

Migrating to silicone hydrogels

Dr Inma Pérez, **Mark Draper** and **Dr Cameron Hudson** offer useful advice about the best ways to ensure the patient is receiving the best lens

n any professional environment there is an ongoing need to embrace new technology and adopt better professional habits. But for many, effectively adopting change can be difficult. For eye care practitioners, failing to evolve professional habits in alignment with new technology can prevent patients from receiving the safest and most effective options available. Frequently,

this can also limit the commercial

output of the business/practice.

As an example, reusable daily wear silicone hydrogel (SiH) contact lenses are, for the majority of contact lens applications, superior to traditional hydrogel/HEMA (hydroxyethyl methacrylate) contact lenses and their safety and efficacy is well established. 1,2 Owing to their high oxygen transmissibility, wide range of parameters and ease of fitting, reusable daily wear SiH lenses are widely accepted to be the new benchmark in soft contact lens care. 3

Despite their advantages, many eye care practitioners have still to fully embrace SiH contact lenses in their portfolio. Market research indicates traditional hydrogel/HEMA lenses still represent 54 per cent of the contact lens market between the major European countries. Perhaps the most noteworthy benefit of SiH over a hydrogel/HEMA lenses is the reduction in clinical signs and ocular symptoms due to corneal hypoxia and is a feature which confers the following important benefits to patients:

- Whiter, healthier looking eyes
- Lower risk of hypoxic complications
- Better longevity in lens wear
- Possible overnight wear.

In the UK, market research suggests the vast majority of new monthly replacement daily wear and extended wear contact lens fitted with a SiH contact lens.⁴ While this is great news for new lens wearers, it does not benefit those currently wearing hydrogel/HEMA lenses, who contribute significantly to the total number of lens wearers in the UK. Practitioners must be proactive in managing the migration to extend the benefits of SiH lenses to existing hydrogel/HEMA wearers.

This article aims to provide



Patients should look to their practitioner for the latest advances in products

practitioners with a rationale to initiating the migration of existing reusable hydrogel/HEMA daily lens wearers to SiH lenses and a step-by-step approach to managing the process to ensure the best possible outcome for the patient and the practitioner.

Why migrate hydrogel/HEMA wearers to SiH?

The benefit of increased oxygen transmission associated with SiH daily wear contact lenses alone should be compelling enough for eye care professionals to fit and re-fit their new and existing lens wearers with SiH lenses, respectively. However, there are several other areas where SiH contact lenses can offer practitioners benefit, in patient loyalty, practice profitability and professional duty.

Patient loyalty

Providing patients with the latest and safest eye care products is a great way for practitioners to demonstrate their continued commitment to the visual needs of their patients.

It has been demonstrated that there is significantly less discontinuation (drop-out) with reusable SiH contact lenses compared with conventional hydrogel/HEMA soft lenses.⁵

Practice profitability

Daily wear reusable SiH lenses represent the latest in contact lens technology and therefore typically command higher retail prices. Charging professional fees for any chair time used to re-fit existing wearers can also be justified provided that the patient is able to appreciate that the changes add value to their ongoing eye healthcare.

Professional duty

All eye care practitioners have a duty of care and professional responsibility to provide information and advice in the best interests of their patients' well-being. This responsibility also extends to the form of vision correction and services that they offer their patients.

How to manage to migration

For many practitioners, migrating hydrogel/HEMA lens wearers to SiH lenses may be perceived as involving some degree of risk of patient drop-out and/or patient dissatisfaction. In reality, SiH lenses are simple to fit, comfortable, 6.7 available in a wide range of parameters and modalities, and are compatible with the vast majority of lens care solutions. As in any situation which involves 'change' and 'people' a small minority of patients will prefer to

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continue with their hydrogel/HEMA lenses, the vast majority of patients, however, will obtain tangible benefits from being refitted into SiH lenses.

The migration process can be broken down into the following steps:

Step 1

Identify all patients who can benefit from the migration (ie how many patients are affected) and establish a realistic timescale over which the migration should take place. Align your migration plans with a family of SiH products with which you are familiar. Good knowledge of the base material and parameter ranges for the different lens types will help to overcome any small challenges faced as part of the migration.

Step 2

Communicate your intention to your patients and ensure that they understand what they stand to gain as a result of the changes you are recommending. Some contact lens manufacturers can provide customised template letters to help kick start this process.

Step 3

Invite the patient to collect their new SiH lens. This can be done either at their next routine aftercare appointment or sooner, depending on the timescale established for the migration.

Step 4

Manage patients' expectations appropriately. It is normal for patients to report 'observations/differences' between their old lenses and the new ones. It is possible for practitioners to confuse these 'normal' findings with 'dissatisfaction/problems' and consider re-fitting the patient with their old lenses. In the vast majority of instances and given a sufficient adaptation period, patients will adapt to their new lens material. Re-stating the initial rationale

for making the changes in the first place will help to reassure patients who report wearing experience differences between the hydrogel/HEMA lenses and the SiH lenses. However, practitioners should also be alert to situations where continuation in SiH lenses is prohibitive.

Step 5

Ensure that the lens cleaning solution is still appropriate for SiH lens material. SiH lenses generally collect lipid and protein deposits to a greater extent than HEMA lenses and an appropriate cleaning regimen should be considered as part of the migration process. The efficacy of SiH lens material to resist deposition varies significantly between lens types. SiH lenses with modified surface treatments are particularly effective in resisting lens deposits.

Adopting the mindset

Being proactive about fitting and refitting patients with SiH lenses is a mindset that offers value to patients as well as the practitioner. Deciding to fit and re-fit wearers with SiH lenses begins with the desire to reduce the likelihood of patients ceasing the benefits of contact lens wear and the risk of chronic hypoxic stress to the cornea.^{2,3}

Summary

SiH lenses account for the vast majority of new fits into contact lens wear; however, a significant proportion of existing wearers remain in hydrogel/HEMA lens materials. Making provision for existing hydrogel/HEMA wearers to be re-fitted with a SiH lens reduces their likelihood of experiencing chronic hypoxic stress, 2,3 reduces their likelihood of lens wear drop-out and enables the practitioner to extend their professional expertise to their existing patient base. Migrating patients into SiH contact lens material which is available in a range of lens types, for example sphere, toric and

multifocal will help limit the differences in adaptation experienced by patients and allow the practitioner to derive confidence from their portfolio of lenses. The short-term changes in practitioner prescribing habits described in this article will provide contact lens wearers with the best possible opportunity to succeed in lens wear for the longer-term and help to ensure loyalty and life-long relationships between practitioners and their patients.

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