



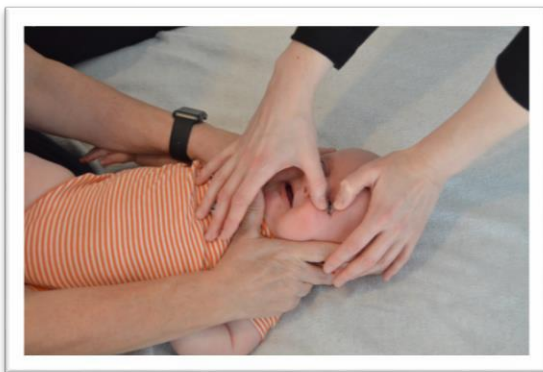
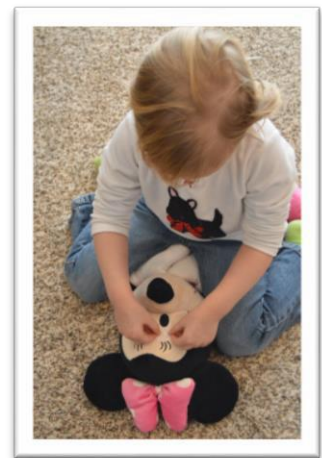
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Contact Lens Care – Infants and Toddlers

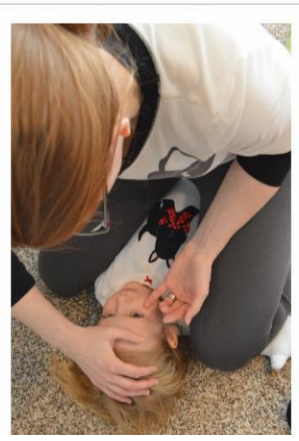
Parents, and even some doctors, are amazed that young children can tolerate contact lens wear. With diligence, it is not only possible, but also quite beneficial for the child. Our goal is to both provide excellent care as well as empower parents who will be involved with caring for the lenses. We will work with you to rehabilitate your child’s vision to the highest level possible and guide you in your role along the way.

Tips for Successful Contact Lens Insertion and Removal

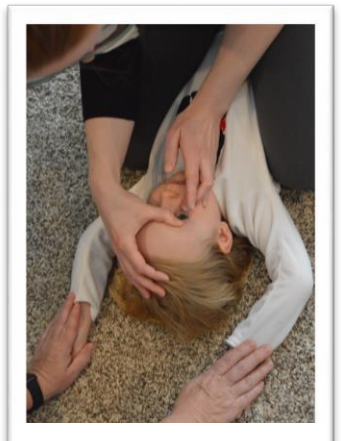
- Lay a blanket on the floor, couch or bed where you plan to work. Make sure your child is safe from falling.
- Wash and dry your hands thoroughly.
- Place tissues, paper towel, lenses, lens case and solution beside you.
- For infants, swaddle child or have another person hold them steady as pictured.
- Be careful not to press on your child’s chest or throat. Instead, focus on preventing them from turning their head right or left.
- Use a paper towel to keep your fingers dry, tissue to keep eyelids dry and multipurpose solution or saline to keep the contact lens wet and clean if dropped.
- For young children, use a 1 or 2 person, hovering over the child to stabilize his/her body without actually sitting or putting weight on them.
- Provide positive motivation: offer the child a treat/comfort item - bottle, pacifier, sippy cup, sucker, sticker, etc
- If you or your child feel frustrated, take a break and try again later.
- Children do best on a routine. Build care into your child’s daily routine so they will know what to expect.
- Remember that what you are doing is good for your child and important for their lifetime of vision. Your technique and their cooperation will improve with time.
- Eventually, your child may not have to be held at all.



INFANT HOLD



1-PERSON HOLD



2-PERSON HOLD

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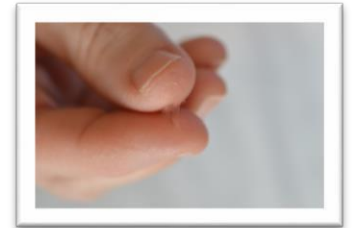


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SILICONE LENSES (SILSOFT) INSERTION AND REMOVAL INSTRUCTIONS

INSERTION

- Use your dominant hand to grasp the lens between finger and thumb (pictured).
- Use opposite hand to gently and firmly open child's eyelids, pinning them to the browbone to prevent blinking.
- Slide the contact lens under the top lid first. After inserted, release your grip on the bottom lid first then the top lid. *The upper lid is tighter than the lower, meaning if you let go too soon, the lens will flip back out.



REMOVAL

- Gently and firmly open your child's eye as you would for insertion.
- Method 1: Pinch the lens by placing your thumb and forefinger firmly at the part of the lens covering your child's iris, then pushing down while squeezing your thumb and forefinger together.
- Method 2: Use the eyelids to squeeze out the lens by placing both thumbs at the eyelid margins, pulling the lids apart past the edge of the thick lens center, then pushing them inward and under the lens's edges to pop it out.

CLEANING

- The lens can be cleaned with either a multipurpose solution or a peroxide based disinfecting system as well as an extra-strength lens cleaner.
- A specific cleaning regimen will be prescribed and reviewed with your doctor
- All cleaning solutions will have explicit instructions on their packaging.

WHEN TO REPLACE

- Silicone lenses will become cloudy over time. If this happens, the lens needs to be replaced.
- The lens will also be changed as needed along with your child's prescription changes.

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RIGID GAS PERMEABLE LENSES (AKA RGP OR HARD) INSERTION AND REMOVAL INSTRUCTIONS

INSERTION

- Hold the lens between finger and thumb with your dominant hand.
- With the opposite hand, use your thumb or index finger to hold open the upper lid, creating a gap between the lid and the eye.
- Put the lens on the lower lid, then gently push it up so that the upper edge of the lens is under the top lid.
- Gently pull down on the lower lid, allowing the RGP lens to rest directly over your child's cornea (the cornea is the center part of the eye that has no white).
- Slowly release the lids.
- Take extra care during this process to prevent the lens from scratching your child's eye.



REMOVAL

- **IMPORTANT:** Make sure the lens is in the eye before removal by visualizing the lens's edge.
- Place both thumbs at your child's eyelid margins (corner of eyelids toward the temples of the head).
- Pull the lids apart, then push them inward and under the lens to pop it out.

CLEANING

- A multipurpose or daily peroxide based solution as well as an occasional extra strength cleaner will be best for your child's RGP lens.
- Your doctor will prescribe and review cleaning with you.
- Instructions for all cleaners can be found directly on the packaging.

WHEN TO REPLACE

- Your child's fit and vision in the contact lens will be monitored frequently as these will both change often with growth. The need for replacement will be determined by your doctors.

WEARING TIME

- The lens should be worn 6-8 hours the first day, 10 hours the second day and then all waking hours.

TROUBLESHOOTING

RGP lenses may slide out of place and get stuck on the white part of your child's eye. To prevent this, use rewetting drops often throughout the day. If it occurs, use rewetting drops and the eyelids to gently manipulate the lens back into place. If you are unsuccessful at first, continued attempts will cause eyelid swelling and make it tougher with each try. It is better instead to take a short break and try again.

Videos to demonstrate these methods are available on our website.

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FURTHER TIPS FOR SUCCESSFUL CONTACT LENS WEAR

- It is okay to attempt lens care with your baby in a baby carrier if you are proficient and feel your child is secure from falling.
- It's not uncommon for the eyelids to flip over as you attempt to open your child's eye. To prevent this, place your finger or thumb as close to the edge of the eyelid or lid margin as possible.
- It's important to use rewetting drops frequently throughout the day.
 - A good schedule would be with each diaper change or every 2 hours – especially after a nap is helpful.
 - Drops can be placed in the corner of a closed eye. The drop will roll into the eye when the child blinks.
- If you are using sign language communication with your baby, come up with a sign for the contact lens. This will allow the child to communicate discomfort or issues from the contact lens.
- RGP WEARERS: While RGPs carry a slightly higher risk of causing a scratch to your child's cornea, these lenses are necessary to use in some cases. A scratched eye is treatable. If you suspect this has occurred because the child has increased tearing, crying, rubbing the eye or there's redness, call immediately.
- As we know, babies and toddlers will put anything in their mouths.
 - If your child eats the contact lens, it will not hurt them.
 - For RGP wearers: if the lens is found in the diaper, it can be brought to the office to be sent out for deep cleaning/disinfecting.
- FACT: It is **NOT** possible for the lens to roll back into your child's brain or get lost behind the eye.
 - If you cannot visualize the lens's edges, it is not in place. It is either lost (fell out,) or under your child's eyelid. If you suspect this, open your child's lids wide to make sure the lens is not there.
 - RGP WEARERS: you must verify the lens is not stuck on the white part of the eye.

Call us ASAP for lost lenses, eye redness or discharge, or you think your child is either in pain or cannot see.

WHEN CAN MY CHILD TAKE OVER?

- This is different for every child, but generally:
 - lens removal can be taught at age 4-5
 - lens insertion at age 6-8
 - lens cleaning at age 10-12

SPECIAL INSTRUCTIONS

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