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EMPOWER

Business + Specialty Care Optometric Series

OPTIMIZING CONTACT LENS WEAR

Part two of a five-part business/specialty care optometric series.

BY JACOB LANG, OD, FAAO

Contact lenses are integral to many optometry practices, and as such, optometrists must be well-versed in not only selecting the most appropriate lens for their patients, but also optimizing the overall wearing experience. Therefore, achieving a successful contact lens outcome depends heavily on the skill, knowledge, and expertise of the optometrist in managing various aspects of contact lens fitting and patient education.

SECRETS OF CONTACT LENS FITTING

Different types of soft contact lenses offer distinct benefits, but selecting the optimal lens type requires a thorough understanding of how each interacts with an individual's ocular anatomy. A poor fit can lead to discomfort, corneal complications, and, ultimately, dropout.

As the primary point of contact for patients' vision care, optometrists are responsible for educating them about proper lens hygiene, wear schedules, and potential risks. Patient education is vital in preventing many common causes of discomfort and lens failure. Managing these issues proactively is critical not only for patient comfort, but also for ensuring long-term success in contact lens wear.

The EMPOWER: Business + Specialty Care Optometric Series is meant to inspire optometrists with advanced knowledge and tools to elevate their practice and patient care. Topics range from corneal health and specialty lenses to soft contact lens wear and patient communication to cornea health diagnostic tools and practice optimization. In each part of the series, two thought leaders break down the featured topic into two subtopics. As a complement to this series, the authors will also appear on an episode of The MOD Pod to discuss their topics in more detail.

OPTIMIZE THE EXPERIENCE

Part two of this five-part business and specialty care optometric series focuses on optimizing the contact lens experience. In it, Ashley Tucker, OD, FAAO, FSLS, Dipl ABO, focuses on choosing the right lens and finding the best fit. She also shares strategies for improving comfort and managing dry eye and meibomian gland dysfunction. Jessica O. Yu, OD, FAAO, FSLS, offers guidance for preventing contact lens dropout and complications, including advice on preventing lens-related problems such as allergies, lens deposits, and discomfort.

We hope the information and insights contained here empower you with new knowledge to improve both your practice and patient care. ■

HOW TO IMPROVE THE CONTACT LENS WEARING EXPERIENCE

Evidence-based insights on the impact of various factors affecting the success of this form of vision correction.

BY ASHLEY TUCKER, OD, FAAO, FSLS, DIPL ABO

When it comes to contact lenses, the number of options continue to grow steadily, which means the days of dealing with unsuccessful lens fits and unhappy new contact lens wearers are becoming a distant memory.

That said, these lenses don't fit themselves. We still need to know what's available and how to choose the right fit. This is especially true when dealing with dry eye and meibomian gland dysfunction (MGD), which can sideline contact lens-wearing time. Let's talk about some strategies for improving our patients' contact lens-wearing experience.

KNOW YOUR OPTIONS

The types of lenses available haven't changed much in recent years. Standard contact lens options fall into one of two categories: hydrogel (water-loving [hydrophilic] polymers) or silicone hydrogel materials. Silicone hydrogel lenses are more widely prescribed now, especially for patients with dry eye. The silicone makes them more oxygen permeable than hydrogel lenses.

Aside from material, the next factor to consider is wearing schedule. Contact lens fitters must assess their patients' lifestyle needs, hygiene habits, risks, benefits, and ability to comply with a wearing schedule to determine the most suitable wearing schedule for the best outcome.

Extended Wear Contact Lenses

For patients who insist on the option, there are lenses approved for weekly and monthly extended (overnight) wear; however, they are strongly discouraged in clinical practice due to their increased risk of microbial keratitis and corneal ulcers.[1] The silicone hydrogel material reduces the risk of corneal hypoxia, but not infection.[2] Extended wear schedules are also an option for patients with unpredictable schedules or those who have difficulty removing their lenses due to dexterity issues or similar circumstances.

Reusable Lenses

Planned replacement, or reusable, lenses are worn and replaced either on a weekly, biweekly, or monthly schedule. Most reusable lenses are made with silicone hydrogel materials, so they have good oxygen permeability, and may be available in a wider range of prescriptions, especially for patients who need toric and multifocal options. This is a good, safe option for budget-conscious patients who are compliant with their care and replacement schedules.

Daily Disposable Lenses

Daily disposable contact lenses are typically the best option for patients, as they are convenient, more hygienic, and encourage lens wear compliance. Patients are also less likely to experience protein and lipid deposits that can lead to discomfort and issues such as giant papillary conjunctivitis,[3] and daily disposable lenses lessen the likelihood of infections, particularly microbial keratitis.

Patients with allergies should always be prescribed daily disposable lenses. Because they will use a new lens every day, there is less opportunity for allergens to build up on the lens. Patients who lead active lifestyles also tend to prefer daily disposable lenses, especially if they are frequently participating in outdoor sports or activities where allergens and debris can build up on their lenses.

Two drawbacks that patients commonly bring up are cost and plastic waste. While daily disposable lenses can cost more, there are several cost-effective options available, especially when patients leverage manufacturer rebates. In addition, there is a cost savings when considering contact lens solution is no longer needed. As for the issue of plastic waste, some contact lens companies offer recycling programs for the blister packs, boxes that the lenses come in, and even the lenses themselves.[4,5] We encourage patients to keep their lenses and blister packs and return them to us throughout the year or at their annual exam. We collect them and turn them over to a company that recycles them for us.

CHOOSING THE RIGHT FIT

With the goal of improving the contact lens wearing experience top of mind, choosing the right fit is of high importance. Taking a patient-centered approach is key in pursuit of this goal. Thus, it is imperative to

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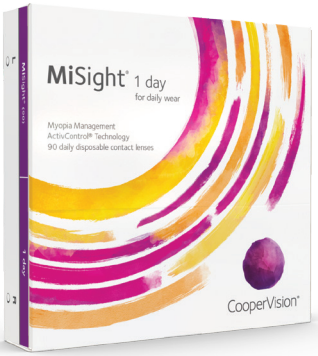

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†MiSight® 1 day, designed for myopia control, shows sustained slowing of eye growth over time on average. While eyes are still growing; children fit ages 8-12 and followed for 6-years. n=40

‡Compared to a single vision 1 day lens.

§Results may vary. Over a 3 year period, MiSight® 1 day reduced myopia progression on average by 59% compared to a single vision contact lens.

◊ActivControl® technology in MiSight® 1 day contact lenses slows axial length elongation and corrects refractive error for age-appropriate children.

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1. Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. Optom Vis Sci. 2019; 96(8):556-567. 2. Chamberlain P et al. Long-Term Effect of Dual-Focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial. Optom Vis Sci 2022 In Press. 3. Tricard D, Marillet S, Ingrand P, Bullimore MA, Bourne RRA, Leveziel N. Progression of myopia in children and teenagers: a nationwide longitudinal study. Br J Ophthalmol. 2022 Aug;106(8):1104-1109.

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never over-promise and to instead under-deliver on the capabilities of a contact lens.

Thoroughly assess the patient's refractive error and needs before recommending a contact lens type. For example, certain prescriptions are only available in planned replacement lenses (eg, high astigmatism, high minus/plus, multifocal torics). It's also important to understand the patient's work life and hobbies. For patients with presbyopia who work on the computer all day, consider a multifocal lens that will give them a range of vision, but know they may still have to supplement their vision with readers for certain tasks. Some patients only want to wear contact lenses socially or for sports. Daily disposables are ideal for these patients. Regardless of lens type, it's crucial to assess and manage any ocular surface disease prior to fitting a patient in contact lenses.

It may be prudent to perform corneal topography before choosing a lens to rule out any corneal irregularities, such as keratoconus, which could affect your patient's success with contact lens wear. Corneal topography also provides an objective measurement of horizontal visible iris diameter and overall corneal shape, which is valuable information. Most contact lenses come in a standard base curve and diameter, leaving little room for adjustment, but if you consider these data points during the fitting process, you will improve the patient's contact lens experience by choosing the most appropriate lens option. (Certain brands of soft contact lenses can be custom made for patients with more specific visual needs that can't be accommodated with readily available designs.)

Patient Education and Compliance

The best way to improve patient compliance is through education. If we don't ask specific questions such as the examples below, we likely won't gather the information we need to discern whether a patient is actually being compliant.

> With the goal of improving the contact lens wearing experience top of mind, choosing the right fit is of high importance. Taking a patient-centered approach is key in pursuit of this goal.

Example Question No. 1: How Often Do You Sleep in Your Contact Lenses? I purposely ask this question this way because it creates an opening for the patient to be honest with me. It lets them know it's okay if it happens from time to time. In addition, it allows patients to proudly tell me it never happens, which I love to hear. If patients are consistently sleeping in their lenses, take time to educate them on the risks. If sleeping in their lenses appears to be unavoidable, I will switch them into a lens that is approved for extended wear.

Example Question No. 2: How Often Do You Dispose of Your Lenses? Again, this is an open-ended question. If the patient is compliant, no further discussion is needed, but if not, I discuss the possibility of switching to a wear schedule that may be more conducive to their lifestyle. If they cannot remember to change their biweekly or monthly lens, then a daily disposable is the clear choice for them.

Example Question No. 3: What Solutions Do You Use to Clean and Store Your Lenses? I always encourage patients to use branded cleaners rather than generics out of an abundance of caution, and I urge them to rub their lenses in addition to soaking them. I also talk about cleaning their cases monthly or disposing of their old case every time they buy a new bottle of solution. If I have sample solutions, I readily give them out to all patients to help avoid any confusion on which type to purchase.

Additional Considerations

To maximize a patient's visual experience, it's important to fully correct any existing astigmatism. It is tempting to give the patient a spherical equivalent prescription, but if they have 0.75 D or more of astigmatism, be sure to prescribe a toric contact lens.

Monovision has been a long-time option for patients with presbyopia, but we now have many innovative multifocal lenses available that offer better optics than ever before. Multifocal contact lenses allow binocularity, and most patients are more comfortable and happier with their vision in these designs. They offer a range of vision, whereas monovision lenses have two specific focal points, which can be visually limiting.

For patients who are on digital devices all day, there are several lenses available that offer advantages. MyDay Energys and Biofinity Energys (CooperVision) offer a +0.3 D digital boost, and Acuvue Oasys Max 1-Day (Johnson & Johnson Vision) offers a blue light filter.

MANAGING DRY EYE AND MGD

Contact lenses disrupt the normal tear layer, essentially splitting it into two layers: the pre and post contact lens tear layer. This disruption/bisection of the tear layer can be problematic for patients who already deal with dry eye, and it can cause dry eye symptoms in patients who don't already have dry eye. Contact lens

wear affects ocular surface homeostasis by reducing lipid layer thickness, reducing overall tear volume and tear breakup time, as well as increasing tear evaporation.[6-8]

Without a healthy lipid layer, tears evaporate almost instantaneously, leaving the ocular surface or contact lens vulnerable to desiccation. There have been reports that contact lens wear may contribute to MGD due to the interaction of the glands with the lens causing trauma to the glands.[9,10] This is controversial, but plausible.

Regardless, this is why it's important to do an ocular surface assessment before you fit a patient with lenses. If it's determined they have dry eye disease, be sure to treat and manage their signs and symptoms first. Taking this initiative beforehand will certainly improve patient success.

OPTIMIZING CONTACT LENS CARE FOR EVERY PATIENT

Selecting the right contact lenses requires a comprehensive understanding of both available options and the unique needs of each patient. By thoroughly assessing lifestyle, ocular health, and compliance factors, practitioners can ensure more successful outcomes and enhanced comfort for their patients. With the growing variety of lenses on the market and a patient-centered approach, optometrists can continue to provide effective, personalized solutions for all contact lens wearers. ■

1. Dart JK, Radford CF, Minassian D, Verma S, Stapleton F. Risk factors for microbial keratitis with contemporary contact lenses: a case-control study. *Ophthalmology*. 2008;115(10):1647-1654.
2. Sweeney DF. Have silicone hydrogel lenses eliminated hypoxia? *Eye Contact Lens*. 2013;39(1):53-60.
3. Hickson-Curran S, Spyridon M, Hunt C, Young G. The use of daily disposable lenses in problematic reusable contact lens wearers. *Cont Lens Anterior Eye*. 2014;37(4):285-291.
4. Recycling programs. Bausch + Lomb. Accessed April 8, 2025. www.bausch.com/impact/recycling/
5. Acuvue LensCycle. Johnson & Johnson. Accessed April 8, 2025. www.acuvue.com/en-ca/lenscycle/
6. Barnett M, Brujic M, Compton J, et al. The role of the ocular surface in contact lens wear. *Contact Lens Spectrum*. 2020; 35(1):1-7. Accessed April 8, 2025. https://clspectrum.com/issues/2020/january/the-role-of-the-ocular-surface-in-contact-lens-wear
7. Efron N. Is contact lens-induced corneal oedema inflammatory? *Aust J Optom*. 1985;68(5):167-172.
8. Chang AY, Purt B. Biochemistry, tear film. [Updated 2023 Jun 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan. www.ncbi.nlm.nih.gov/books/NBK572136/.
9. Osae EA, Jones L, Nichols JJ. The impact of contact lenses on meibomian gland morphology. *Ocul Surf*. 2022;24:148-155.
10. Arita R, Itoh K, Inoue K Kuchiba A, Yamaguchi T, Amano S. Contact lens wear is associated with decrease of meibomian glands. *Ophthalmology*. 2009;116(3):379-384.

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PREVENTING CONTACT LENS DROPOUT AND COMPLICATIONS

Practical approaches to prevent common issues related to lens wear.

BY JESSICA O. YU, OD, FAAO, FSLS

As many as one in four patients drops out of contact lens wear in the first year.[1] According to research commissioned by the Contact Lens Institute last August, which included 401 US adults split equally between new (< 2 years) and long-term (≥ 2 years) soft contact lens wearers, the top five reasons for dissatisfaction with contact lens wear that led to discontinuation of wear were cost, handling, comfort, vision, and convenience (Figure).[2] However, with today's ever-evolving contact lens technology and some proactive measures taken on our part, we should easily be able to address these reasons. Contact lens-related complications, on the other hand, are another matter. Most can be prevented, but others will rear their ugly heads when we least expect it, no matter how careful we try to be. In these situations, we strive to find the best solutions and continually learn from our experiences. This article focuses on these common contributing variables affecting the satisfaction and success of our contact lens patients.

DEALING WITH DROPOUT

Providing thorough explanations and setting proper patient expectations go a long way when it comes to managing costs, comfort, vision, and convenience as they relate to contact lens wear. Below, I'll review the key areas that contribute to contact lens dropout.

Costs

For some patients, the expense of contact lenses themselves, along with solutions, eye exams, and the separate fitting fee, can seem costly

and may be enough to deter them from contact lens wear altogether. Others may drop out of contact lens wear because they find these costs to be burdensome over time. While the cost of eye care varies by region, you can try to temper cost-related dissatisfaction in your patients by setting expectations the first time you have a conversation about contact lens wear. Be sure to discuss the pros and cons of wear, why it's important they order their lenses from a licensed eye care provider, and what options and rebates are available that may affect price. Most importantly, it is an opportunity for us as eye care professionals to build value in the fitting process and what we do.

Handling

Contact lens handling issues such as poor hygiene, improper techniques, and ineffective lens cleaning can cause corneal abrasions or infections and even lead to patients dropping out of lens wear. Depending on what I see in the patient history and what I hear from the patient as I ask more specific questions about their habits, I may choose to have a more in-depth discussion with them on certain points. For example, if I notice deposits on a patient's monthly replacement lenses and they tell me they use a generic multipurpose solution, I'll say, "So, you told me you're using solution X, but for your lens, a more compatible and advanced solution to clean with would be solution Y." And then I'll review the steps, explaining that when they remove their lenses, they should give them a 5-second rub. (I'm a big fan of rubbing reusable lenses because the digital manipulation removes a lot of deposits that tend to build up, whether from environmental factors or from the patient's own tear chemistry.) I'll also remind them to replace their lens case once a month or every time they buy a new bottle of solution because some people don't realize the case has its own lifespan.

Comfort

The most basic comfort questions to ask a patient are what contact lens they last wore and what their experiences were with it. It's important to drill down and get specific. Did they explore different types of lenses, different brands, or different materials? Did the lens become uncomfortable shortly after insertion or towards the end of the day? With modern contact lens technology, it's rare for a lens to get so tight that it becomes uncomfortable for a patient, but it can happen. Loosening the fit, adjusting the base curve or diameter, and/or changing the material can affect how the lens feels when a patient gets to hours 6 to 8 and beyond.

It's rare for patients wearing daily lenses to complain of comfort issues, but there are the occasional issues of dryness, discomfort, and material sensitivity. In such cases, I always ask patients what they're rinsing with and personally recommend they use PuriLens Plus Saline (The LifeStyle Company). There are other preservative-free solutions available, such as Sensitive Eyes Saline Solution (Bausch + Lomb), but I like the PuriLens Plus.

Contact lens cleaning and care play a big factor in comfort, although this obviously pertains to reusable lenses. When you have a patient in reusable lenses who has tried everything with no improvement, a hydrogen peroxide system like Clear Care (Alcon) can eliminate a lot of sensitivities and comfort issues.

Ocular Surface Issues

Patients who complain of dry eye present a great opportunity to refit them into a daily disposable if they are not already wearing this modality. Another option is to move them from a hydrogel daily disposable to a silicone hydrogel or a better technology daily disposable lens.

Regarding the replacement schedule, it should be noted that for patients who are on, especially, monthly lenses, that 1-month timeframe is the maximum use of the lens, not the minimum. Many people will think, "it's a monthly, so I have to hit that monthly point." But for some people, the lens simply isn't as comfortable in the latter half of the cycle, and they shouldn't feel compelled to just push through. Based on their eyes and tear film chemistry, the lens, the season, or their coexisting issues, patients sometimes have to be told it's okay to wear a monthly lens for only 3 weeks, throw it away, and start fresh.

When it comes to seasonal allergies, you have to treat them concurrently,

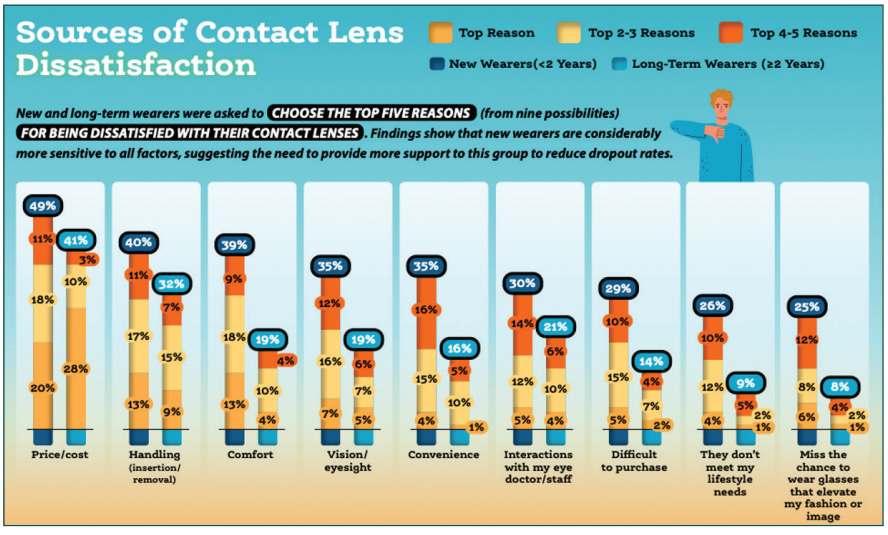

Figure courtesy of the Contact Lens Institute.

Figure. Sources of dissatisfaction in US adults 18 to 64 years of age who reported wearing soft contact lenses at least once per week. New wearers n = 200; long-time wearers n = 201.

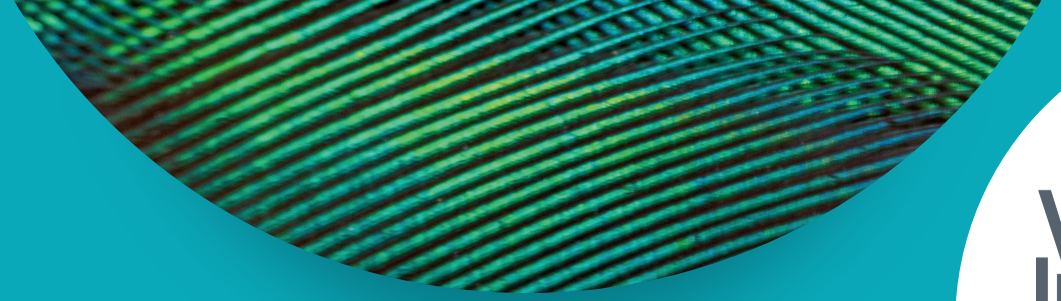

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TABLE. Eye Drops Safe for Use With Contact Lenses

DROP NAME	MANUFACTURER	INDICATIONS	DIRECTIONS
Biotrue Hydration Boost for Contact Lens Drops	Bausch + Lomb		To rewet lenses: Place 1 or 2 drops in the eye and blink two to three times as needed. To prevent deposit buildup: Place 2 drops in each eye and blink two to three times, four times daily.
Blink Contacts Lubricating Eye Drops	Bausch + Lomb	For use with soft and rigid gas permeable contact lenses.	To lubricate and rewet lenses: Apply 1 to 2 drops to each eye while wearing lenses. For extra comfort: Place one or two drops on each side of each lens before application.
Blink-N-Clean Lens Drops	Bausch + Lomb	For use with disposable, daily, and extended wear soft contact lenses as well as rigid gas permeable lenses.	To lubricate and rewet lenses, as well as prevent and remove protein buildup: Apply 1 or 2 drops to each eye, then blink several times. Use up to four times daily.
Clear Eyes Contact Lens Multi-Action Relief	Prestige Consumer Healthcare	For use with daily and extended wear soft lenses.	To refresh lenses: Place 1 or 2 drops on the eye and blink two or three times. Use as needed throughout the day while wearing contact lenses.
Opti-Free Rewetting Drops	Alcon	For use with silicone hydrogel and soft contact lenses.	To refresh lenses: Place 2 drops in each eye and blink two to three times. Use as needed while wearing lenses. To prevent protein buildup: Place 2 drops in each eye and blink two to three times, four times daily.
Refresh Contacts Contact Lens Comfort Drops	AbbVie	For use with soft and rigid gas permeable contact lenses.	To lubricate and rewet lenses: With lenses in the eye, apply 1 to 2 drops to each eye as needed. Blink several times. For extra comfort: Place 1 or 2 drops on each side of each lens before application.
Refresh Relieva for Contacts	AbbVie	For use with soft and rigid gas permeable (silicone acrylate and fluorosilicone acrylate) contact lenses.	Instill 1 or 2 drops in affected eye(s) as needed. Blink several times.
Systane Contacts Rewetting Eye Drops	Alcon	For use with daily and extended wear soft, rigid gas permeable, and hard contact lenses.	To refresh lenses: Place 1 or 2 drops on the eye and blink two or three times. Use as needed throughout the day.

and I always remind patients that allergy drops can't be used while wearing contact lenses. (A surprisingly high percentage of people don't realize you shouldn't be instilling these medications with lenses in, because you don't want the lens acting like a sponge and absorbing the different chemicals, which could potentially create corneal toxicity problems and contribute to contact lens discomfort.) Many people overuse allergy drops and don't realize that it can increase dryness symptoms. Likewise, oral antihistamines can have a similar effect in increasing dryness, so treatments for both types of symptoms have to be balanced. This is a good time to inform or remind patients that only a few lubrication drops are contact lens compatible (Table) and that most should not be instilled while wearing lenses. Consider this an opportunity to refit a patient with allergies—and even those with concomitant dry eye—into daily disposable contact lenses.

Vision

Patients with astigmatism or presbyopia may achieve less-than-ideal vision with contact lens wear, which can lead to dissatisfaction and, ultimately, dropout. Additionally,

> Providing thorough explanations and setting proper patient expectations go a long way when it comes to managing costs, comfort, vision, and convenience as they relate to contact lens wear.

patients with complex prescriptions—that is, those who need or want to wear lenses, but their prescription limits them in some way—can also be easily discouraged with lens wear. It's a bit of a theme here, but a great way to try to head off any disappointment is to set realistic expectations. Let patients know that only so many companies make lenses that will fit their prescription and perform the way they want and/or need them to perform. If a patient understands this, hopefully they will be willing to take the extra steps to ensure they get the best wearing experience.

Convenience

Contact lenses as a vision-correction option in general are more convenient than glasses because they don't fog up or slide down, and you can wear nonprescription sunglasses with them. They're also more convenient for active individuals. Within the contact lens category, daily replacement lenses are not only the most convenient, but they are also best for cleanliness, eye health, and minimizing potential issues. As a practitioner, they are my go-to contact lens modality for my patients. I wouldn't recommend anything else.

PREVENTING DROPOUT AND COMPLICATIONS

With my mind on preventing contact lens dropout and complications, I start my contact lens exams with a thorough history to learn about the patient's habits, what's working, and what's not working. From there, I'll build through my examination, which entails getting a sense of their vision, their prescription, and any binocular issues. I then perform a thorough slit-lamp exam to evaluate all of the external ocular components (ie, lids, lashes, tear film). I don't just observe the quality of the tear film, but also the quantity—how thick or thin is it? Is it a little spotty? Oily? Looking at those components tells me how their tear film could affect them as a contact lens wearer. From here, I base their prescription on what they're looking to achieve with their contact lenses and how they would ideally like to use them. So, if they're presbyopic and want to wear contact lenses to do everything in their life, then a multifocal is a great option. If a patient needs a toric lens because they're astigmatic, that drives the type of lens I choose to fit them with. Then I try my best to ensure they understand why I am selecting that lens for them and why I think it's the best choice. It's about educating them on the different points relating to contact lens wear (eg, hygiene, risk of infection, lens feature, or material benefits).

Then, on slit-lamp or physical examination, if I see anything, such as redness, edema, neovascularization, or other signs that show the eye is more agitated, I will ask if they sometimes sleep in their lenses. This will prompt me to dig deeper and look back to the history.

A lot of busy adults underestimate the value of taking their lenses out right away when they feel something is off, and that's a big reason why we see the infection or abrasion rates that we do. When we're teaching new wearers how to use contact lenses, we always tell them, "When in doubt, take them out." Since I've been practicing, the incidence of infections—bacterial keratitis, *Acanthamoeba*, fungal infections, etc—and hypoxic situations has decreased significantly thanks to the increased popularity of daily disposable lenses, as well as improvements in contact lens materials, breathability, and oxygen permeability over the past decade and a half. Most contact lens-related infections these days are tied to patients who overwear their extended wear or misuse daily wear lenses.

RETENTION IS IN THE DETAILS

Contact lens dropout can affect a practice's profitability due to lost revenue, which is why it's important to understand and address the different factors that lead to patient dissatisfaction with their lenses. Never underestimate the importance of careful patient selection, setting realistic expectations, ensuring proper lens care and hygiene, and proactively addressing potential complications. ■

1. Sulley A, Young G, Hunt C. Factors in the success of new contact lens wearers. *Cont Lens Ant Eye*. 2017;40(1):P15-P24.
2. Disrupting the dropout dilemma: practical steps to keep patients in contact lenses. Contact Lens Institute. See Tomorrow Contact Lens Institute. Fall 2024. Accessed April 7, 2025. www.contactlensinstitute.org/wp-content/uploads/2024/10/CLI-Disrupting-Dropout-Report_Fall-2024_FINAL.pdf

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