**Scleral Lens Information**

**Can I wear scleral lenses continuously? Can I sleep while wearing my scleral lenses?**

In general, most eye care providers recommend that you remove scleral lenses before sleeping. Stagnation of the tear layer behind the lens could lead to a higher risk of eye infection. Since most of the people who need scleral lenses have already had some trouble with their eyes, further challenge to the surface of the eye would not be advisable.

In some cases, scleral lenses may serve to protect the surface of the eye overnight. In such cases, overnight wear may be specifically recommended by an eye care provider. However, if your eye care provider doesn’t specifically tell you to wear the lenses overnight, plan to remove them before retiring for the evening.

**How long can I wear scleral lenses during the day?**

Many patients who wear scleral lenses are able to wear them for 12-14 hours daily. Some patients may need to remove the lenses, clean them, and reapply them with fresh saline periodically throughout the course of the day in order to maintain the best possible vision and comfort.

**Will scleral lenses completely correct my vision so that I don’t need glasses when I’m wearing them?**

Scleral lenses will mask irregularities on the surface of the eye, and may give you better vision than other forms of correction. However, it’s possible that you’ll still need to wear glasses over the lenses in order to see clearly at all distances, especially if you’re over the age of 40 and are now using reading glasses for near tasks.

Corneoscleral lenses designed to reduce your dependence on reading glasses are available.

**I have dry eyes. If I wear scleral lenses, will I be able to stop using eyedrops and/or other medication for my dry eyes?**

Scleral lenses are a useful addition to your current therapy, but are not likely to completely replace other things that you’re doing to manage your condition. While scleral lenses protect the cornea, the back of your eyelid will still need to move over the front surface of the lens. Lubricant drops can help to reduce irritation caused by this interaction.

If you are using any medications prescribed to manage corneal infection or inflammation, you should continue to do so when wearing scleral lenses unless your eye care provider specifically instructs you to discontinue the medication. Furthermore, you should plan to remove scleral lenses before using prescription eyedrops, and reapply the lenses after instilling the drops.

**I have scleral lenses, and notice that my vision seems a little blurry after several hours of wear. What causes this, and what can I do to prevent it?**

Blurred vision that you notice after a few hours of wear could be due to deposits on either the front or back surface of the lens. Removing the lens, cleaning it, reconditioning the front surface, and reapplying it with fresh saline should clear your vision. If your vision remains blurred even after cleaning and reapplying the lens, check with your eye care provider to make sure that your lens is still fitting properly.

**How long will a scleral lens last?**

Depending upon your tear film’s tendency to coat the lenses and your care habits, scleral lenses should last approximately as long as other rigid lenses (1-3 years).

**Application/Removal and Care of Scleral Lenses**

**To apply the lens:**

Place the lens either on a bulbed plunger or on a “tripod” formed with your thumb and first two fingers.

Fill the bowl of the lens with fluid, if advised to do so by your eye care provider.

Holding eyelids open widely, apply the lens to the surface of the eye.

**To remove the lens:**

If using a plunger, attach the plunger to the edge of the lens and tilt the lens off the eye.

If not using a plunger, look down. Manipulate the upper lid to “break the seal” at the upper edge of the lens, and “fold” the lens off the surface of the eye.

**Troubleshooting tips and tricks:**

If you’re using a solid lens (without holes or fenestrations) and are unable to maintain fluid in the bowl of the lens as you bring it towards your eye, make sure that your face is fully parallel to the floor. It may seem like you are nearly standing on your head when you’re in the correct position to apply the lens.

Lid control is essential; use one hand to hold lids completely out of the way, and don’t release the lids until the lens is actually fully in place and the plunger (or your finger tripod) has been removed.

If you are unable to successfully apply a solid lens with saline, you could practice applying the lens after filling the bowl of the lens with Celluvisc™ or another non-preserved viscous lubricant. These viscous lubricants will blur your vision compared to saline, however, so you may simply want to use them to practice lens application. Once you’ve mastered this step, you may want to switch to saline to give you better vision.

If you are using a bulbed plunger, and can see the opening in the center of the suction cup, look directly at the hole as you bring the lens into position. This will help you to position the lens correctly.

Try to keep both eyes open as you apply your lenses. This may also help you to position the lenses correctly.

**Lens Care**

Different providers may recommend different products for the care and cleaning of your lenses. However, most care/cleaning regimens will include the following components:

* Daily cleaner: After you have removed your lens, place the lens in the palm of your hand. Add several drops of cleaning solution, and gently rub both sides of the lens for 10-15 seconds.
* Rinse: Rinse your lens with either non-preserved or gently preserved saline to remove all traces of the cleaning solution.
* Conditioning/soaking solution: Place the lens in its case with the soaking solution recommended by your eye care provider.
* Saline/application solution: When you are ready to apply your lens, remove it from the conditioning solution. Rinse with saline. Fill the bowl of the lens with non-preserved saline (or other non-perserved solution as recommended by your provider), and apply to the surface of your eye.