

## The Cloudy Contact Conundrum

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When we get calls about patients who are having issues with their GP lenses clouding, there are several questions we might ask to try and determine what might be happening.

How are GP's handled when they first arrive in the office?

In order to ensure adequate hydration, when GP lenses first arrive in your office, they should be soaked in conditioning solution for at least 4 hours before they are cleaned, inspected and prepped for dispensing. The best way to do this is to add the conditioning solution to the flat pack the lenses arrive in. The reason for this is because any oils or lotions that might be on fingertips when lenses are touched in this dry state will remain on the lenses permanently. Once the lenses have been soaked for at least 4 hours, they can be safely cleaned and will be ready for the patient to try on.

If there are time constraints in the office, you can opt to have GP lenses wet shipped, which means they will arrive already soaking in solution. This can be requested on a case-by-case basis or you can do a blanket request and have your account set up for automatic wet ship on all GP's. Knowing that the lenses were soaked and cleaned before dispensing, we will continue questioning...

What is the patient using to clean their lenses?

Asking your patients to switch to a new solution might do the trick to get rid of fogging issues. If the lenses aren't plasma treated and the patient is using a multipurpose solution, have them use a two-bottle system with a separate friction enhancing/abrasive cleaner. If abrasive cleaners are already being used or the lenses are plasma treated, then switch them to something like Optimum by Lobob, or Clear Care. If the film is coming from protein deposits, then we recommend patients try an enzymatic cleaner as well. For patients who are very heavy depositors, having them use Complete Blink-N-Clean or Clerz Plus lens drops throughout the day while their contacts are in can help keep the lenses clean.

To put a personal spin on the solution situation, I have been wearing GP lenses for over 16 years, and for the past couple of years I've been dealing with a tear film change. I ungracefully ignored the obvious implications that I was aging for quite a while until it became enough of a bother that I found myself wanting to wear my glasses more often. Recently, I started switching up the solutions I was using. I tried Boston Advance, Walgreens Extra Strength Daily Cleaner (which is a substitute for the discontinued Miraflo solution) and Clear Care. Clear Care was the closest to working on its own, but it wasn't quite enough. I have finally found what works for me though - I rub my lenses with Boston Advance cleaner and put them in Clear Care overnight. Twice a week I use Walgreens Extra Strength Daily Cleaner instead of Boston Advance Cleaner. My lenses still aren't crystal clean like they were when I was a teenager, but they're much more bearable now. If troubleshooting leads you to believe that solutions are not the problem, we might ask:

What soaps are being used before the lenses are cleaned?

Years ago I wasn't thinking and bought an aloe vera-laced soap and couldn't figure out why my lenses were getting increasingly cloudy all of a sudden. It took an embarrassingly long time for me to remember that moisturizing soaps will cause an oily buildup on GP lenses. If your patients say they are using moisturizing

soaps, having them switch to a basic no-frills hand soap for use before inserting and removing their lenses. This change will go a long way toward solving a cloudy lens issue. If the lenses have buildup, they may need to be cleaned in-office with a professional cleaner, or the patient might need to clean them with Progent. Progent is now labeled for patient use and it is available through [www.meniconamerica.com](http://www.meniconamerica.com). Offices can set up an online account and provide a secure link to patients so they can order directly.

The reason behind a cloudy contact is not always clear. It can come down to the patient's age, environment, medications, hand soaps, makeup, makeup removers or a combination of all of the above. If the lens is under warranty there is always the option to get a fresh lens to start the patient out with as you work together to identify the issue. As a last resort, a material change may be considered in hopes of finding something more compatible with the patient's tear chemistry.

