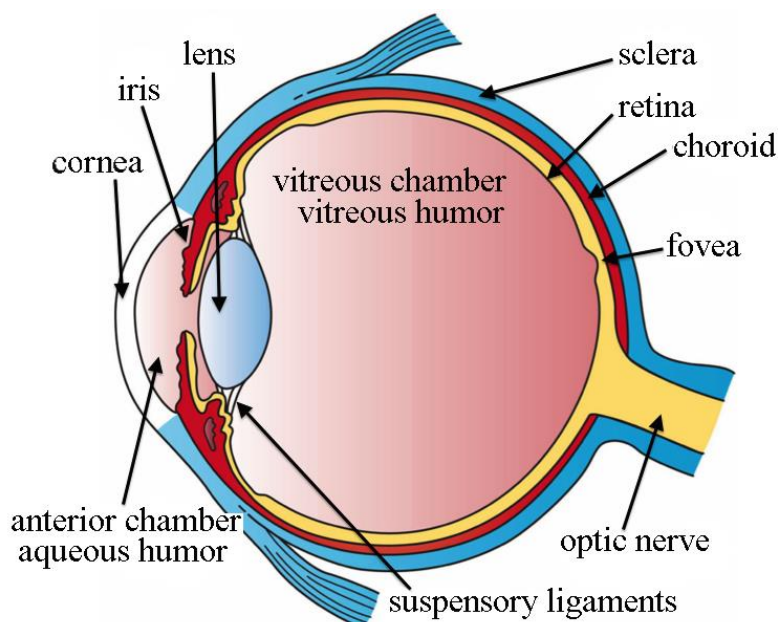


## Information for Patients

# Children fitted with contact lenses following cataract surgery



Artwork by Holly Fischer - <http://open.umich.edu/education/med/resources/second-look-series/materials> - Eye Slide 3, CC BY 3.0, <https://commons.wikimedia.org/w/index.php?curid=24367145>

## What is a cataract?

The eye works a bit like a camera; it contains a lens which helps focus images onto the back of the eye (the retina) which acts like the film in a camera. When a cataract is present, the lens becomes cloudy and prevents a clear image reaching the retina. In the cataract operation the cloudy lens is removed to allow light to reach the retina. However, without the lens the eye is no longer able to focus the image clearly on the retina and although everything should now be brighter it will still be very blurred.

## After the operation

After the lens has been removed spectacles and/or contact lenses are provided to focus images onto the retina and improve vision.

Babies are usually too small to have an Intra Ocular lens implant (IOL), which is a new artificial lens placed inside the eye. If it is possible to have an IOL implant they do still need spectacles or contact lenses to get the best vision while they are growing.

## Spectacles

Spectacles will be ordered at the time of contact lens fitting to act as a back-up in case the contact lenses have to be removed for an extended period of time.

## Contact lenses

There are two main types of contact lenses: hard and soft. We usually use soft contact lenses for babies. These contact lenses are soft and flexible (like thick cellophane) and are about one centimetre wide and about one millimetre thick.

As a child grows in the first few years of life, their eye also grows. The spectacles and contact lenses have to be changed in power and size as the child's eye grows. It is very common to have to change the contact lenses and spectacles a lot in the first three years of life.

There is a risk of infection to your baby's eyes if the contact lenses are slept in every day without being removed for cleaning. You will be encouraged to remove the contact lenses at night to clean them and to reinsert the clean contact lenses the following morning. It is not necessary to remove the contact lenses while your baby sleeps for short naps throughout the day.

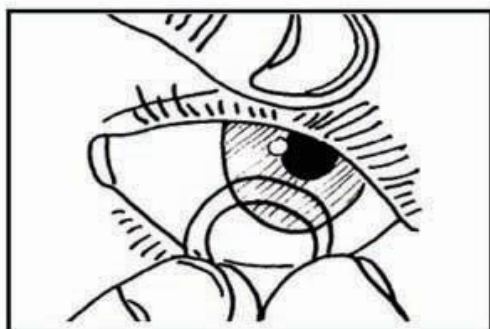
## Inserting and removing contact lenses

### Insertion

- Wrap your baby in a towel or blanket to keep their arms out of the way and lay them flat. It could be useful to have someone else present to help hold your baby's head still.
- Wash and dry your hands.
- Remove the first contact lens from its container.

- Hold the contact lens between the thumb and forefinger of your preferred hand (Fig.1).
- Place the thumb of your other hand as close as possible to your baby's eyelashes on the upper lid. Pull the upper lid up until you can feel the brow bone underneath your thumb and the eyelid (Fig.2).

**Fig. 1**



**Fig. 2**



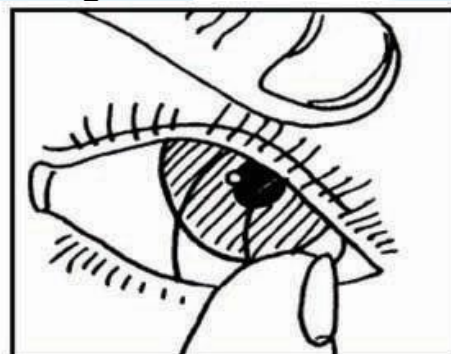
- Push the edge of the contact lens underneath the upper lid until it rests on the eye. This can be difficult as a baby's eyelids are very tight. Once you have pushed the lens under the lid you might need to pull away the lower eyelid at the last moment to get all the contact lens in (Fig.3 and Fig.4).

**It is perfectly normal for your baby to cry during this procedure.**

**Fig.3**



**Fig. 4**

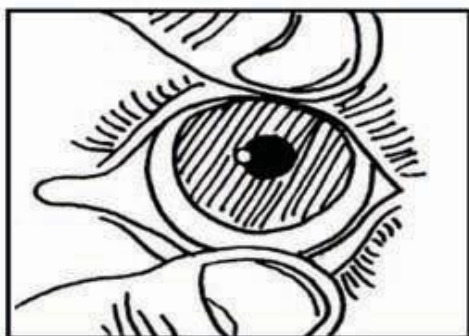


If the contact lens folds over it will be uncomfortable and will have to be removed and reinserted. The contact lens could slip underneath the upper lid and disappear from view. It cannot get lost behind the eye and you can massage the upper eyelid to re-centre the contact lens.

## Removal

- Wrap your baby in a towel or blanket to keep their arms out of the way and lay them flat. It might be useful to have someone else present to help hold your baby's head still.
- Wash and dry your hands.
- Place one thumb over the top eyelid as close to the eyelashes as possible and pull up the eyelid at the very edge.
- Place the other thumb at the edge of the lower eyelid and pull it down. Make sure that the eyelids are turned in towards the eye; you should not be able to see the pink inside of the lid at all (Fig.5 and Fig.6).

**Fig.5**



**Fig.6**

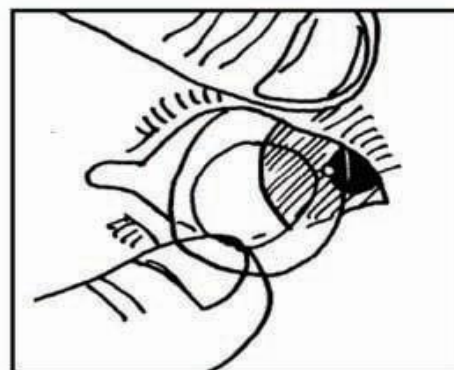


- Gently press on the edge of the contact lens and the eye; the contact lens should become visible (Fig.7). Then move your thumbs together and the contact lens will pop out (Fig.8).

**Fig. 7**



**Fig. 8**



- Make sure you have a container ready, full of the appropriate solutions in which to put the contact lens.

## Cleaning and disinfecting

After removal, the contact lenses need cleaning. You will be supplied with the necessary cleaning solutions but if you run out between visits you can buy supplies from a local optometrist, pharmacy or supermarket. Cleaning and disinfecting the contact lenses will be explained in more detail at your first visit.

## Problems with contact lenses

### Loss or damage

You will be provided with spare lenses in case of loss or damage. It is important to put the spare contact lens into the eye as soon as possible after discovering a damaged or missing contact lens so that both eyes can see equally well.

### Infection

This shows as a red eye, a sticky eye, a watery eye or an eye that the baby finds hard to open, especially in bright light. If you notice any of these symptoms it is very important that you **remove the contact lens straight**

### Contact details

- In an emergency or if there are any urgent questions you can contact the contact lens department Monday - Friday 8.45am - 4.30pm on **(0161) 276 5535**. If your problem is urgent and the department is closed, please contact the Emergency Eye Department on **(0161) 276 5597** every day from 8.00am – 9.00pm including public holidays.
- For non-urgent queries please email us at [contact.lenses@mft.nhs.uk](mailto:contact.lenses@mft.nhs.uk).

It is important that you keep your appointments at the hospital and, if you are unable to do so, that you make another appointment in order that we can check for any early signs of problems with your baby's eyes before they need urgent attention.