

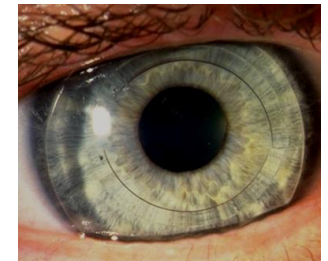
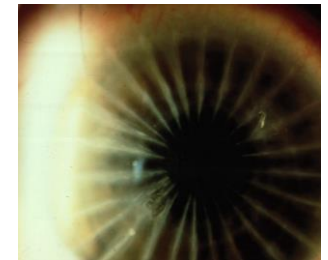
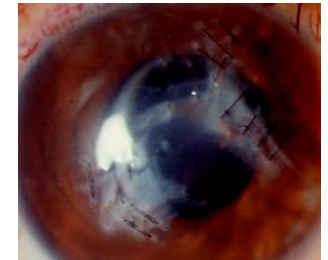
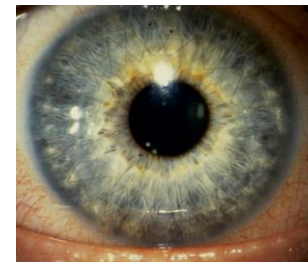


A Simple Approach to Fitting Scleral Lenses

VIRTUAL TRAINING

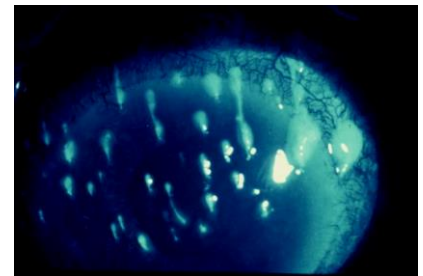
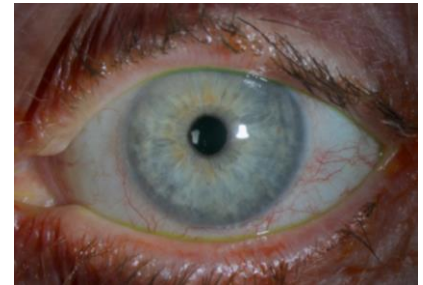
Indications for Scleral Lenses in Irregular Cornea

- Naturally occurring ectasia
 - ▣ Younger children and adults with keratoconus
 - ▣ Forme fruste keratoconus
 - ▣ Pellucid marginal degeneration
- Post Intacts and Corneal Cross-linking
- Post-surgery ectasia
- Post corneal graft
- Intolerant to other lens systems



Scleral Lenses for Dry Eyes

- Early or CL-related dry eye
 - ▣ Decreased tear meniscus
 - ▣ Minimal tear production
 - ▣ Conjunctival hyperemia
- Ocular pathology dry eye
 - ▣ Alkali Burns
 - ▣ Ocular Pemphigoid
 - ▣ Stevens-Johnson Syndrome
 - ▣ Exposure Disease (Neurotrophic Keratitis)
 - ▣ Severe Dry Eye (Sjogrens Syndrome, Filamentary Keratitis)



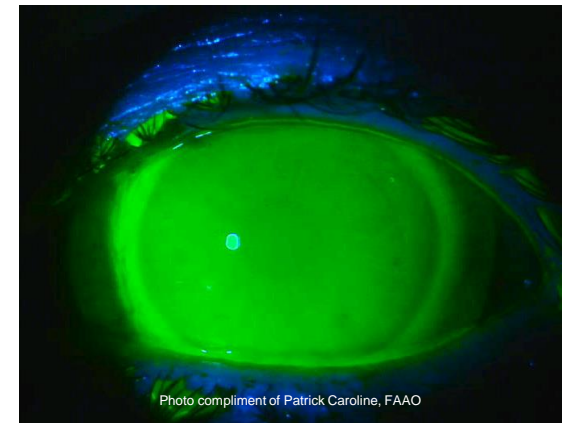
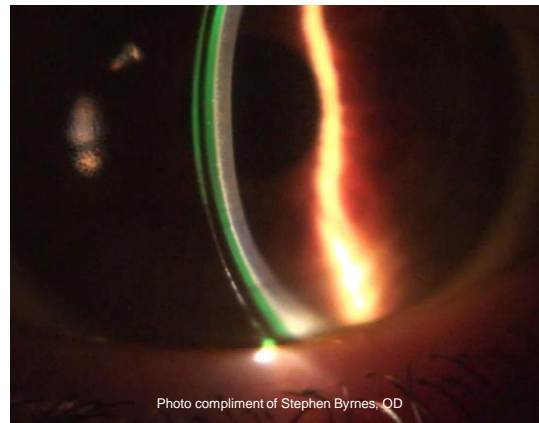
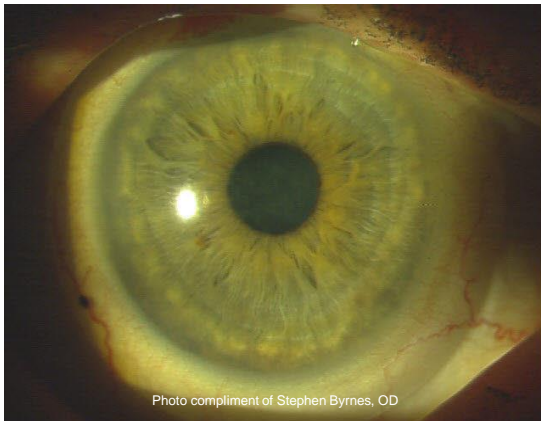
Why (and when) Sclerals

- Primary reason is to normalize ocular surface
 - ▣ Irregular corneas
 - Keratoconus, pellucid, post-surgical
 - ▣ Severe dry eyes
 - ▣ In most cases used as last resort

- Normal corneas
 - ▣ The newest therapy for dry eyes in contact lenses
 - ▣ Normal refractive errors and presbyopia

Lens Evaluation Techniques

- ❑ Full illumination – white light
- ❑ Optic Section
- ❑ Full illumination – with fluorescein

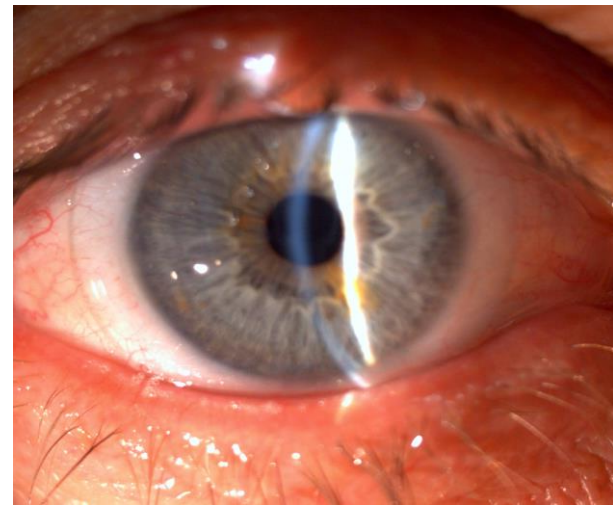


Corneal Elevation

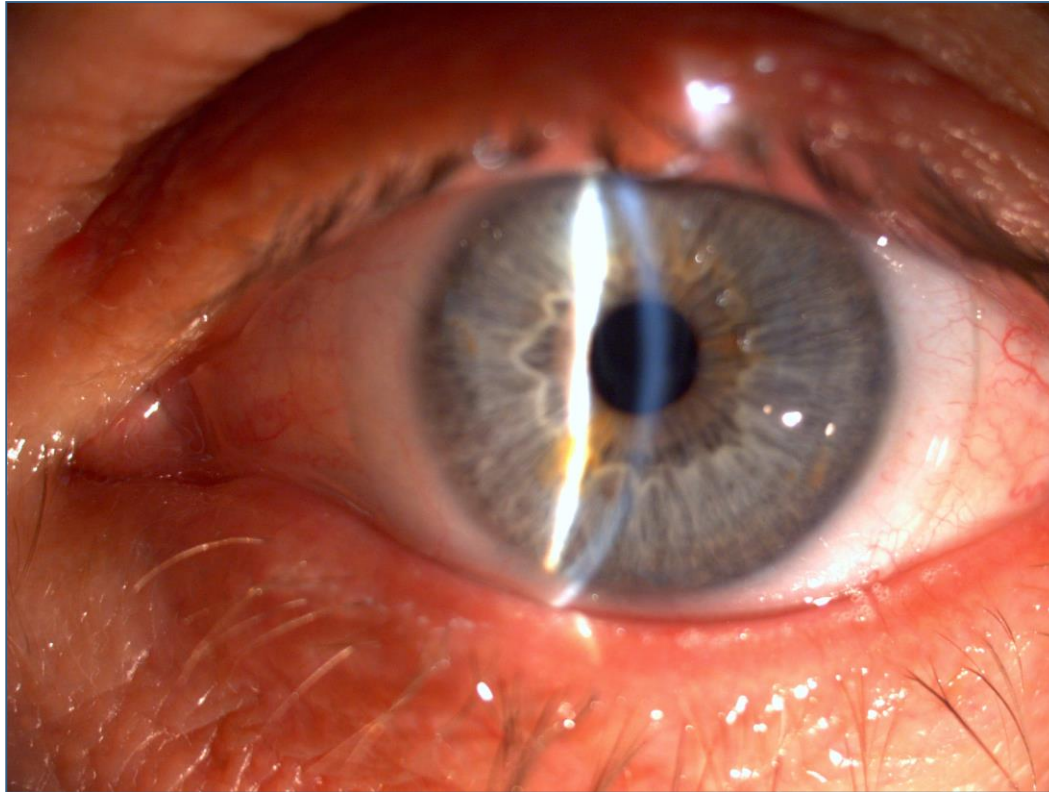


Fitting Philosophy

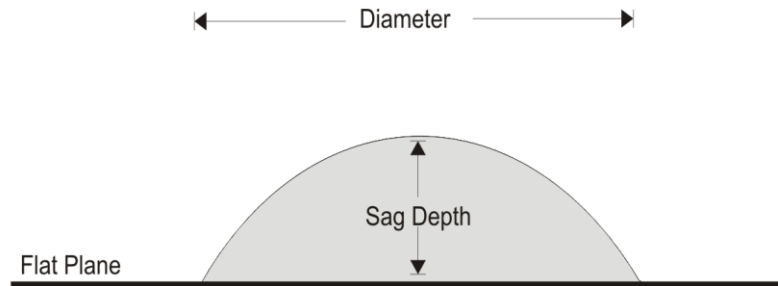
- 4 Simple Steps
 - ▣ Size
 - ▣ Vault
 - ▣ Edge
 - ▣ Over Refraction



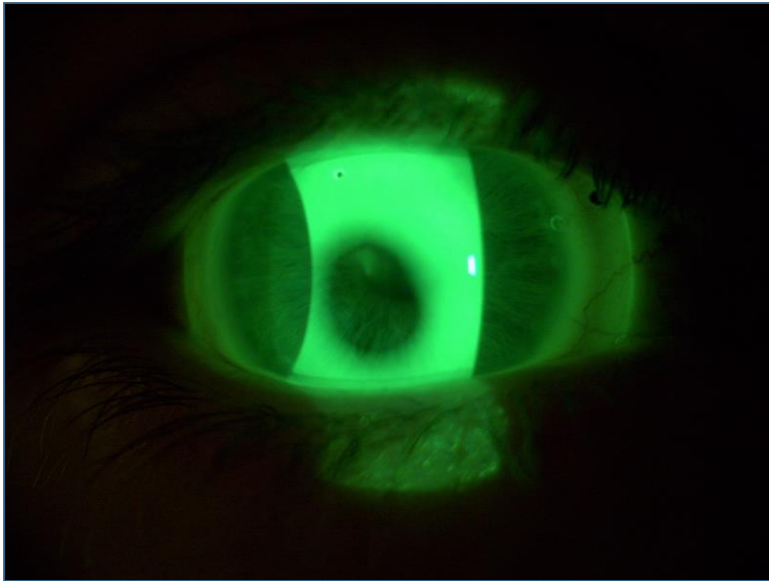
Size: *The Lens Should Be 2mm Larger Than The Limbus*



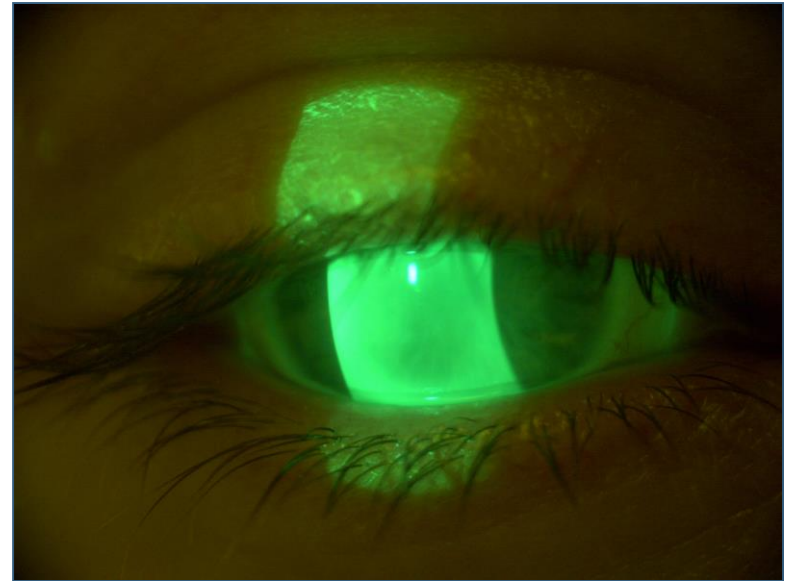
Sagittal Depth Value



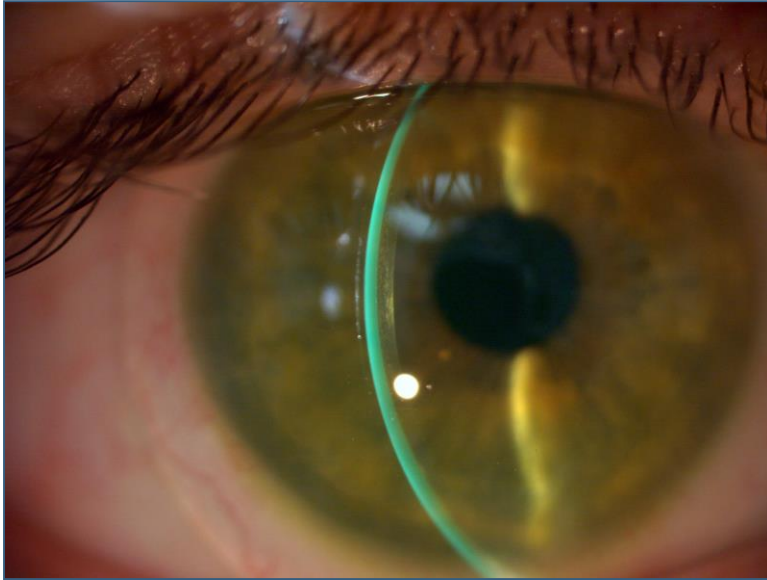
Sag Adjustment: When you have apical touch increase the sag .1mm for every 1.0mm of touch to eliminate it.



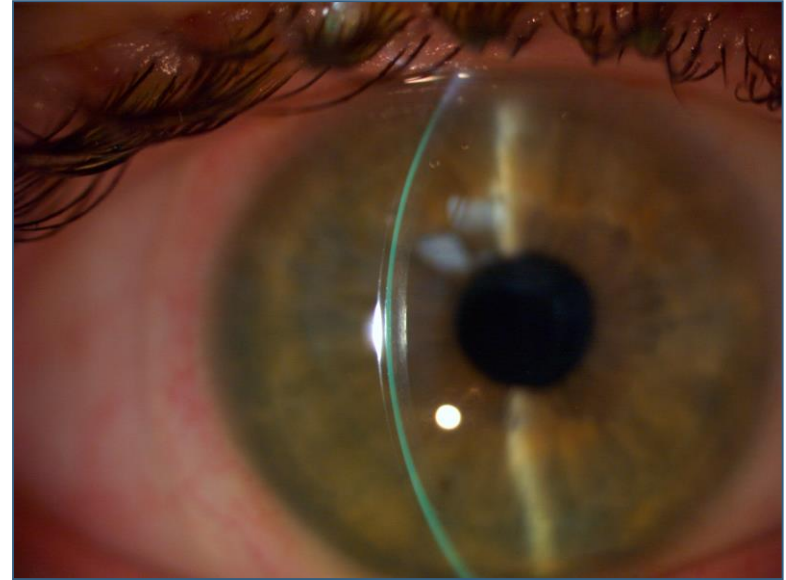
4.60 SAG / 2.0MM Touch



4.80 SAG No Touch

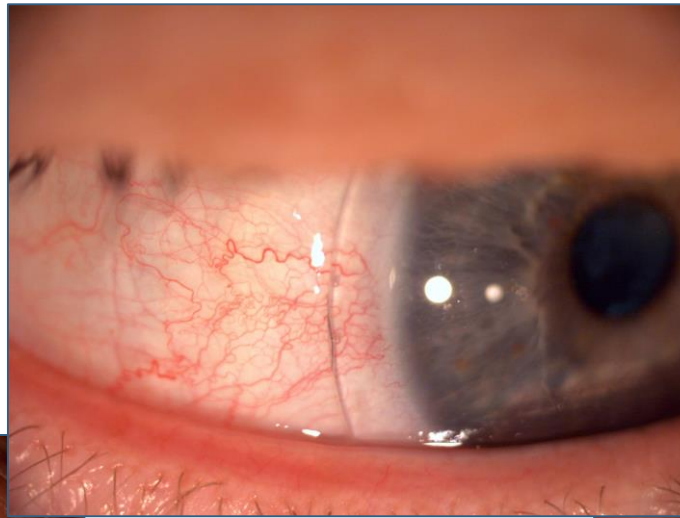


SAG / 250-300 Microns at Insertion

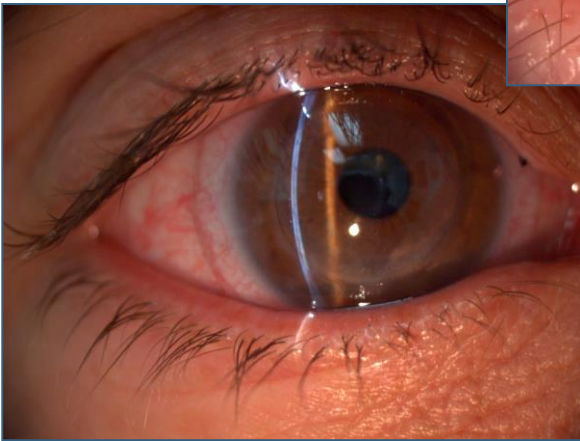


Ideal SAG / 150 Microns after 30
Minutes of wear time

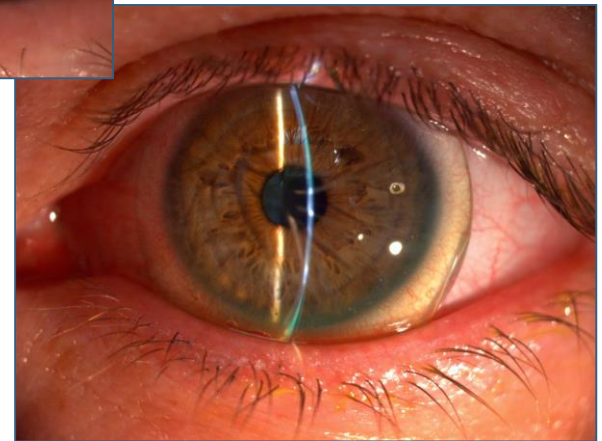
Ideal Edge: Should Not Impinge Or Lift Excessively



Ideal



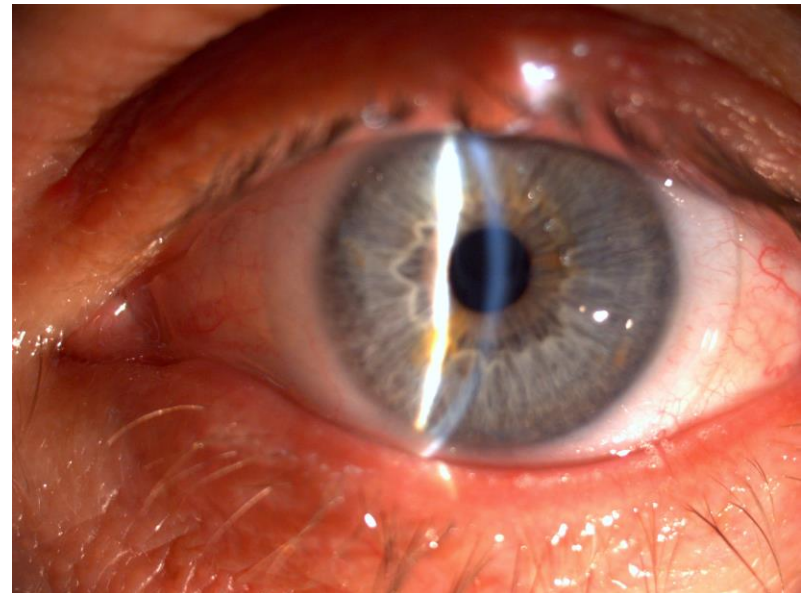
Impingement



Excessive Lift

Ideal Fit

- ❑ Center
- ❑ 2mm Larger than Limbus
- ❑ Minimum Vault
- ❑ No Bearing
- ❑ Coverage to limbus
- ❑ Edge Alignment
- ❑ No Movement



Troubleshooting

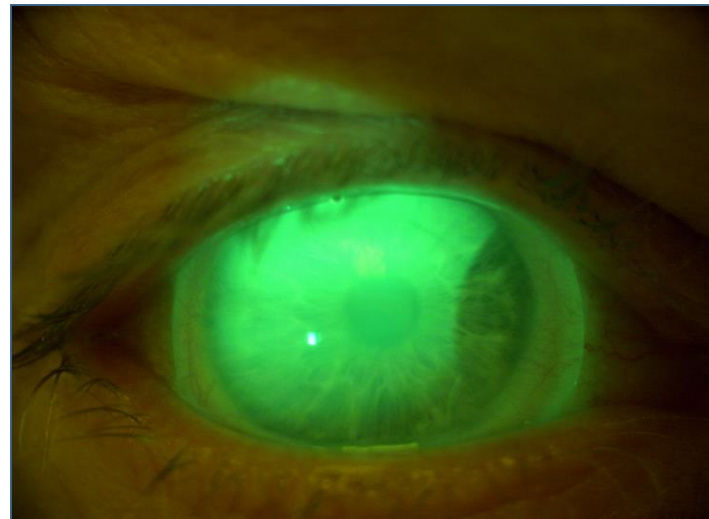
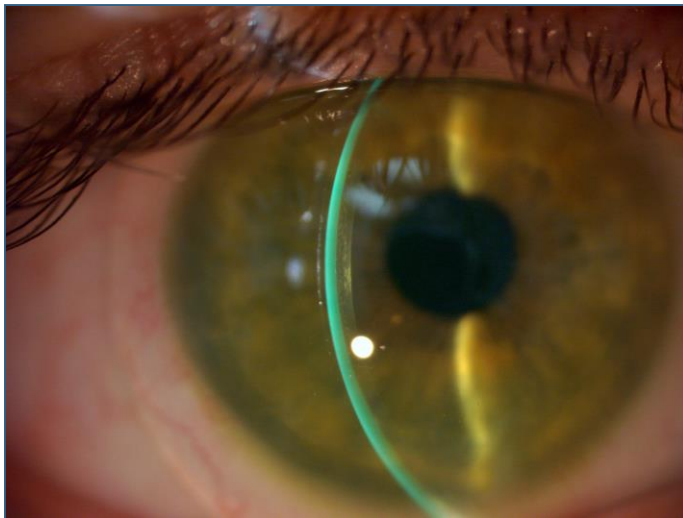
□ Red Eye

- ▣ Too Tight
- ▣ Excessive SAG
- ▣ Steep PC's



Troubleshooting

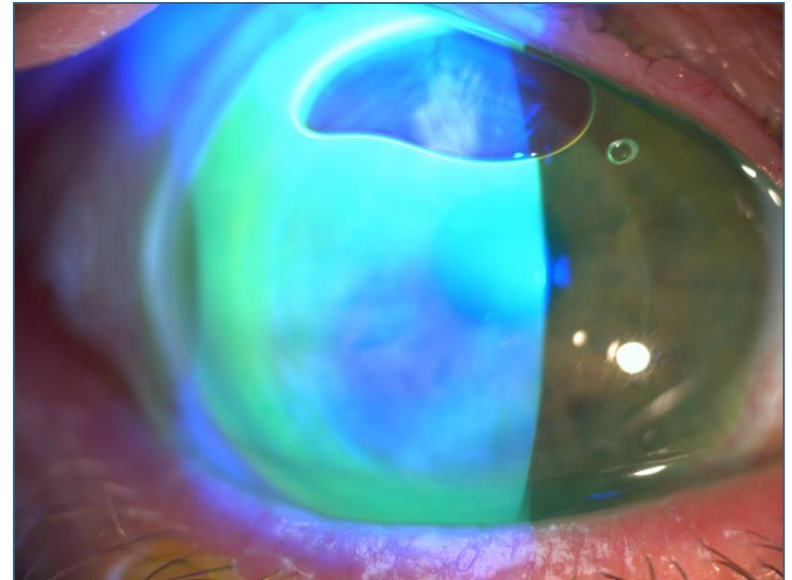
- Steep Fit
 - ▣ Central Bubbles
 - ▣ Impingement
 - ▣ Deep Fluorescein



Troubleshooting

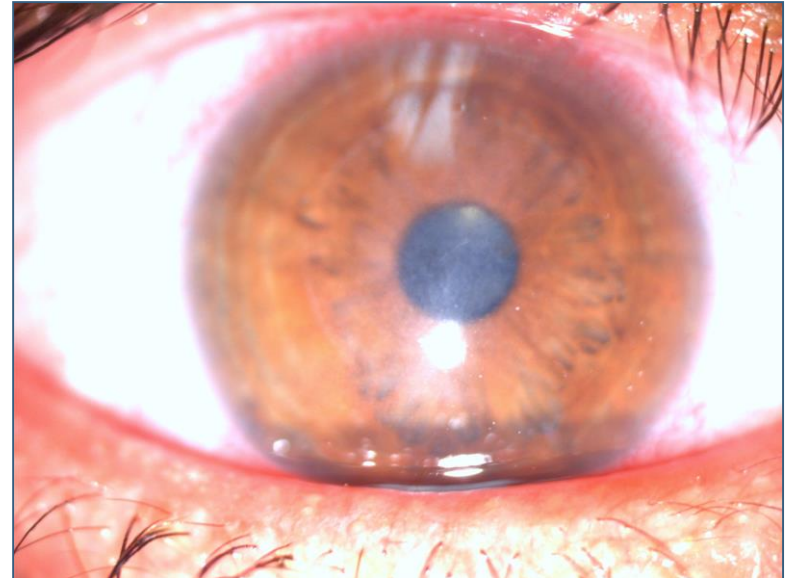
□ Flat Fit

- ▣ Central Bearing
- ▣ Limbal Bubbles
- ▣ Edge Lift



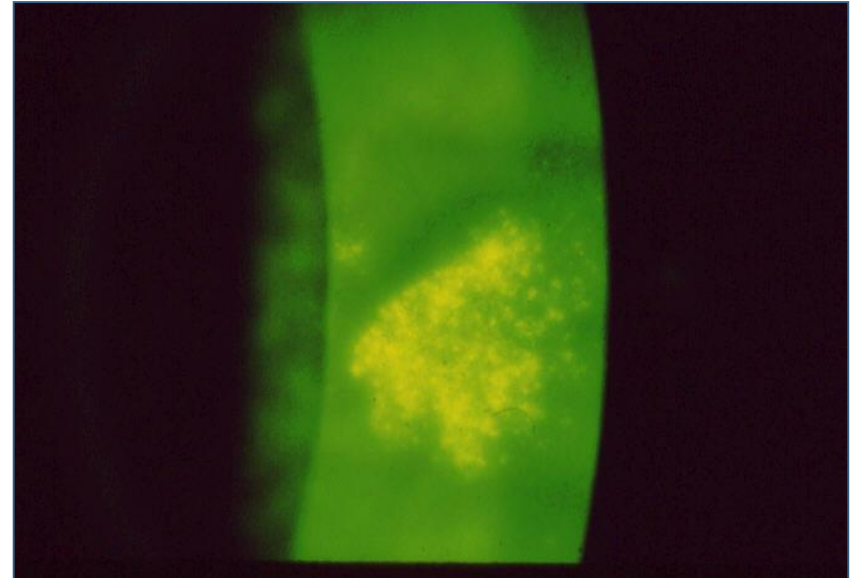
Troubleshooting

- Corneal Haze
 - ▣ Too great of a SAG
 - ▣ Too tight PC's



Troubleshooting

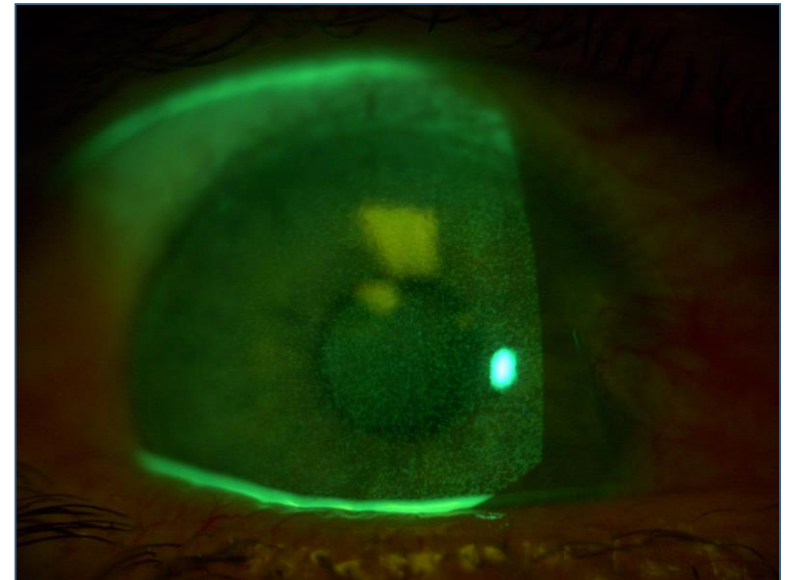
- Excessive bearing



Troubleshooting

- SPK

- ▣ Chemical



Troubleshooting

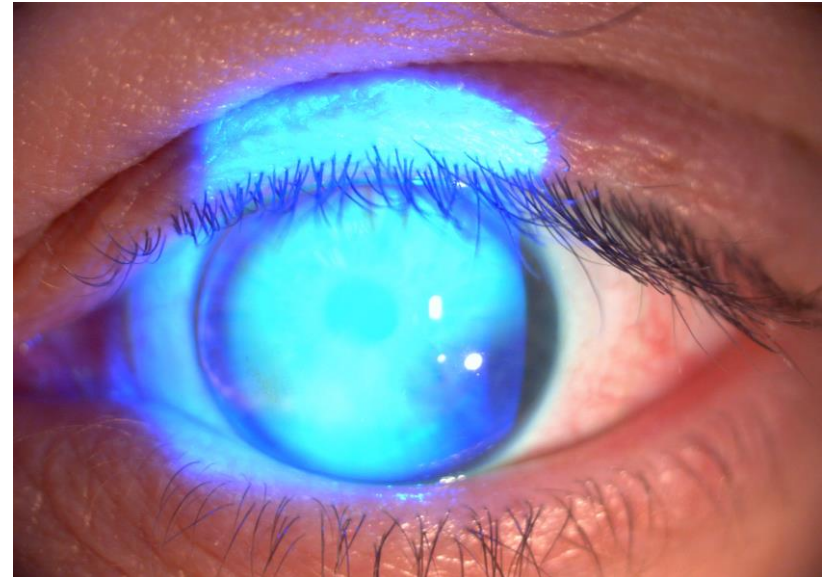
□ Debris

▣ Metabolic build up



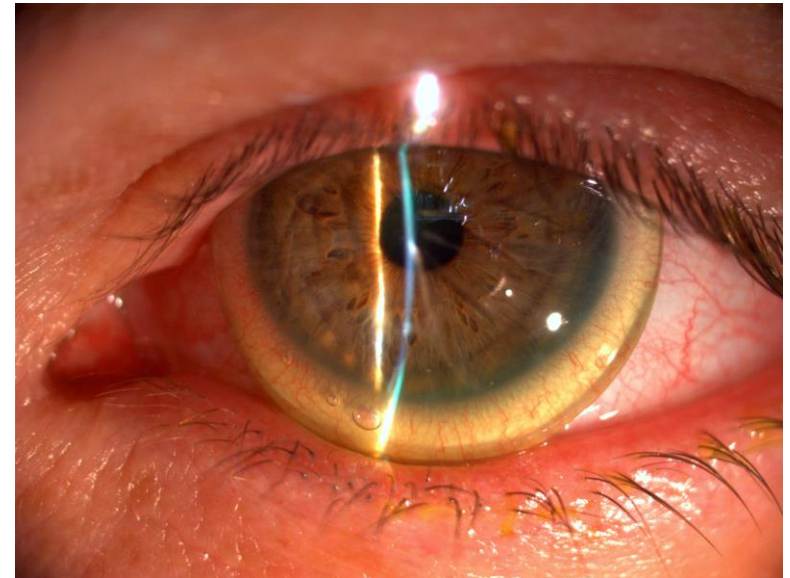
Troubleshooting

- Peripheral Touch
 - ▣ OZ Too Small
 - ▣ Increase OZ



Trouble Shooting

- Edge Awareness
 - ▣ Flat Periphery
 - ▣ Too Little SAG



Your Partner in Custom Scleral Lens Design

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