

## INFORMATION REQUIRED TO ASSESS RIGID LENS COMPLICATIONS:

- Full lens script
- Lens condition
- Fluorescein pattern
- Video/Photos (on centre) if possible
- K readings and maps if possible

The most common cause of contact lens problems in clinical practice is lenses being inadvertently swapped over so they are in the wrong eyes.

Never assume that the lenses are in the correct eyes, before attempting to solve the patient's contact lens problems, always confirm - by lens measurement or observation of the markings - that the contact lenses are in the correct eyes.

OBJECTIVE FINDING	PROBABLE CAUSE	POSSIBLE SOLUTION
Excessive Movement/Too Loose	<ul style="list-style-type: none"> <li>• BC too flat or too steep</li> <li>• Edge lift too flat</li> <li>• Lens too small</li> </ul>	<ul style="list-style-type: none"> <li>• Check fluorescein pattern</li> <li>• Check lens edge</li> <li>• Increase diameter</li> </ul>
No Movement	<ul style="list-style-type: none"> <li>• BC too steep</li> <li>• Edge lift too steep</li> <li>• Lens too large</li> </ul>	<ul style="list-style-type: none"> <li>• Check fluorescein pattern</li> <li>• Flatten base curve</li> <li>• Flatten lens edge</li> <li>• Decrease diameter</li> </ul>
Displaced by lids	<ul style="list-style-type: none"> <li>• Thick edge profile (high minus)</li> <li>• Lens too flat</li> </ul>	<ul style="list-style-type: none"> <li>• Change edge profile</li> <li>• Reduce lens size</li> <li>• Steepen base curve</li> </ul>
Bubbles under <i>Standard Lens</i> <i>Central</i> <i>Mid-Periphery</i>	<ul style="list-style-type: none"> <li>• Excessive clearance under lens</li> <li>• Base Curve too steep</li> <li>• Steep fit</li> <li>• OZ too large</li> </ul>	<ul style="list-style-type: none"> <li>• Check fluorescein pattern for central touch</li> <li>• Flatten BC</li> <li>• Reduce OZ</li> </ul>
Bubbles under <i>Keratoconic lens</i> <i>Central</i> <i>Mid-periphery</i>	<ul style="list-style-type: none"> <li>• Excessive clearance</li> <li>• Steep Fit</li> <li>• OZ too large</li> </ul>	<ul style="list-style-type: none"> <li>• Check fluorescein pattern</li> <li>• Bubble with: <i>Central Touch</i> - Steepen BC <i>No Central Touch</i> - Flatten BC</li> <li>• Flatten Base</li> <li>• Reduce OZ</li> </ul>
Central Pooling	<ul style="list-style-type: none"> <li>• Excessive clearance</li> </ul>	<ul style="list-style-type: none"> <li>• Flatten BC</li> </ul>
Excessive Edge standoff	<ul style="list-style-type: none"> <li>• Peripheral curve too flat or wide</li> </ul>	<ul style="list-style-type: none"> <li>• Steepen peripheral curves</li> </ul>
Fine Stippling	<ul style="list-style-type: none"> <li>• Normal in adaptation</li> <li>• Poor tear circulation</li> <li>• BC or peripheral curves too tight</li> </ul>	<ul style="list-style-type: none"> <li>• Flatten BC or peripheral curves as needed</li> </ul>
Zig-zag corneal staining	<ul style="list-style-type: none"> <li>• Foreign body under lens</li> </ul>	<ul style="list-style-type: none"> <li>• Clean lens</li> </ul>
3 & 9 o'clock staining (under lens)	<ul style="list-style-type: none"> <li>• Periphery too flat or steep</li> <li>• Inappropriate size</li> <li>• Decentred inferiorly</li> </ul>	<ul style="list-style-type: none"> <li>• Check fluorescein pattern</li> <li>• Check peripheral curve and adjust accordingly</li> <li>• Increase diameter (0.4mm)</li> <li>• Flatten base curve</li> </ul>
3 & 9 o'clock staining (past lens edge)	<ul style="list-style-type: none"> <li>• Front surface profile abrupt - <i>Mostly high minus Rx</i></li> </ul>	<ul style="list-style-type: none"> <li>• Check fluorescein pattern</li> <li>• Reduce front optic size and increase lens diameter</li> </ul>
Deep corneal stain with pain	<ul style="list-style-type: none"> <li>• Corneal ulcer or uveitis</li> </ul>	<ul style="list-style-type: none"> <li>• Cease lens wear and commence medical care</li> </ul>

OBJECTIVE FINDING	PROBABLE CAUSE	POSSIBLE SOLUTION
Sudden unusual change in refraction	<ul style="list-style-type: none"> <li>· Lenses in wrong eyes</li> <li>· Lenses damaged/warped</li> </ul>	<ul style="list-style-type: none"> <li>· Check lens engraving/colour <i>If correct</i> send lenses to lab for parameter check</li> <li>· Replace old lenses</li> </ul>
Gradual change in refraction	<ul style="list-style-type: none"> <li>· Lenses slowly distorting</li> <li>· Patient Rx changing</li> </ul>	<ul style="list-style-type: none"> <li>· Recheck fitting</li> <li>· Recheck patient Rx and general eye health</li> </ul>
Mucus on lens	<ul style="list-style-type: none"> <li>· Poor hygiene</li> <li>· Scratches on surface</li> <li>· Deposits on lens</li> </ul>	<ul style="list-style-type: none"> <li>· Check patients cleaning regime</li> <li>· Polish lens</li> <li>· Use protein remover (Progent)</li> <li>· Replace lenses</li> </ul>
Lens Falls Out <i>During fitting, shortly after dispensing</i>	<ul style="list-style-type: none"> <li>· Lens too small</li> <li>· Lens too flat</li> <li>· Lens too steep</li> </ul>	<ul style="list-style-type: none"> <li>· Check fluorescein fit and adjust accordingly</li> </ul>
<i>After continued wear</i>	<ul style="list-style-type: none"> <li>· Lens damaged</li> <li>· Wrong lens in wrong eye</li> </ul>	<ul style="list-style-type: none"> <li>· Check or replace lens</li> </ul>
Lens rides to the side	<ul style="list-style-type: none"> <li>· Against the rule asigmatism</li> <li>· Lens too small</li> </ul>	<ul style="list-style-type: none"> <li>· Steepen lens</li> <li>· Consider toric periphery or bi-toric designs</li> <li>· Increase lens diameter</li> </ul>
Lens rides under top lid	<ul style="list-style-type: none"> <li>· Lens is too flat</li> <li>· Lens too small</li> </ul>	<ul style="list-style-type: none"> <li>· Steepen base curve</li> <li>· Increase lens diameter</li> </ul>
Lens rides too low	<ul style="list-style-type: none"> <li>· Lens too small</li> <li>· Centre of gravity drags lens down (<i>high plus</i>)</li> <li>· Lens too steep</li> </ul>	<ul style="list-style-type: none"> <li>· Check fluorescein pattern</li> <li>· Increase diameter</li> <li>· Reduce front optic &amp; increase diameter</li> <li>· Reduce thickness if possible</li> </ul>
SUBJECTIVE FINDING	PROBABLE CAUSE	POSSIBLE SOLUTION
Fogging (late)	<ul style="list-style-type: none"> <li>· Tight lens</li> <li>· Dirty lens</li> </ul>	<ul style="list-style-type: none"> <li>· Check fluorescein pattern</li> <li>· Change fit</li> <li>· Clean lenses</li> </ul>
Photophobia	<ul style="list-style-type: none"> <li>· Tight lens</li> <li>· Lens too flat</li> <li>· Foreign body stain</li> </ul>	<ul style="list-style-type: none"> <li>· Refit lenses</li> <li>· Clean lenses</li> </ul>
Difficulty looking up	<ul style="list-style-type: none"> <li>· Improper edge (too steep)</li> <li>· Lens too small</li> </ul>	<ul style="list-style-type: none"> <li>· Check lens edge</li> <li>· Increase diameter</li> </ul>
Hazing, haloes or fogging	<ul style="list-style-type: none"> <li>· Inadequate tear exchange</li> <li>· Dirty lenses</li> </ul>	<ul style="list-style-type: none"> <li>· Check fluorescein pattern</li> <li>· Change fit to improve tear flow</li> <li>· Clean lenses</li> </ul>
Flare	<ul style="list-style-type: none"> <li>· Optic zone in pupil area</li> <li>· Decentred lens</li> </ul>	<ul style="list-style-type: none"> <li>· Increase FRONT optic zone size</li> <li>· Increase lens diameter</li> <li>· Steeper fit</li> <li>· Toric design</li> </ul>
General lens discomfort <i>Initial</i>	<ul style="list-style-type: none"> <li>· Spherical lens on toric cornea</li> <li>· Patient inability to adapt to lens wear</li> </ul>	<ul style="list-style-type: none"> <li>· Check fluorescein pattern</li> <li>· Consider bi-toric</li> <li>· Consider piggyback</li> </ul>
<i>Late (Only if patient had been showing no symptoms after prolonged wear)</i>	<ul style="list-style-type: none"> <li>· Damaged/warped lens</li> <li>· Lenses in wrong eyes</li> <li>· Lens deposits</li> </ul>	<ul style="list-style-type: none"> <li>· Replace lenses</li> <li>· Check lens colour/engraving</li> <li>· Clean lenses &amp; check cleaning regime</li> <li>· Check whether patient has changed cleaning solutions and lubricating drops etc.</li> </ul>

**PLEASE CONTACT US**

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