RGP Lens Types

- Corneal diameter lenses (7-12mm)
- Corneal scleral (12.1 15mm)
- Mini scleral (15.1 18mm)
- Scleral (>18mm)

Corneal RGP Fitting

- Often regarded as more complex
- Fitting= straightforward
- Less margin for error if your preliminary measurements though as require precise fitting

Advantages	<u>Disadvantages</u>
Robust- Can be re-polished	Physical comfort – need to build up
	tolerance
Easy to clean – soaking solutions	Greater movement of the lens-
stronger	dislodging
Fewer Solution problems	
Last longer	FB entrapment
Easy to handle (no inside out, rigid)	
Stable vision – avoid fit of toric	
potential (tear lens)	
Good O2 supply	
Less dehydration	
Customisation (high rx, tints etc etc)	
Good tear Exchange	

When to choose RGP

- Moderate Corneal Astigmatism- avoid the wear of toric lens
- High complex rx
- History of allergies
- Problems with soft contact lens (damage, deposits, solutions, SCL induced papillary conjunctivitis)

Fitting of an RGP Lens

- Describe the sensation
- Manage patient expectations
- Demonstrate practitioner confidence

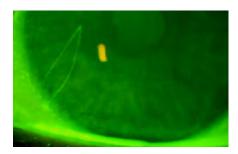
(Will not feel 100% comfortable at the start)

- Avoid local anaesthetics (up for debate) this can also reduce blink reflex
- Have px close eyes and look down during adaption

Preparing for RGP lens

- 1. Lens will arrive dry
- 2. Inspect the les before insertion and look for any damage
- 3. Can focimeter if needed
- Lens then must be cleaned
 - 1. Cleaner 20 sec on palm
 - 2. Rinse
 - 3. Conditioner

Foreign Body Track



- In RGP this is likely to happen when FB get trapped under the CL
 - Eyelashes
 - Grit/sand
 - Make up
 - Back surface lens deposits
 - Lid margin debris/flakes of skin
 - Damaged lens

Symptoms

- Symptoms include asymptomatic to sharp pain
- Irrigation when lens there is discomfort even after removal of CL
- Need to THORUGHLY EXAMINE THE EYE ESP PALP CONJ

Management

- Remove lens for 24/48 hours
- Prophylactic antibiotic
- Sunglasses/eye wear
- Replace damaged CL
- Conversation around I&R