

Contact Lenses

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Contact lenses have existed for well over a century, and, interestingly, one of the original designs a large, rigid ("hard") lens which extended out onto the sclera has recently made a resurgence in the care of patients with a variety of ocular conditions. This so called scleral lens was supplanted by smaller "corneal" contact lenses, which in turn were, to a very large degree, supplanted by the invention from Czechoslovakia of the soft contact lens in the 1960's. And although the hard or the more modern "rigid gas permeable" corneal contact lens still enjoys a significant use within ophthalmology, particularly for certain specific conditions such as keratoconus, it is the soft contact lens which has captured the fancy of patients worldwide, primarily because of the comfort of such lenses. Indeed, the lenses are so comfortable that some styles can be worn constantly, twenty-four hours a day; but I would caution the readership of this WEB SITE here that this convenience comes at a very serious price: an increased risk of infections of the cornea and permanent damage to the eye with loss of sight because of corneal scarring. Disposable soft contact lenses, made possible through the decreased cost and therefore the economic reach of many people, represent one of the more recent advances in soft contact lens technology, with the lenses worn for a very brief (by some people even for just a day) time before it is discarded and a new lens is used then the following day. But it is the resurrection of the scleral lens that has brought most excitement in my practice, through our collaboration with Drs. Rosenthal and Cotter, in the care of patients with severe ocular surface disease such as Stevens Johnson Syndrome and cicatricial pemphigoid. We are finding now that we are able to provide a measure of comfort and a level of vision for many patients with these disorders that was heretofore unachievable.