

EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE

CONTACT LENSES

Effective April 6, 2016 Revised April 10, 2019 Revised June 16, 2021



Contact Lenses Clinical Practice Guideline

The objective of this Clinical Practice Guideline (CPG) is to provide guidance to Doctors of Optometry on the use of contact lenses as a form of treatment. This guideline is based on the best available and most current optometric and medical clinical evidence and research. It is not intended to replace professional discretion and judgment; nor is it intended to be used as an all-encompassing clinical manual. Clinicians must base their assessment, diagnostic, management and treatment regimens on the specific needs of the patient at that point in time.

Contact lenses are classified as medical devices by Health Canada and must be properly fitted, maintained and re-examined on a regular basis in order to achieve clear, comfortable and healthy vision. Contact lenses may be used to provide:

- Correction of vision anomalies (refractive and binocular)
- Myopia control therapy
- Relief from dry eye
- Eye protection including, but not limited to:
 - o UV protection,
 - o And bandage contact lens.
- Correction for other reasons such as, but not limited to:
 - Corneal degenerations and dystrophies (keratoconous, pellucid marginal degeneration, etc.),
 - o Cosmetic correction for scarred corneas,
 - o Changing a patient's eye color with tinted lenses,
 - Patients who exhibit severe allergic or toxic reaction to eyeglass frame materials.
 - For patients whose facial features do not permit the use of regular spectacles,
 - Or as a delivery system for medications (once granted approval by Health Canada).

As many factors may influence the possibility of successful contact lens wear; it is incumbent on optometrists to perform the necessary tests that will allow them to select, educate and fit patients in an appropriate manner.

Goals

It is the goal of every optometrist to:

- Identify those patients who may benefit from contact lenses as a form of treatment.
- Maximize a patient's visual status and quality of life.
- Share patient information in an appropriate manner with other members of the patient's health care team.

General Guidelines

- 1. When deemed therapeutically beneficial for the patient, the suitability of contact lenses as a form of correction for the patient should be considered.
- 2. The patient's refraction, binocular status, ocular and physical health, mental status, occupational requirements, leisure requirements, wearing environment and other findings must be considered when determining the most appropriate contact lens specifications.
- 3. Optometrists who do not provide this type of optometric care must refer patients who require contact lens correction to an appropriately trained optometrist, ophthalmologist or contact lens certified optician.

Specific Guidelines

- 1. Contact lens specifications can only be determined after performing additional specialized services following the completion of a comprehensive eye examination. All contact lens specifications must include:
 - Patient name.
 - Prescribing optometrists name.
 - Address and telephone number of the prescribing optometrist.
 - Date that the contact lens specification was issued.
 - Expiration date of the contact lens specification. This is left to the professional discretion and judgment of the optometrist based on the medical and/or ocular condition of the patient.
 - Brand name of the contact lens, base curve, diameter and power.
 - Replacement schedule.
 - Type of contact lens solution.
 - Other contact lens specifications may also be included as per the professional discretion and judgment of the optometrist (i.e. reading add, thickness, peripheral curves, etc.).
- 2. All addenda, commentaries and disclaimers to contact lens specifications should be based on accuracy, reasonableness and legitimacy. In addition, these addenda, commentaries and disclaimers must be accurate, truthful and not misleading, nor infringe on the rights of the patient or other health care providers.
- 3. Optometrists shall comply with Schedule 17, Section 5(3) of the Health Professions Act by offering the patient a written copy of the specifications of the contact lenses after completing all the services required to dispense contact lenses.

- 4. When a patient requests their contact lens fitting and dispensing occur inside the optometrist's office and the optometrist agrees to offer this service; the optometrist's responsibility for the fitting and dispensing includes:
 - Having an appropriate discussion on contact lens options and associated costs before proceeding with the fitting.
 - Verifying and assessing the contact lenses on the patient's eye for physical fit, physiological response and visual performance before the lenses are supplied to the patient.
 - Instructing the patient in contact lens wear, insertion and removal techniques, lens care and replacement frequency.
 - Monitoring the contact lens performance, ocular health and
 patient adherence to wearing and maintenance regimen on a
 regular schedule as determined by the optometrist. The
 monitoring schedule shall be based on the patient's ocular and
 general health, wearing environment and previous compliance as
 per the professional discretion and judgment of the optometrist.
- 5. When a patient requests to purchase their contact lenses and have them dispensed from another source, the optometrist shall:
 - Respect the patient's choice of provider for their contact lenses.
 - Inform the patient and/or legal guardian of any costs associated with services performed on contact lenses purchased elsewhere. These services may include: contact lens specification verification, assessment of the physical fit and physiological response of the contact lenses and adjustment of contact lenses purchased and dispensed from another source.
- 6. When a patient presents to an optometrist to purchase contact lenses after being examined by another practitioner:
 - If the other optometrist or ophthalmologist has only performed an eye exam, the optometrist shall perform a full contact lens fitting (for new contact lens fits) or a contact lens recheck (for existing contact lens patients) before dispensing new contact lenses.
 - If the other optometrist, ophthalmologist or certified contact lens optician has performed a contact lens fitting and issued a final contact lens specification, the optometrist shall use the specifications provided to dispense contact lenses if the optometrist has the means to. The optometrist may decline dispensing contact lenses based upon specifications provided by another optometrist, ophthalmologist or certified contact lens optician if the optometrist's professional discretion and judgment deems any aspect of the specification to be inappropriate based on the medical and/or ocular condition of the patient.
- 7. If the customary eye examination fee and contact lens fitting fee have been paid, an optometrist must not, at any time, charge any additional fee for issuing or writing the contact lens specifications.

- 8. Optometrists must receive appropriate consent before sending a copy of the patient's contact lens specifications to another source (if all services to dispense contact lenses have been completed). Once appropriate consent is received, optometrists shall:
 - Send the contact lens specifications within a reasonable time frame.
 - Send the contact lens specifications by FAX, mail, email or other means if requested to do so by the patient.
 - Not require patients to physically return to their office to pick up a copy of their contact lens specifications.
- 9. Expired contact lens specifications must be released at no charge to patients and/or other health care practitioners as historical data, but cannot be used to fill a new prescription.
- 10. If a patient or third party provider has not paid the service fees associated with the contact lens fitting and generation of the contact lens specifications, the optometrist is not required to release the contact lens specifications.
- 11. Optometrists must comply with the Contact Lens Practice section in the ACO Infection Prevention & Control Policy.