

10 Clinical Pearls After the First 10,000

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Disclosures

Consultant

GPLI advisory board

Honorariums

B&L SVP, Euclid

Paragon Vision Sciences

BostonSight

No financial interest in any products

Scleral Lenses

- **NOT** a panacea
- **NOT** for everybody
- **NOT** for the corneal GP patient that continues to do well
- **NOT** without problems nor potential complications

**Scleral lenses are easy to fit
but harder to fit correctly**



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Home

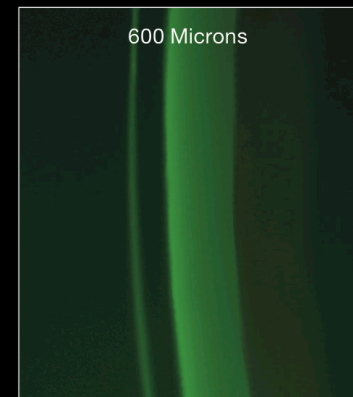
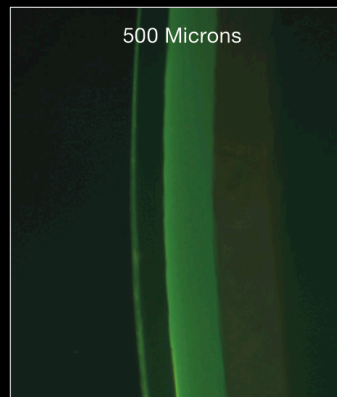
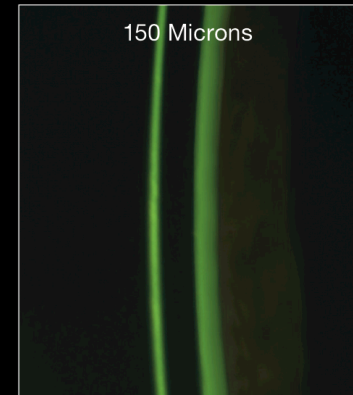
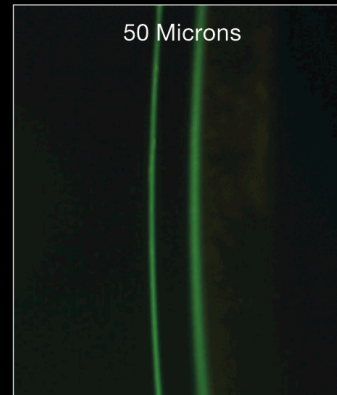
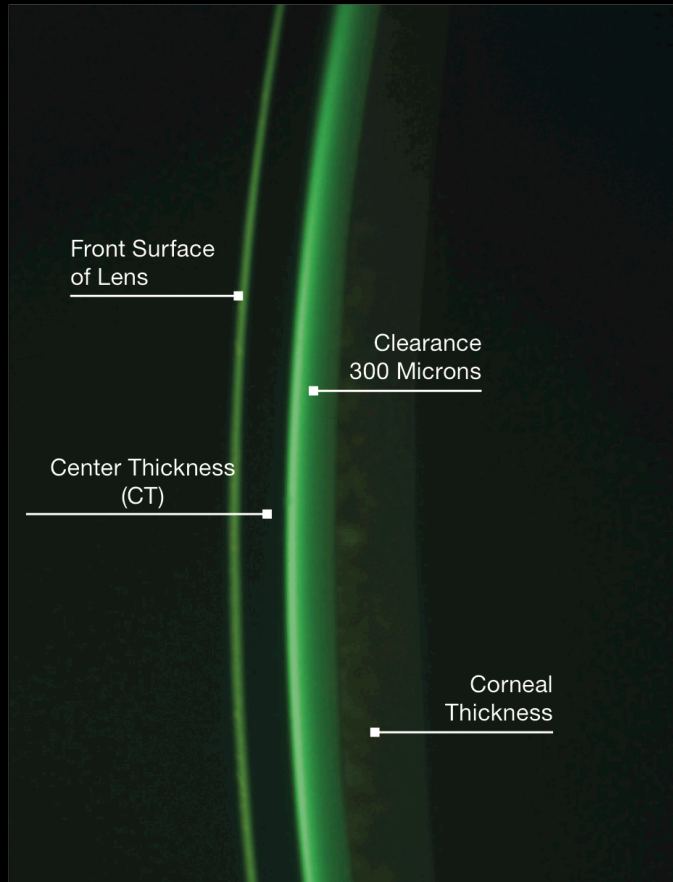
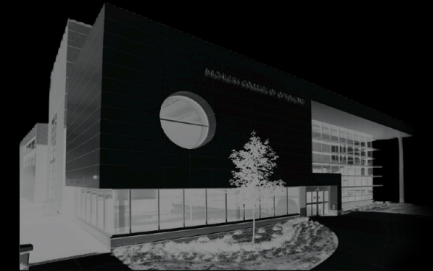
Mission Statement

The Scleral Lens Education Society (SLS) is a non-profit organization 501(c)3 comm

SCLERAL LENS FIT SCALES

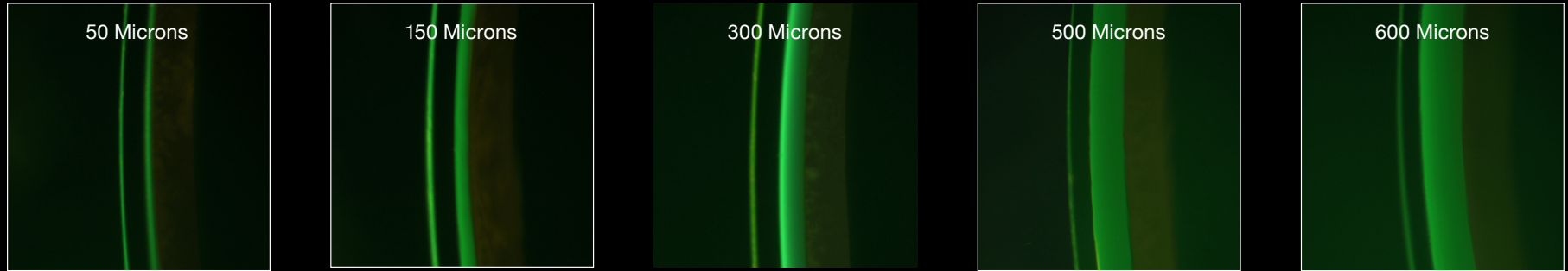
To accurately estimate the amount of vaulting (clearance) underneath the posterior surface of a scleral lens necessitates a reference point for comparison. Although some have suggested corneal thickness for the reference, we prefer the

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.

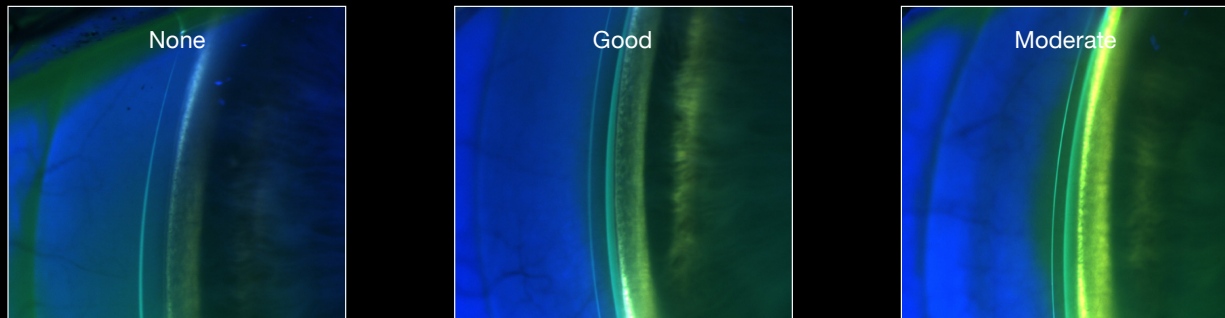


SCLERAL LENS FIT SCALES

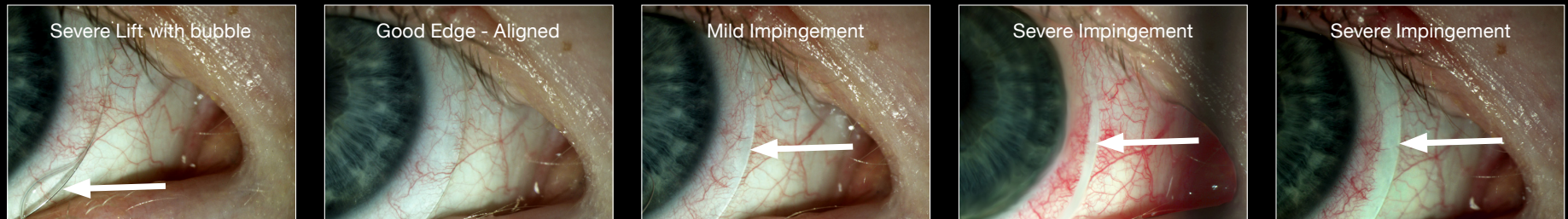
CENTRAL VAULTING



LIMBAL VAULTING



EDGE RELATIONSHIP



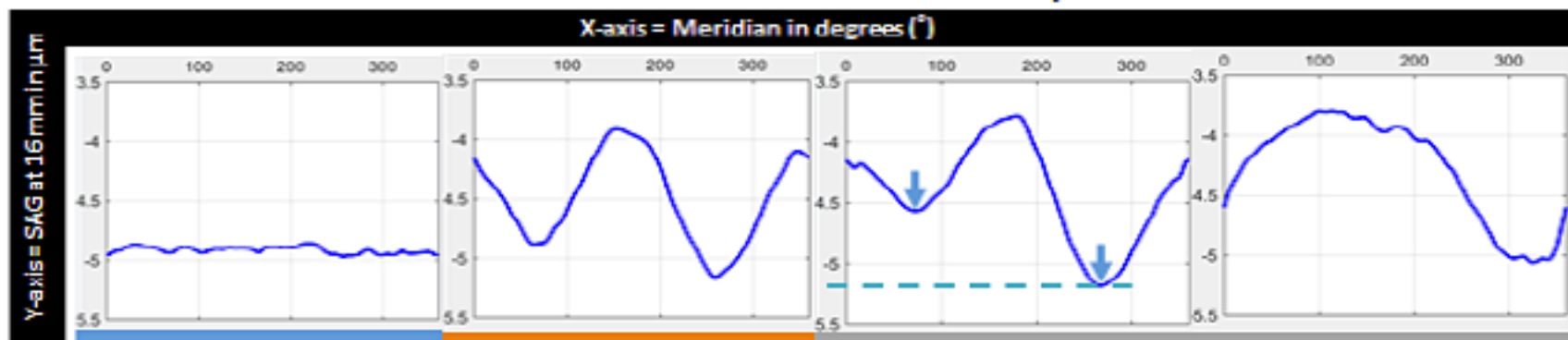
Scleral Shape Categories

Group 1

Group 2

Group 3

Group 4



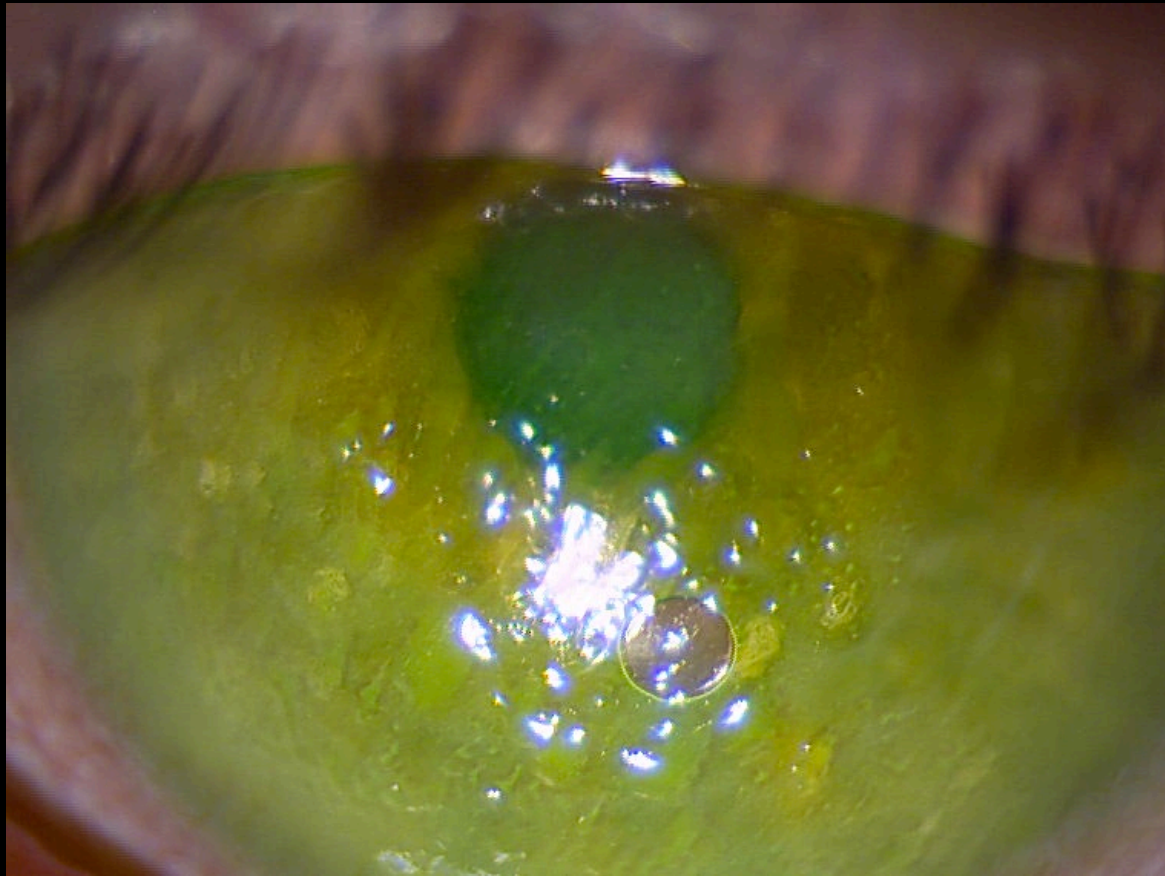
SPHERICAL

TORIC

ASYMMETRIC
DEPRESSION OR
ELEVATION

ASYMMETRIC
PERIODICITY NOT
180°

Perform over-refraction with
DX before they sit around



Document ALL Baseline findings

and

share with the patient

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Ample time spent on the front end will
save time on the back end

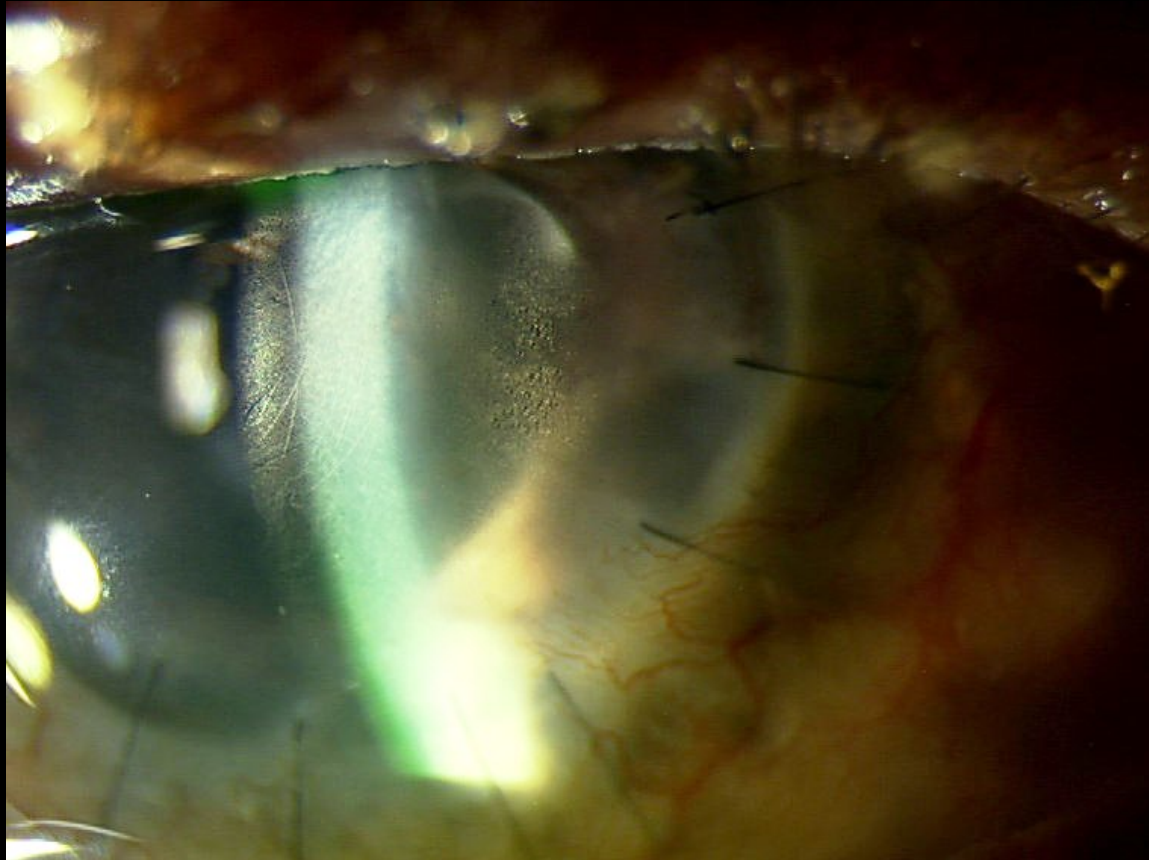


ARE YOU
TOO BUSY
TO BE
SUCCESSFUL?

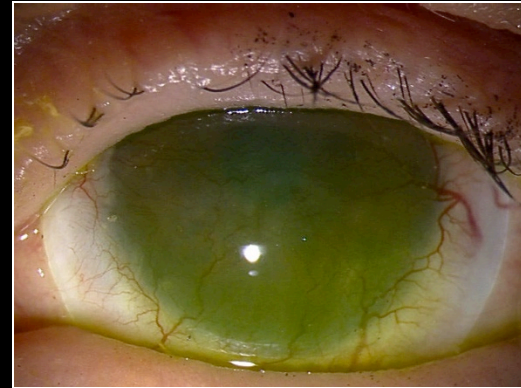
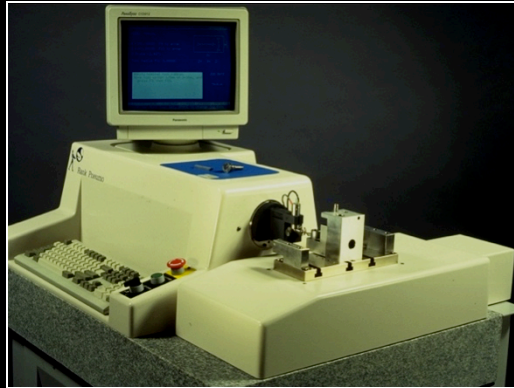


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watch out for old grafts



Lens Manufacturing



Newest Materials

Acuity 200

DK = 200

Contamac Infinite

DK = 200

Objective

"No sign left behind"

Always remove the
lens and evaluate the
ocular surface

"you see what you look for,
not what you look at"

G.O.W.

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1 design will **NOT**
meet every patient's needs

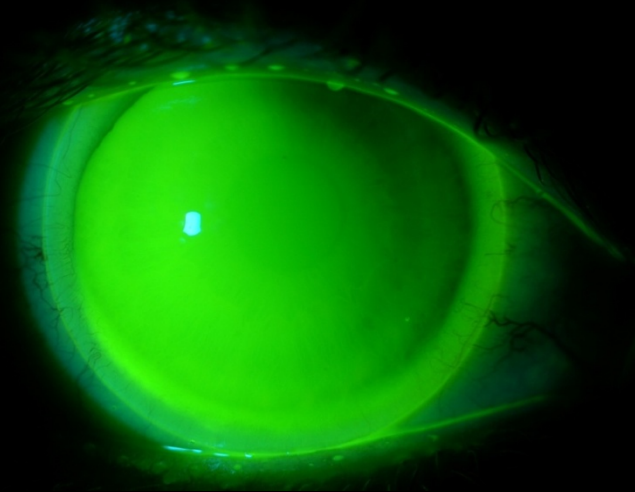


Manufactures of Scleral Lenses

- B&L SVP
- Visionary

Zen
Latitude

- Art Optical
- Blanchard
- Synergeyes
- Truform



Ampleye
Onefit MED
VS
Digiform

- BostonSight
- EyePrintPro

BostonSight
EPP

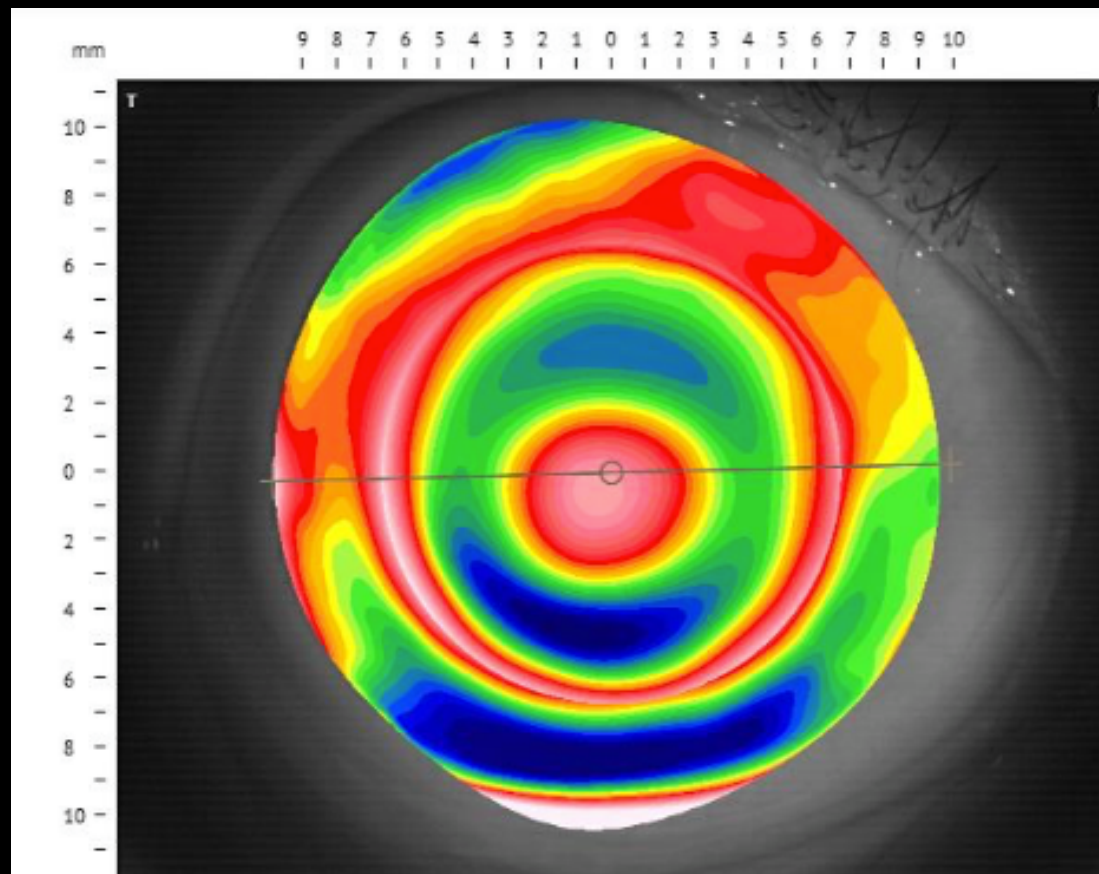
I apologize for not listing all

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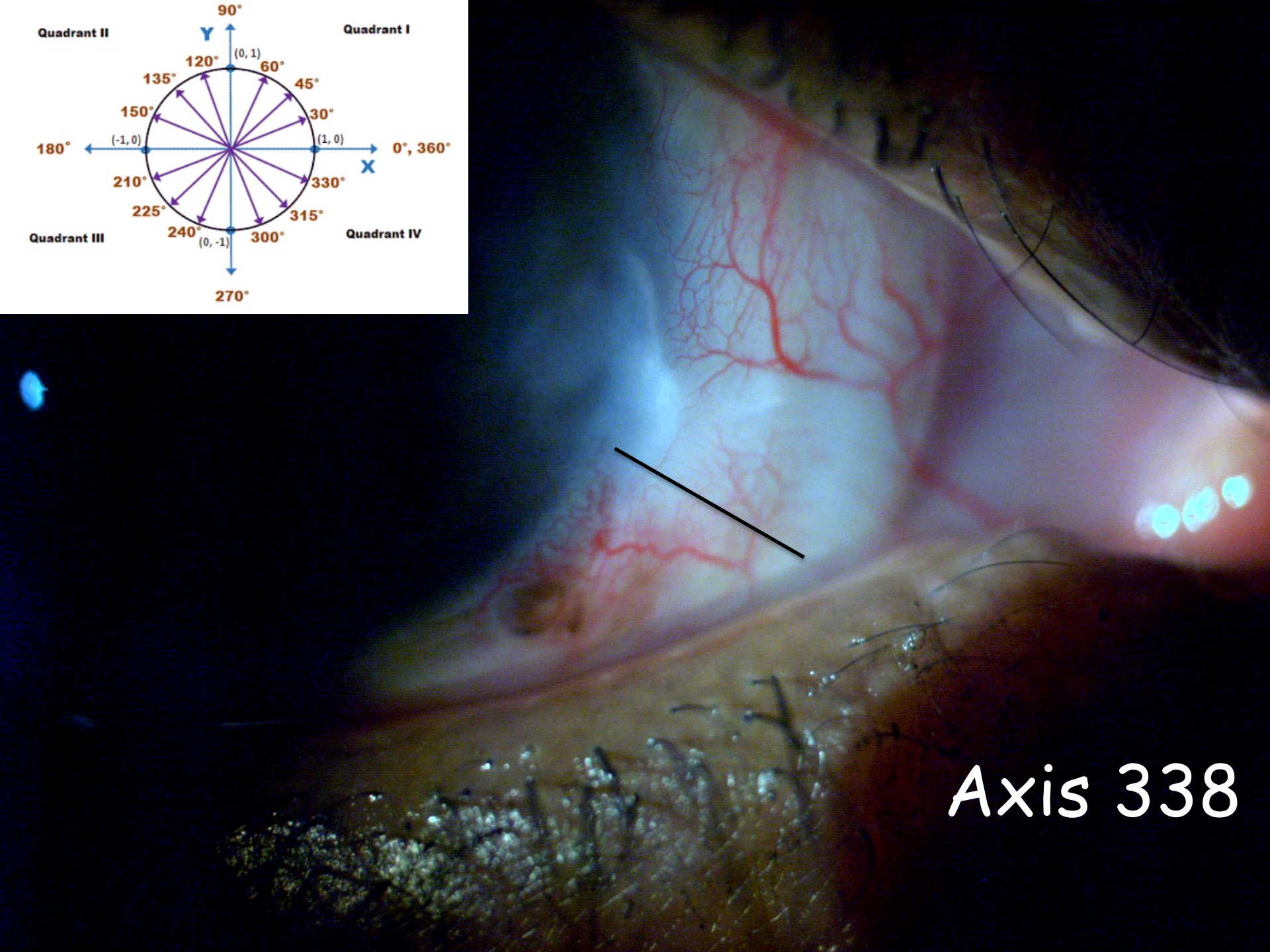
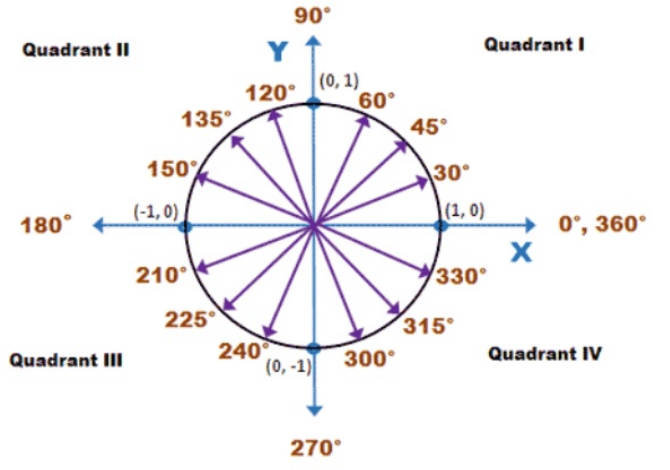
Know chamber diameter of the design

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“Embrace” technology but..



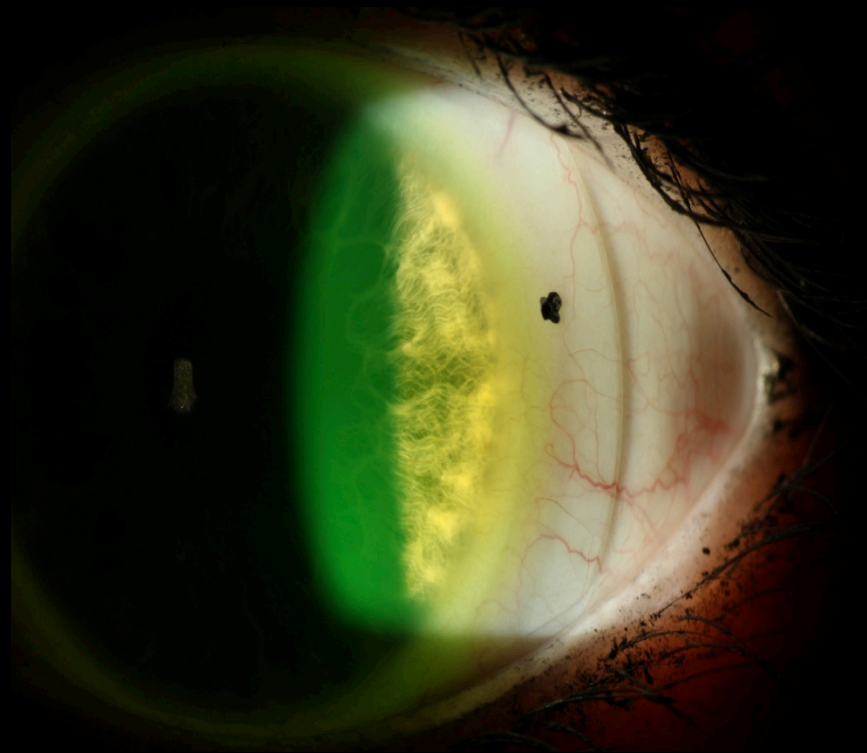
169°





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Shadow or not



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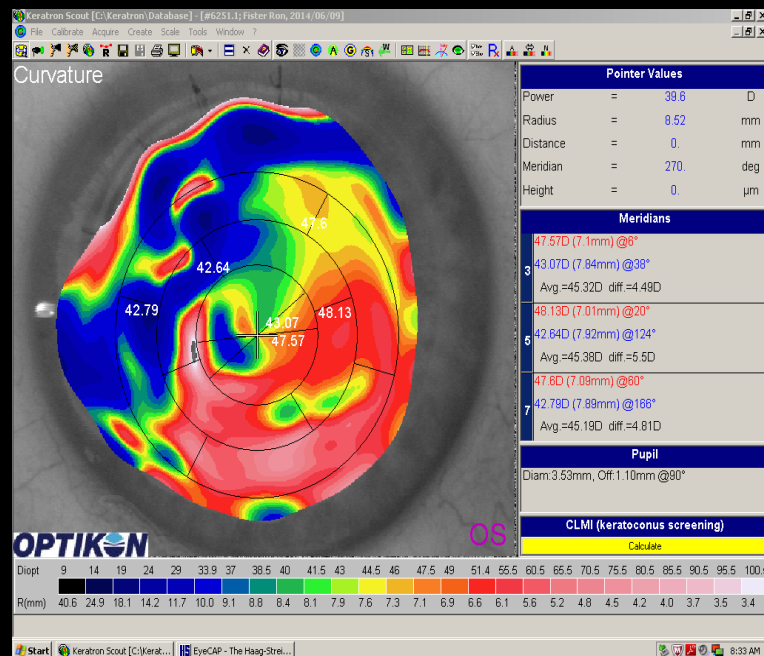
consider IOP

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the limbus is not usually round

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decentered ectasia often correlates
to scleral shape



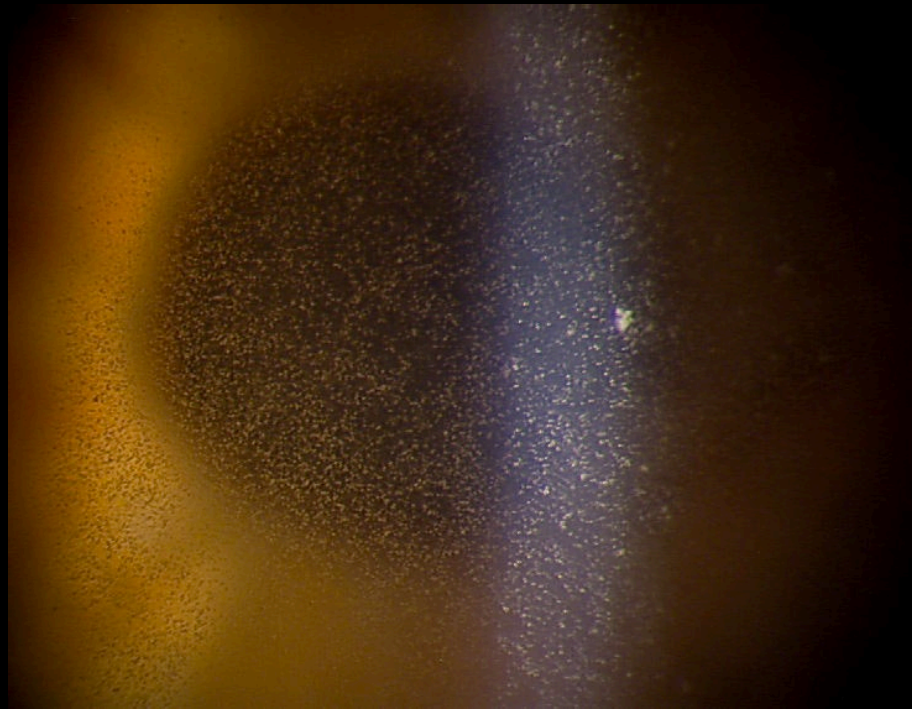
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If the scleral lens cannot be scissored out, the haptic is probably too tight



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"more gap, more crap"



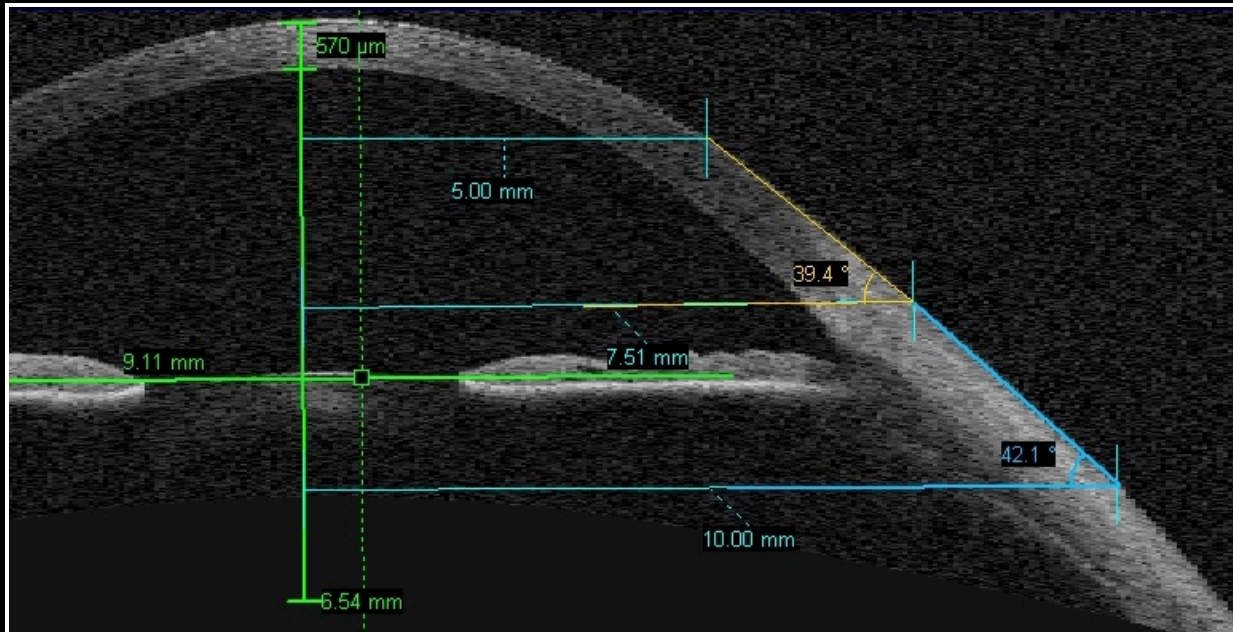
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The most appropriate care system for each patient may differ



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“Larger” diameter lenses will require toric haptics more frequently than “smaller” diameter lenses



Thank you
for your attention