



THE OCULAR IMMUNOLOGY
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Dedicated to Eye Disease Cure and Education

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) contact lens which extended out onto the sclera has recently made a resurgence in the care of patients with a variety of ocular surface conditions. This so-called scleral lens was eventually supplanted by smaller corneal contact lenses, which were, in turn, largely replaced following the invention of the soft contact lens in Czechoslovakia in the 1960s.

Although hard and more modern rigid gas-permeable corneal contact lenses remain widely used in ophthalmology—particularly for conditions such as keratoconus—soft contact lenses have become the preferred choice among patients worldwide, primarily due to their comfort. Indeed, these lenses are so comfortable that some types can be worn continuously, twenty-four hours a day; however, this convenience comes at a significant cost: an increased risk of corneal infection and potential permanent vision loss due to 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.

The resurgence of the scleral lens has brought considerable excitement to our practice, particularly through our collaboration with Dr. Perry Rosenthal and Dr. Deborah Cotter in the care of patients with severe ocular surface disease, such as Stevens–Johnson syndrome and ocular cicatricial pemphigoid. We are now able to provide many of these patients with a degree of comfort and visual function that was previously unachievable without complex surgical intervention.