

Department of Ophthalmology

Paediatric Ophthalmology

Advice for parents of children wearing contact lenses

This leaflet has been designed to inform and advise you relating to the monitoring and care that your child will require while they wear contact lenses.

Why does my child need to wear a contact lens?

Your child needs to wear a contact lens because of either of the following:

- He/she has had surgery to treat Congenital Cataracts. The natural lens focuses light onto the retina to give a clear image. The natural lens is removed during cataract surgery. Often the natural lens can be replaced with an artificial lens implanted into the eye during the surgery but sometimes this is not possible and a contact lens is required instead. In very small babies, the focusing strength of the artificial lens implant is chosen to be suitable when the eye is fully grown, this leaves the baby quite long-sighted for about a year following the operation. This residual long sight is usually corrected with a contact lens.
- He/she is either very short-sighted (myopic) or very long-sighted (hyperopic) in one or both eyes and glasses would be difficult for him/her to wear

Could my child just wear glasses?

Contact lenses are only prescribed if it is felt that the child would not tolerate a glasses prescription. This may be because strength of the glasses needed would make them very heavy and difficult to wear. Another reason may be a large difference in the strength of lens needed in each eye. When prescribed in glasses, very different lens strength in each eye causes a conflict between the size of the image seen by each eye, leading to headaches and poor 3D vision. This image size difference does not occur when the prescription is worn as contact lenses.

Isn't my child too young to wear contact lenses?

There is no age limit for wearing a contact lens. In this Clinic our patients have ranged from six weeks premature at two days old, to a hundred and three years old! Obviously, the insertion and taking out of contact lenses is much more difficult in young children and this is why we usually prescribe specialist extended wear contact lenses in this group. This is a type of soft contact lenses developed to be left in place for several months at a time.

Fitting procedures

In very young children, the first contact lens may be fitted in the Clinic or under general anaesthetic by our contact lens practitioner. Usually, in order to get the most optimal contact lens fit, an examination under anaesthetic, including a full eye examination and contact lens fitting, is required for small children at some point in their first year of wearing contact lenses.

Children using extended wear contact lenses need to be seen on a very regular basis, every two to three months to check there is no sign of infection and to change the lens. These appointments are very valuable, so if you are unable to attend your out patient appointment please be sure to contact Clinic 3 reception to arrange an alternative appointment.

Charges and exemption forms

There is no charge to children under 16 years of age, or in full time education under 19 years, for contact lenses supplied through the Hospital Eye Service (HES). If you need a replacement lens you will be asked to sign an exemption form HES(P), parents sign on behalf of children. Contact lenses cannot be supplied without a signature. If you want a lens to be posted to you instead of having an appointment to collect it, you will be asked to sign in advance that you have received it.

Unfortunately, these statutory forms are designed principally for the supply of spectacles at an appointment, which causes some anomalies in the wording when used for contact lenses.

Are there different types of lenses?

There are two main types of contact lenses, rigid and soft, which each require specific sterilising and cleaning solutions.

The majority of contact lenses we prescribe for children in the Clinic are soft hydrogel lenses made of silicone. These lenses are soft and flexible like soft polythene or cling-film. The high focusing power lenses have a central more rigid area. Rigid gas permeable lenses are usually smaller in diameter than soft lenses and are not flexible.

Contact lens solutions

Babies and very young children, who sleep in their lens(es), will only need sterilising solution for occasional use (in which to store a lens that has fallen out). Initially you will be provided with a small 'sample bottle' of solution. However, in the longer term, you will need to either purchase solution from an opticians or chemists, or obtain some (with a prescription from Clinic) through our out patient pharmacy. The hospital's out patient pharmacy supplies either Opti Free Express (for soft contact lenses) or Boston Advance cleaner and conditioning solution (for gas permeable lenses). One bottle of Opti Free Express should last for three months if only one lens is worn.

A pack containing solution also usually contains a storage case for the lens(es).

You should always aim to have some chloramphenicol (antibiotic) drops at home in case of infection. If you need a supply, please ask the contact lens practitioner or doctor when you see him/her.

Can the contact lens tear whilst it is in my child's eye?

Rips and tears of a soft contact lens can occur during handling and cause irritation but no damage to the eye. Children will tend to rub an uncomfortable lens out of the eye.

The importance of speedy replacement of a lost lens is greater the younger a child is. The longer an eye is without the contact lens the greater the chance of that eye's development being restricted in favour of the better eye.

Unless you have been particularly told otherwise for your child, the following guidelines show the maximum period a young child should be without a lens:

0 – 12 months	two days
12 – 24 months	three days
2 – 5 years	five days
3 – 5 years	one week
5 – 8 years	two weeks
Over 8 years	four weeks

The lens materials used for babies and young children are of a special type that combines suitability for long term wear with stability in the extreme situations that children subject them to. Even so all children will lose lenses from time to time; some far more frequently than others. In the event of loss notify the paediatric Ophthalmology Clinical Nurse Specialist (CNS) or Clinic 3 by phone.

Spare lenses

Babies are normally supplied with spare lenses so that they are not left uncorrected in the event of loss. If you have to use a spare lens please make sure that it is re-ordered straight away. Do not wait until the spare lens is also lost before ordering another.

Benefits and risks

If your child has been prescribed a contact lens or lenses, it is because this is considered to provide the best chance for him/her to develop their optimum visual ability.

The most serious risk of wearing a contact lens is the risk of infection. An infection will make the eye red, uncomfortable and sticky.

Whilst your child wears contact lenses look out for...

Your child's eye(s) becoming red

Action to take:

If your child's eye(s) becomes red, uncomfortable and/or sticky, start instilling chloramphenicol minim drops four times a day. If the redness/stickiness persists for more than 24 hours, call the paediatric ophthalmology CNS or Clinic 3 to arrange an appointment for the contact lens to be removed and an eye examination.

If you have received training from the contact lens practitioners on how to remove your child's contact lens and feel confident and competent to do so then please do. It is important that you contact the paediatric CNS or Clinic 3 as soon as possible in order for your child's eye(s) to be reviewed and in order for them to commence any necessary treatment.

If your child only wears a lens in one eye and the other eye becomes red and sticky, there is a risk of the infection passing to the side with the contact lens. You should start using the chloramphenicol drops in both eyes four times a day – but use a different minim in each eye to prevent spread of the infection.

Your child is rubbing their eye(s) more than normal

Action to take:

Call the paediatric CNS or Clinic 3 to arrange an appointment for your child's eye(s) to be reviewed.

You may also find the parent information leaflet titled "Eye care for your child" (PIN 2667) useful to read. This document can be accessed via the Addenbrookes web site, or by contacting Patient Information either by telephone: 01223 216032, or by emailing: patient.information@addenbrookes.nhs.uk

What should I do if...

My child's contact lens falls out

Action to take:

If the lens stays out of your child's eye or contact lens solution for any length of time it dehydrates and becomes shrivelled up like a small piece of transparent cornflake (you should attempt to reinsert a previously dried out lens)! If you can find the lens fill your contact lens case (supplied with the sterilising solution) and carefully drop the lens in the case. Then be guided by the following points:

- 1) Call the paediatric CNS or Clinic 3 to arrange an appointment for your child's lens to be re-fitted, or to order a replacement lens if you don't have a spare.
- 2) If you have a spare lens please remember to bring it with you in case the lens that fell out has been damaged.
- 3) If you have received training from the contact lens practitioners on how to insert your child's contact lens and feel confident and competent to do so then please do so after the lens has been thoroughly disinfected (minimum six hours).
- 4) If the lens was due to be replaced in the near future and you have a spare lens it would be better to discard the old lens and insert the new spare lens.

Care requirements

Most babies and children of all ages tolerate contact lenses very well. But, wearing contact lenses all the time could sometimes make their eyes dry, result in eye rubbing and lead to the lens falling out. This may become more evident in very warm weather, or if they are exposed to central heating in the winter months. It is a good routine to check every morning that your child's lens(es) are in place!

If necessary you may be provided with some lubricating eye drops to instil into your child's eyes to ease their irritation and make them more comfortable.

Your child's contact lens will normally need to be changed very three months. Initially you will be invited back to Clinic 3 for the contact lens practitioner to do this, until you feel confident and competent to undertake this task at home. Your child's contact lenses will normally be posted to your home address.

Restrictions

Does my child have to wear a contact lens all of the time, even when they sleep?

Some parents are happy to remove their child's contact lens every night for sterilization and insert it in the morning. However, most parents find this quite daunting initially and it is quite safe for the lens to be kept in all the time, until such time when it is practical for the lens to be removed nightly. Keeping the lens in all the time does pose a small risk of getting an eye infection, but these usually resolve quickly provided treatment is started promptly.

Can my child still receive their immunizations?

Yes, it is perfectly safe for your child to continue with their immunization schedule as they grow. No special precautions need to be taken.

Can my child go swimming?

Swimming pools and bathwater contain a type of organism (acanthamoeba) which can cause serious infection in contact lens wearers. Ideally contact lenses should not be worn when swimming, however, if you do decide to take your child swimming ensure that well fitting goggles are worn and your child does not go under water.

What about bath times?

It is perfectly safe for your child to continue to wear their contact lens whilst in the bath but try to minimize the amount of bathwater going in his/her eyes.

Can my child play in a sand pit/ go to the beach?

Caution is advisable to avoid your child from getting sand in their eyes and to prevent subsequent eye rubbing which could dislodge the lens and/or cause damage to their eye(s).

Alternatives

Please be sure to ask about any alternatives to your child's plan of care during their out patient appointment consultations.

Contacts and further information

If you have any concerns relating to your child's immediate health please contact your General Practitioner (GP). Alternatively, if the matter is a query relating to your child's diagnosis and is non urgent, please be sure to ask your questions at your child's next outpatient appointment, or, contact one of the following:

Consultant Paediatric Ophthalmologist,

Department of Ophthalmology,
Clinic 3, Box 41,
Addenbrooke's Hospital,
Cambridge University Hospitals NHS Foundation Trust,
Hills Road, Cambridge, CB2 0QQ
Secretary: 01223 216700

Clinical Nurse Specialist Paediatric Ophthalmology,

Department of Ophthalmology,
Clinic 3, Box 41,
Addenbrooke's Hospital,
Cambridge University Hospitals NHS Foundation Trust,
Hills Road, Cambridge, CB2 0QQ
Tel: (01223) 596414
Pager: 156 - 2251 (via Addenbrooke's Switchboard = 01223 245151)
Working hours are during: 08:00 – 16:00 Monday – Friday

If no response is gained form the CNS please ring the emergency eye Clinic number on (01223) 216778, or the main reception desk of Clinic 3 on (01223) 216401

Contact Lens Practitioners:

Ali Akay: ali@shephardandakay.co.uk ali.akay@addenbrookes.nhs.uk
Elanor Turnbull: elanor@shephardandakay.co.uk
elanor.turnbull@addenbrookes.nhs.uk



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



Document history

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