Guide for Rigid Gas Permeable (RGP) Contact Lenses

Preparation:

✓ Relax. The secret to success in inserting and removing your contacts for the first time is to relax and don’t get frustrated.
✓ Always wash your hands before handling your lenses.
✓ Use a mirror to help you.
✓ Always start with the right lens first to avoid accidentally switching the lenses between the eyes.

Inserting RGP contact lenses:

✓ Place your lens on the tip of your index finger.
✓ Secure your upper eyelashes against your eyebrow with your other hand. Secure your lower lid to your cheekbone with the middle finger of your inserting hand. Separate your eyelids as much as possible so that the lens contacts the cornea (clear part of the eye) without touching the lids or lashes.
✓ Slowly bring the lens toward your eye while looking through the lens. Use a mirror and watch yourself as you place your lens on to your cornea.
✓ Release the lids slowly and blink a few times.
✓ If the lens sticks to your finger, lift the lens from your finger and wipe off the extra solution and then attempt to re-insert the lens.

Removing RGP contact lenses:

Method 1
✓ Clean and dry your hands. Bend your head over a table and look straight. Open your eyes as wide as possible.
✓ Place the tip of your thumb at outer corner of your eye so that you apply pressure to both upper and lower lid margins.
✓ Press back slightly toward your ears and blink to remove the lens.

Method 2
✓ Clean and dry your hands. Place the middle finger of each of your hands as close as possible to your lid margin.
✓ While holding your upper lid margin tight against your eye above the lens edge, move the lower lid margin up under the lower lens edge and remove the lens.

Cleaning/Storage of RGP contact lenses:

✓ Place a few drops of cleaning solution on the lens in the palm of your hand.
✓ Rub the lens for 10-20 seconds with your index finger.
✓ Clean one side of the lens and then the other.
✓ Rinse the lens with conditioning/multipurpose solution and place it into your lens case, making sure the lens is completely covered with multipurpose solution.
✓ Empty the solution from your lens case, rinse and allow to air dry after each use.
✓ Replace your lens case every three months.

Normal initial symptoms with RGP use:

✓ Tearing and lens awareness will gradually subside as wearing time increases.
✓ Extra sensitivity to wind, smoke and dust may occur with rigid-gas permeable contact wear.
**New RGP Contact Lens wear schedule:**

Enter the dates into the spaces below of the first 14 days you are going to wear your soft contact lenses. You can wear your lenses less time than the schedule suggests but DO NOT exceed the scheduled time. It is important to increase your contact lens wear time gradually. If you miss a day, continue with the next day’s wearing schedule.

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<th>Day 1</th>
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**Special note for Monovision Contact Lens Wearers:** Monovision is a compromise, but an alternative for those that need correction consisting of two different prescriptions.

**Monovision** means that we correct one eye for distance vision and the other eye for near vision with contact lenses. This eliminates the need to wear reading glasses over your contact lenses. Monovision works because the brain suppresses the blurred image, depending on whether you are looking at distance or near. Monovision does NOT hurt your eyes or cause them to become worse. While this technique sounds unusual, it is not new and works well for many people.

- It usually takes between 2-4 weeks for the adaptation to occur.
- This visual compromise may reduce visual acuity and depth perception for both distance and near. Night vision will not be optimal; we suggest you do not drive at night with these lenses. Also, it may be difficult to read print in dim lighting.
- Those with occupations or lifestyles requiring significant reading or distance demand are poor candidates for monovision.

Remember, monovision is a visual compromise, neither the distance or near vision is expected to be as good as it would be if you were wearing your eyeglasses or wearing contact lenses for distance only.
Contact Lens Important Reminders:

✓ Follow the Doctor’s instructions of when to replace your contact lenses. They are not FDA approved for use after a designated period of time, because they are no longer healthy for your eyes.
✓ If at any time your eyes become red, irritated, excessively light-sensitive, produces mucus, and/or your vision is blurry, remove your lenses immediately and make an appointment as soon as possible.
✓ Always have a current pair of glasses to wear. Glasses are important to allow your eyes to rest from wearing contact lenses. Glasses are critical for situations, such as torn or lost lenses, or an eye infection when you must discontinue contact lens wear.
✓ Use only the solutions that the Doctor has approved for your contact lenses. Make sure to consult the Doctor if you are considering switching contact lens solutions. Fresh water, tap water, or saliva should NEVER be used to wet, clean or store contact lenses.
✓ Do not over wear your contact lenses. If you over wear your lenses the cornea will suffer from lack of oxygen, which can result in many complications, including swelling and possible corneal injury/scarring.
✓ Do not sleep, shower, swim, or go in the hot tub with your contact lenses.
✓ If the Doctor requires a change in the fit or prescription of your contact lenses, the original contact lenses must be returned when picking up the new lenses.
✓ Contact lenses will be dispensed to a first time contact lens wearers only after successfully completing a contact lens class.
✓ Contact lens prescriptions are valid and will only be released if the patient is properly fit with contact lenses.
✓ Contact lens exam includes a follow-up evaluation within 45 days of initial exam. Any adjustments on contact lenses must be made within 45 days of initial exam.
✓ Contact lens prescriptions expire one year from original exam date.
✓ Contact lens use is a privilege. If you cannot comply with the Doctor’s instructions you may be removed from contact lens wear.

Follow the Doctor’s instructions and feel free to ask questions at anytime.

I agree to follow all instructions (written and oral) regarding contact lens handling, care and follow-up.

_________________________________________________________ ________________________________
Patient Signature       Date

I, as the parent/legal guardian, am aware that my child is purchasing contact lenses and agree to assume full responsibility for ensuring that my child understands and follows all instructions (written and oral) regarding contact lens handling, care and follow-up.

_________________________________________________________ ________________________________
Parent/ Legal Guardian Name Signature     Date