

Contact Lens Dos and Don'ts

for Contact Lens Wearers and ECPs

(Optical Seminars Course # HS-15)

by

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Course Objectives

Upon completing this one-hour home study module, participants should:

- Be more serious minded when it comes to contact lenses.
- Have learned 20 techniques (Optician Dos) to incorporate in their daily practice to become more effective.
- Be motivated to eliminate some or all the 10 things opticians should *not* do in their contact lens practice.
- Create their own list of Dos and Don'ts to be distributed to their contact lens patients.
- Be able to communicate some or all the 18 Patient Dos to their clients.
- Be inspired to warn their patients of the 12 Patient Don'ts.
- Achieve a minimum score of 70% of the final assessment.

Optician Dos

1. Be familiar with all major brands and be able to discuss general differences and answer most questions. These days, while technological improvements continue to increase prescription availability, comfort, wearing times, and overall patient satisfaction, the number of major players and general designs have shrunk to an incredibly manageable number. While some specialty companies exist, the four major companies that produce soft contact lenses are Alcon (formerly Ciba), Bausch and Lomb, CooperVision, and Johnson & Johnson Vision. While most opticians could readily discuss the difference between spherical and toric designs, extraordinary opticians should also be able to explain the difference between “traditional” material soft contact lenses and silicone hydrogel lenses. Why can I wear this lens for 30 days continuously...but this lens must come out every night? These are the kinds of questions that should be answerable by a front-line Eye Care Professional (ECP). For more information about the lenses offered by each of the individual manufacturers, spend a bit of time at each of their websites.

2. Be aware of general contraindications. While about 45 million Americans and about 150 million people worldwide wear contacts, some people are just not good candidates. As front-line opticians we should be aware of the general contraindications (reasons why people should not wear contacts). While there are many *specific* contraindications, some general ones include overall poor hygiene, exposure to harmful fumes and vapors, inadequate tear production, a history of corneal infections, and patients under the age of eight. (While those are the AOA’s general contraindications, they are not automatic disqualifiers. For example, I have had many clients under the age of eight who successfully wore contacts.) According to information promulgated by Eye Med Technologies (an organization known for contact lens innovation), some of the more specific contraindications include:

- Eye inflammations of any sort.
- Active eye disease or injury or any abnormal state of the cornea, conjunctiva or eyelids.
- Microbial infection of the eye.
- Insufficient lacrimal secretion.
- Use of any medications that are contraindicated with contact lenses or contact lens caring products including all eye medications. You should consult your eye practitioner before using any medications as certain medications such as antihistamines, decongestants, diuretics, muscle relaxants, tranquilizers, and those for motion sickness may cause eye dryness, increased contact lens awareness or blurred vision. Should any of these conditions occur, refrain from using contact lenses and consult your eye practitioner immediately for proper remedial measures.
- Disease or allergies making the use of contact lenses and/or the products used to clean them, not advisable.
- Difficulty to follow the contact lens caring instructions and/or history of non-compliance with contact lens care instructions, wearing restrictions, or any other instructions associated with their use.
- Disability or unwillingness, due to age, infirmity or physical or mental conditions to comprehend or comply with all precautions, restrictions or directions of using or caring for contact lenses or inability to wear or remove contact lenses without external help.

3. Have Internet resources for yourself and your clients readily available. A 2023 report issued by the U.S. Census Bureau found that nearly 95% of American households have a computer, and more than 90% have broadband access. These days, most of our clients are savvy enough to look for answers and guidance on the web. ECPs should be comfortable steering their patients to the manufacturer’s websites listed above – they have both professional versions and consumer versions of their sites. Additionally, the website All About Vision is a wonderfully comprehensive website for professionals and consumers alike. Check it out yourself at:

www.allaboutvision.com/contacts/

4. Spend 5-10 minutes every month surfing the Internet and staying current. I don’t know how you feel about it, but one of the things that makes me feel like I’ve failed in terms of staying current is when a patient asks me about a product or lens, and I am completely unaware of its existence. It is almost as bad when I am aware of a product that a patient is inquiring about, but he or she has more familiarity with it than I do. Avoid both of those embarrassing moments by spending a few minutes on the web every month. For that to be effective though, you must approach each session with two separate hats. The first hat is your ECP hat. Go to Bausch and Lomb’s website to learn all about their BioTrue solution and its updated formulation in 2021. Then go directly to Alcon’s website to learn about 2019’s Precision1 daily disposable lens. But from time to time approach your surfing session wearing a second hat: your pretend-that-I’m-a-layman hat. Think like your client. Google “contact lenses.” Search for “bifocal contacts,” or “cheap contact lenses.” The more aware you are of the same things that your patients are exposed to, the more effective you will be in your practice of opticianry.

5. Have a contact lens liaison: M.D., O.D., or D.O. This suggestion mostly applies to a dying breed: independent opticianry practices. By that I mean a dispensary that has no optical prescriber on the premises and/or in an ownership position. Independent opticians should seek to develop a relationship with a doctor who practices near his or her shop. This relationship should be based on mutual trust, respect, and rapport. By that I mean that you should have complete confidence that the doctor to whom you refer your patients is competent and caring. Additionally, from a business point of view, you should have complete confidence that any patients you refer for examination are sent back to you for contact lenses and/or eyeglass products.

6. Be intimately familiar with (and in compliance of) all the rules and laws that govern the practice of opticianry as it relates to contact lenses. In Florida, that means that we only fill prescriptions that were written within the last two years or were not restricted beyond that by the prescriber. It also means that all contact lens prescriptions must be kept on file and be made readily available to patients (and agents of those patients) by the optical establishment for at least two years. Additionally, ECPs should be aware of the federal law that governs contact lenses, namely, The Fairness to Contact Lens Consumers Act. The full text of that law can be viewed at:

<http://uscode.house.gov/view.xhtml?req=granuleid%3AUSC-prelim-title15-chapter102&edition=prelim>

7. Practice good hygiene. Notice that says practice good hygiene, not talk about good hygiene. Long before the pandemic of 2020, I have stressed the importance of hygiene. Specifically, when

a patient arrives for his or her training session – the one where the ECP will instruct the new contact lens wearer on the insertion and removal of the lenses – the optician should thoroughly wash his or her hands, as well as the countertops in the dispensing area. According to guidelines published on the 1-800-contacts website, “Always wash and dry your hands before handling your contact lenses. It is best to use mild soap that doesn’t contain lotions, perfumes or cosmetics as these can leave behind an oily film on your fingers that can get transferred to the lenses. After rinsing your hands, dry them with a clean, lint-free towel.”

8. Know the answers to FAQs. Some of the most frequently asked questions include:

- Are contact lenses difficult to care for?
- Can a contact lens get lost behind my eye?
- How old must children be before they can wear contact lenses?
- What kinds of contacts are available?
- Are disposable contact lenses worth the extra money?
- What’s the difference between daily wear and extended wear contact lenses?
- Where is the best place to buy contact lenses?
- How can I save money?
- My doctor refused to give me my contact lens prescription. Is this legal?
- I’m looking for a specific type of contact lens. Do you know where I can find it?
- Can I wear contacts if I have bifocal eyeglasses?
- I want to buy contact lenses from you. How do I order?
- Why did my doctor tell me to come back after he has already fitted me?
- How many people wear contact lenses in the United States?
- How long will it take to get used to them?

9. Develop, print, and distribute your own list of Dos and Don’ts to all contact lens patients.

Regardless of whether the contact lenses were sold to the patient because of an in-house prescription or from an outside doctor, every patient should receive a list of dos and don’ts. Perhaps you will be inspired by the list presented later in this module. Feel free to supplement it or modify it in any way you feel appropriate. But the worst approach would be to dispense the contacts without any guidance whatsoever. If you decide to create your own list, a good place to start would be at the American Optometric Association’s website: www.aoa.org

10. Know and be able to explain the differences among cleaning, rinsing, and disinfecting solutions, including saline solutions, multi-purpose solutions, no-rub solutions, and rewetting drops. Saline solution is used to rinse and (sometimes) store lenses, but not to clean or disinfect. Daily cleaners usually require a drop or two to be rubbed on either surface of the lens for about 15-20 seconds and then rinsed with saline. Multipurpose solutions are just that: solutions that serve multiple purposes. Most multipurpose solutions may be used for cleaning, rinsing, disinfecting, and storing the lenses. Hydrogen peroxide solutions are also used for cleaning, rinsing, disinfecting, and storing lenses. While peroxide-based systems clean lenses very well, the solution needs to be neutralized. If lenses are placed in the eye before the neutralization process is complete, a painful chemical injury to the eye will result. There are many others as well. For example, enzymatic cleaners, protein removers, and more.

Having a good working knowledge of solutions in general, as well as those specific brands that are most popular today is a non-negotiable “do” for opticians.

11. Develop a comprehensive patient questionnaire. While this is technically the responsibility of the prescribing doctor, hopefully the optician has some input as well. Too often, the only real “questionnaire” consists of two questions on the main patient registration form: 1) Do you wear contact lenses? 2) If “no,” would you like to? And that’s about it. Perhaps questions regarding some of the contraindications mentioned above would be in order. There are many great examples on-line contributed by many forward-thinking prescribers. You are encouraged to seek them out.

12. Embrace the philosophy that a contact lens is equivalent to a prescription drug. After all, a contact lens is a foreign body that is placed against the cornea. Now of course, I don’t mean that a contact lens should carry the same restrictions as a scheduled, narcotic drug. On the other hand, if a patient goes into a vision center and sees opened contact lens packages strewn about, expired lenses on display, storage cabinets messy or unclean – that all sends a dangerous message; a message that says contact lens wear is a casual, unimportant, non-risky proposition. But if a patient sees contact lenses stored in a clean, well-organized, locked cabinet, that picture sends the opposite message – that contact lens wear is a serious, medical, sometimes risky proposition.

13. Be aware of Internet competition. This “do” is not to be confused with having anything to do with #s 2 and 3. This one refers to being aware of the policies and pricing of Internet contact lens sellers. There are countless websites that sell contact lenses to the public. As of the writing of this module (January 2022), a Google search of “contact lenses” resulted in the following top three hits: 1800contacts.com, lens.com, and warbyparker.com. If a client wished to purchase contacts on-line, chances are that one of these three companies would get his or her business. So what? If you are familiar with their pricing and policies, including shipping charges and return policies, a bricks and mortar dispensary could more effectively choose how and even if they wish to compete with their cyber competition.

14. Assure new and/or wary patients that they cannot lose the contact lens behind their eyes or inside their head. While it is possible to temporarily lose contact under an eyelid, the ocular orbit is a closed cavity and therefore despite your patients’ worst fear, a contact will never find its way floating around in their skull. Communicate this and reassure your patients that their fear is unfounded.

15. Remind new contact lens wearers that they will probably be more sensitive to light...especially sunlight. Not always, but many contact lens wearers experience an increase in light sensitivity, also known as photophobia. This is a perfect opportunity for the ECP to present sunglasses as a solution. Additionally, a poorly fit contact lens (as well as lenses being over worn) will cause the same effect.

16. Educate patients on basic ocular first aid. As of August 2021, the Cleveland Clinic offers basic guidelines for three of the most common ocular events, which ECPs should make sure clients are aware of:

- **Bleeding from the eye** - Trauma to the eye or head may cause bleeding of the eye. If you suspect that the blood is coming from inside or is collecting in the eye, cover the eyes with a clean cloth and dial 911, or go to the nearest emergency room. Be careful not to put any pressure on the eyeball.

- **Chemical exposure in the eyes** - If you are wearing contact lenses, remove them immediately. Keeping them in your eyes may hold the chemical against the cornea, causing unnecessary damage and pain. If you suspect chemicals have entered the eye, begin flushing them immediately with cool water and continue to do so for approximately 15 minutes. Seek immediate medical attention by dialing 911 or going to the nearest emergency room. You will need to know the name of the chemical, or if possible, take its container with you to the emergency room.
- **Object in the eye** - If you have an object in your eye, do not irritate your eye by rubbing it. You may try to remove the particle if it is not embedded in the eye. Do not try to remove an object that is embedded in the eye. Seek emergency medical attention by dialing 911, or by going to the nearest emergency room. First, wash your hands thoroughly with soap and water. This will prevent further contamination or infection. Try flushing the eye. Using your finger and thumb, gently pull the upper eyelid down over the top of the lower eyelid. This should cause tearing and flush the object out. You may need to repeat this action several times. If tearing does not work, you may try flushing the particle out using cool water for as long as necessary. This can be done in a sink, with an outside hose, or a glass of water that is contaminant-free. If you can see the object, you may try to remove it with a washcloth. Gently lift the upper or lower eyelid, and use a clean, wet washcloth to wipe the object away. If this does not work, seek immediate medical attention.”

17. Subscribe to and read *Contact Lens Spectrum*. *Contact Lens Spectrum* describes itself as “the most respected source of clinical contact lens information for optometrists, opticians and ophthalmologists.” And it is just that. “Each month, it offers timely editorials on fitting, overcoming complications, utilizing new technologies, gaining patient compliance and more — written *by* contact lens practitioners *for* contact lens practitioners.” In addition, *Spectrum* shares valuable information via a weekly e-newsletter, “Contact Lenses Today.” You are encouraged to review the current issue and consider subscribing. You may do so at the following link:

www.clspectrum.com

18. Wear them. That’s right...wear contact lenses. Even if you do not need them for visual correction, and even if you’re happy with your baby blues and have no desire to become a brown-eyed girl (or by), learn to wear contacts and learn how to insert and remove them. This will make you more empathetic with your patients and more credible in your instruction.

19. Verify contact lens orders against the prescriber’s original Rx whenever possible. One procedure that can lead to medical errors in an optical dispensary is verifying contact lens orders by comparing received products to the order form, packing slips, or bills of lading. Instead, compare the lenses received to the original Rx. This will virtually eliminate that one error – a contact lens wearer receiving the wrong contact lens.

20. Document contact lens education and patient instructions at every visit.

One often overlooked “do” for opticians is consistent, defensible documentation. Whenever contact lenses are dispensed, re-dispensed, or discussed, the optician should document that proper wearing schedules, hygiene instructions, solution use, contraindications (such as sleeping or swimming in lenses), and warning signs were reviewed with the patient. This documentation

protects the patient by reinforcing education and continuity of care, and it protects the ECP and the practice by demonstrating that appropriate counseling took place in case a complication, complaint, or legal question should arise later. Even a brief chart note, such as “CL wear, care, water exposure risks, and red-flag symptoms reviewed; patient verbalized understanding” can make a meaningful difference in both patient outcomes and professional risk management.

Optician Don'ts

1. Don't use too many closed-end questions when checking for verification of understanding at the end of an I&R session. Using close-ended questions gives your client an easy out. At the end of an I&R, inexperienced or ordinary ECPs usually say something like, “Do you have any questions?” (Close-ended question.) This gives your client an easy out – to say something like, “No...I got it.” Also, a question like, “Do you understand?” allows your client to say, “Yep...I'm good.” Now, I am not trying to imply that your client is stupid or malicious – he may really think that he understands – but at this stage, you only *hope* that he understands. An experienced, extraordinary ECP would ask instead, “Let me ask you Mike, what time do you plan to take your contacts out tonight?” Now you'll get a response that allows you to determine if and to what degree he truly understands your instructions. Likewise, “Let's review cleaning and wearing schedules...” will be far more effective than any closed-end questions.

2. Don't ever exceed the scope of your practice. Know the statutes and rules in your state. For example, in Florida, where I practice, the opticianry statute specifically states that an optician may not take steps to determine the refractive power of the eye. It also states that opticians may not diagnosis or treat ailments of the human eye. On the other hand, it also creates what is called a “Board-Certified Optician.” In Florida, this type of ECP may fit soft contact lenses independently, without any direct supervision from the prescribing doctor. Therefore, know the regulations in your practice area. Regardless of the restrictions in your area, take the responsibility of knowing certain symptoms and guidelines, and be ready to refer your clients to the appropriate medical professional when necessary.

3. Don't forget to instill in your patients the importance of annual eye exams. If patient wears contact lenses, an annual eye exam and contact lens evaluation is not an option. Besides making sure the prescription is up-to-date, eye doctors check the health of the eye, the curvature and health of the cornea and inspect the eye for subtle complications related to wearing a contact lens that could lead to more serious issues. Abnormal blood vessel growth related to a lack of oxygen to the cornea is another thing that the eye doctor will check for during the annual contact lens examination. Remember, contact lenses are foreign bodies and medical devices regulated by the U.S. Food and Drug Administration (FDA).

4. Don't allow people to wear contacts who present with any of the contraindications for contact lens wear. We now know what those contraindications are: exposure to harmful fumes and vapors, a history of corneal infections, hygiene issues, immaturity, and problems with adequate tear production.

5. Don't forget to tell people not to sleep in their lenses. That is of course, if the lenses have not been approved for sleeping. While companies add and discontinue products often, here is a

partial list of lenses that are only approved for daily use, and should **NOT** be slept in as of this writing:

- Bausch and Lomb: Optima 38, Soflens, and Soflens MF, and BioTrue 1-Day, Infuse,
- Johnson & Johnson: 1-Day Acuvue, 1-Day Acuvue Moist, Acuvue Moist for Astigmatism, and Vita lenses
- CooperVision: Proclear 1-Day, Proclear 1-Day Multifocal, ClearSight 1-Day, ClearSight 1-Day Toric, Avaira Vitality, Clariti 1-Day, MiSight
- Alcon DAILIES AquaComfort Plus, Dailies Total 1, Precision, Dailies Total 1 Water Gradient, Air Optix Colors, Precision 1

6. Don't forget to educate patients about what to do if they DO sleep in lenses that were not approved for such wear. If the patient is falling asleep occasionally, no harm will probably come of it, however, the patient should be instructed to lubricate the eye and lens with approved wetting drops prior to the lenses' removal. Lenses that are not approved for extended wear can "dry out," so without proper rehydration prior to removal, the contact lens may rip, and in rare cases, part of the cornea may be ripped out as well!

7. Don't forget to tell the patient that if ANYTHING unusual occurs, the lenses should be removed and not reinserted until a re-examination. Anything! Red flags include pain, photophobia, reduced acuity, discharge, or extreme and persistent red eyes.

8. Don't forget to remind them about red tips of bottles of eye drops and other ocular medications. This is another example of how ECPs cannot assume that lay people have the same understanding as they do. More than one patient has suffered red eye and/or pain after using drops in a red-tipped bottle because they thought the red tip meant the medication should be used to clear up a red eye...no! ECPs need to educate their patients that red tips (like another red sign the patient is certainly familiar with) means...stop!

9. Don't forget to let patients know that contact lens solutions are serious business. According to an article in the "Health News" section of Florida's *TC Palm News*, "Contact lens solutions come in many varieties, and do a variety of things: some rinse, some clean, some disinfect, some rewet the eyes or boost tear production, and some multipurpose formulas do it all. Each of these types of products contains preservatives that can expire or become irritating to the eyes. Don't use the solution if it's past its expiration date. Trouble can arise when switching brands or types of solutions. Even if you stick to the same brand, the manufacturers may alter the solution, so watch for labels that say things like 'new and improved.' Also, never transfer solution into a smaller container for travel or to carry in your purse - this can increase the risk of contamination."

10. Don't forget to tell your contact lens patients that more than two-thirds of all contact lens-related eye problems are due to improper hygiene. Improper hygiene can not only complicate contact lens wearing; it can also lead to serious eye disease. Inform your patients of this possibility, and encourage them to Google the phrase, "Poor hygiene and contact lens wear." The patient will be led to many horror stories (and even more disturbing images), which just might encourage patients to "clean up their act."

Patient Dos

1. Close the cap of cleaning solutions after each use.

2. Re-clean and re-rinse your contact lenses if stored more than 12 hours.

3. Have your eyes evaluated at least once a year. Even if everything seems fine. Impress upon your patients that contact lenses (even plano, colored ones) are not merely cosmetic accessories. Rather, they are medical devices that are regulated by the Food and Drug Administration (FDA). So even if everything seems fine, subtle irregularities such as changes in the cornea, or the amount of oxygen being transmitted to the cornea could be early signs of more serious dangers to come. Additionally, in most states, contact lens prescriptions are valid for a much shorter length of time than spectacle prescriptions. For example, in North Carolina, as of 2025, contact lens prescriptions are only valid for one year. On the other hand, in Florida, spectacle prescriptions are valid for five years, whereas contact lens prescriptions are valid for a maximum of two years. (Even so, most prescribers restrict the validity of the contact lens prescription to only one year.) The point is, if you cannot convince your contact lens patients to have their eyes examined once a year for health reasons, perhaps if they realize they will be unable to legally purchase contacts past the one-year mark, they might be more motivated to comply.

4. Avoid prolonged exposure to harmful fumes and vapors. Up to this point, we have thought about fumes and vapors in an occupational or vocational environment, but household cleaners (especially those that contain ammonia) can be just as problematic. Additionally, second-hand cigarette smoke can cause a problem, as well as fumes from hairspray and perfume. According to a study conducted by researchers at the National Institutes of Health and reported in the United States National Library of Medicine, “Few studies have been done on the absorption and release of chemical vapors by high water content hydrogel lenses. In [one] study, [they] investigated the absorption of ammonia vapors by high-water content silicone hydrogel lenses. Ten high water content hydrogel lenses were exposed to vapor generated in a cuvette by one drop of aqueous ammonia. The contact lens was transferred to a 0.9% saline solution containing a colorimetric indicator for ammonia and the amount of ammonia released into the saline was measured. We found that significant quantities of ammonia were absorbed into the lenses and the relation between average concentration of ammonia vapor and amount absorbed per contact lens was nearly linear from 50 parts per million (ppm) to 250 ppm ammonia vapor. For concentrations greater than 250 ppm there appears to be a saturation effect. Our findings indicate that high water contact lenses will absorb ammonia and release it into a solution similar to tears.”

5. Empty and rinse the lens case daily with fresh CL cleaning solution and allow it to air dry. Three easy steps:

- a. Make sure the contact lenses are not in the case.
- b. Avoid using tap water to clean the case. Use distilled water, or even better, use the same solution to clean the case as you use to clean the lenses.
- c. Let it air dry, upside down, with caps off.

6. Use solutions only as directed by your doctor or optician. Patients need to realize that some solutions have been specifically designed to work with certain lens materials, but do not perform as well with others. Additionally, if not properly trained, severe and serious side effects might occur. For example, if a patient was using an MPS regimen, and purchases a hydrogen-peroxide based system because it was on sale...bad things could happen!

7. If you are going to “party,” give your eyes a rest before you do. Believe it or not, if you have a good relationship with your potentially partying patient, he or she might listen to you. In other words, if the patient is planning to go to a party that might turn into an all-nighter, if the ECP has effectively communicated the dangers of over wear, the patient might wear glasses during the day. It’s worth a shot.

8. Wear UV-protective sunglasses. One of the almost universal negative side effects of wearing soft contacts is an increase in sunlight sensitivity. Additionally, most contacts do not provide adequate UV protection, and no standard contact lens protects the entire ocular surface from damaging UV rays. Sunglasses are NOT an option for contact lens wearers.

9. Always wash hands thoroughly before handling your contacts. Hand washing when wearing contact lenses is an important procedure that patients should take seriously. Certain soaps and cleaners leave a residue on contacts, so they could also cause serious irritation in their eyes, which may result in an eye infection that can cause the cornea to become scarred and damaged. The best products to use are made of a non-oily soap such as Dial or other antibacterial pump-soaps. The soap bars such as Dove, Ivory, etc. have a creamy texture and will leave your hands and fingers coated with their film, which will likely transfer to your lens. If contact lenses contract this material, it will affect clarity when they are worn and may cause an allergic reaction to occur. Check out this video, produced by the World Health Organization, for proper hand-washing techniques:

<https://www.youtube.com/watch?v=vYwypSLiaTU>

10. Wear safety glasses or goggles whenever necessary. Especially in occupationally compromising situations when wearing contact lenses.

11. Avoid getting lotions, sprays, or oils in your eyes or on contact lenses.

12. Insert contact lenses before applying make-up. This tip goes for women too! But seriously, remind patients that oil-based cosmetics are more problematic than water-based cosmetics.

13. Remove contacts before removing make up.

14. Allow as much as a 10-day adjustment period for new contacts.

15. Consider not wearing contact lenses on long airline flights. Despite the blatant plug for its own lenses, Acuvue’s website offers some generally sound advice for travelling with contacts:

- “You're allowed to carry small amounts (usually up to three ounces) of eye drops and other liquids with you on an airplane. Volumes greater than that may only be permitted in your checked baggage. Always check with your airline or www.tsa.gov before you fly.
- When traveling by air, try to keep your contacts, case, and solution in your carry-on luggage—unless you want to risk your lenses landing in Cincinnati while you fly to Honolulu.
- Aircraft cabins are often very dry which may cause your lenses to feel less comfortable than usual. Carry a travel size bottle of contact lens rewetting drops just in case.
- Consider wearing daily disposable contact lenses while you travel. You'll have a fresh pair of contact lenses to wear every day—and you'll eliminate the need to carry lens solutions and cases.
- Bring along two extra pairs of contact lenses in case you lose or damage your current pair.
- Rather than packing a full-size bottle of contact lens solution, opt for a travel size.”

16. Close your eyes when spraying hair spray or perfume – and always step away from the mist when you spray perfume.

17. Always work with the same lens first – even if the prescription is the same in both eyes.

18. Avoid swimming or showering while wearing contact lenses. Contact lenses and water are a bad mix, full stop. Current CDC guidance tells wearers to remove lenses before any water activity, including showering, swimming, and hot tubs, because water is not sterile and can carry organisms (including *Acanthamoeba*) that can become trapped between the lens and the cornea and lead to serious, sight-threatening infections. If a patient absolutely insists on swimming while wearing lenses, advise them that the safest option is not to wear contacts at all; the “least-bad” compromise is tight-fitting swim goggles over the lenses (risk reduced, not eliminated). If lenses do get exposed to water—pool, lake, ocean, shower, even “purified” tap water—patients should remove them as soon as possible and, depending on lens type, discard daily disposables immediately or clean and disinfect reusable lenses exactly as directed before wearing again, and seek care promptly if they develop pain, redness, light sensitivity, discharge, or blurred vision

Patient Don'ts

1. Don't over wear your lenses.

2. Don't use fingernails, tweezers, or other tools to remove lenses from your case.

3. Don't wear CLs when using eye drops or other ocular medications, unless approved by your doctor.

4. Don't ever reuse the contact lens solution in your case.

5. Don't use a contact lens case for more than three months. Bacteria and fungus can grow in a contact lens case, so consider changing them on a regular basis. Corneal infection is the most serious and most common vision-threatening complication of wearing contacts, which is believed to be strongly associated with contact lens cases. Such infections are being increasingly recognized as "an important cause of morbidity and blindness" and "may even be life-threatening." While the cornea is believed to be the most common site for fungal eye infections, other parts of the eye such as the orbit, sclera, eyelids, and more may also be involved. Contact lens cases are recognized as a "potential source of pathogens associated with corneal ulcers" and according to Moorfield's Eye Hospital, contact lens wear is "the most prevalent risk factor for new cases of corneal ulcers." Contaminants "isolated from contact lens associated corneal ulcers have often been shown to be" the same as found in the patient's contact lens case, thus providing evidence contaminated contact lens cases may be a "replenish-able source of pathogenic microbes."

6. Don't wear lenses that are chipped, torn, ripped, or cracked. I once knew a very intelligent patient who wore a chipped gas permeable lens for more than a year. She was lucky not to have scratched her cornea or caused red or irritated eyes.

7. Don't use saliva to "clean" your lenses. Your mouth is filled with a variety of bacteria, all of which would love to make that leap from your mouth to your contact lenses.

8. Don't use tap water to clean your lenses. Remember too, that even "purified" tap water may still contain harmful bacteria and other microorganisms. And even more importantly, contacts should never be stored in tap water. According to information at allaboutvision.com, "If you store your contacts in water, in a matter of minutes or hours, bacteria, fungi and other harmful pathogens can grow on your lenses and then get transferred to your eyes." According to the U.S. Food and Drug Administration (FDA) tap water can contain Acanthamoeba, a deadly organism that can be sight-threatening. In fact, if water touches lenses, remove ASAP; discard or clean/disinfect overnight before wearing them again.

9. Don't ever wear another person's contact lenses. Eye infections could easily spread by sharing contact lenses. Although there is no documented case of actual transmission of the virus by sharing contacts, traces of HIV (Human Immunodeficiency Virus) have been detected in tears.

10. Don't allow contact lens solutions to get too hot. Keep them in a cool environment.

11. Don't swim or go in a hot tub while wearing your lenses. While it is relatively rare to develop serious problems from wearing contact lenses in a swimming pool or hot tub, the same potential risks occur that were discussed above with #8 (using tap water to clean your lenses). As an ECP you should do all you can to discourage such behavior. On the other hand, realistically speaking, some of your patients will not listen. For these patients, encourage them to wear snugly

fitting swim goggles – or better yet, have them get swim goggles with their spectacle prescription. Also, ask them to keep their head above water!

12. Don't apply eye liner to the inner lid area – outer lids only. Also consider using waterproof eyeliner, so when tears come in contact with it, particles that could cause infection and blurry lenses are less likely to cause a problem.

As stated earlier, upwards of 45 million Americans enjoy the convenience and other benefits of wearing contact lenses. By embracing some of these Dos and Don'ts, both opticians and patients can help to ensure a healthy and happy contact lens experience for all.

Good luck with the Final Assessment.

Final Assessment

1. Which of the following statements is false?
 - a. Purified tap water is safe for contact lens storage
 - b. Tap water should never be used for cleaning contact lenses
 - c. Even purified water may contain microorganisms
 - d. Even purified water may contain harmful bacteria

2. About how many people wear contact lenses worldwide?
 - a. 45 million
 - b. 75 million
 - c. 100 million
 - d. 150 million

3. While certain exceptions can be made, generally a person this age or younger should not wear contact lenses.
 - a. 6
 - b. 8
 - c. 10
 - d. 12

4. An optician doing an Internet search for terms like “cheap contact lenses,” or “making my own saline,” are examples of:
 - a. A waste of time
 - b. Gathering valuable information to be shared with patients
 - c. Thinking like a layman
 - d. Using the Internet to gain the upper hand

5. According to the Opinion Research Corporation study cited in this module, about what percent of American households own a computer?
 - a. 55 %
 - b. 65 %
 - c. 85 %
 - d. 95 %

6. Contact lenses that are cleaned with a daily cleaner should be rubbed on each side for about:
 - a. 5-10 seconds
 - b. 10-15 seconds
 - c. 15-20 seconds
 - d. 20-30 seconds

7. Which of the following cleaning regimens requires the solution to be “neutralized” as part of the process?
 - a. Daily cleaners
 - b. Hydrogen-peroxide based regimens
 - c. Regimens that use an MPS
 - d. 1-Day regimens

8. A dispensary that has contact lenses strewn about, expired contact lenses on display, and is generally disorganized is contradicting which of the Optician Dos learned in this module?
 - a. Embrace the philosophy that a contact lens is equivalent to a prescription drug
 - b. Educate patients on basic ocular first aid
 - c. Be aware of Internet competition
 - d. Verify contact lenses against the prescriber’s original Rx whenever possible

9. Reasons an ECP should wear contact lenses include:
 - a. To practice your dexterity skills
 - b. To increase patient empathy
 - c. To make yourself more credible with your patients
 - d. Both b and c

10. The industry publication which bills itself as the “most respected” source of contact lens information for ECPs is:
- a. *Eye Care Professional*
 - b. *Contact Lens Spectrum*
 - c. *Contact Lens Digest*
 - d. *20/20 Magazine*
11. The most effective way to verify that you have received the contact lenses that you ordered is:
- a. Check them against the original prescriber’s prescription
 - b. Check the provider’s bill of lading
 - c. Compare your order form to the packing slip
 - d. Call the doctor’s office to make sure
12. “Do you understand all of the wearing and cleaning instructions I’ve given you?” is an example of:
- a. An ECP ensuring that the patient truly understands
 - b. An effective, open-ended question as discussed in this module
 - c. Just one of many questions an ECP should use in an I&R session
 - d. An ineffective, closed-end question as discussed in this module
13. Optima 38, Acuvue Moist, and Avaira Vitality are all examples of CLs that:
- a. Wearers should never sleep in
 - b. Are made of silicone hydrogel
 - c. Are made by CooperVision
 - d. Have been approved for 30-day continuous wear
14. It is recommended that contact lens cases be discarded, and new ones used every:
- a. 3 months
 - b. 6 months
 - c. 9 months
 - d. 12 months

15. Patients should remove their contacts and see their ECP if which of the following occur:
- They have slept in contact lenses not approved for such wear
 - They have worn another person's contact lenses
 - Anything unusual has occurred with their eyes or vision
 - Acuity has dipped below 20/40 in either eye
16. Contact lenses should be re-cleaned and re-rinsed if stored more than:
- 12 hours
 - 24 hours
 - 48 hours
 - 72 hours or more
17. In the state of Florida even contact lens patients who are experiencing no difficulties should have their eyes examined at least:
- Once every 6 months
 - Once every 12 months
 - Once every 24 months
 - Once every 5 years
18. Red tips on a bottle of ocular drops and/or medications indicate:
- That the drops/solution should be used to eliminate redness/irritation in the eye
 - That the drops/solution contains the same chemical properties as Visine
 - That the drops/solutions should never be used in the eye
 - That the drops/solution is/are part of a hydrogen-peroxide based cleaning system
19. What percent of all contact lens-related eye complications are due to improper hygiene?
- 57%
 - 67%
 - 77%
 - 87%

20. If a patient sleeps in contact lenses that have not been approved for such wear, he or she should:
- Immediately remove the lenses
 - Set up an appointment so that the eye doctor can evaluate the corneas
 - Lubricate the eye fully before removing the lenses
 - Call the optician to seek recommendations
21. The study conducted by the National Institute of Health which was referred to in this module found that lenses exposed to ammonia vapors:
- Were still “clean” enough to be safely worn
 - Had significant amounts of ammonia that had been absorbed by the lenses
 - Showed no absorption of ammonia whatsoever
 - Became cloudy
22. Once a contact lens case has been thoroughly cleaned and rinsed, the final step is:
- Drying it with a hair dryer on a “low” setting
 - Drying it with a paper towel
 - Drying it with a terrycloth towel
 - Letting it air dry
23. If not otherwise restricted by the prescriber, for how long is a contact lens prescription valid in the state of Florida?
- 1 year
 - 2 years
 - 5 years
 - It never expires
24. If not otherwise restricted by the prescriber, for how long is a contact lens prescription valid in the state of North Carolina?
- 1 year
 - 2 years
 - 5 years
 - It never expires

25. One of the almost universal negative side effects of wearing contact lenses is:
- a. Premature presbyopia
 - b. Increased photophobia
 - c. Dry eye
 - d. A decrease in acuity at near
26. Although most patients adapt much sooner, clients should be informed that full adaptation may take as long as:
- a. 24 hours
 - b. 72 hours
 - c. 5 days
 - d. 10 days
27. Developing a comprehensive patient questionnaire is probably the responsibility of:
- a. The prescriber
 - b. The front-line ECP
 - c. The ophthalmic technician
 - d. The practice manager
28. Which of the following statements regarding contact lens wear and make-up is true?
- a. Eye liner should be used on outer lids only
 - b. Contact lens wearers cannot wear make-up at all
 - c. Only make-up approved by the ECP should be used
 - d. Oil-based products are usually better than water-based products
29. According to basic ocular first aid, if you have an object firmly embedded in your eye, you should:
- a. Call 911
 - b. Gently try to rub it free
 - c. Flush the eye with water
 - d. Flush the eye with saline solution

30. Even though a front-line ECP should never exceed his or her scope of practice, it is still important to be aware of general symptoms and disorders to:
- a. Appropriately refer clients to other medical professionals
 - b. Do give friendly, non-legally binding advice
 - c. Increase the level of professionalism with which he or she practices
 - d. Increase referrals