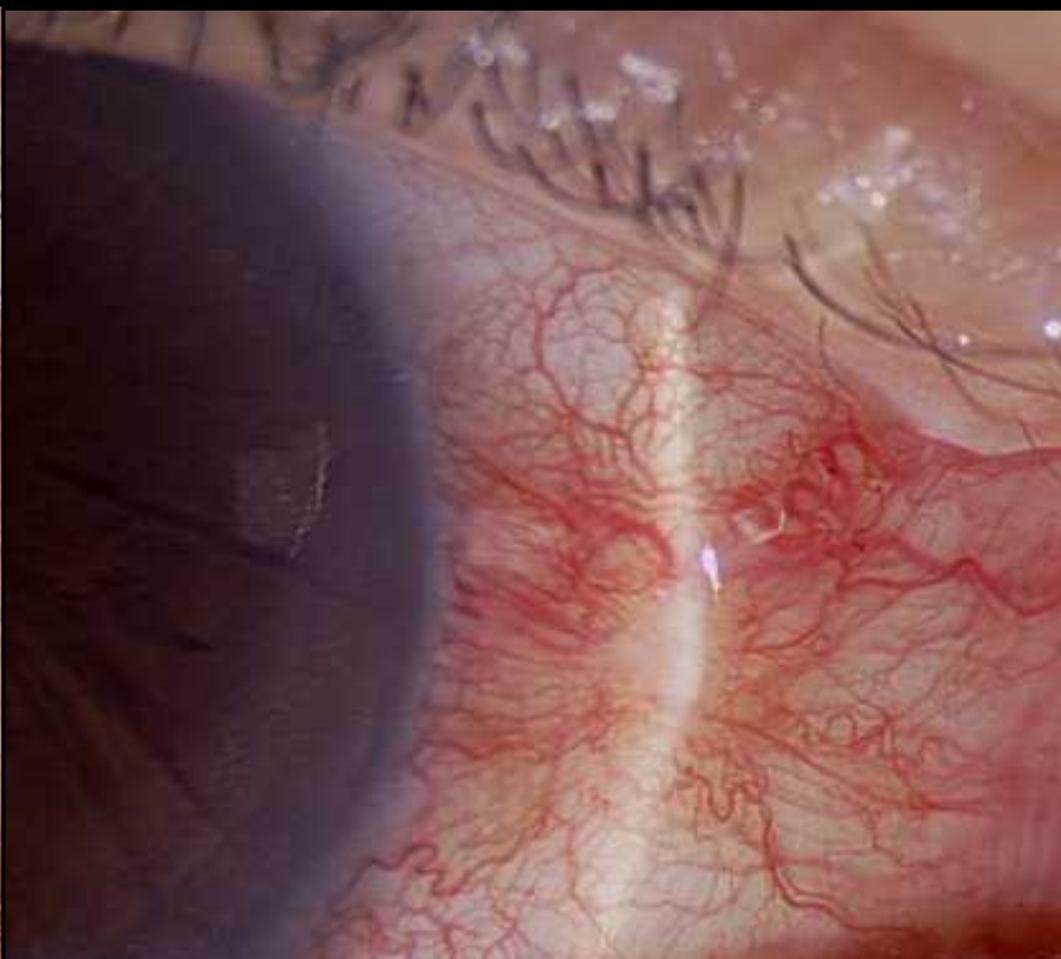
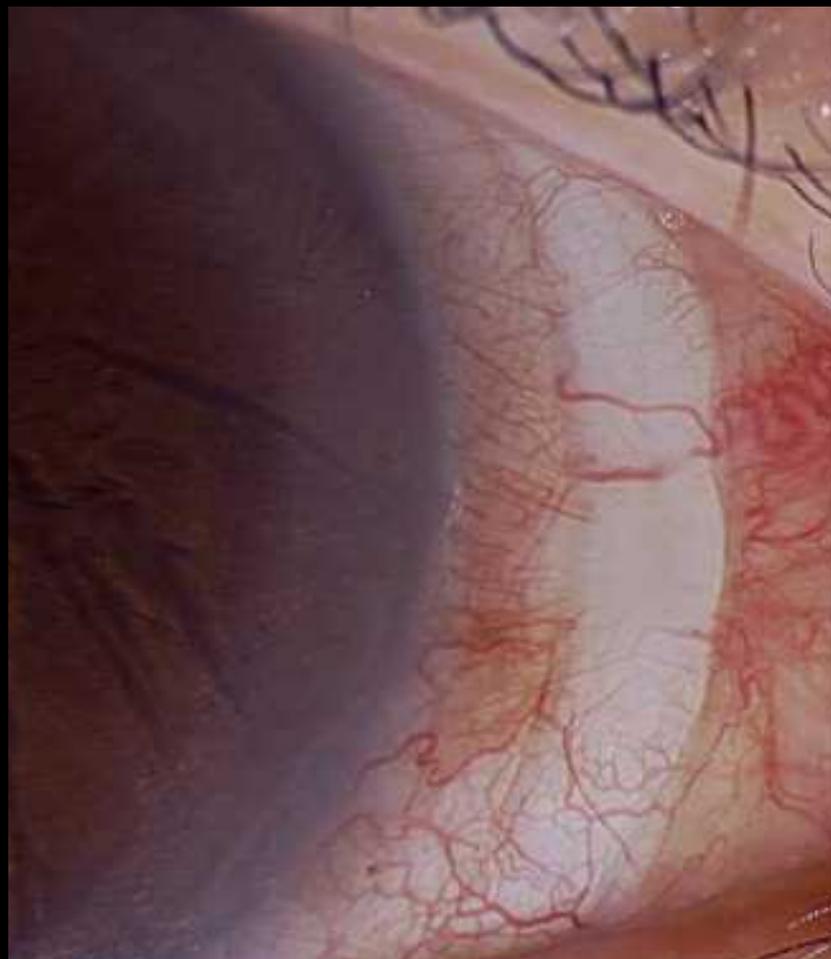


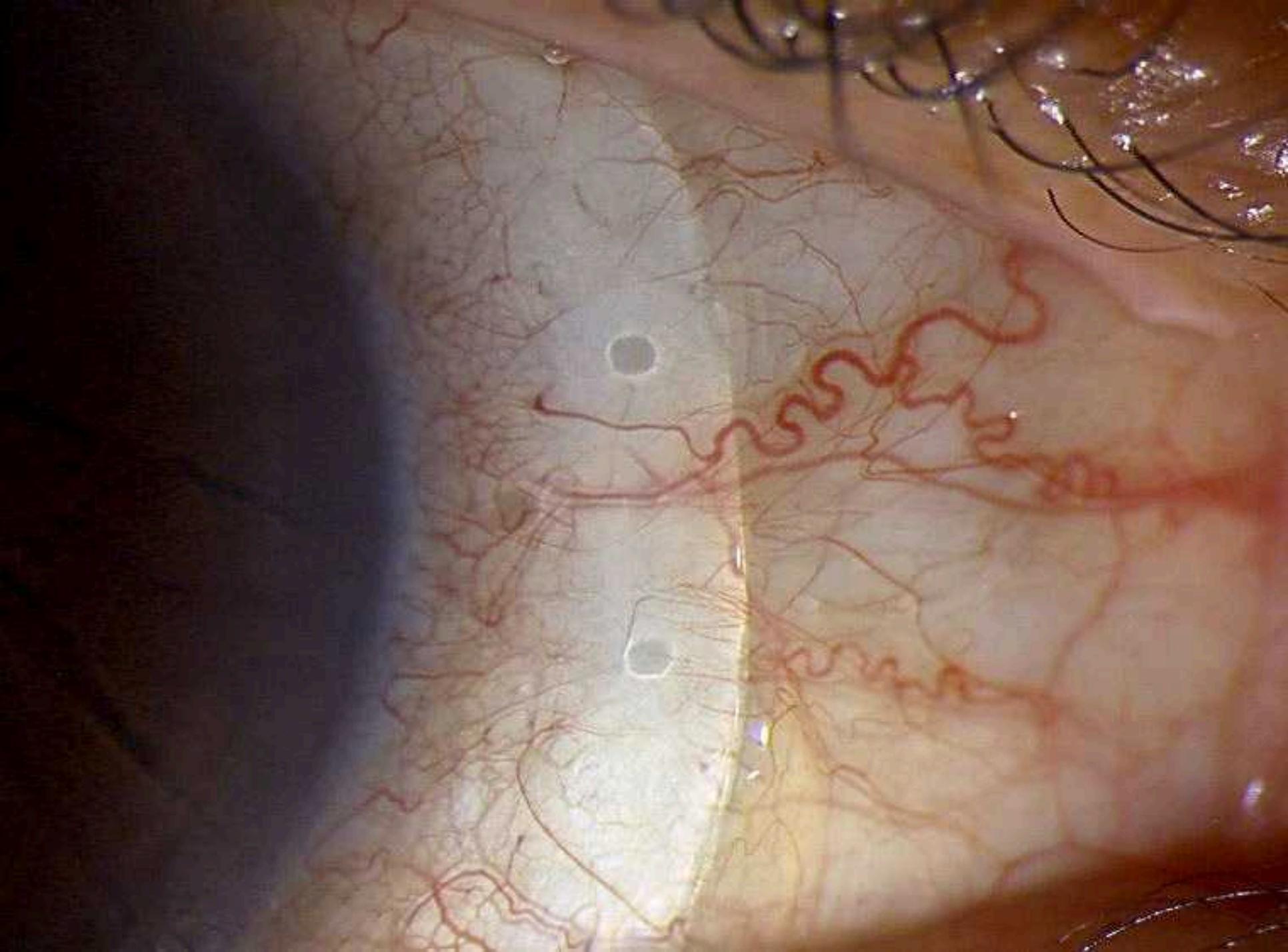


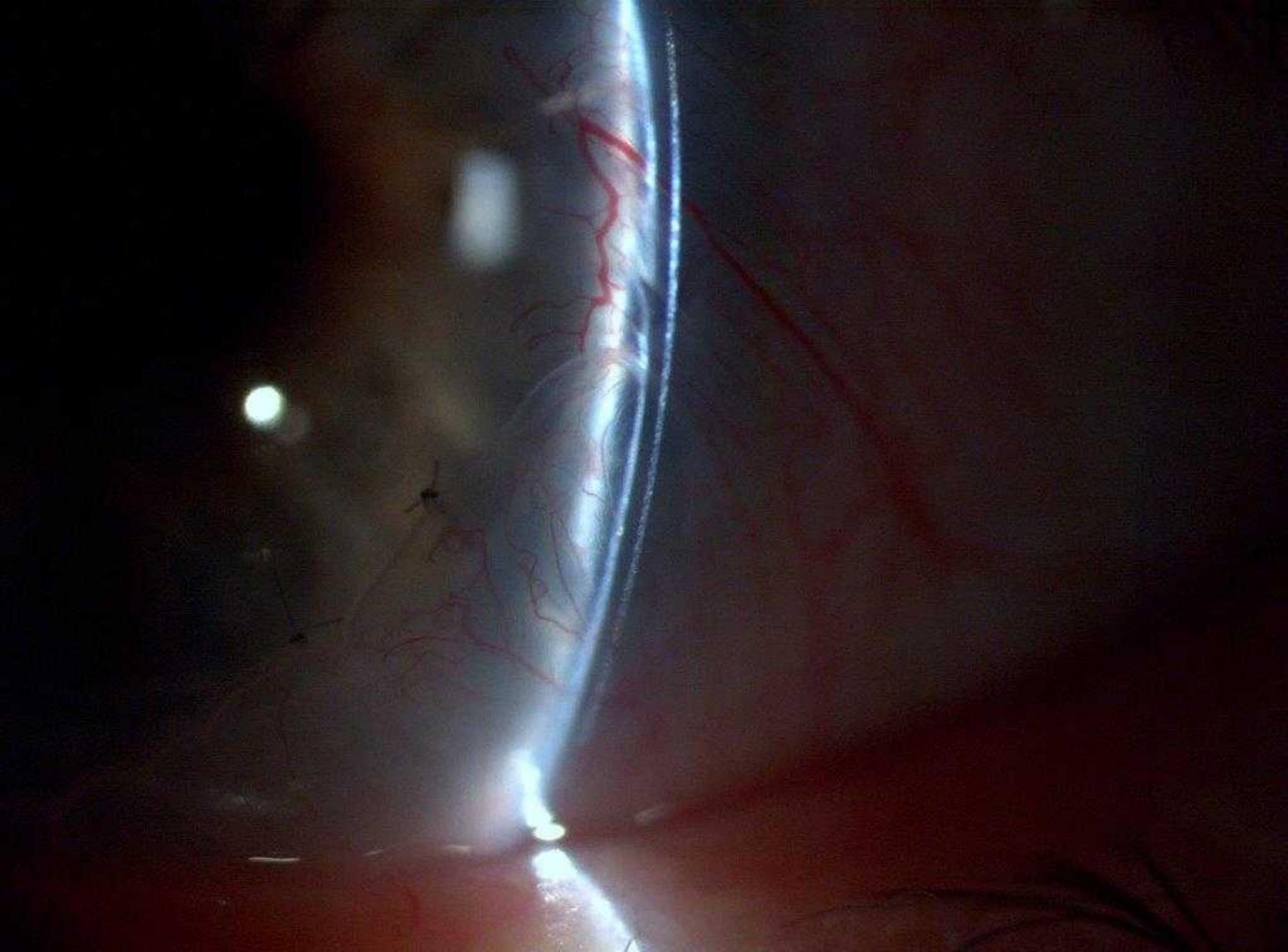


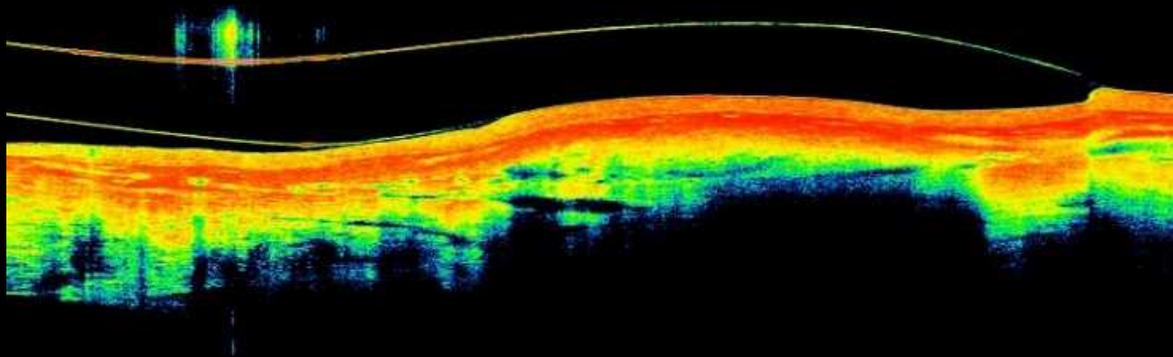


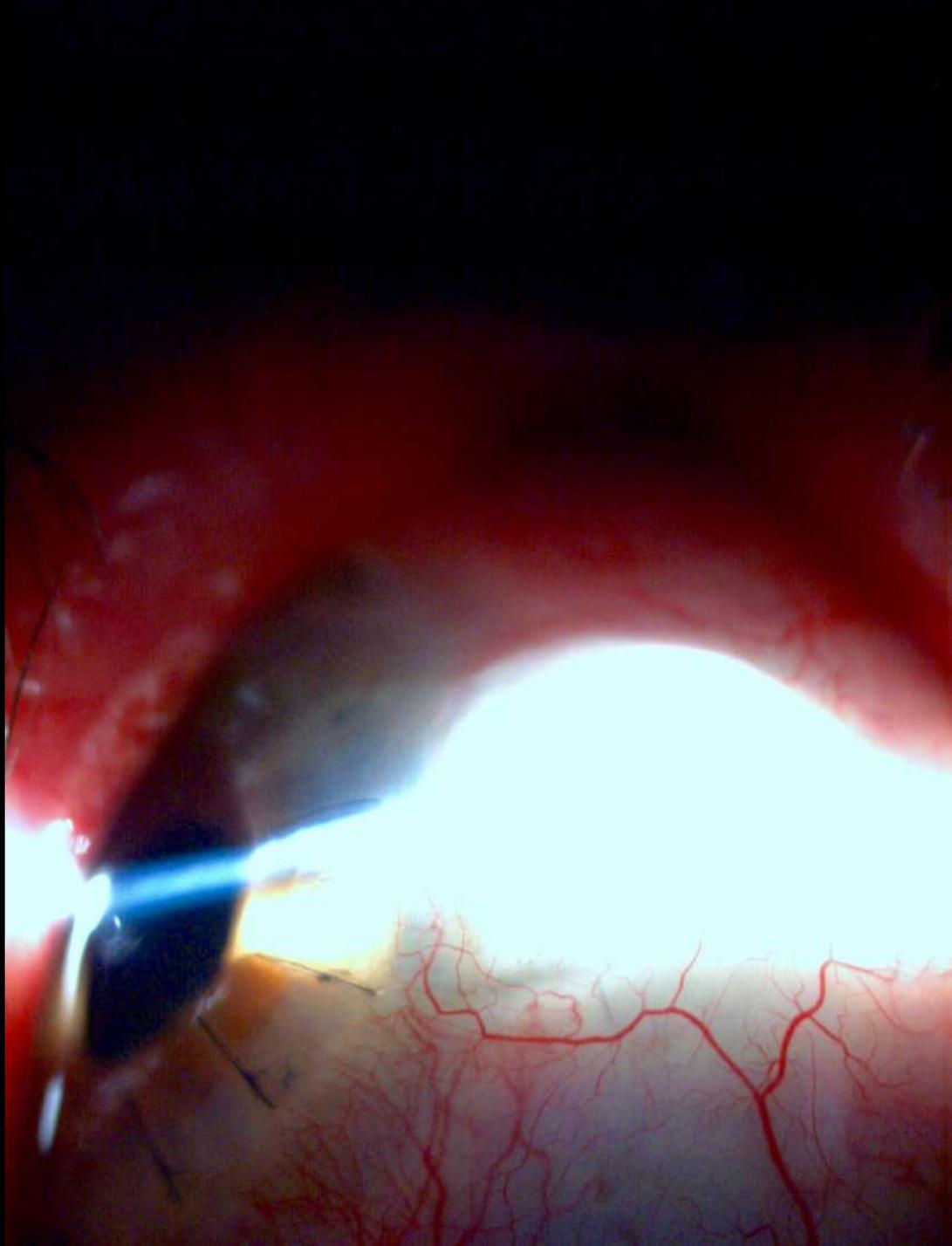










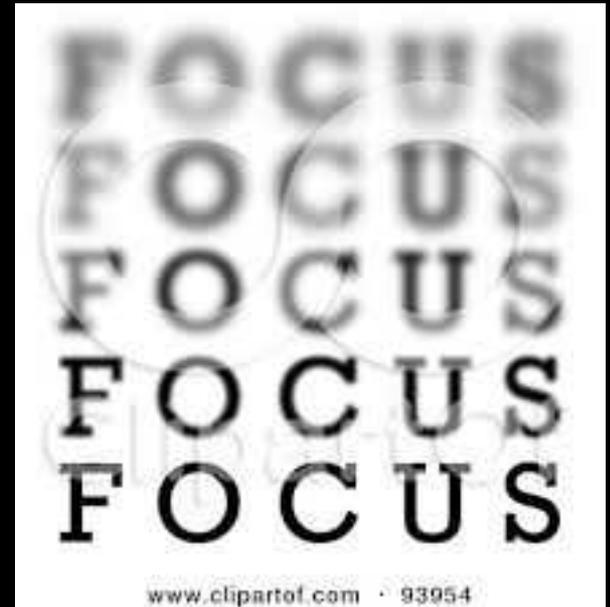


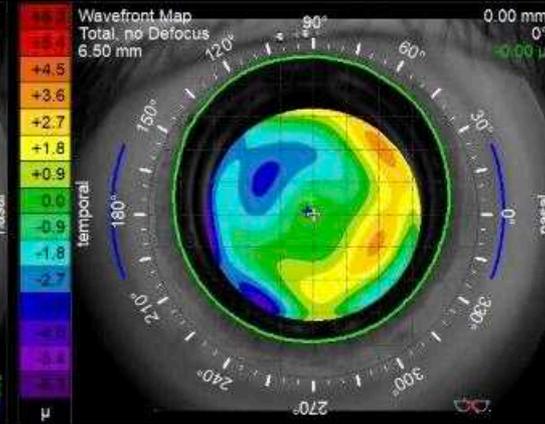
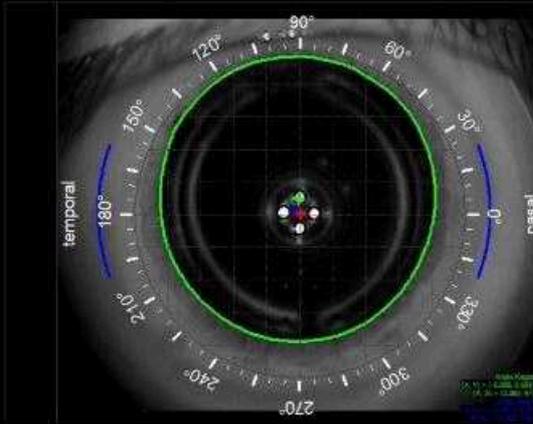


# The "Perfect" Scleral Lens

Uncompromised vision

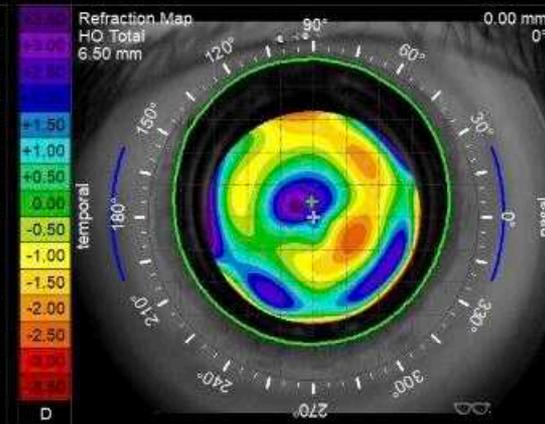
- Spherical
- Toric
- HOA
- Front surface asphericity
- Multifocal
- Any combination





Root Mean Square HO Total 6.50 mm

Order	n	m	Name	μ
2	0	0	Astigmatism	0.000
3	0	0	Defocus	0.000
4	2	2	Astigmatism	0.000
6	3	3	Trefoil	0.215
7	3	1	Coma	0.110
8	3	1	Coma	0.110
9	3	3	Trefoil	0.170
10	4	4	Tetrafoil	0.121
11	4	2	Astigmatism	0.027
12	0	0	Spherical	0.248
13	4	4	Astigmatism	0.248
14	4	4	Tetrafoil	0.164
15	5	5	Pentafoil	0.129
16	5	3	Trefoil	0.078
17	5	1	Coma	0.060
18	5	1	Coma	0.070
19	5	3	Trefoil	0.058
20	5	5	Pentafoil	0.070
21	6	6	Hexafoil	0.098
22	6	4	Tetrafoil	0.041
23	6	2	Astigmatism	0.049
24	6	0	Spherical	0.136
25	6	2	Astigmatism	0.097
26	6	4	Tetrafoil	0.020
27	6	6	Hexafoil	0.150



02-07-2019 17:15:20

OD

Clinic  
Physician  
Operator

Limbus / Pupil / Scan 11.85 / 8.54 / 6.50 mm  
Fixation Target Position +2.50 D

Tracey Refraction +0.87 D -0.25 D x 109°  
+1.98 D -0.39 D x 133° @ D ≤ 2.50 mm / D = 12.00 mm  
+0.93 D -0.25 D x 109° @ D ≤ 4.00 mm / D = 12.00 mm  
@ D ≤ 8.00 mm / D = 12.00 mm  
+1.04 D -0.30 D x 147° @ D ≤ 6.50 mm / D = 12.00 mm

Root Mean Square @ D ≤ 6.50 mm

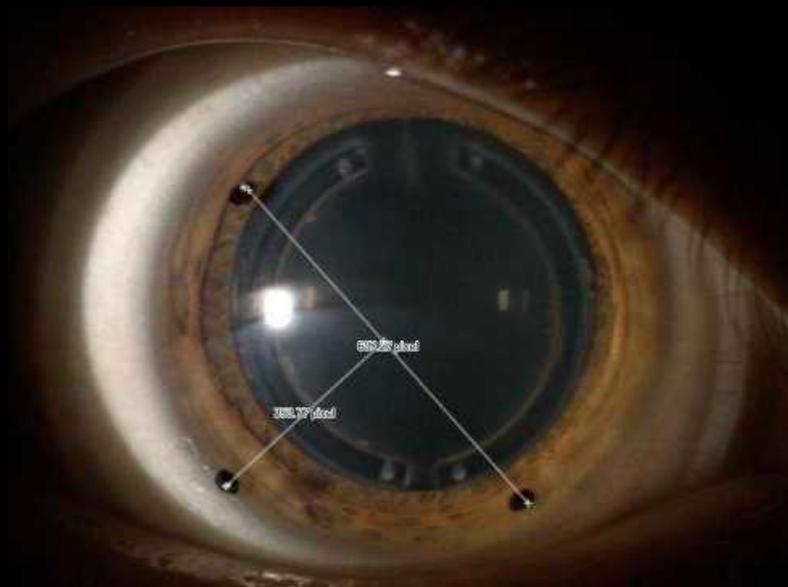
Total	1.850 μ
LO Total	1.404 μ
Defocus	-1.365 μ
Astigmatism	0.329 μ x 57°
HO Total	1.204 μ
Coma	0.921 μ x 96°
Spherical	-0.248 μ
Secondary Astigmatism	0.247 μ x 87°
Trefoil	0.275 μ x 43°

Pupil size is larger than 6.00 mm.

Aligned on IR dots.

Angle Kappa Distance: 0.462 mm @ 97°

Angle Alpha Distance: 0.182 mm @ 156°



INTERNAL - RMS Total. no Defocus 3.00 mm

z	Name	μ	1
3	Astigmatism	0.122	
5	Astigmatism	0.120	
6	Trefoil	0.012	
7	Coma	0.009	
8	Coma	0.023	
9	Trefoil	0.002	
10	Tetrafoil	0.022	
11	Astigmatism	0.016	
12	Spherical	0.023	
13	Astigmatism	0.008	
14	Tetrafoil	0.024	

TOTAL EYE - RMS Total. no Defocus 3.00 mm

z	Name	μ	1
3	Astigmatism	0.148	
5	Astigmatism	0.062	
6	Trefoil	0.013	
7	Coma	0.009	
8	Coma	0.017	
9	Trefoil	0.017	
10	Tetrafoil	0.018	
11	Astigmatism	0.017	
12	Spherical	0.032	
13	Astigmatism	0.014	
14	Tetrafoil	0.025	

05-06-2019 16:28:04

OD

Pupil 5.72 mm / Scan 3.00 mm

Tracey Refraction -1.50 D -0.75 D x 124°  
 2.00 mm -1.13 D -0.96 D x 130°  
 5.00 mm  
 6.00 mm  
 3.00 mm -1.48 D -0.73 D x 124°

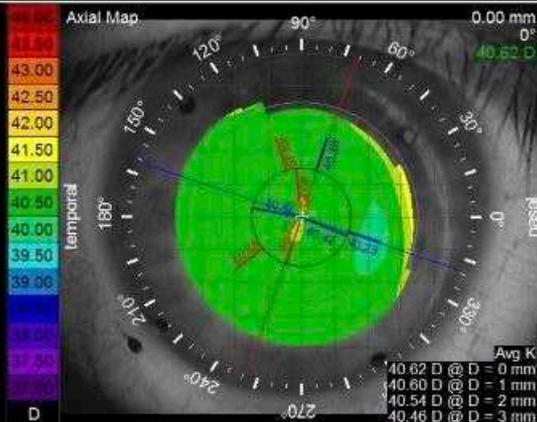
HO Total @ D <= 3.00 mm 0.069 μ  
 Coma 0.019 μ x 27°  
 Spherical Aberration + 0.032 μ  
 Trefoil 0.022 μ x 12°

Angle Alpha D = 0.167 mm @ 148°

Averaged Exam

CORNEA - RMS Total. no Defocus 3.00 mm

z	Name	μ	1
3	Astigmatism	0.026	
5	Astigmatism	0.058	
6	Trefoil	0.001	
7	Coma	0.000	
8	Coma	0.006	
9	Trefoil	0.019	
10	Tetrafoil	0.004	
11	Astigmatism	0.001	
12	Spherical	0.009	
13	Astigmatism	0.006	
14	Tetrafoil	0.002	



05-06-2019 16:28:16 Manual

OD

Refractive Power @ D <= 3.00 mm  
 Steep 40.84 D x 83°  
 Flat 40.60 D x 183°  
 Astigmatism 0.24 D x 83°

Effective RP 40.73 D

Central Radius / Power 8.31 mm / 40.62 D

Corneal SphAb @ D = 6.00 mm 0.242 μ

I-S Axial Power @ D = 6.00 mm 0.01 D

with DigiForm

# The "Perfect" Scleral Lens

Corneal alignment

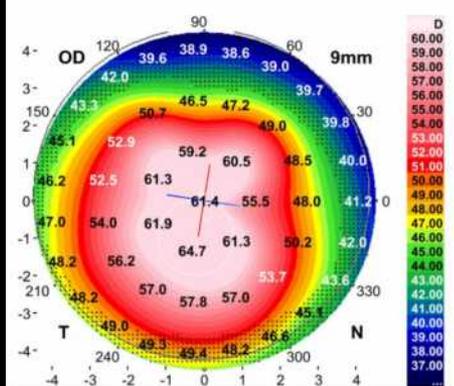




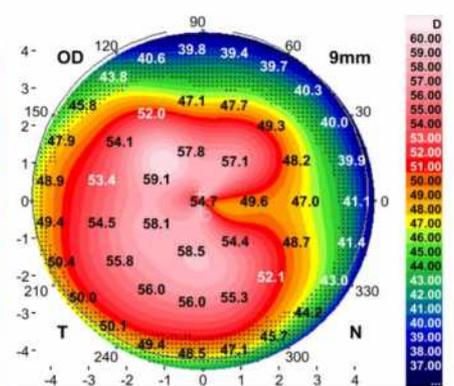
0.295 mm

0.131 mm

Anterior Axial Curvature [D] n 1.3375



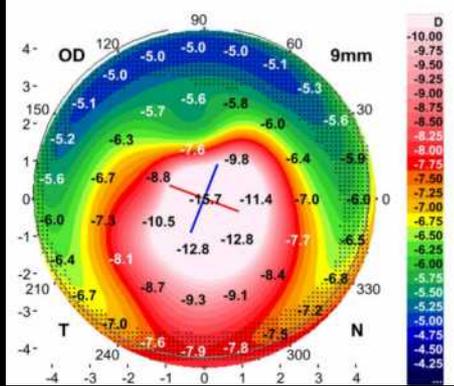
Total Corneal Power 2 (Ray Traced) [D] n 1.3375



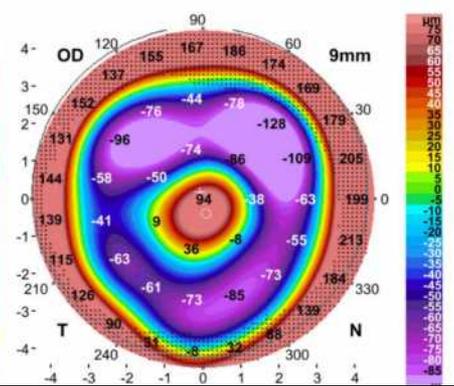
SimK n 1.3375

SimK	60.24D	R	5.60mm
Flat SimK	58.37D	171°	R1 5.78mm
Steep SimK	62.11D	81°	R2 5.43mm
Astig	3.74D	81°	e <sup>2</sup> (-Q) 1.91
<b>Anterior Axial Curvature Zones</b> n 1.3375			
Central	61.77D	5.46mm	
Mid	52.19D	6.47mm	
Periph	43.30D	7.79mm	
Kmax	67.08D	5.03mm	location x,y -0.04mm -0.30mm
<b>Posterior Axial Curvature</b>			
Mean K	-11.38D	R	3.52mm
Flat K	-11.31D	69°	R1 3.54mm
Steep K	-11.45D	159°	R2 3.49mm
Astig	-0.14D	159°	e <sup>2</sup> (-Q) 3.14
<b>Pachymetry</b>			
o Thinnest	372µm	location x,y	0.08mm -0.39mm
Central	441µm	CCT	382µm
Mid	571µm		
Periph	658µm	Corneal Vol.	29.39mm <sup>3</sup>

Posterior Axial Curvature [D]



Post. Elevation BFS [µm] Fit Zone 8.0 mm | RadiusBFS 5.20 mm



Total Corneal Power 2 (Ray Traced)

Mean TCP2	55.27D	Central	55.66D
Flat TCP2	53.14D	170°	Mid 51.81D
Steep TCP2	57.40D	80°	Periph 42.76D
Astig	4.26D	80°	

Anterior Chamber and Biometry

WTW, N-T	12.58mm	Mean Angle	n/a
ACV	n/a	Kappa Dist	0.20mm
AQD	n/a	ASL endo	n/a
+ Pupil Diam	8.82mm	location x,y	-0.08mm 0.18mm

Keratoconus Probability

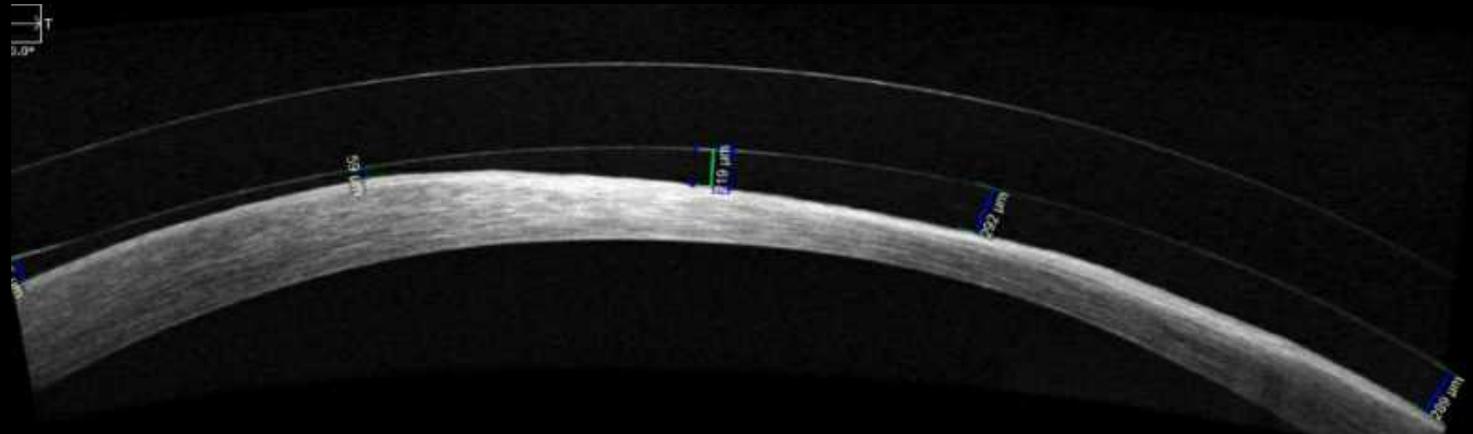
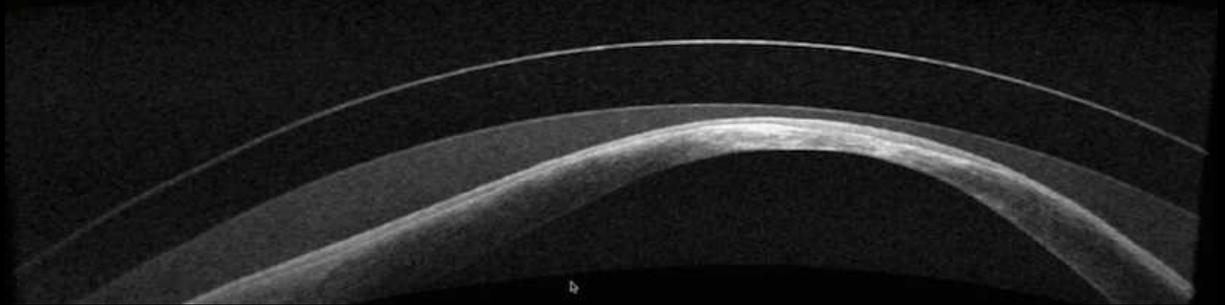
CLM1aa	3.77D	PPK	83.1%
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Exam Label and Notes

# The "Perfect" Scleral Lens

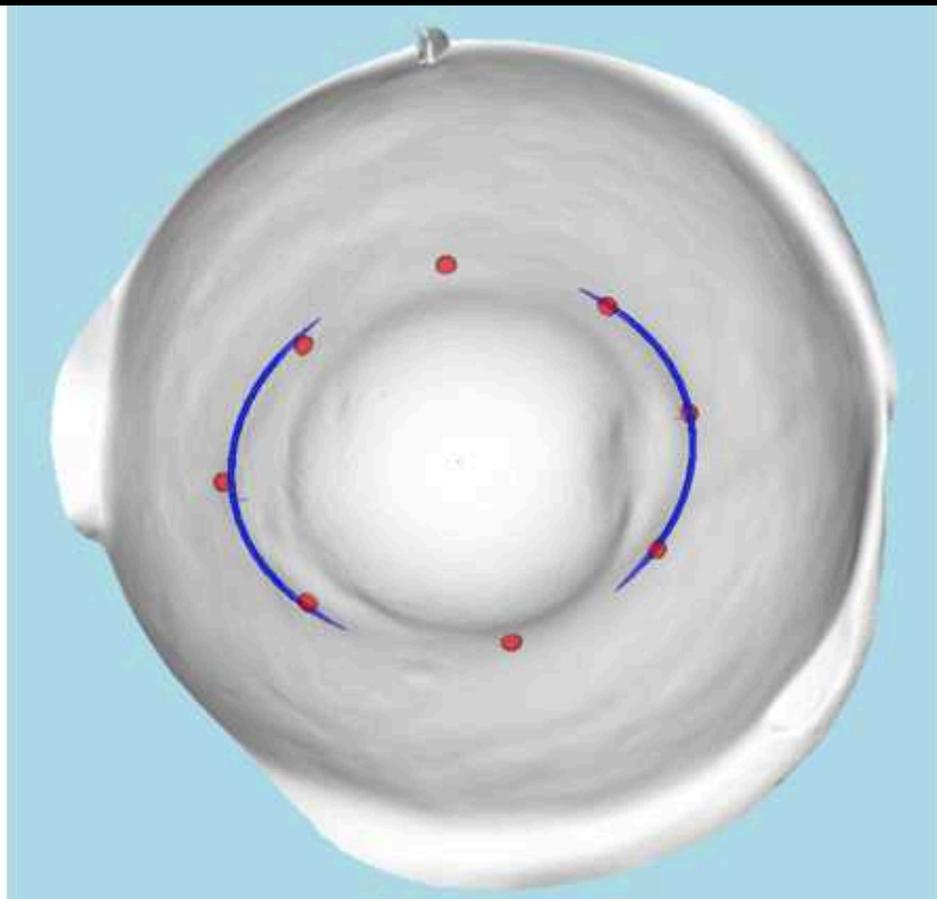
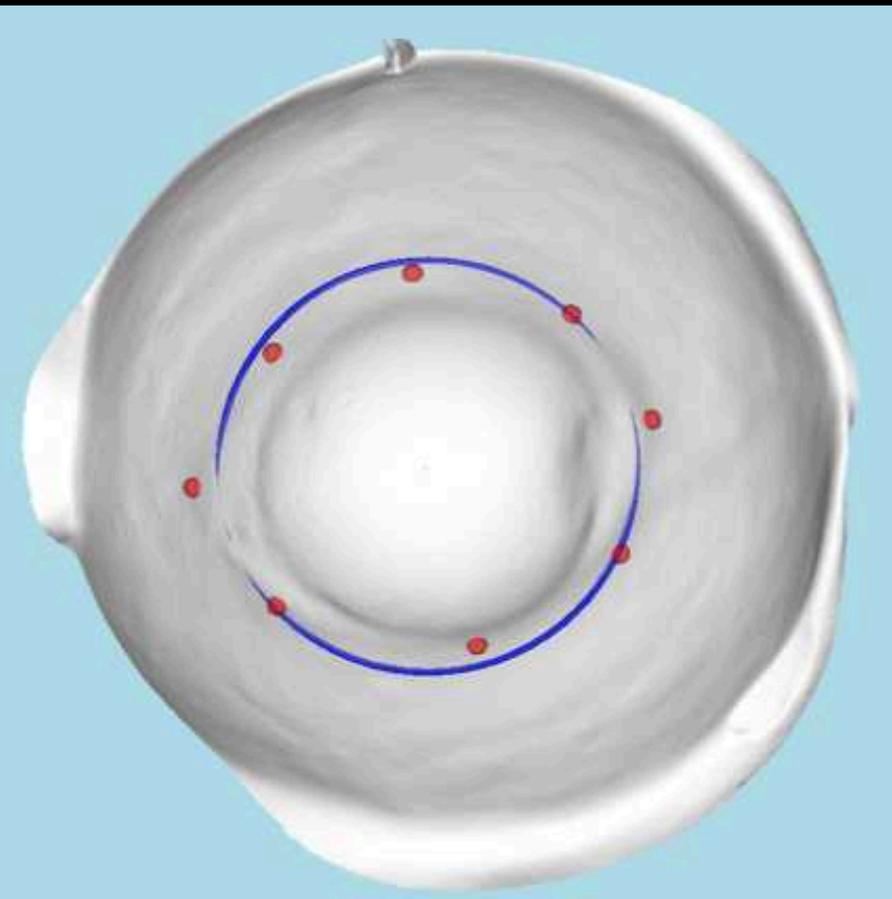
Corneal alignment

Prolate  
Oblate  
Custom

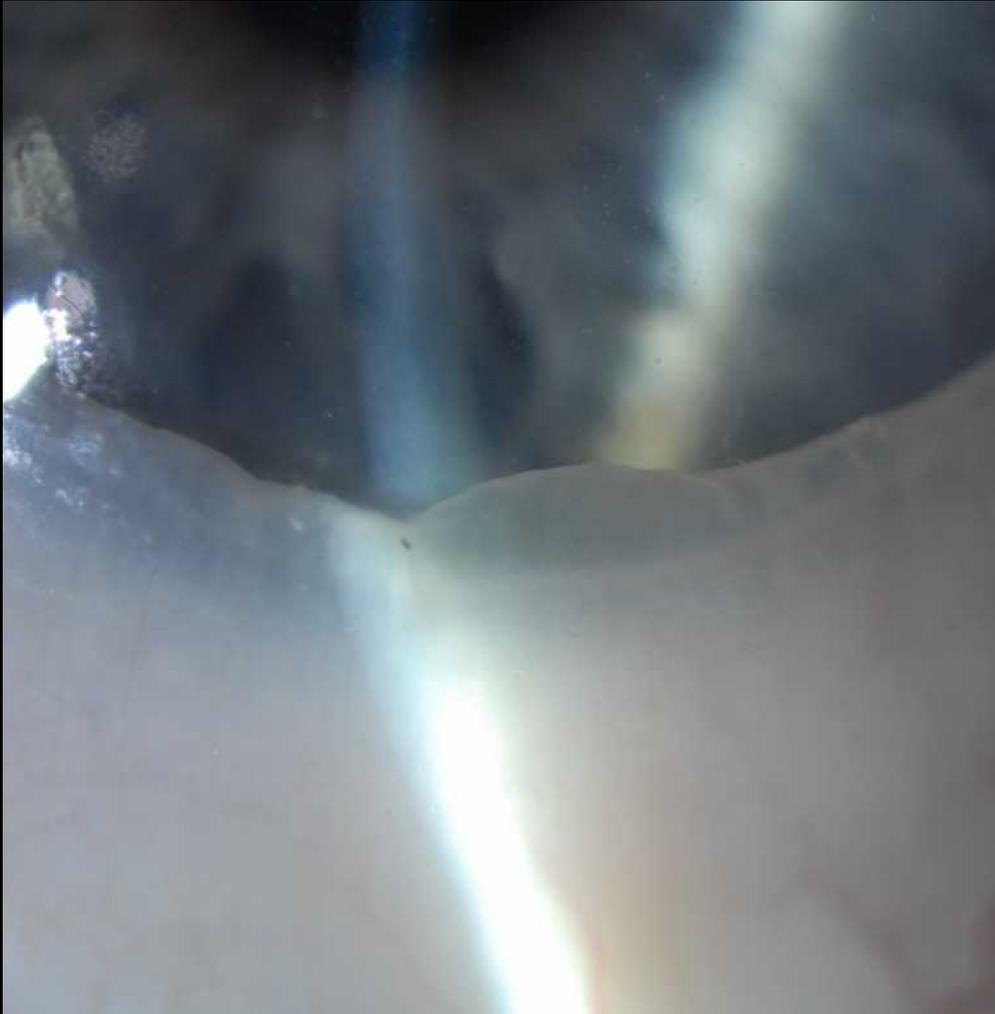


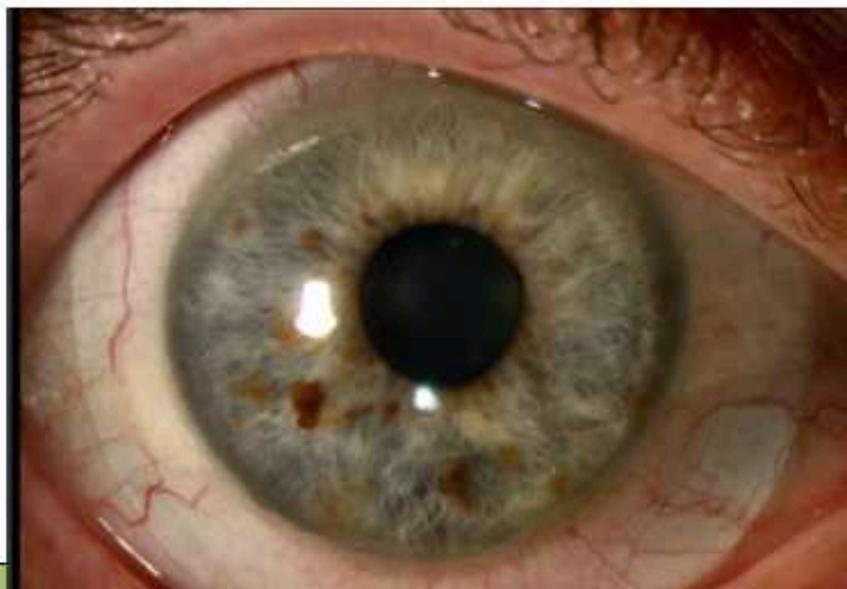
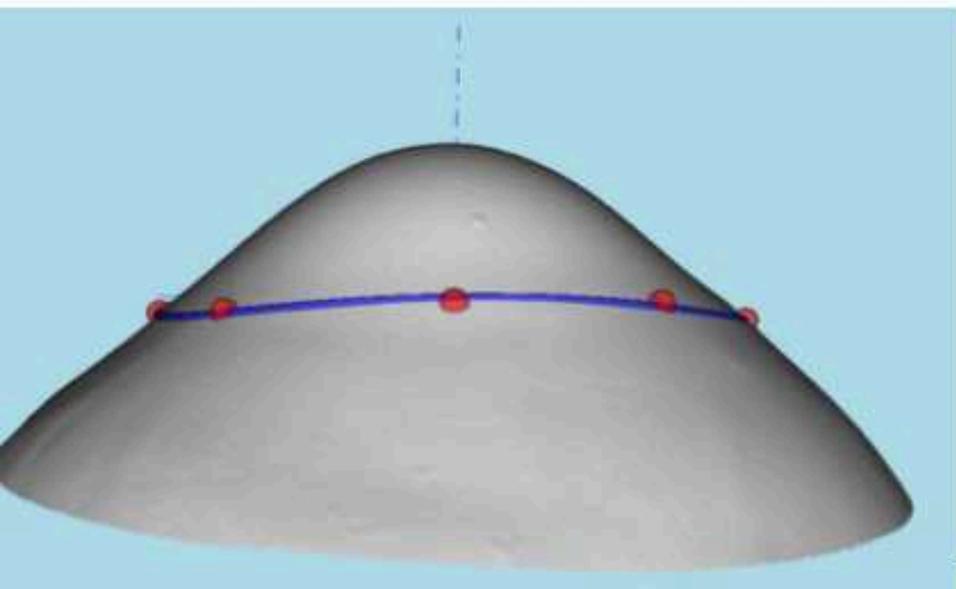
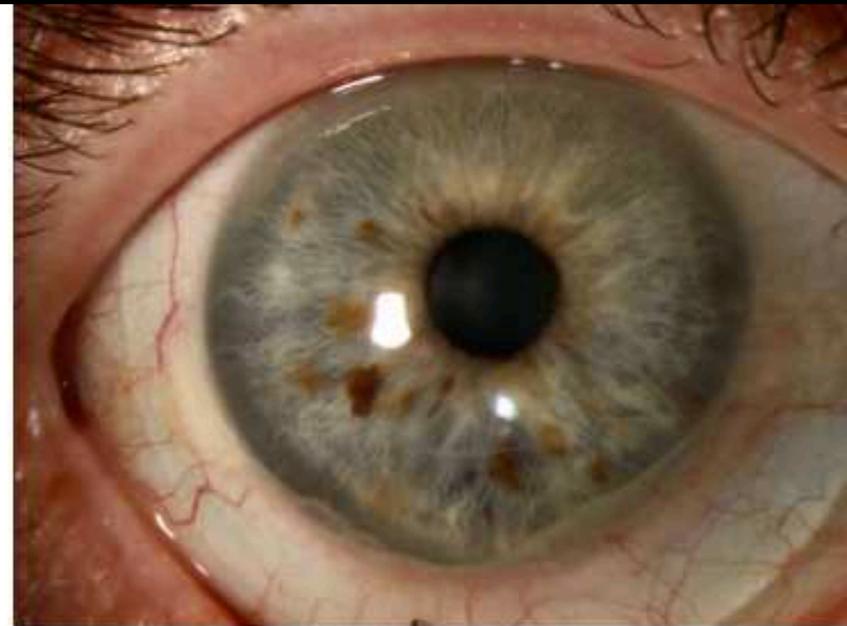
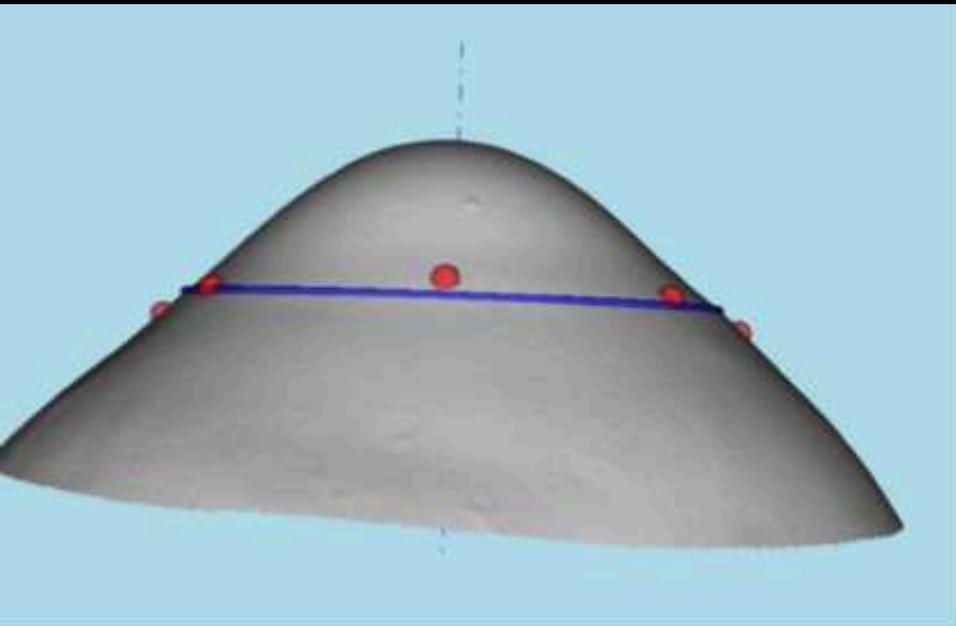
# The "Perfect" Scleral Lens

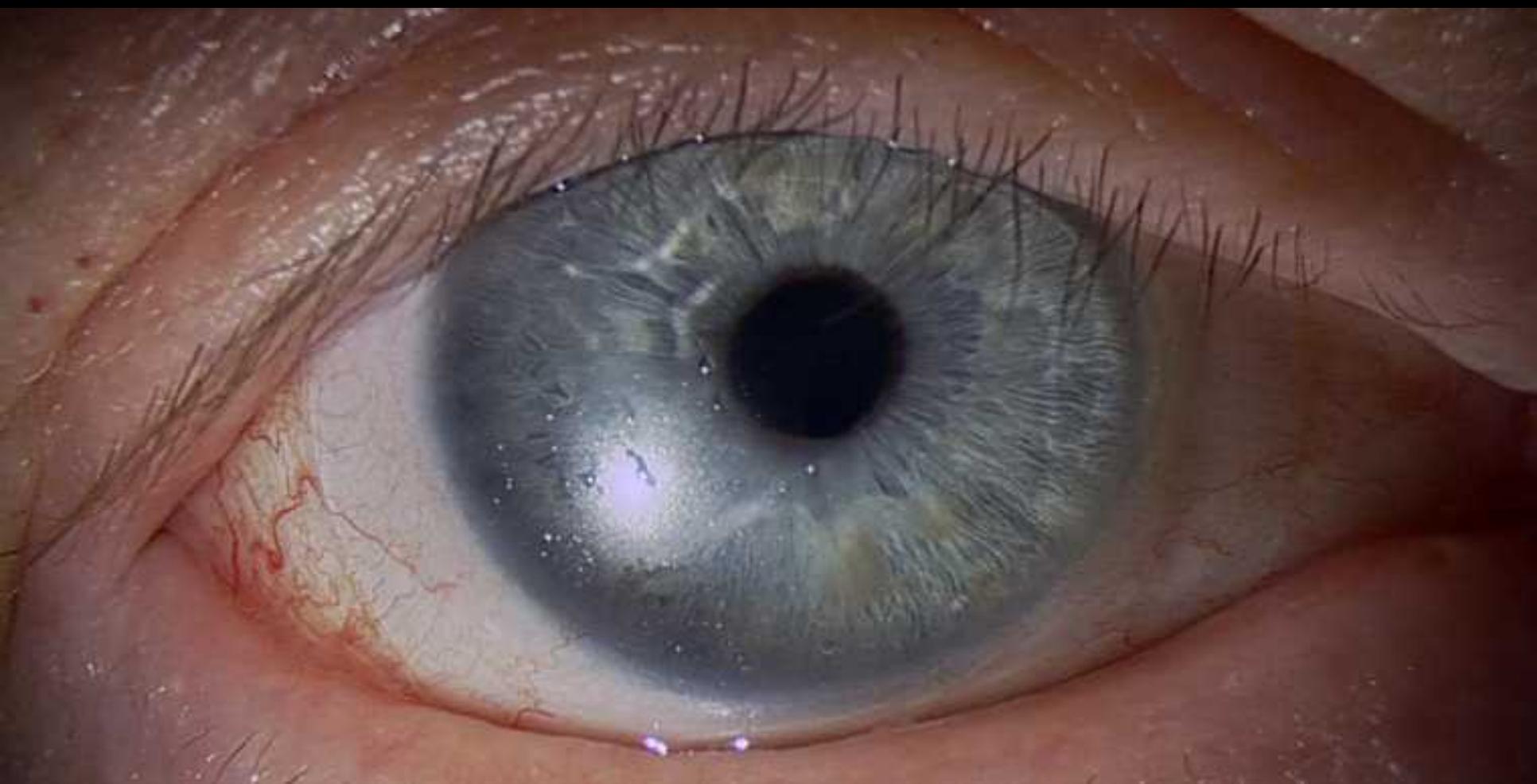
Limbal shape control



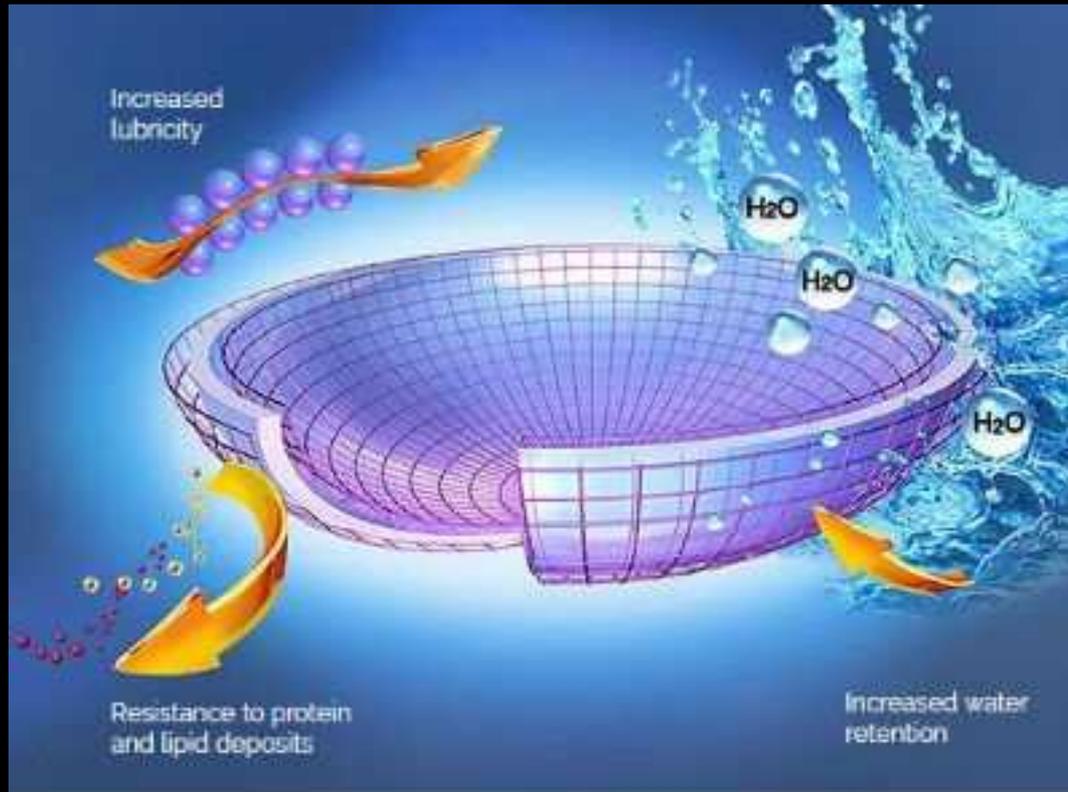
# Conjunctivochalasis





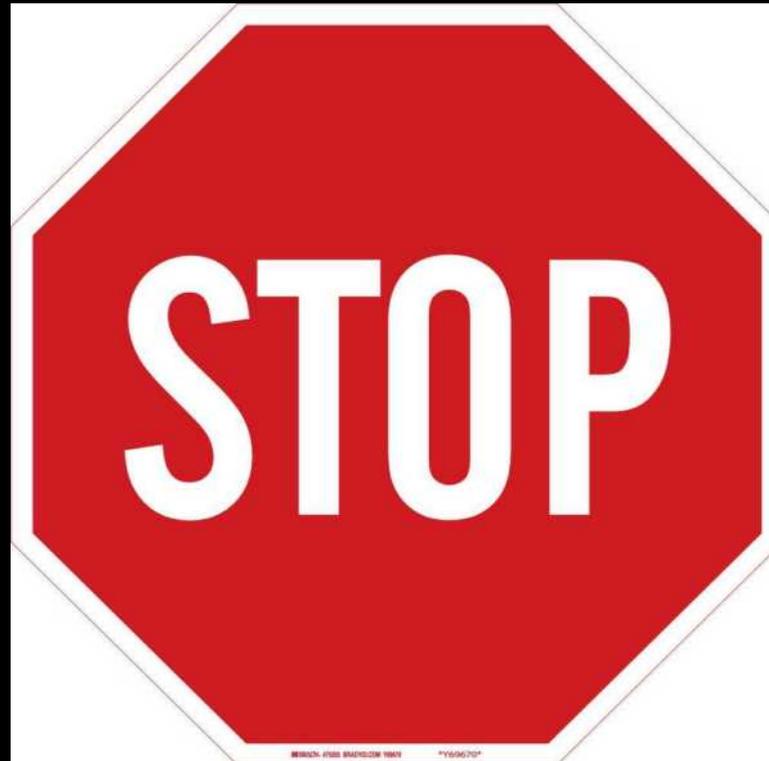


# Hydra-PEG



# The "Perfect" Scleral Lens

Easily maintained



# The "Perfect" Scleral Lens

Stays clean despite the environment



# Environmental contamination of tear film

Use basic hand soaps

Avoid fragranced or moisturizing (most liquid) hand soaps



# Environmental contamination of tear film

- Do not apply oil-based cosmetics or moisturizers to eyelids
- oils can spread along skin and contaminate the tear film



**Clean and  
Disinfect**  
applicators &  
plungers with  
isopropyl alcohol  
wipes

