

49th

ECLSO

European Contact Lens and
Ocular Surface Congress

EUROPEAN CONGRESS
ON MYOPIA CONTROL

2 - 3

September

2022

Novotel Tour Eiffel

Paris - France



Contact Lenses for Beginners

What do we understand from soft lens care and post-fitting follow-up ?

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03-09-2022

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EUROPEAN CONTACT
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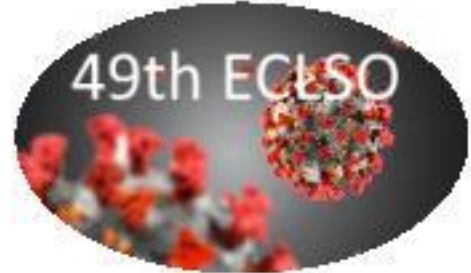
Speaker's name : Sevda Aydın Kurna

I do not have any potential conflict of interest

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Contact lenses are exposed to many factors throughout the day that come from the air, water, tissues and the environment.

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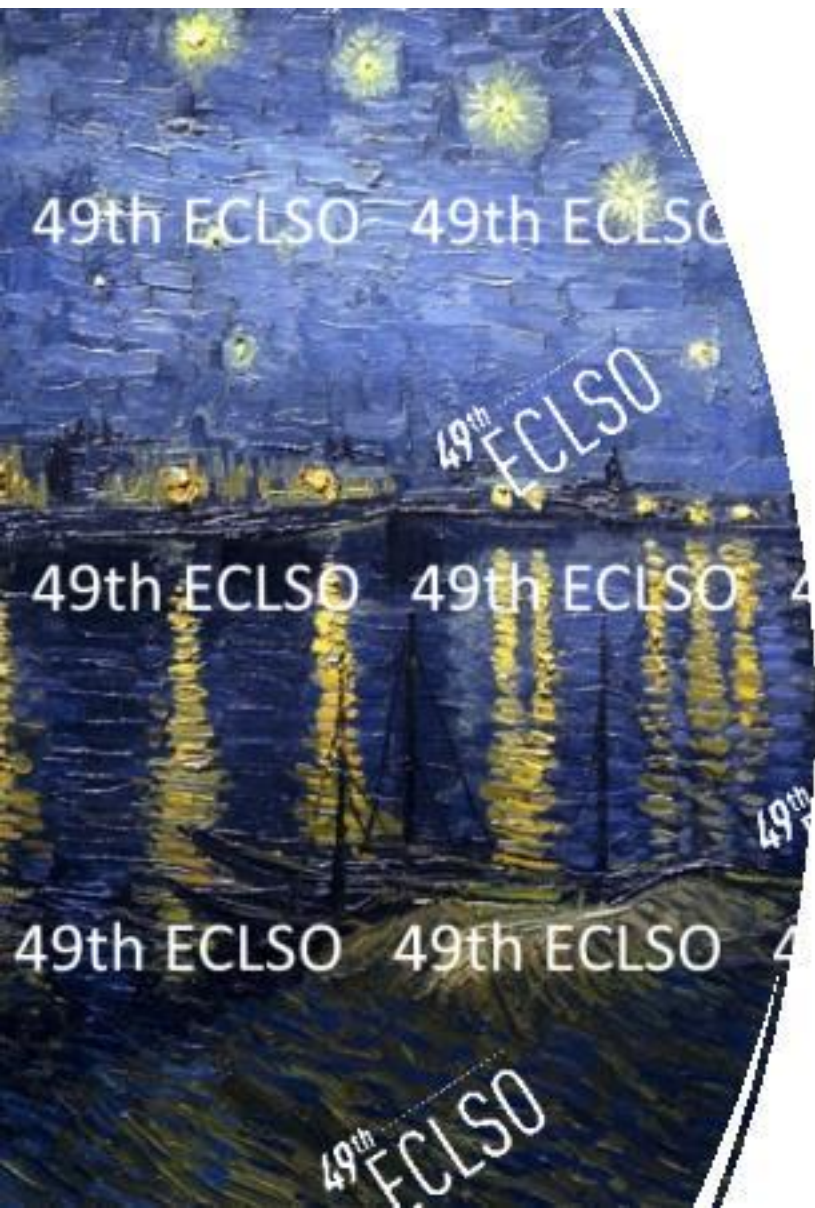


Although contact lens use is generally considered safe, complications associated with the use of CL can occur



As well as more serious conditions such as microbial keratitis.

- Such as dryness, allergy, inflammation and discomfort...



Contact Lens Care

The main function of contact lens care products is to disinfect, clean, and increase the comfort of contact lenses, while they should be easy to use and compatible with ocular tissues.

Lens Care Systems



PHYSICAL SYSTEMS

Thermal Disinfection
Ultraviolet Radiation
Microwave Irradiation

Rarely used today.

CHEMICAL SYSTEMS

Multipurpose Solutions
Hydrogen peroxide

Multipurpose solutions (MPS)

All-in-one lens care systems
Only one solution is needed to clean, rinse, disinfect, condition and store the lenses.....

ANTIMICROBIAL AGENTS

SURFACTANTS

CHELATING AGENTS



WETTING AND LUBRICATING AGENTS

OSMOLARITY AGENTS

BUFFERS



DISINFECTION

The most important step !!!

- All contact lens care systems contain antimicrobial agents to reduce microbial contamination introduced during lens wear, removal, cleaning and storage

Contact lens Disinfection ≠ Sterilisation

Disinfection : vegetative or living microorganisms are completely killed or inactivated.

Sterilisation : all organisms (including spores) are killed and, as such, there is no possibility for microbial growth

PHMB (Poliheksametilen biguanide / Poliaminopropil biguanide)= DYMED

- **Effective** against bacteria, less effective against fungi and ineffective against *Acanthamoeba*
- biotru^e, Renu multiplus, iMeniCare Plus, Sauflon All in One Light, SOLU-care Aqua, COMPLETE[®] Easy Rub[®]*, Boston Simplus[®] Multi-Action, Whölk perfect, Renu Advanced

ALDOX -Amidoamine (Myristamidopropyl dimethylamine)

Effective against fungi and *Acanthamoeba*
OPTI-FREE Express, OPTI-FREE RepleniSH

Alexidine dihydrochloride

Effective against bacteria, fungi and *Acanthamoeba*
Bisbiguanid.
RevitaLens Abbott(Johnson), Renu Advanced

PQ-1 (Polyquaternium-1)

- **Wide spectrum antibakterial ve antiviral aktivitiy**, no effect against some fungi or amoeba
- biotru^e, OPTI-FREE[®] Express[®], and RepleniSH[®], COMPLETE[®] RevitaLens Abbott(Johnson), Renu Advanced

New generation solutions are preserved with a double-triple disinfectant systems to increase the efficiacy.....

Disinfection effect increases with increasing concentration of the preservative.



As the efficacy of the method chosen for disinfecting contact lenses increases, there is a risk of toxicity to ocular tissue.

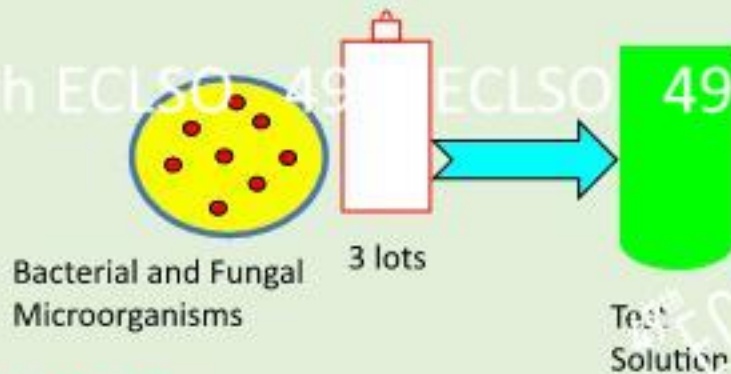
A balance must be struck between efficacy and toxicity.

Efficacy

Standards for the microbiological requirements and test methods for evaluating the disinfection efficacy of CL solutions are set by the ISO (14729:2001)

STAND ALONE TEST

Antimicrobial efficacy is higher



NO-RUB

REGIMEN TEST

If the solution cannot meet stand-alone criterion

Recommended regimen outlined in the package insert (with rubbing and rinsing steps) are used



Contact lens



Lens case

Revised ISO standards (18259:2014) : assess lens care products with different classes of contact lenses in a lens case, simulating real life conditions in the presence of organic soil.

ISO 14729

Mikroorganismen getestet

American Type Culture Collection (ATCC):

Gram -



Pseudomonas aeruginosa

3 log
(%99.9)

Gram -



Serratia marcescens

3 log
(%99.9)

Gram +



Staphylococcus aureus

3 log
(%99.9)

yeast



Candida albicans

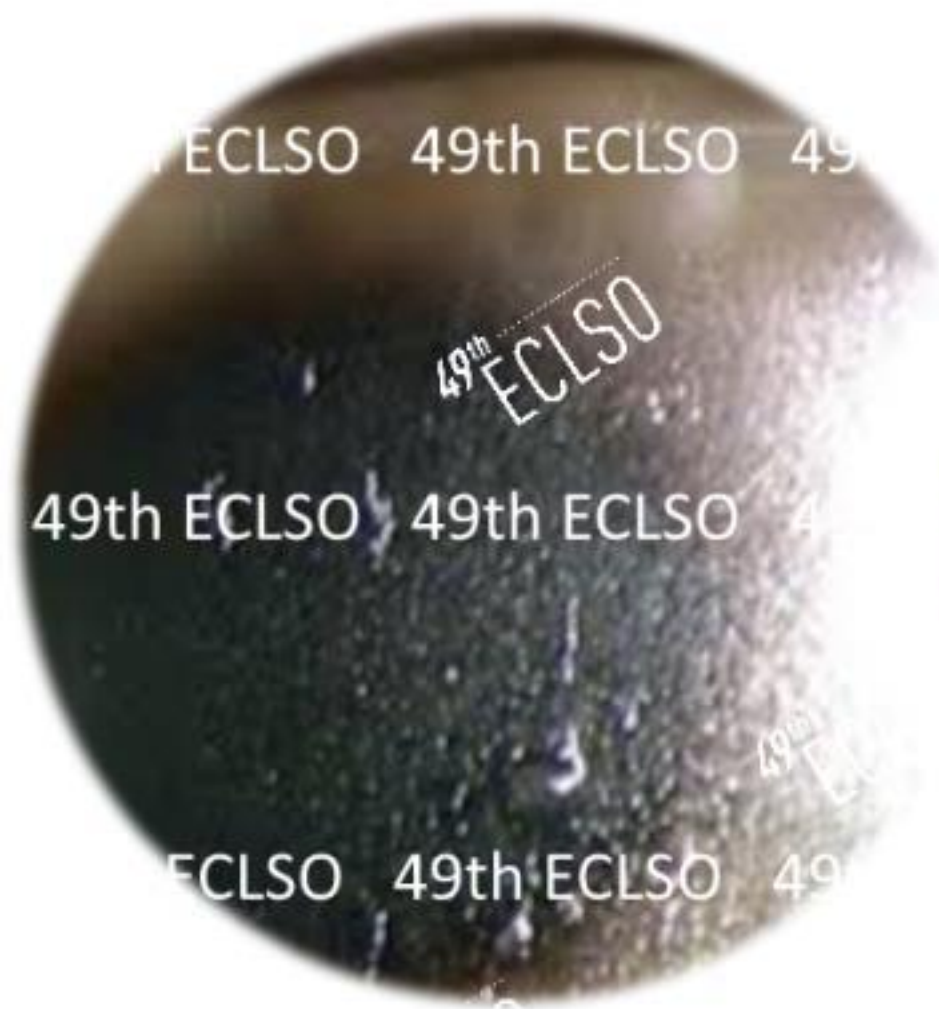
1 log
(%90)

mold



Fusarium solani

1 log
(%90)



CLEANING



Cleaning debris adhering to the lens increases patient comfort and contributes to disinfection.

CLEANING

Lipid Deposits

Surfactants :

Poloxamine and Poloxamers

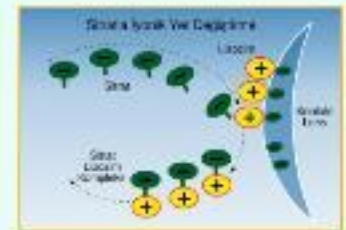


- ✓ Detergents or cleaners, Remove loose debris and deposits (including microorganisms), by forming micelles which are more easily removed during the rinsing procedure
- ✓ Enhance wetting of hydrophobic lenses

Protein Deposits

Citrate :

A sequestering agent that aids in the passive removal of protein



Hydroxyalkylphosphonate --

Hidranat:

Forms a complex with calcium, which breaks the links between the deposits - lens and protein



Sulfobetaine :

A detergent used in protein purification- separation, and solubilization





Biocompatibility

Osmolarity agents

NaCl

To make the solution isotonic with the tears.

Buffers

Borate, Phosphate, Citrate

- Keep the pH of the solution close to natural tears

Chelating Agents

EDTA

Prevent calcium-bound proteins from being deposited on the lens surface.

A variety of active ingredients are added to modern care systems to increase the compatibility of solutions with the pH, osmolarity, viscosity and surface tension of healthy tears

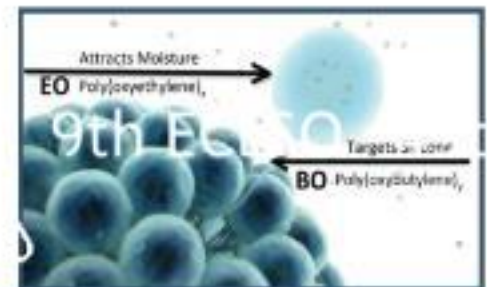
Wetting and Lubricating Agents

Hydroxypropyl Methyl Cellulose
Propylene Glycol
Poloxamine
Glycerine
Co-polymers
Dekspantenol (provitamin B5)
Sorbitol



Hyaluronan

a polysaccharide found in all tissues and body fluids and plays a role in lubrication and water homeostasis,



HydraGlyde Moisture Matrix

a block copolymer (poly[oxyethylene]-poly[oxybutylene]) surrounding the lens with a long-lasting envelope of moisture.



Super Moist Dew Technology

Hyaluronic acid derivative which coats the lens

Steps of Proper

Contact Lens Care

1

Wash your hands with soap and water and dry before touching your contact lenses.

2

Rub and rinse your lenses when you remove them.

Place at least 3 drops of solution on each side of lens surface and rub for 15-20 seconds with your fingers.

3

Place cleaned contact lenses in the lens case and fill with fresh solution.

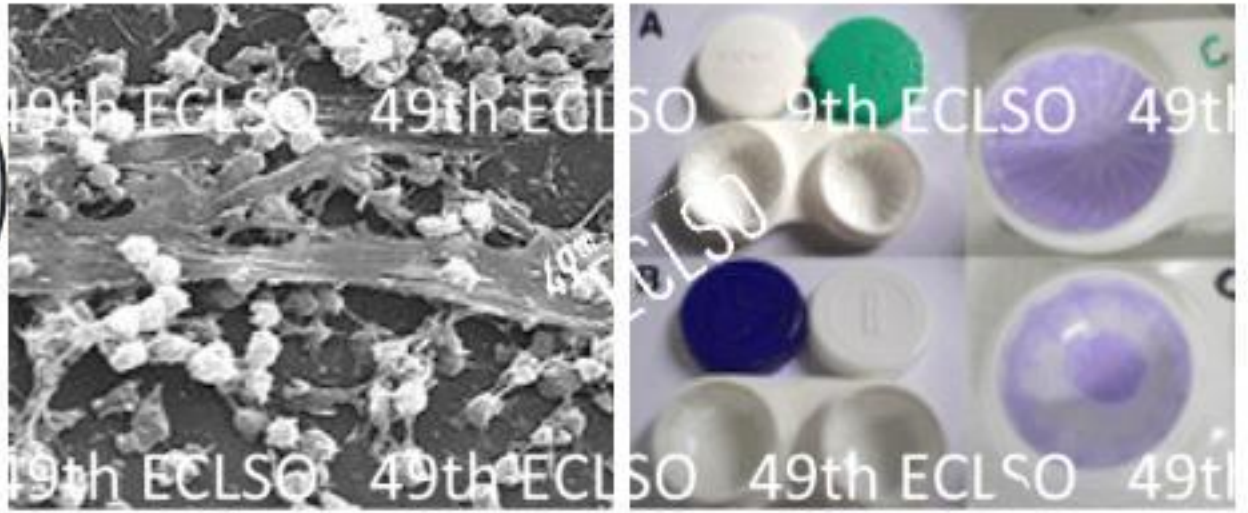
Soak lenses overnight or at least 6 hours.

Always use fresh solution –Never “top-off” or re-use solution.



CONTAMINATION OF CONTACT LENS CASES

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- Contact lens cases are a recognized potential source of pathogens associated with corneal ulcers.
- Contact lens storage cases can be easily contaminated to form biofilms of resistant bacteria, fungi and Acanthamoeba !

Lens Case Care

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Rub and rinse your contact lens case with fresh solution after every use, wipe the well and store them open and upside down in a dry, clean place on a clean facial tissue

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Replace contact lens cases (every one to three months)



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Rebecca Voelker. Risky Contact Lens Use. JAMA. 2017; 318(12)



TODNET Turkish Ophthalmological Society Contact Lens Care Education Video
<https://www.todnet.org/tr/m/todnet.asp?a=kon2>

Water and contact lenses do not mix !!!

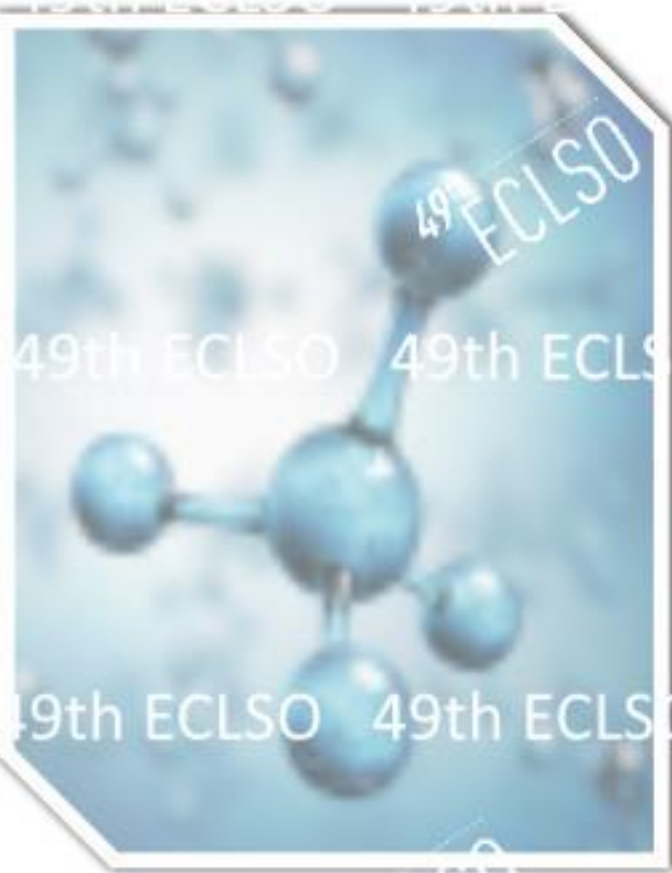
Water exposure during CL wear is associated with complications ranging from sterile corneal infiltrative events to sight-threatening infections.

Avoid any water exposure while:

- ✗ Handling CLs with wet hands,
- ✗ Rinsing CLs or storage cases in tap water,
- ✗ Showering while wearing CLs
- ✗ Swimming with CLs without wearing goggles.



Lens Care Systems



PHYSICAL SYSTEMS

Thermal Disinfection

Ultraviolet Radiation

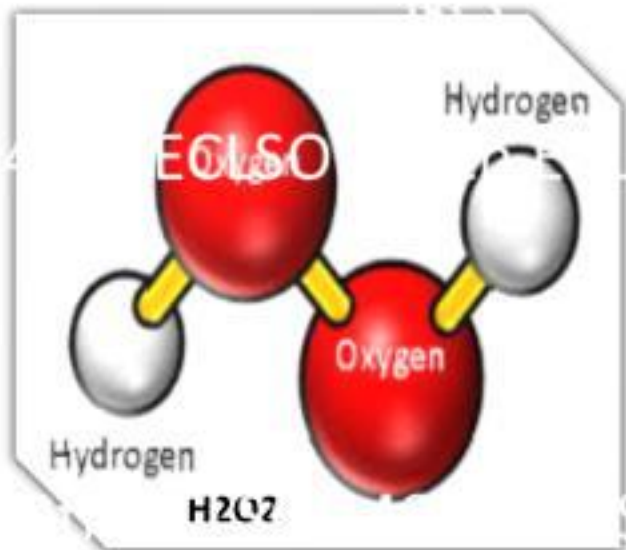
Microwave Irradiation

CHEMICAL SYSTEMS

Multipurpose Solutions

Hydrogen peroxide

Hydrogen Peroxide



It has strong biocidal action effective against bacterial biofilms, acanthomeba trophozoites and cysts

Hydrogen peroxide provides fast and effective disinfection. Passes into the lens matrix, oxidize microorganisms

It has a strong cleansing effect on the lens surface

Preservative-free suitable for those who are allergic or sensitive to the preservatives found in multipurpose solutions.

Can be used with all soft and hard lenses.

*Keir N, Woods CA, Dumbleton K, Jones L. Clinical performance of different care systems with silicone hydrogel contact lenses. *Cont Lens Anterior Eye*. 2010

**Hughes R, et al Comparison of Hydrogen Peroxide Contact Lens Disinfection Systems and Solutions against *Acanthamoeba polyphaga*. *Antimicrobial Agents And Chemotherapy*. July 2001

Hydrogen peroxide !!!



<https://www.fda.gov/consumers/consumer-updates/contact-lens-solutions-hydrogen-peroxide-avoid-injury-follow-all-instructions>

- Hydrogen peroxide has a toxic effect when instilled directly into the eye or onto contact lenses : Severe burning, pain and irritation occur.
 - A red warning and red tip remind that solutions containing hydrogen peroxide require special handling. It is not suitable for rinsing
-
- Hydrogen peroxide is neutralized into water and oxygen, making it safe to put lenses into eyes.

Neutralization process

- **Two-step** : Disinfection + subsequent neutralization with tablets (more effective method) (Oxysept ®)
- **One-step** : Neutralize the peroxide during the disinfection phase as the lens cases have a built-in neutralizer (Aosept® Plus(Wöhlk Peroxid, Aosept® Plus)

Hydrogen peroxide system disinfection-neutralization process

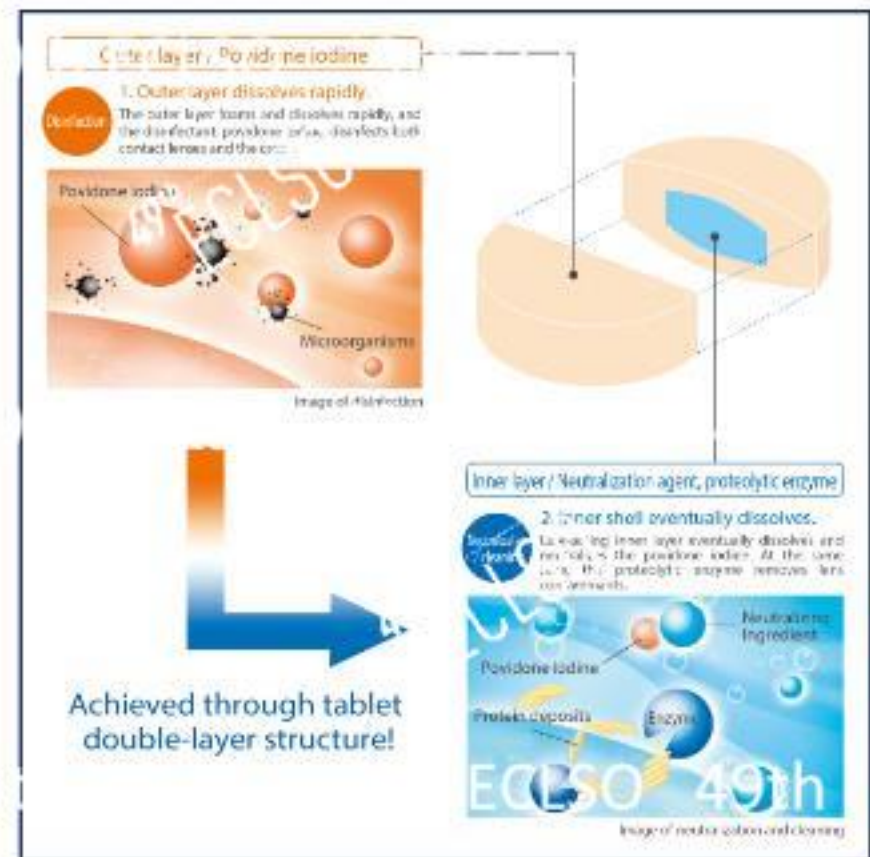


- Contact lens case with a neutralization disk that comes with hydrogen peroxide contact lens solution should be used. The lenses must remain in the solution for at least 6 hours to complete neutralization.....

Lens Care Systems Containing Povidone Iodine

Povidone-iodine is a strong and fast disinfectant, effective against bacteria, fungi and viruses as well as acanthamoeba cysts

- System consists of a dissolving or rinsing solution and double action tablet
- Povidone iodine in the outer layer of the tablet dissolves rapidly / neutralizer and proteolytic enzyme in the inner layer dissolve lately (orange color is cleared)
- Disinfection, cleaning and neutralisation are carried out in 4 hours (*Cleadew Soft, Cleadew GP-SL*)



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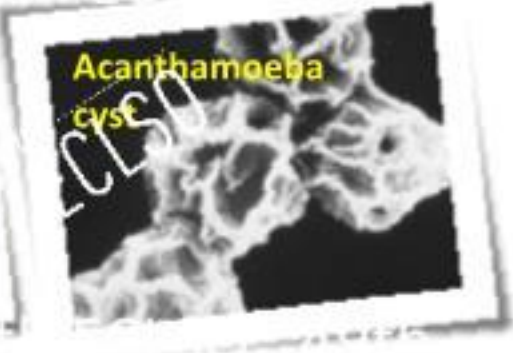
Microorganisms differ in their resistance to disinfection.

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Lipid-enveloped viruses and vegetative bacteria can be killed relatively easily during disinfection,



Non-enveloped viruses, Fungi, mycobacteria, bacterial spores, cysts and prions show resistance to disinfection

Williams L, Stapleton F, Carnt N. Microbiology, Lens Care and Maintenance. In: Contact Lenses. Fedorko DP, et al. Optimized Protocols for Testing Multipurpose Contact Lens Solution Efficacy Against Acanthamoeba. Eye Contact Lens. 2018

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Rub and Rinse

Enhance the disinfection

Mechanical cleaning of contact lenses by rubbing and rinsing reduces the load of microorganisms remaining on the lens surface and removes protein deposits.

Contact lenses should be cleaned by rubbing and rinsing, even if the solution used is a "NO-RUB" type.



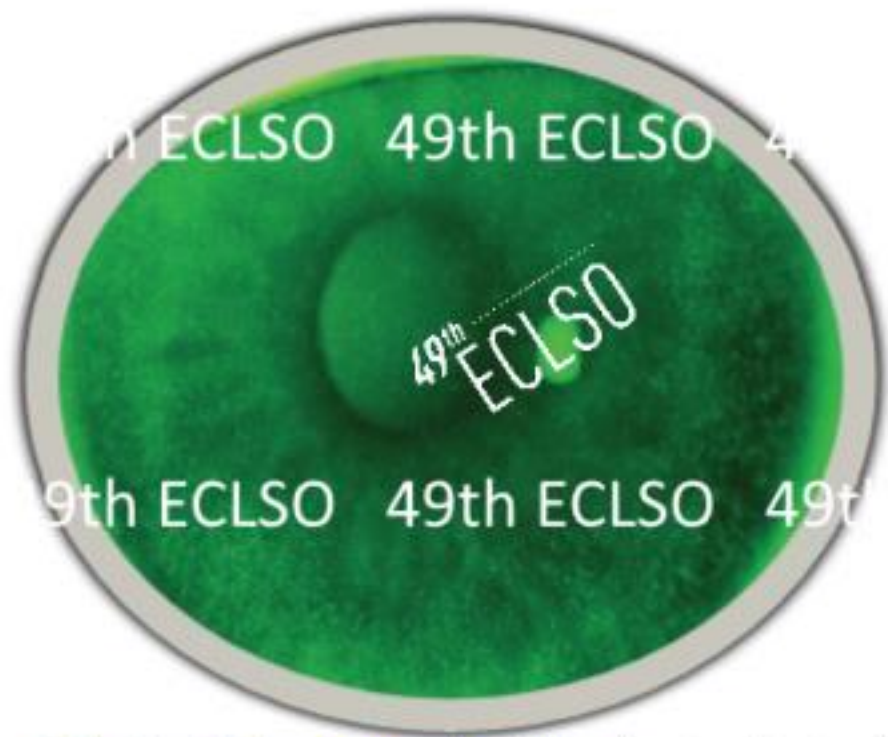
SARS Cov-2

The COVID 19 pandemic has increased the importance of the antiviral effect of contact lens solutions.

Human coronavirus contamination can be easily removed from CL surfaces .

- CL care products containing **hydrogen peroxide and povidone-iodine** efficiently remove virus contamination from CL surfaces
- While MPS based on non-oxidative system reduce infectious viral particles below the limit of quantification only when additional rub and rinse steps are included.

Nogueira CL, et al. The impact of a rub and rinse regimen on removal of human coronaviruses from contemporary contact lens materials. Cont Lens Anterior Eye. 2022



Solution-induced corneal staining is a transient and reversible condition associated with the use of reusable hydrogel and SiHy contact lenses and certain care regimens

Solution Toxicity And Hypersensitivity



- Contact lenses take up and release biocides and other components in the eye
- Contact lens care products may cause allergic and toxic reactions and can alter corneal staining and comfort response during wear.
- The interactions of the solutions with contact lenses depends on lens type i.e. material water content, charge, relative hydrophobicity, surface treatment and surface porosity

Prevention and Advice

- Switching to a hydrogen peroxide-based care regimen.
- Switching to daily disposable contact lenses and changing the care system

COMPLIANCE

COVID-19 pandemic improved compliance with handwashing but still soft reusable lens wearers show a statistically significant lower compliance with lens wear and care compared to daily disposable lens wearers

Non compliance to the CL care is very frequent:

- Young male full-time contact lens users,
- Rubbing and rinsing,
- Handwashing,
- Correct lens replacement
- Case cleaning.

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What do we understand from post-fitting follow-up?
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Contact lens wearers are traditionally advised to have eye examinations during the initial weeks and every 6 to 12 months

Benefits:

- ✓ Education of the patient
- ✓ Monitorization of ocular health and biocompatibility with the contact lenses and the care systems
- ✓ Ensure that lenses are being handled and worn in accordance with instructions
- ✓ Improve Compliance
- ✓ Optimize visual correction outcomes
- ✓ Early detection of Contact lens complications (such as dry eye, infiltrative keratitis, giant papillary conjunctivitis)

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Follow Up before it's too late
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Modern lenses: Optimal interval between routine aftercare visits ?



The first aftercare visit should always take place within one to two weeks of lens dispensing

	After 1-2 weeks	Every 6 months	Every 12 months	Every 24 months	Rationale
Based on lens replacement frequency, lens type and wearing modality					
Soft daily disposable	✓ ¹			✓	Lower risk of keratitis
Soft daily reuse, bifocal	✓				Adverse surface reactions with compliance issues
Soft extended wear	✓	✓			Higher risk of keratitis
Rigid daily wear	✓		✓		Lower risk of keratitis but higher risk of eyelid ptosis, three and nine o'clock staining and corneal deformation
Rigid extended wear	✓	✓			Higher risk of keratitis, eyelid ptosis, three and nine o'clock staining, corneal deformation and overnight lens mucin adhesion
Based on predicted rate of refractive change					
Youth myopia (5-15 years)	✓				Myopia advances -0.50 D annually
Presbyopia	✓		✓		Progressive accommodation loss

¹After taking delivery of lenses for the first time, those new to lens wear (neophytes) should be seen again within the first two months.

More frequent aftercare visits are required for:

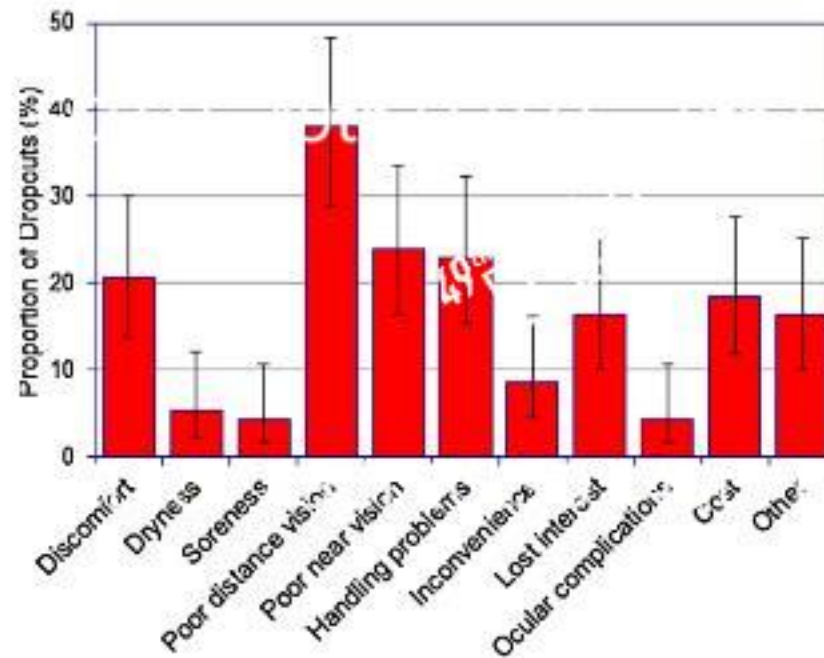
Children, Over 45 years Orthokeratology, Therapeutic applications, High ametropia, Corneal pathology such as keratoconus, corneal dystrophy or post-keratoplasty, post-refractive surgery and Non-compliant patients

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Those new to lens wear should be seen within the first two months of lens dispensing....

They should be supported for handling and vision maximized

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• During the first year of CL wear, the overall drop-out rate for new CL wearers is 26 % with many lapsing during the first 2 months*.

• Visual problems, handling and comfort are the most common reasons for discontinuing in new lens wearers...

Communication, education and ongoing aftercare are the key factors to increase success with contact lens wearers....



Some people may find it more difficult to learn to use CL.



<https://www.buzzfeed.com/annaborge/s/ted-d-mc-hov-to-contact>



Since the time of the ophthalmologist is limited assistant personnel can provide this training, Brochures, Videos, websites and Applications may be helpful for ongoing education on lens handling and care ...

Thank You....

