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SCLERALS FOR NORMAL CORNEA POPULATION

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DISCLOSURE

Honorarium received as a speaker (S) or a consultant (C), as a research fund (R) or travel grant (T) from the following organizations

Allergan (S,C)

Alcon (S,R)

Bausch & Lomb (S,C,T)

Cooper Vision (S)

Johnson & Johnson Vision Care (R,T)

Blanchard Labs (S,C,R,T)

Sandofi (S,R,T)

Synergeyes (S,T)

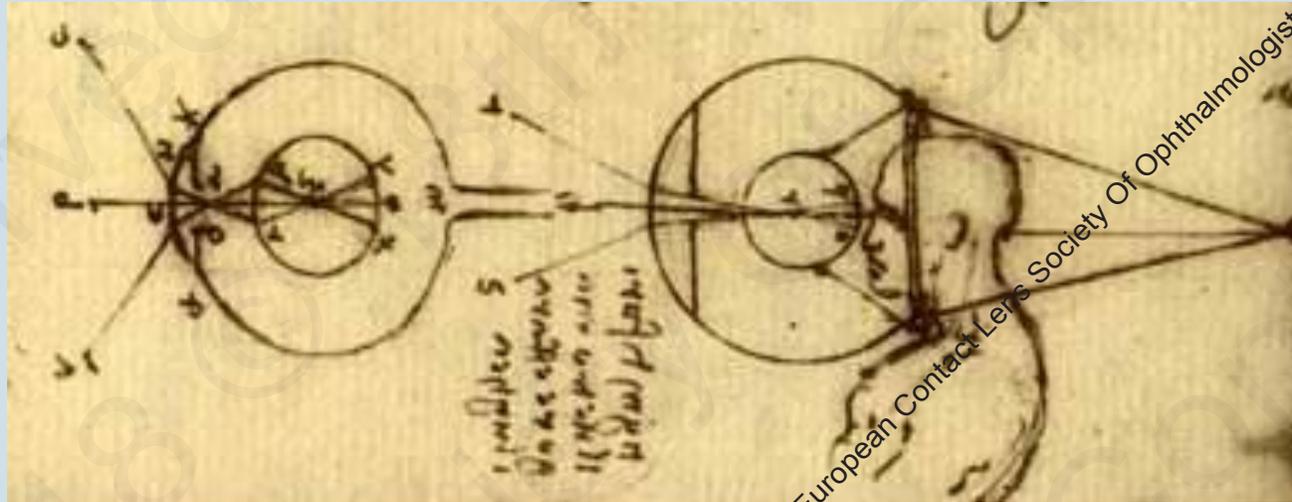
Scleral Lens Education Society (Board member, T)

Shire (C)

Santen (C)

A LOOK IN THE PAST

The concept of optically neutralizing the cornea with an enclosed liquid reservoir over the eye's surface was first proposed by Leonardo da Vinci in 1508.



A LOOK IN THE FUTURE OF CONTACT LENSES

To fit larger diameter gas permeable lenses

OR.....



WE KNOW SCLERAL LENSES ARE AMAZING!

- Restoration of the corneal surface: helps vision
- Restoration of the ocular surface: helps to treat eye diseases
- Provides Excellent comfort
- Larger optic zone, sharper images
- Better centration, more stability vs smaller RGP lenses
- Provides vision for many patients who would be unable to see otherwise!

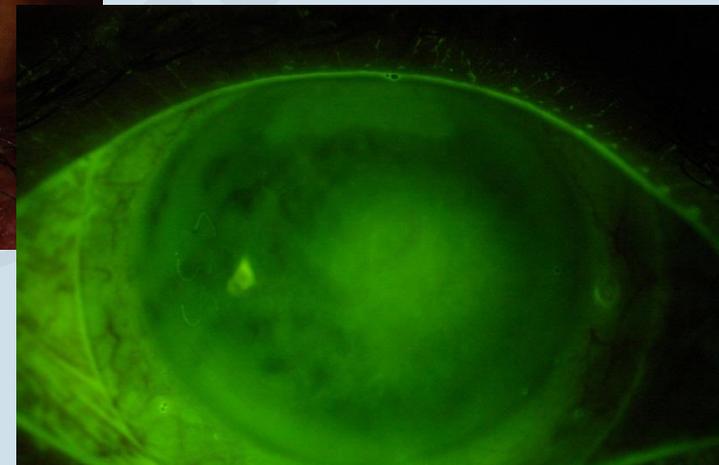
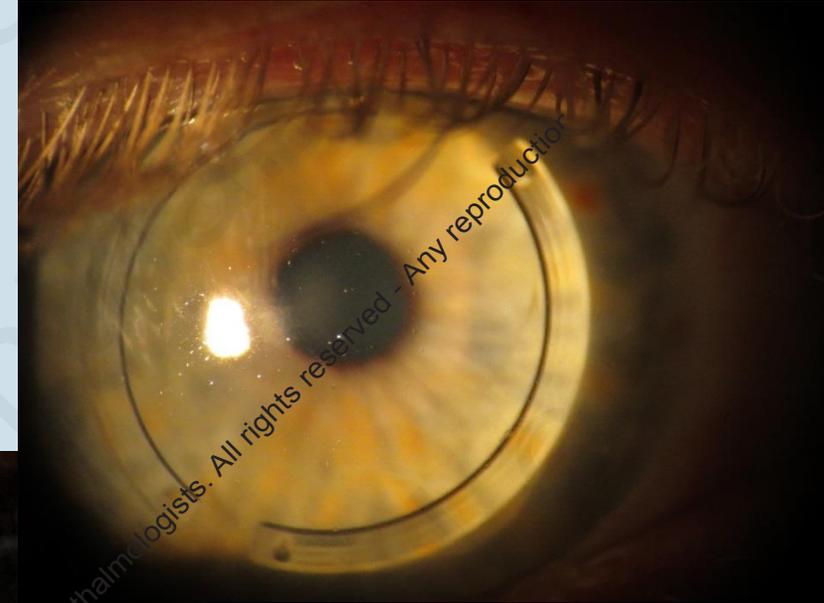
CURRENT SCLERAL LENS APPLICATIONS

Irregular corneas:

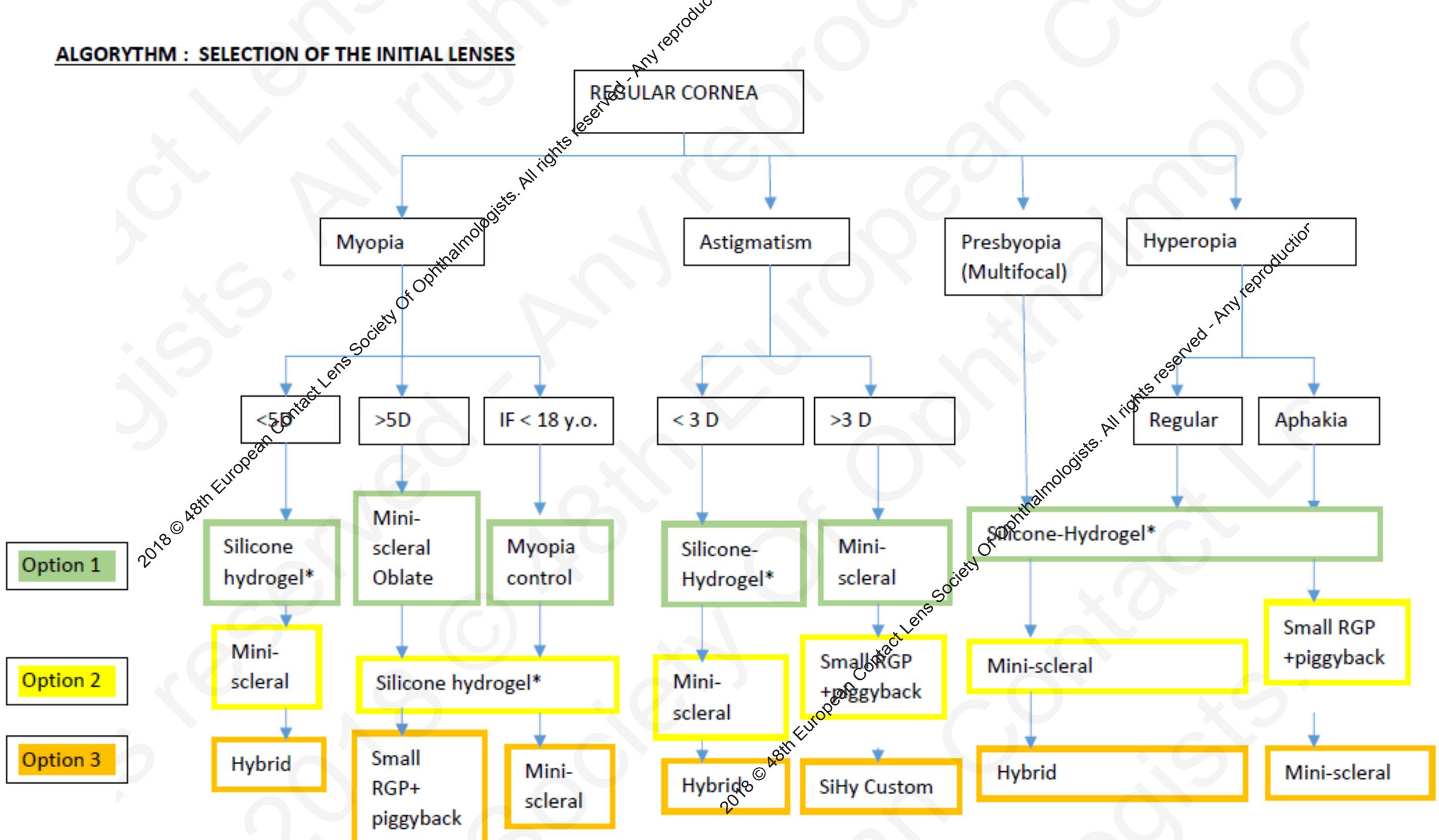
- Keratoconus
- Post Graft
- Pellucid Marginal Degeneration
- Corneal scarring
- Post refractive surgery
- Post-trauma /corneal scars
- Corneal dystrophies

Eye diseases

- Dry Eye (K-sicca, Stevens-Johnson, OSD)
- Neurotrophic corneas
- Chemical burns



ALGORITHM : SELECTION OF THE INITIAL LENSES



Option 1

Option 2

Option 3

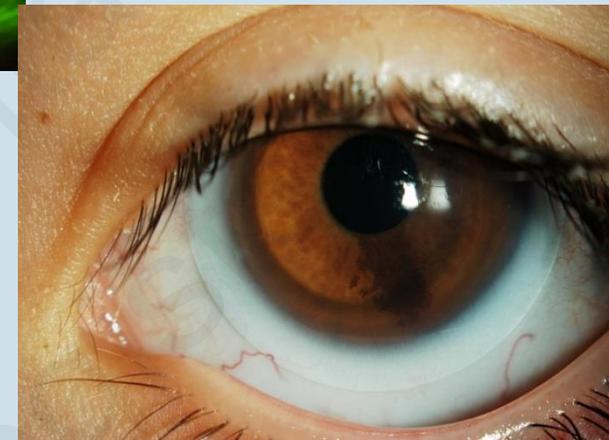
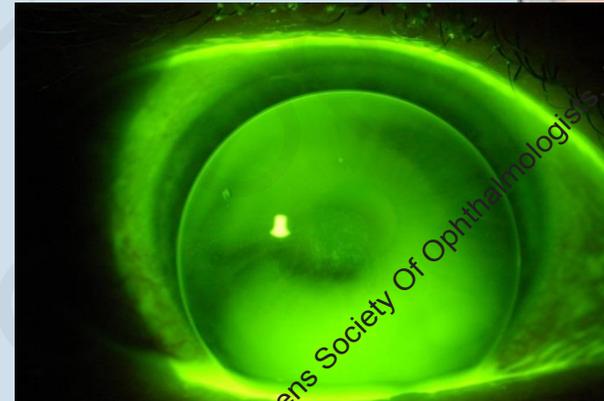
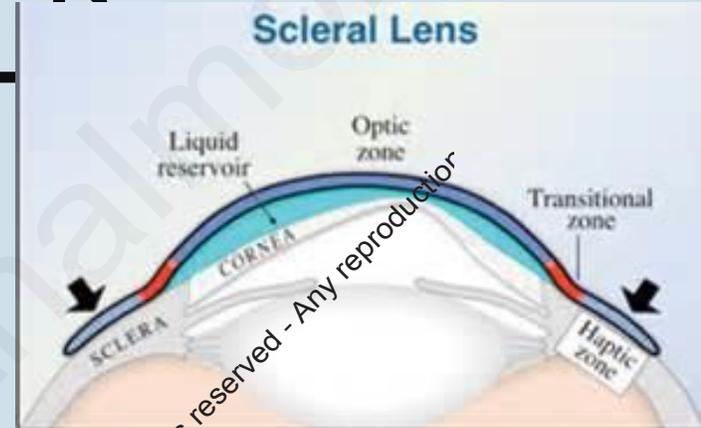
SCLERAL LENSES CAN HELP

■ COMFORT

- Never touch the cornea
- No lens to lid interaction / no lens movement
- Constant hydration of the ocular surface
- Optimal landing on the conjunctiva
- No lens dehydration

■ VISION

- Larger optic zone (8-9 mm)
- Full compensation of corneal irregularity
- Better centration
- Reduced HOA
- Gas permeable material optics
- Optimal fluid layer thickness required
- No lens dehydration



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WHAT DOES IT NEED TO SWITCH PATIENTS FROM SOFT TO SCLERAL LENSES

- Identifying a need
 - Vision
 - Comfort
- Educate the patient about the technology
 - Benefits
 - Limits
 - Handling
 - Cost
- Convenience
 - Handling
 - Care regimen

POTENTIAL CLINICAL APPLICATIONS FOR NORMAL CORNEAS

■ High refractive errors

- Larger optic zone, less high order aberrations
- Centration
- Physiological issues associated with RGPs (3-9 o'clock, corneal warpage, etc.)
- Improved overall visual acuity

■ Astigmatism

- No rotation and no visual fluctuation
- Larger optic zone
- A spherical scleral can compensate up to 3.5 D of corneal astigmatism
- No dehydration with time

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POTENTIAL CLINICAL APPLICATIONS

- **Presbyopia**
 - Stable lens
 - Full compensation for astigmatism
 - Friendlier for the presbyopic eye environment (dryness, tear film stability, etc.)
 - Compensation for corneal irregularities
- **Symptomatic patients**
 - Contact lens induced Dry Eye
 - No preservative agent / solution toxicity

ETHICAL CONSIDERATIONS

- **Ration Risks / Benefits**
 - Obvious for corneal ectasia or diseased eyes
 - Not so obvious for normal corneas vs limiting factors
- **Potential limiting factors**
 - Oxygen permeability
 - Corneal physiology
 - IOP
 - Conjunctival anatomy
 - Rate/ nature of complications
 - Ease of fit / troubleshooting
 - Learning curve
 - Handling

CONCLUSION

Scleral lenses are there and will become more and more prescribed

- Improved visual acuity
- Improved comfort
- Proven record in the treatment of ocular surface disease

Fitting normal cornea patients is the next step

- Identify a need
- Evaluate other options : risk/benefit ratio
- Handling may be an issue
- Close follow-up to manage potential physiological issues

THANKS !

Old Montreal... with some aberrations !

