

Confidence in contact lens complications Q&A responses by Marie-Therese Hall, Johnson & Johnson Vision Care

- 1 Do you have any hints or tips for lid eversion on someone with few or no eyelashes?
Lid eversion on a patient with fewer or no lashes certainly can be trickier as essentially you have less to hold onto as you flip the upper eyelid over. To help overcome this, with the patient is looking downwards, I find that by placing the cotton bud flat on the upper eyelid and gently twisting it towards the patient normally causes the eyelid margin to rotate outwards and separate the posterior lid margin from the globe. Then, gently using your thumb against the lid margin as you continue to twist the cotton bud, you can typically flip the eyelid over.

This is also useful for patients with heavy false lashes as essentially you are using the lid margin as your point of contact as opposed to the eyelashes.
- 2 What modern contact lenses on the market right now do you find are main offenders for poor comfort?
This is a tricky one to answer, as contact lens comfort (or discomfort) is often multifactorial. For me, a contact lens providing poor comfort would be one that doesn't meet the needs of that specific patient. This may be down to the patient's tear film, the environments that they are wearing their contact lenses in, their visual demands or indeed how the contact lens fits on their eye.

I feel that we are very lucky to have such a wide variety of contact lens materials on the market currently, allowing us and our patients many options to choose from. Ultimately, our task is selecting a contact lens material that meets the demands of each individual patient.
- 3 If you saw a px with LWE, what would your intervention be if they have DED or a CL wearer?
Literature suggests lid wiper epitheliopathy is as a result of increased friction or inflammation, so any intervention would be to address these factors.

Mucin plays a significant role in lubricating the ocular surface so in a patient with dry eye disease, intervention may involve use of a lubricating eye drop containing mucin-like properties, alongside addressing any other clinical signs of dry eye disease such as lid margin disease.

In a contact lens wearer, increased friction may be due to deposits on the contact lens surface, or changes to the coefficient of friction of the contact lens material during wear time. To address this, interventions may involve refitting the patient with a contact lens of a different material or wetting technology, addressing any hygiene concerns, changing modality to allow more frequent replacement, alongside managing any underlying tear quality issues or dry eye disease.
- 4 Patients' compliance is still an issue; how can you try to maintain this compliance when they leave the Practice?
I think it's important to recognise that for patients to be 100% compliant, there is a vast amount of information that they need to digest. Our challenge is ensuring that we share this information in a way that each individual patient can easily understand. This may mean sharing advice and information in a variety of different formats, for example verbally, via written leaflets, follow up emails, or links to videos or webpages.

Sharing and encouraging contact lens compliance is also something we can delegate to our support staff. So, this may mean having team members sharing top tips around compliance at follow up or aftercare appointments. Especially for our long-term contact lens wearers, this can act as a useful reminder of the steps that they need to take to ensure safe contact lens wear.