Designing and Fitting Scleral Lenses With High Resolution Optical Coherence Tomography

## Leaving the cornea is sometimes necessary



# Why Sclerals?

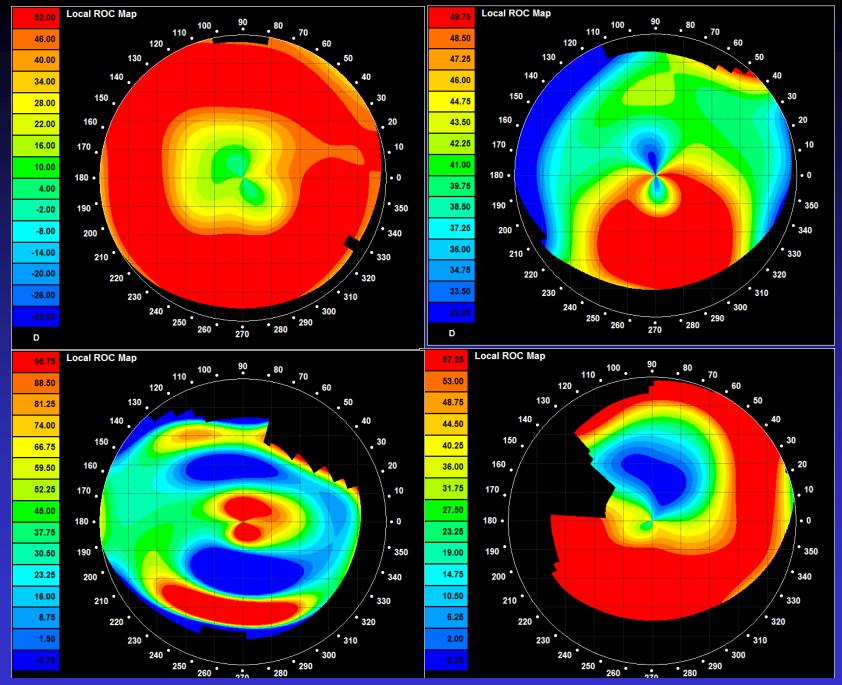
- Scleral lenses are comfortable.
- Scleral lenses can be adapted for a wide range of conditions
  - Dry eye
  - High astigmatism
  - Scarred and diseased corneas
  - Keratoconus
  - Post-surgical

# Why Sclerals?

- They don't translate.
- They stay centered
  - Ideal vehicle for complex optical corrections such as wavefront optics.
  - Bifocal corrections
- They are <del>easy</del> to fit.

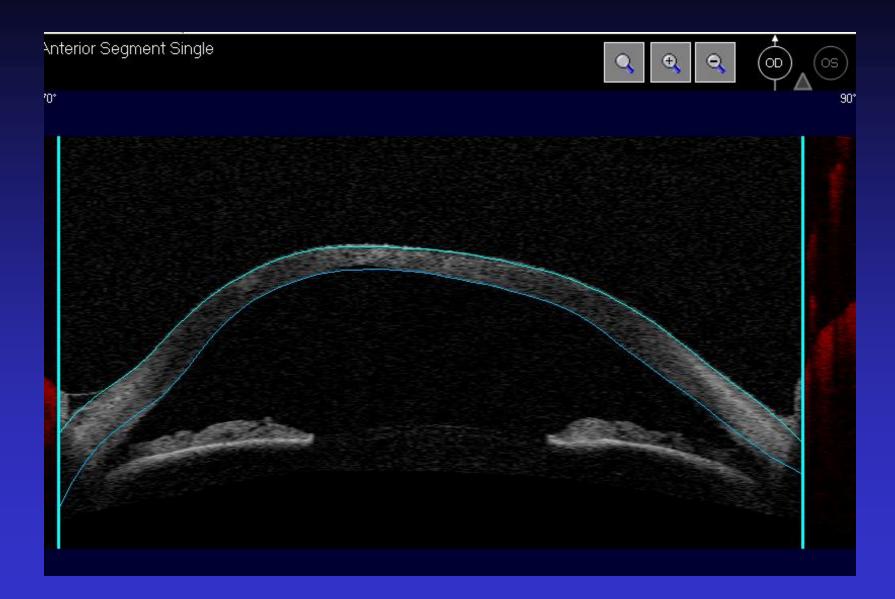
## What do we know about the sclera?





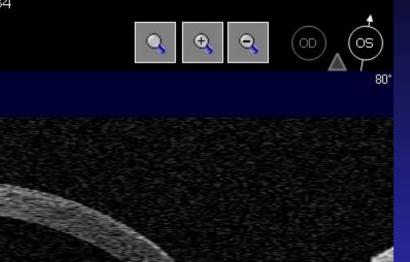
### **Trial Lenses**





S/W Version: 2.0.1.88 Patient ID: Gender: Female Age: 34 Anterior Segment Single

260°



## Visante OCT



A novel method of fitting scleral lenses using high resolution optical coherence tomography. Gemoules G. Eye & Contact Lens. 2008 Mar;34(2):80-3

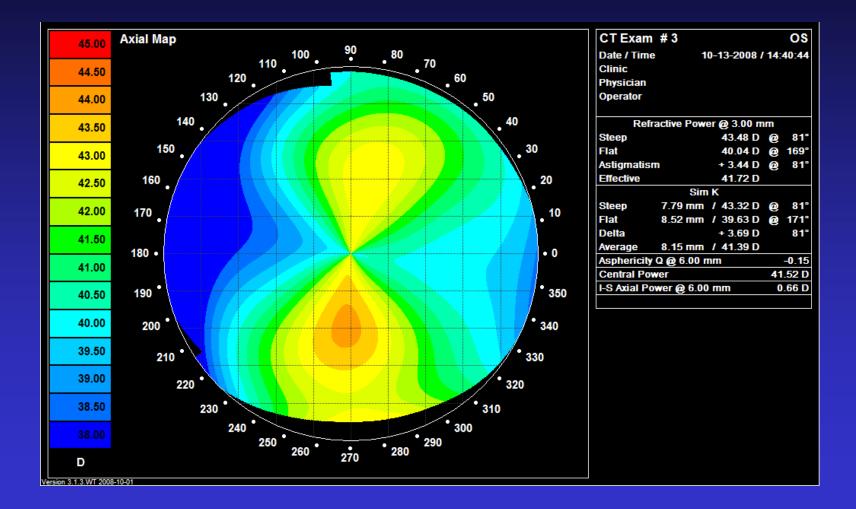
- 9 patients
- Average of 1.7 lenses/eye
- Fewer lenses than trial lens method

# Advantages of OCT

- OCT images are intuitive.
- True elevation data from any reference plane.
- Diagnostic capability
  - Lens/cornea relationship
  - Lens/sclera relationship
- Can actually measure the sclera
- Assists in determining proper lens diameter and shape based upon the individual eye.

# Getting Started

# Topography as a guide



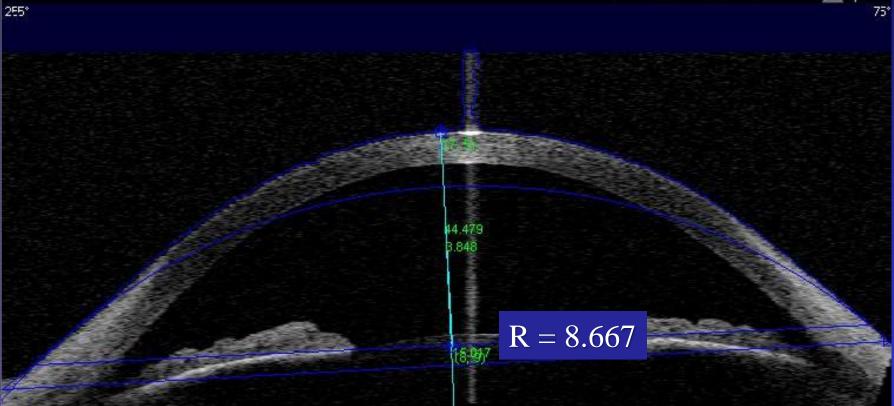
## Cornea scanned at 165 deg.

S/W Version: 2.0.1.88 Patient ID: Gender: Female - 14 Ade: Anterior Segment Single 165\* 3.255 38.541 5,992 R = 9.443

### Cornea scanned at 75 deg.

S/V/ Version: 20.1.88 Hatlent ID: Gender: Hemale Age: 14 Anterior Segment Single



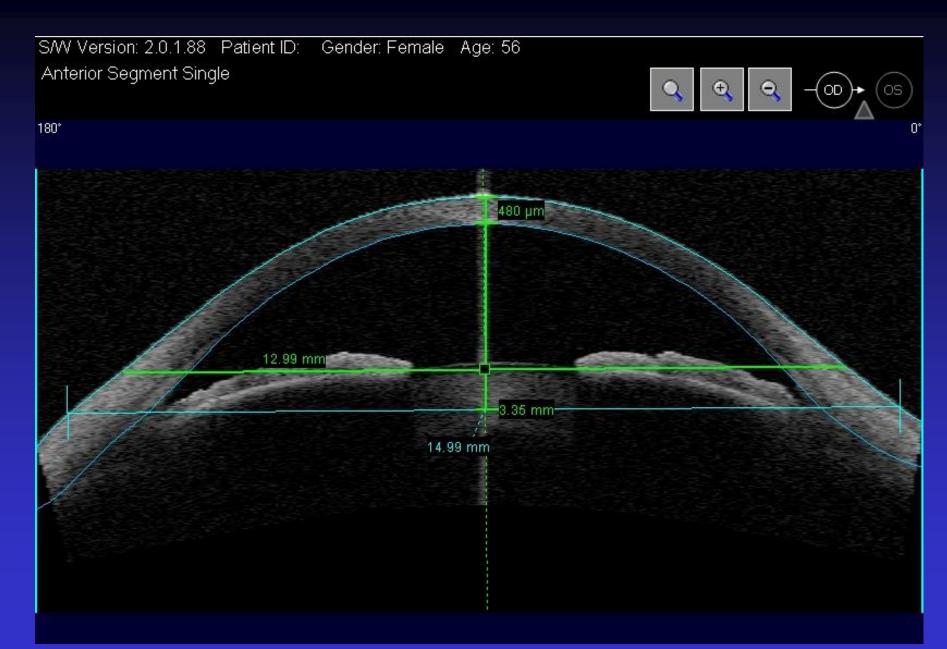


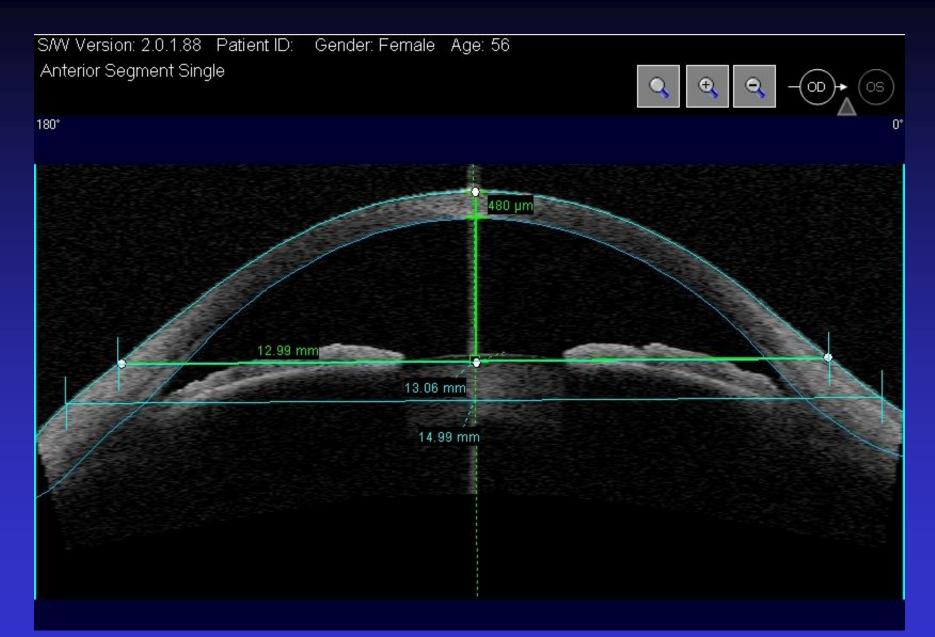
# Data And Design

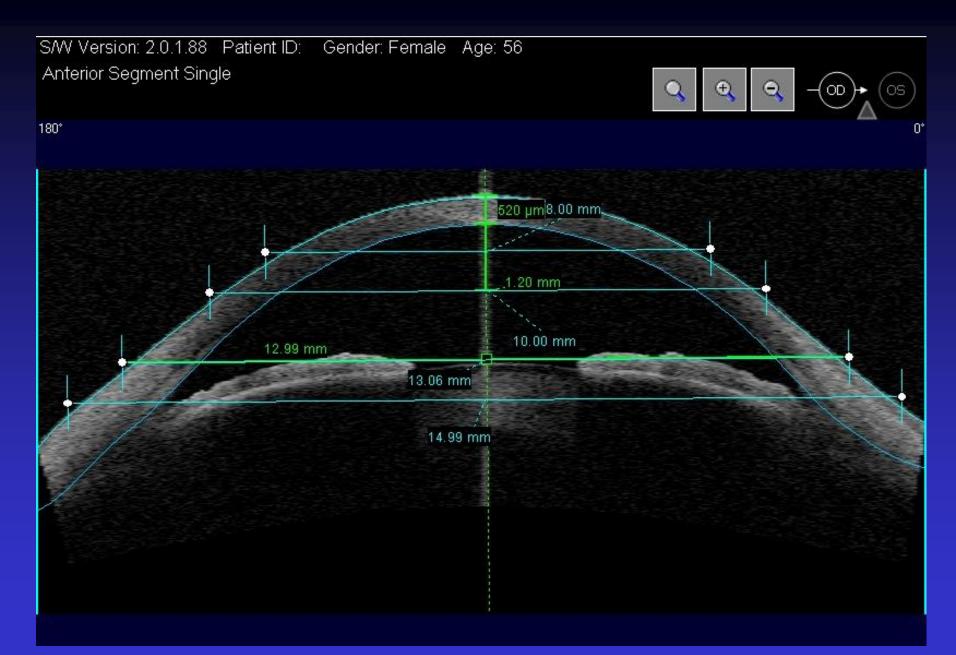
## Sags, Chords, and Conoids

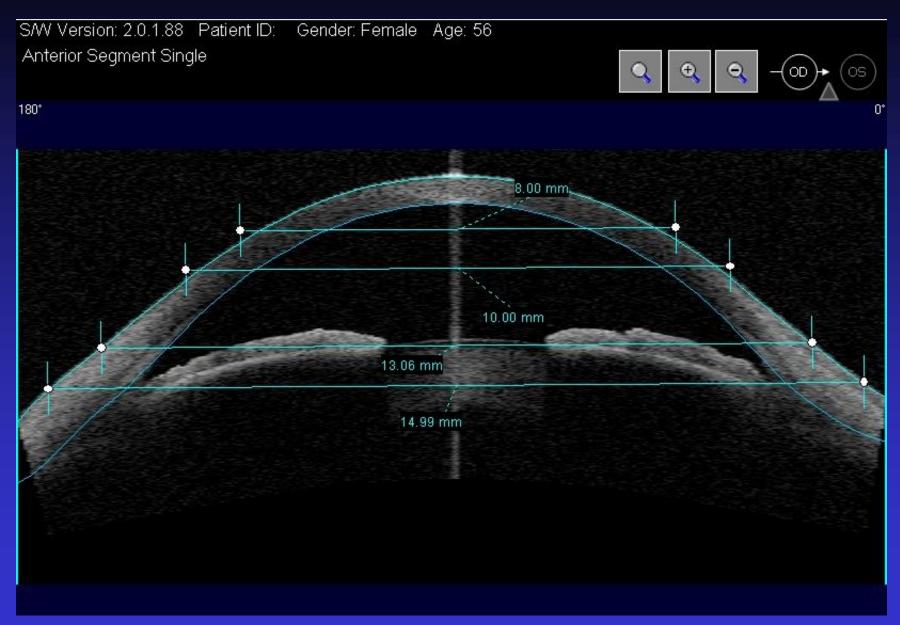
 $r = (y^2 + px^2)/2x$ 

r = radius of curvature y = chord/2 p = eccentricity x = sagitta





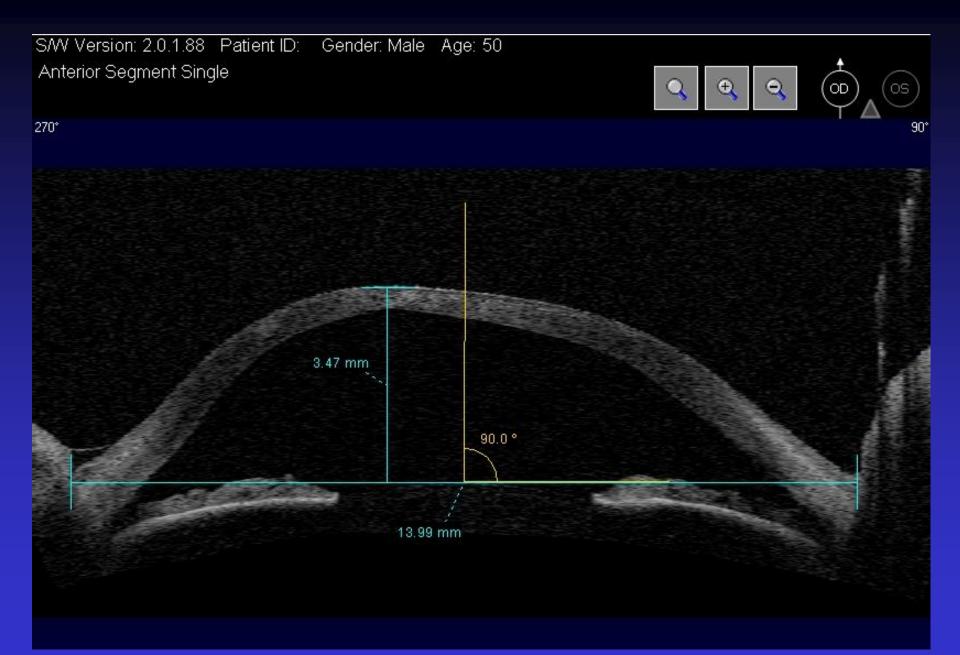


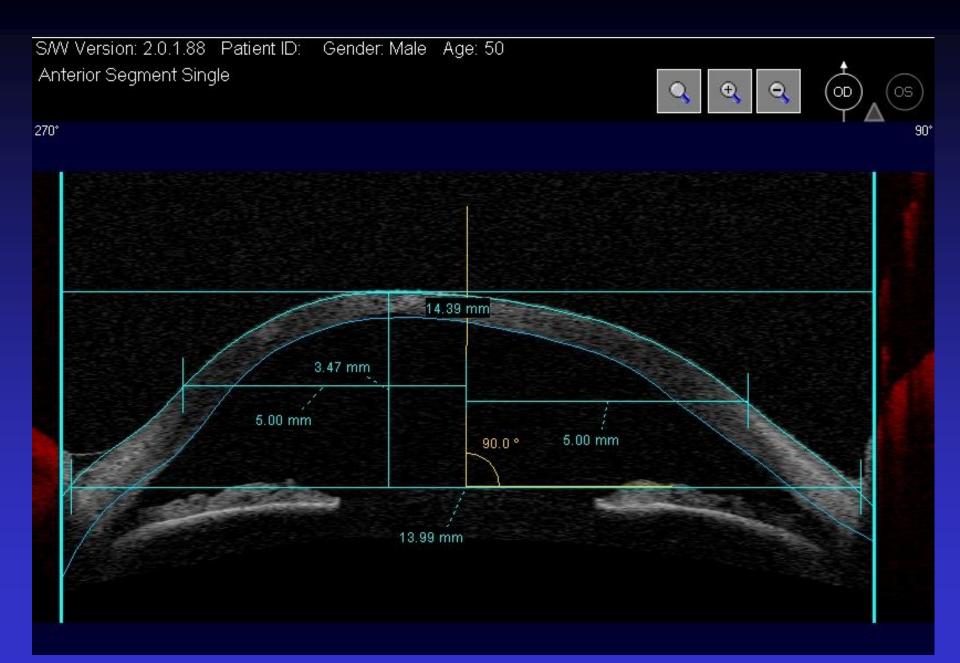


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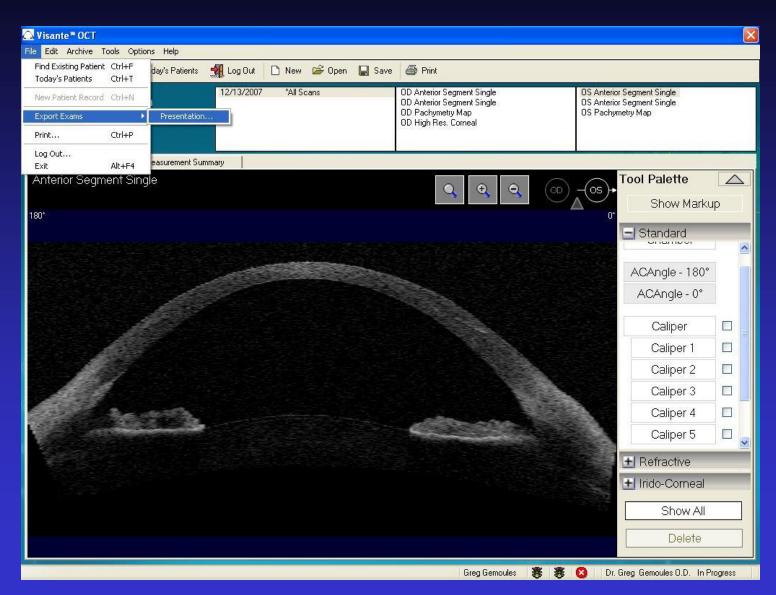
## NOW THAT WAS EASY!



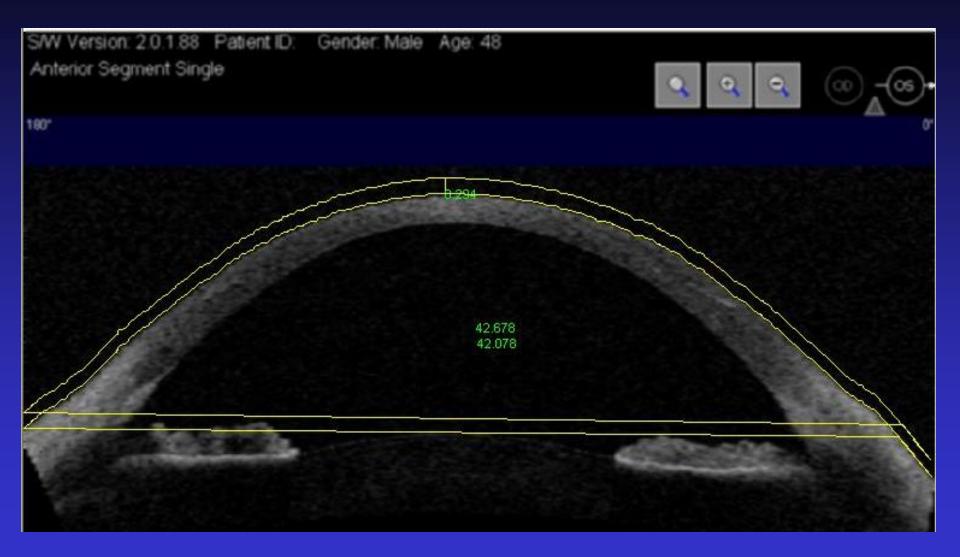


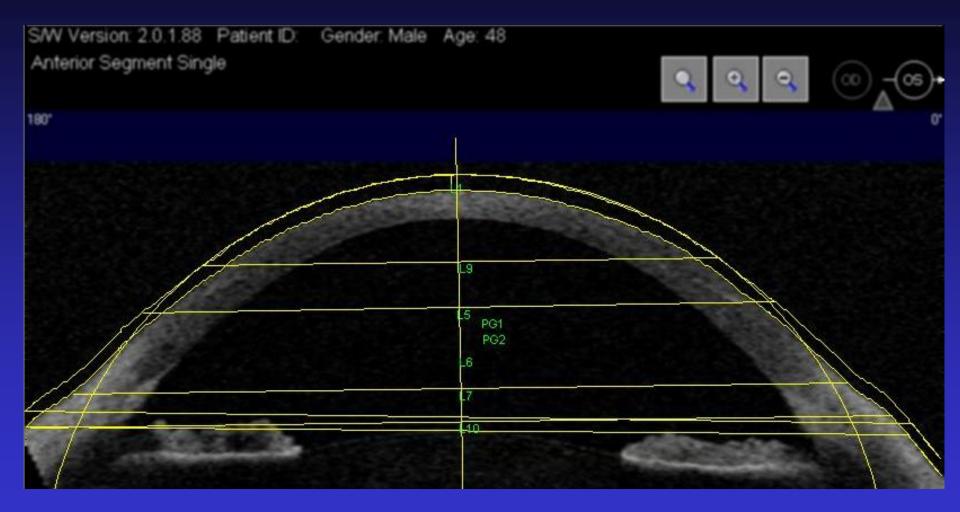


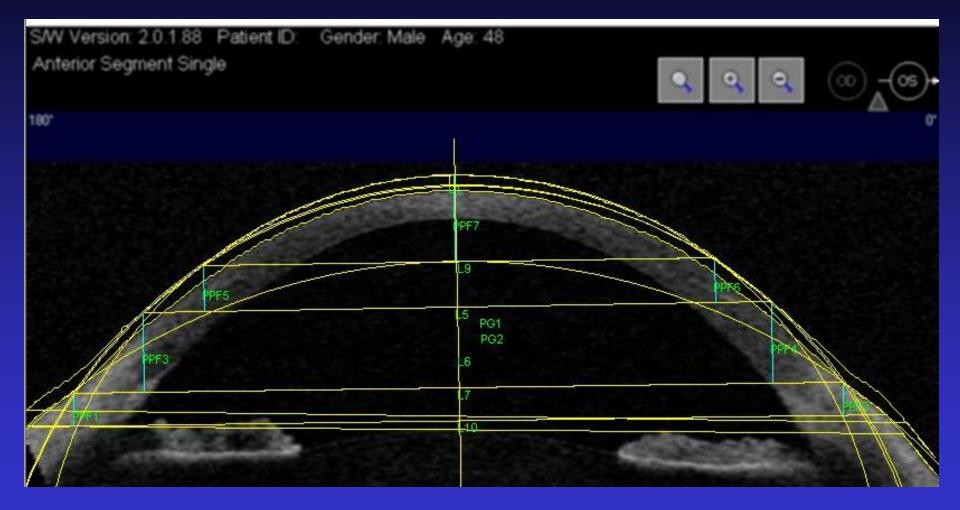
## **Exporting Images**

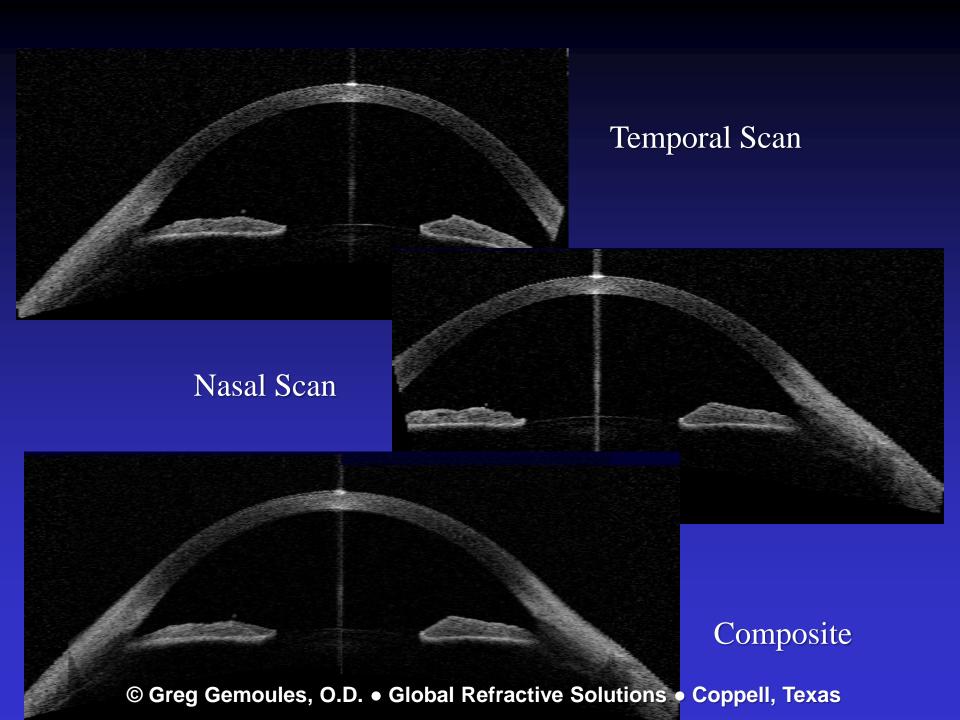


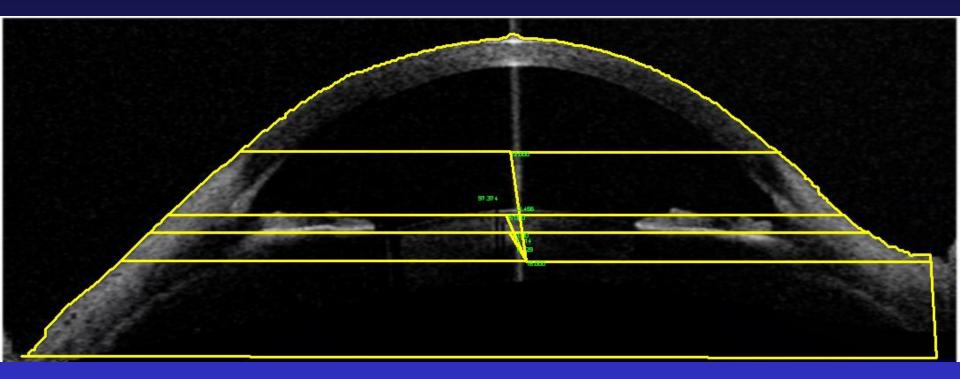


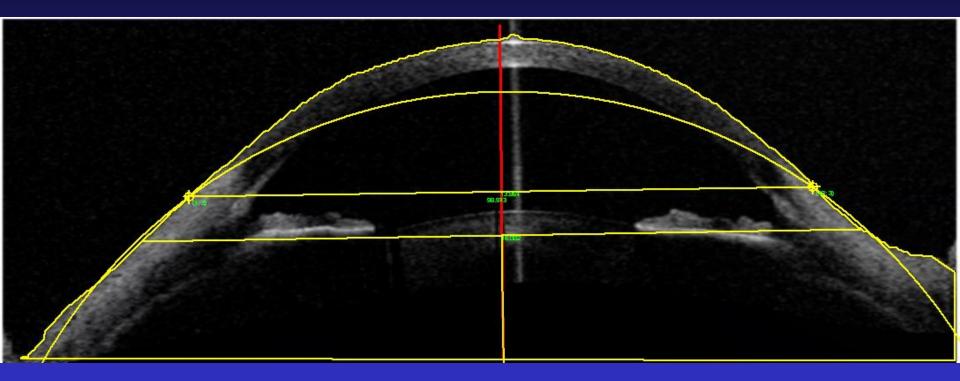


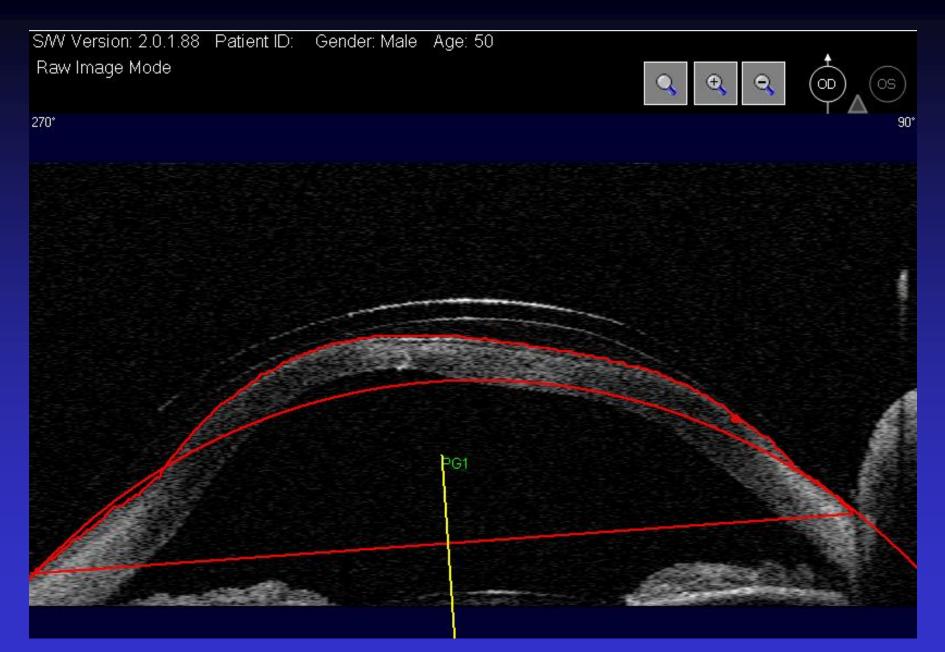


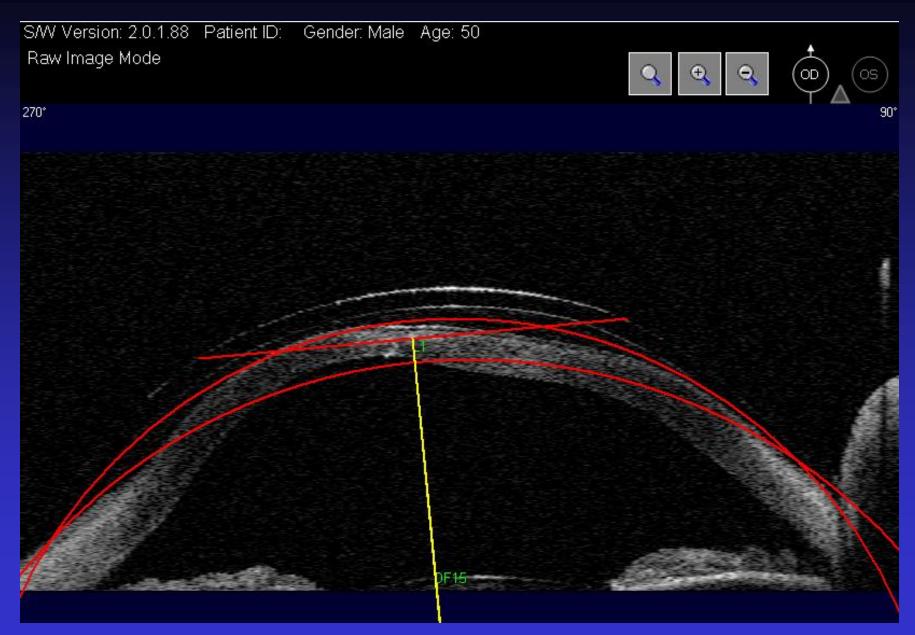


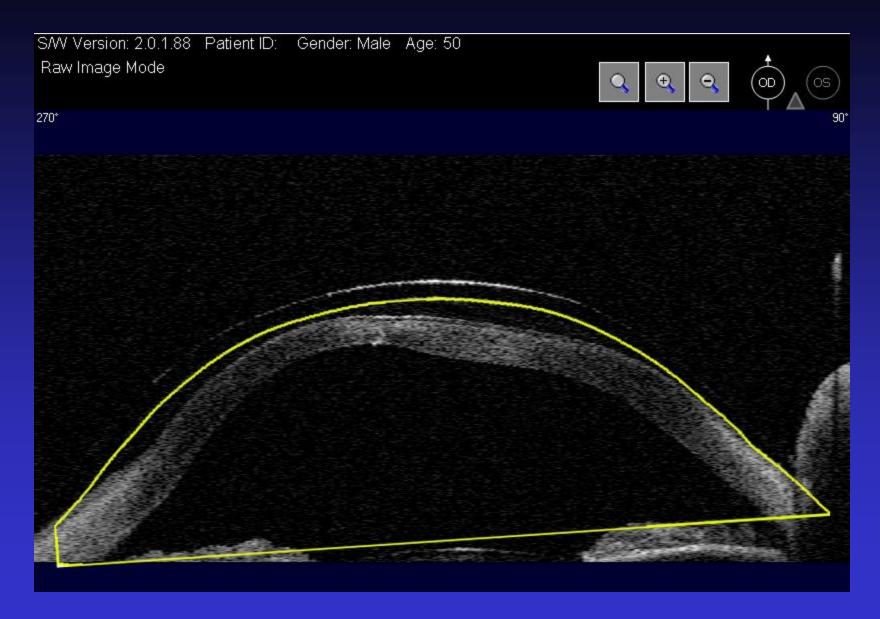


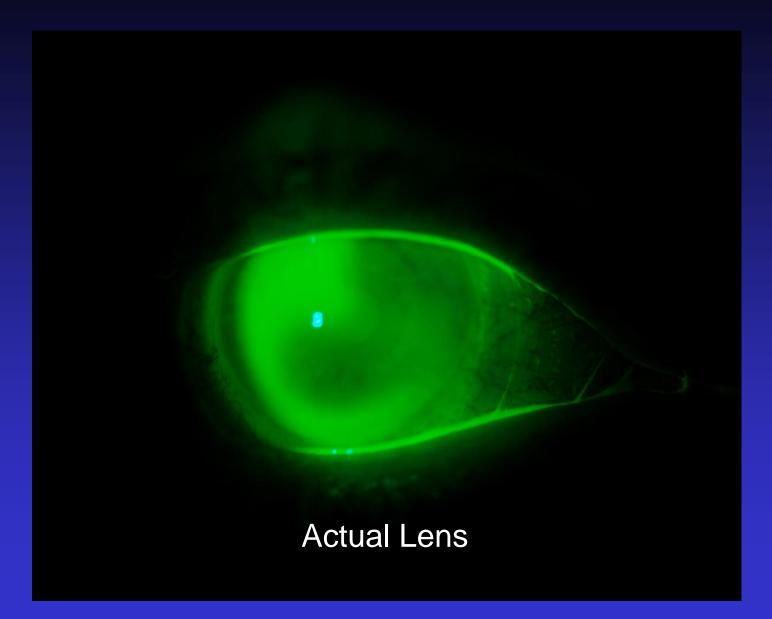






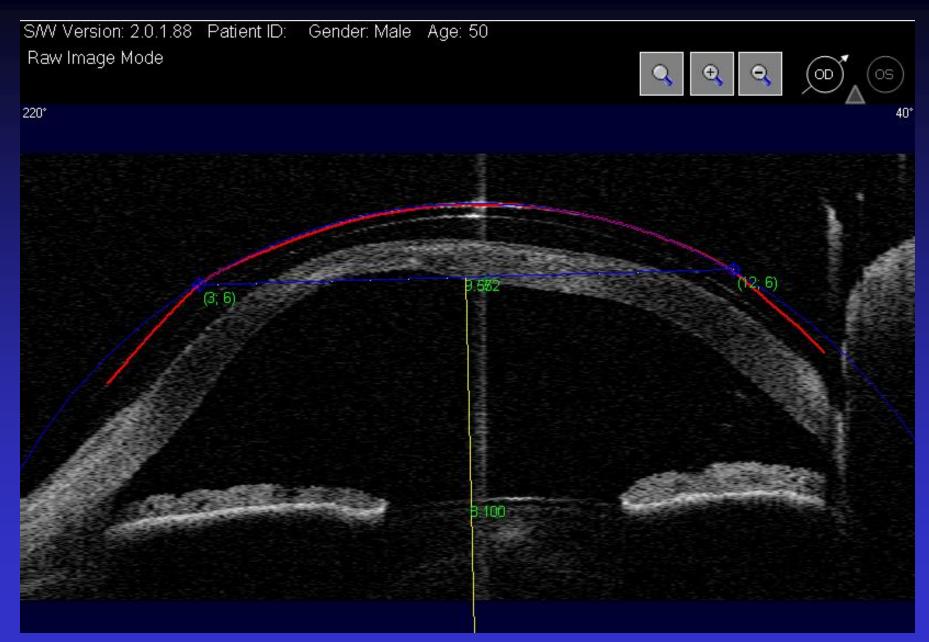






# Quadrant Specific Design





## Proposed Design

Θ

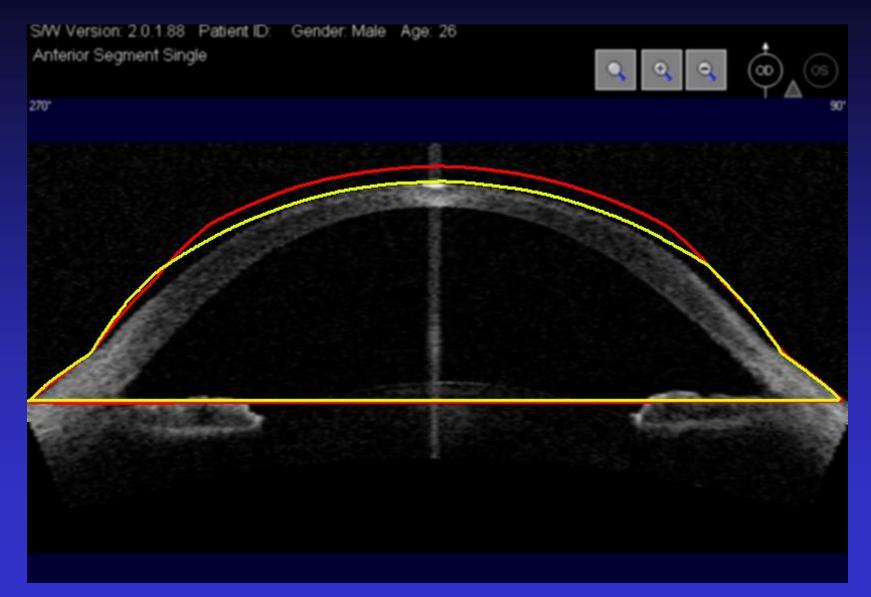
Sive version: 2.0.1.88 Patient ID: Gender: Male Age: 26 Anterior Segment Single 270\*

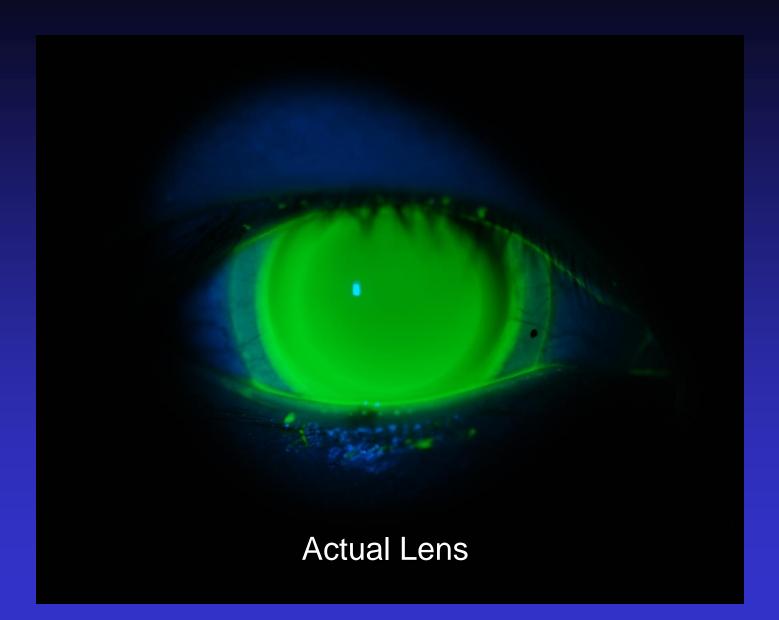


#### **Actual Lens**

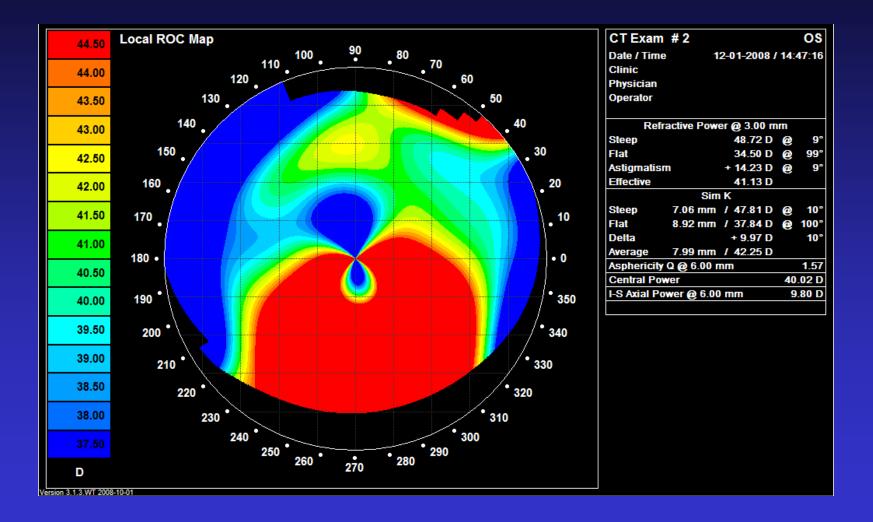


### Scleral to Ortho-K





# Case Study



# Case Study OCT Scan Axis 180

S/vv version: 2.0.1.88 Patient ID: Gender: Male Age: 36 Anterior Segment Single



190°

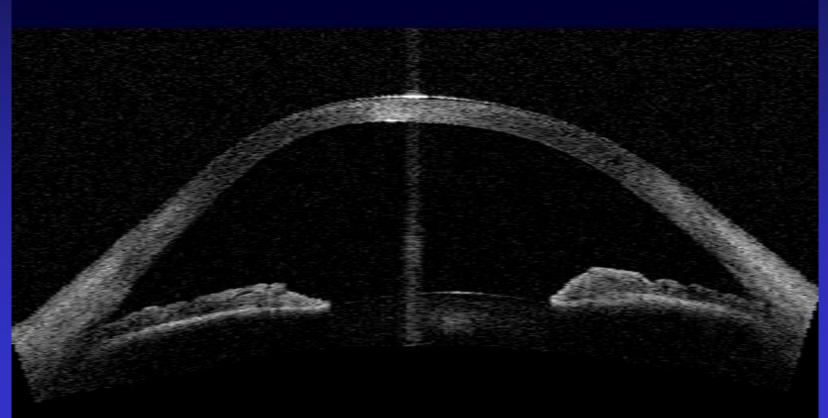
# Case Study

#### OCT Scan Axis 90

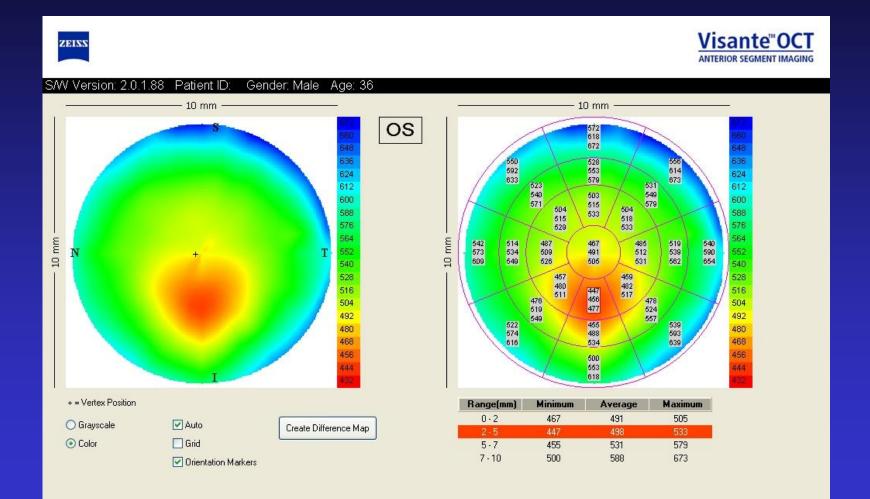
SAV Version: 2.0.1.88 Patient ID: Gender: Male Age: 36 Anterior Segment Single

280°



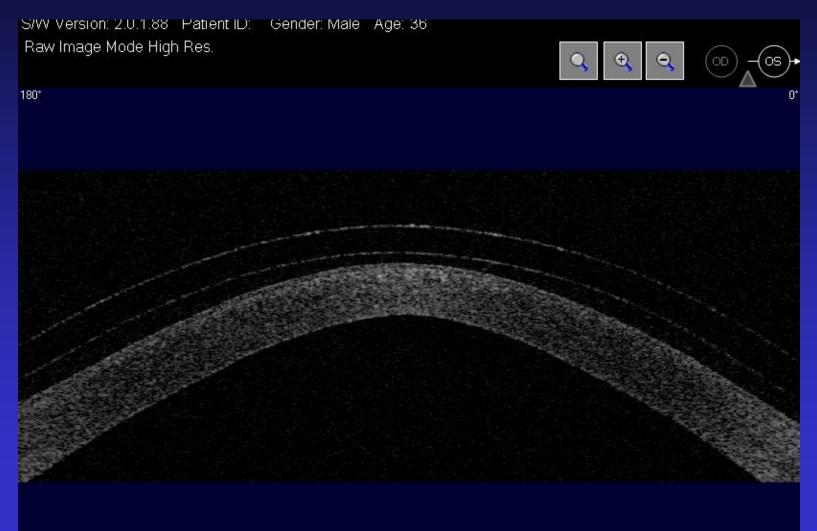


# Case Study Global Pachymetry





#### **Scleral Lens High Resolution**







Retrospective Study (June 2008)

65 Eyes of 34 Patients Non-Surgical = 16 patients

- Keratoconus = 4
- Others = 12
- Surgical = 18 patients
  - MLASIK = 6
  - HLASIK = 2
  - $\mathbf{R}\mathbf{K} = \mathbf{6}$
  - PRK = 1
  - PKP = 2
  - Cataract = 1

# Results

- 65 Eyes Required 182 Lenses or 2.8 Lenses Per Eye (5 maximum)
- Materials Used = Boston XO
- Diameters ranged from 14.5 mm to 16.0 mm with a median of 15.0 mm
- 50% of lenses are bitoric or quadrant specific

# Results

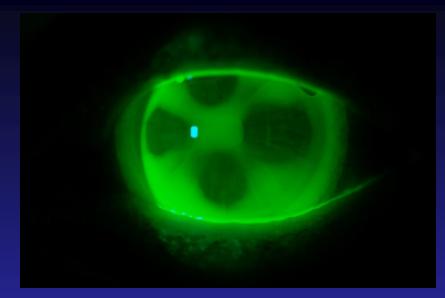
# Success Rate

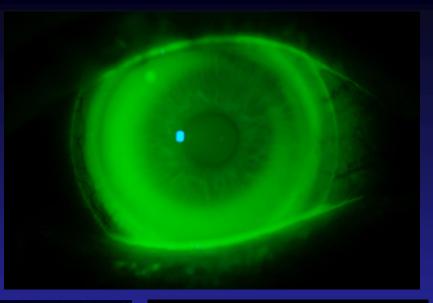
### 3 patients discontinued wear

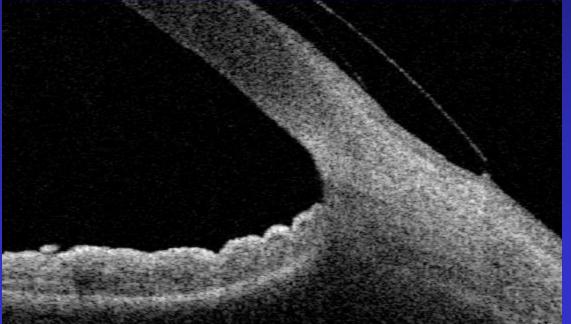
- dryness = 1
- corneal abrasion (self-inflicted) = 1
- failure of multifocal vision = 1
- 91% success rate

# Vision

98% achieved 20/2070% average reduction in total HOA rms







Thanks to Truform Optics and Carl Zeiss for technical assistance