CONTACT LENS PART 5

Legal Aspects of Contact Lens Practice

COURSE CODE: C-13861 O/D/CL

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During 2008-2009, the General Optical Council (GOC) received 150 complaints, of which five involved contact lenses. In a seemingly increasing world of litigation and culture of ‘blame’, it is essential that all eye care practitioners keep abreast of the legal, ethical and professional obligations surrounding all aspects of their work. In particular, there have been several important alterations in the area of contact lens practice over the last few years, and this article presents the answers to a series of common questions in order to review those changes with clear guidance on current best practice.

The optical profession has now been regulated for over 50 years, and the original Opticians Act was last consolidated in 1989. When subsequent statutory instruments (SI) are published they amend the original Act, and in 2005 a number of particular changes were introduced including compulsory continuing education for qualified professionals and student registration for those in training, in addition to major changes regulating sale and supply of contact lenses. The Opticians Act gives the GOC powers to make orders, rules and regulations in relevant areas which are then mandatory for the profession: for instance, we have recently seen the GOC publish its new Code of Conduct (April 1 2010).1

Who is allowed to fit contact lenses in the UK?

The process of contact lens fitting is defined as assessing suitability and where appropriate, providing one or more contact lenses for use during a trial period.2 The Opticians Act (1989)2 states that only registered medical practitioners, optometrists and dispensing opticians (with suitable qualifications) may fit a contact lens, and there is a special exemption for supervised students (medical and optical) in training. This means it is actually a criminal offence for anyone unregistered to fit contact lenses, with conviction and large penalty fines resulting. Optometrists who qualified before 1961 are not permitted to fit contact lenses unless they have subsequent certification, as their training prior to this date did not routinely include contact lens skills training.

Who retains responsibility for the patient?

The contact lens practitioner (optometrist or suitably qualified dispensing optician) takes over the clinical responsibility from the (spectacle) prescribing optometrist for the contact lens fitting and management of the patient, and the usual obligations regarding referral in the case of abnormality apply to the contact lens practitioner. This ‘delegated responsibility’ to a qualified professional is legally differentiated from the delegated duties of spectacle dispensing and visual field assessment.

Needing a spectacle prescription

The Opticians Act 1989 (s25) requires that patients presenting for contact lens fitting must possess a valid spectacle prescription or statement from their most recent eye examination, and that fitting must start prior to the next suggested date for re-examination. In practice this means that patients need to present a spectacle prescription that is not more than two years old, before contact lens fitting can commence. This rule applies to all contact lenses, including plano ‘fun’ lenses. Many businesses express a preference for a patient to present a prescription that is not more than one year old in all cases, but this is not legally enforceable unless this was the recommended interval for their next eye examination. It is a criminal offence to fit any type of contact lens in the absence of a valid spectacle prescription/statement.
that may be carried out by optical assistants; this represents a change from the era when the prescribing ophthalmic optician retained responsibility for the patient even when they were seeing a dispensing (contact lens) optician colleague for contact lenses.

Considering this practically, it means that an optometrist retains a ‘holistic’ duty of care to their contact lens patients and has a duty to investigate (or refer) ocular symptoms unrelated to their contact lenses, whereas a contact lens (dispensing) optician does not have to investigate but must recommend an appropriate referral route for the patient.

What level of equipment is mandatory to carry out contact lens work?
The College of Optometrists’ Code of Ethics and Guidelines for Professional Conduct states that “optometrists who fit contact lenses should possess suitable equipment for contact lens practice and be fully conversant with its use”. The minimum requirement in these guidelines is a slit lamp and keratometer with the facility to calibrate both of them. Other items that are recommended are single use diagnostic trial lenses and a radiuscope, with topographers and tear film assessment equipment suggested for consideration. Whilst these guidelines do not form part of statutory legislation, these expectations would be upheld by the GOC, as they naturally refer to the College for guidance in such matters.

Can I fit children with contact lenses?
There is no legal reason to prevent practitioners from fitting contact lenses for children, but from a clinical perspective you must use your professional judgement as to your own capabilities as well as to the suitability of the child to be fitted with contact lenses. The GOC code of conduct requires that you “recognise, and act within, the limits of your professional competence”.

Realistically, children as young as 10-years-old can handle contact lenses, but they should be considered on an individual case-by-case basis. Indeed, dealing with children also means giving particular attention to the issues of confidentiality and consent. It is usual for younger patients interested in contact lenses to be accompanied by a parent, who by virtue of their presence give consent and financial support to the lens fitting procedure. However, it is feasible that a 15-year-old may present with a valid spectacle prescription, wishing to try contact lenses without their parents’ knowledge. This can present the practitioner with a dilemma – you have to decide if the young person is Gillick competent, i.e. do they have the capacity and understanding to take decisions about their own eye care management, specifically the risks and responsibilities surrounding contact lens wear. If you believe this to be the case, you could choose to respect their wishes and proceed with fitting, but you would be wise to consider using a member of staff as a chaperone and witness to the consent and lens fitting. Of course, you should also consider the likelihood of a 15-year-old being able to meet the financial costs of contact lens wear. It is very rare to fit contact lenses to an unaccompanied minor in practice for this reason. The importance of explaining the risks of contact lens wear and giving written information is especially important here. It is this author’s opinion to routinely seek parental consent for contact lens fitting in minors, and to ‘decline to fit’ if a child (under the age of 16) insists on no parental input.

Do I have to provide a contact lens ‘prescription’?
A written contact lens prescription, known as a contact lens specification, must be provided for the patient when fitting is complete (Opticians Act 1989, s25 with subsequent si no. 1481, 2005), which is expected to be within three months. If several contact lens practitioners are involved in the fitting process, the final practitioner to see the patient is responsible for signing and providing the specification. If the fitting is expected to take longer than three months, then the patient should be warned and a note made on their record. The only exceptions to this rule about issuing specifications are where contact lenses are being fitted as part of the medical examination of the patient.

Figure 1
A typical contact lens specification (the practice address is usually on the reverse)

**Table 1**

<table>
<thead>
<tr>
<th>Name</th>
<th>[Redacted]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>CoWiff</td>
</tr>
<tr>
<td>Postcode</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Date of birth</td>
<td>15/09/85</td>
</tr>
<tr>
<td>Contact lens type</td>
<td>ALI OPTIX Aqua (Fornifaction B)</td>
</tr>
<tr>
<td>Right eye</td>
<td></td>
</tr>
<tr>
<td>Base curve</td>
<td>8.6</td>
</tr>
<tr>
<td>Diameter</td>
<td>14.2</td>
</tr>
<tr>
<td>Spheres</td>
<td>+4.00</td>
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<tr>
<td>Cyl</td>
<td>+0.00</td>
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**Figure 1**
A typical contact lens specification (the practice address is usually on the reverse)
management of an eye condition (for example bandage contact lenses), or where plano ‘fun’ lenses are being fitted. It does seem slightly odd that there is no legal requirement for practitioners to provide the specification for plano lenses, but the College of Optometrists actually recommends that it is in the patient’s best interests to supply one anyway in such cases, particularly as they may need the specification for further supply.7

The contact lens specification and the spectacle prescription have important differences; a specification has to have an expiry date and enough information for the prescribed contact lenses to be replicated (see Table 1).

The expiry date of the specification is the date beyond which lenses should not be supplied, which is typically set as the next aftercare appointment. The date chosen should be reasonable, and you should be able to defend it from a clinical, rather than business, perspective. A typical routine interval for aftercare appointments is recommended as 12 months.8

What if I am asked for a copy of a contact lens prescription?

Optometrists are legally obliged to hand over a sight test prescription following an eye examination, freely in every case. However, contact lens specifications that arise from a fitting or review appointment are normally attached to a professional fee. If you are simply asked for a copy of the original contact lens specification, it would be in the best interests of your patient to comply, but the AOP suggest that you can charge for this if you notify all patients of such charges in advance.

A canny patient buying their contact lenses elsewhere may request a copy of their specification quite near to the expiry date. As is often the case in this situation, patients would like for the eye care practitioner to conveniently re-issue the specification, allowing them to continue to purchase their lenses. However, practitioners should not allow the expiry date to be changed in this instance, as you would essentially be endorsing the content and also the continuing suitability of that lens type and fitting for the patient. To satisfy yourself, it may be necessary to actually ‘re-fit’ such patients prior to the genuine re-issue of a prescription and therefore to see that patient for an aftercare/re-fit appointment. Remember that this also means that the patient needs to have a valid spectacle prescription in their possession too; this makes the provision of combined eye examinations and contact lens check-ups attractive to many practices. This issue regularly leads to confusion for patients, who see the two “types” of appointment as being the same; it is important to be clear to the patient about what they have to pay for.

If another supplier asks you for a copy of a contact lens specification, you need to obtain consent from the patient before sharing such personal information with a third party. It is better to send the copy of the information directly to the patient for them to handle as they wish. The latter approach avoids potential problems of breaking confidentiality, and written information is much less likely to be misinterpreted. If you are asked to verify one of your own specifications with another supplier, you must ensure:

- You are reasonably satisfied that the patient is aware and consents to this request for validation.
- You are reasonably satisfied that the supplier is under the general direction or supervision of an identified optometrist or qualified optician.
- You make a note on the patient’s record of the request, and offer caution to the supplier if excessive requests are being made.
- You check both the contact lens specification and patient’s details before divulging the information.
- You reply with a simple ‘yes’ or ‘no’ to the enquiry.
- You do not offer any further information than that which was given in the original specification.

If you receive a request for contact lenses from a new patient where you have not supplied the presented specification, and you have any doubts about the background or originality, you must satisfy yourself that it is valid by verifying the specification with the original prescriber (usually by phone).

If a patient attends for a contact lens appointment, am I obliged to check pressures, fundus appearance, etc?

Many business models in optometry separate out the functions of contact

<table>
<thead>
<tr>
<th>Table 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>The required contents for a contact lens specification (Opticians Act 1989; si no. 1481, 2005)</td>
</tr>
<tr>
<td>Name and address of the patient</td>
</tr>
<tr>
<td>Name and GOC registration number of the person signing the specification</td>
</tr>
<tr>
<td>The date the fitting was completed</td>
</tr>
<tr>
<td>Sufficient details of any lens fitted to enable a person who fits or supplies a contact lens to replicate the lens – normally the base curve, peripheral curves, total diameter, material, brand, power</td>
</tr>
<tr>
<td>Such information of a clinical nature as the person fitting the lens considers to be necessary in the particular case</td>
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lens work and general eye examinations. But what if the patient presents with symptoms that alert you to possible issues unrelated to contact lens wear? If you are a dispensing optician working as a contact lens optician, you are required to advise the patient to see their optometrist or ophthalmologist as appropriate. If, however, you are an optometrist, your duty of care demands that you either refer or carry out “such additional examinations as appear to the doctor or optometrist to be clinically necessary”. For example, many practitioners will be familiar with the scenario where management of vitreous floaters takes over the contact lens review appointment.

Where can patients purchase their contact lenses?

Changes to the Opticians Act (via si 1481), which took effect from June 2005, included new regulations on the supply of contact lenses within the UK. Adult patients are free to buy their contact lenses from a registered optometrist, your duty of care requires that you either refer or carry out such additional examinations as appear to the doctor or optometrist to be clinically necessary”. For example, many practitioners will be familiar with the scenario where management of vitreous floaters takes over the contact lens review appointment.

Can children buy their lenses from the Internet?

Anyone under the age of 16 years (and anyone with a visual impairment) must buy their contact lenses from a registered supplier, ie under the supervision of a registered contact lens or medical practitioner or optometrist. They are not permitted to buy from unregistered sellers, as covered by UK legislation.

What about plano contact lenses? Can they be purchased anywhere?

There was originally a loophole regarding the supply of these types of lenses whereby unregistered sellers were able to sell them to the general public. A notable increase in serious eye infections with these lenses several years ago, highlighted the potential for misuse and non-compliance when being sold outside the control of eye care professionals. In 2005, amendments came into force to address this (see above) and further guidance was issued in 2006 to give clarification to the legislation. The consequence is that plano lenses are treated differently to powered lenses, and can only be sold or supplied under supervision of a registered optometrist, dispensing optician or medical practitioner.

Am I obliged to teach patients about handling and cleaning their lenses? Does this have to be written information?

Not only should you be giving your patients advice to make informed choices

<table>
<thead>
<tr>
<th>How to apply and remove lenses, their care, storage, treatment, disinfection and cleaning</th>
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<tr>
<td>Wearing schedule</td>
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<tr>
<td>The need for regular periodic review</td>
</tr>
<tr>
<td>The importance of seeking professional advice immediately any discomfort, redness, watering, visual disturbance or other problem is experienced</td>
</tr>
<tr>
<td>How and where to obtain such advice, both during and outside normal office hours</td>
</tr>
<tr>
<td>The importance of seeking professional advice before substituting their recommended solutions</td>
</tr>
<tr>
<td>The importance of seeking professional advice before accepting a supply of substitute lenses</td>
</tr>
<tr>
<td>Such information of a clinical nature as the person fitting the lens considers to be necessary in the particular case</td>
</tr>
</tbody>
</table>

Table 2

Written information that should be given to a patient when collecting their contact lenses.
prior to any contact lens trial (advice about suitability, available lens types, risks and benefits, contra-indications), we also have a duty to provide the patient with a lens care regimen and instructions about the use of the lenses (“do’s” and “don’ts”). A list of such recommendations, from the College of Optometrists, is shown in Table 2. It is best to provide this information in written form for the patient to take away with them (as per Medical Devices Directive).

Am I legally obliged to provide aftercare?
The supplier of the contact lenses is legally obliged to provide ongoing aftercare. It should be expected that the fitting process involves a contact lens trial and a return visit before fitting is completed, but this is not strictly aftercare or review. The practitioner fitting the lenses should advise the patient of recommended intervals for review, and the importance of keeping such appointments. Once fitting is completed, aftercare responsibilities transfer to the supplier of the lenses (if it is not practitioner fitting the lenses). The law requires the actual supplier to make arrangements for the patient to “receive aftercare, in so far as, and for so long as, may be reasonable in that particular patient’s case”. The directing or supervising practitioner should make sure these arrangements are in place.

The College of Optometrists advises that aftercare arrangements should include:
• Where the patient can go for routine aftercare.
• Where the patient can go in an emergency.
• What signs and symptoms they should watch out for.
• The importance of having regular appointments.
• A local contact or helpline for advice.

Providing written information to the patient is vital (and recommended by the College of Optometrists) when supplying any contact lenses.

Should I obtain written consent from the patient for contact lens instruction and trial?
It is advisable to ask the patient to sign a consent form to indicate that they understand the advice and instructions given to them regarding contact lens wear.

Am I obliged to offer out of hours care?
There is no legal obligation for practitioners to offer out of hours care services, but it is recommended by the College of Optometrists that you provide instructions for such situations, particularly if they wear lenses on a continuous wear basis. This may simply be advice to attend the local eye casualty department.

Can I recommend a wearing schedule contrary to the manufacturer’s guide?
It is strongly advised that patients are not permitted to wear lenses to a schedule that is contrary to the manufacturer’s guidelines, unless there are exceptional circumstances, such as might occur in a hospital setting. The product licence determines the allowable wearing schedule, and practitioners should think carefully before condoning non-compliance in patients even when there may be no adverse response detected. This is an area where it is particularly important for practitioners to protect

Figure 2
Example of deficient record keeping in contact lens practice
themselves, by recording the advice given to their patients and even getting them to sign the record card in front of a witness, if you can see that they will continue to be blatantly non-compliant.

**Can I prescribe contact lenses for myself?**
Self-prescribing of contact lenses is not recommended by the College of Optometrists wherever possible, unless you ensure adequate review and aftercare with a fellow professional.

**Can I use a rigid gas permeable lens fitting set?**
We have had legislation about the re-use of contact lenses and ophthalmic devices (the GOC endorsed the national guidelines) since 1999, when concern was raised about the possible transmission of disease by ocular contact with ‘shared’ lenses and devices. The original concern was that there was a significant level of abnormal prion protein associated with Transmissible Spongiform Encephalopathies (TSEs), such as Creutzfeldt-Jakob disease (CJD), in the anterior segment structures of affected individuals, which made ocular transmission possible. The main points were that, wherever possible, disposable lenses or devices should be used, and where this is not possible then a decontamination method should be used (this applies to rigid, hybrid, astigmatic and multifocal lenses, and to soft aphakic lenses and lenses used in a hospital environment). The recommended protocol is as follows:

- Where a device is re-used, the benefits and risks must be explained to the patient.
- Ask the patient if they are in a risk category first.
- Store the sodium hypochlorite solution safely and restrict access and handling.
- Ensure that the contact lens manufacturer approves the use of the decontamination method with their lenses.
- Records should be kept to show the usage of each lens.

The latest recommendations from the Department of Health’s Advisory Committee on Dangerous Pathogens (ACDP) replace previous guidance issued amid fears that CJD and variant CJD (vCJD), the human form of bovine spongiform encephalopathy (BSE), could theoretically be transmitted from person to person by contact lenses and other devices such as tonometer heads and diagnostic lenses. There have been no known cases of transmission of CJD/vCJD resulting from contact lens wear or diagnostic examination, and there is now thought to only be a low level of risk of infectivity of the cornea and ocular surface.

Under the new guidance, six steps are required to minimise the risk of transmission via re-used contact devices. The lens or device should be:

- Decontaminated immediately after contact with the eye surface.
• Rinsed in Water for Irrigation BP (not tap water) for not less than 30 seconds.
• Cleaned on all surfaces with a liquid soap or detergent, then rinsed in Water for Irrigation BP for a further 30 seconds.
• Immersed in a freshly prepared solution of sodium hypochlorite providing 10,000ppm of available chlorine for 10 minutes.
• Rinsed in three changes of Water for Irrigation BP for a total of not less than 10 minutes.
• Shaken to remove excess water, dried with a disposable tissue, and stored dry in a suitable container.

Any further measure (such as autoclaving) can then be carried out, if this is necessary and if the device is designed to withstand such a process. Otherwise, it is ready for immediate re-use. Although sterile normal saline is not mentioned in the guidance, it is likely that this would be an acceptable alternative to Water for Irrigation BP.13

What are the minimum requirements for contact lens records?
The elements for contact lens fitting and review are found in the College of Optometrists guidelines6,8 rather than the actual legislation. Clear and comprehensive record keeping, however, is an essential part of all aspects of eye care, not only for ongoing patient care and management, but also to provide legal defence in any litigious matters. Contact lens practice is perhaps an area where accurate record keeping can be frequently neglected and is a skill to be developed and perhaps, more importantly, needs to be maintained.

Figure 2 shows a record card that is not atypical of that found in many established, busy, High Street practices. It is evident that some pivotal questions have been asked in the initial “History & Symptoms”, but detail is lacking regarding wearing patterns (average and maximum contact lens wearing times), previous ocular history (e.g. any occurrence of infections), general health (including allergies) and medication. There is also no evidence of an over-refraction to have been conducted, with a measurement of only the current visual acuity (VA) implied.

Most alarmingly, there is a significant lack of detailed recording of the slit lamp examination findings. Clinical grading of the anterior eye appearance is vital for the ongoing monitoring of any potential contact lens-related changes, to a high level of sensitivity (see Article 3 in this series, Optometry Today, March 26 2010). In addition, detailed recording of observations after the instillation of sodium fluorescein (staining, tear break-up time and tear meniscus) is also missing yet important to assess corneal integrity and risk of infection. The record is also missing, in the advice, a recommendation for the patient to have a sight test, despite the last one taking place two years ago.

In contrast, the record shown in Figure 3 contains a lot more clinical information. A better history and symptoms has been recorded, leading directly to a different management approach for the patient, based on the clinical findings; the patient was referred for a sight test due to the change in prescription, and then a return visit recommended. Detailed examination of the anterior eye is also recorded, for both eyes, with grading of individual structures clear and apparent; note that the use of “tick marks” and the abbreviation “NAD” (no abnormalities detected) on patient records are not deemed to be acceptable practice by the Association of Optometrists (AOP).14 The finding of some superficial corneal punctate staining also supports the symptoms of dryness that were reported by the patient during “History & Symptom” taking, which lead to recommendations about blinking at the computer; note that it is important to record all advice that is given to the patient, on the record card. The record also clearly shows investigation of any changes to corneal shape as a result of contact lens wear (keratometry).

Although the record in Figure 3 is better than that shown in Figure 2, it is not perfect, as it does not record how many years the patient has worn contact lenses for generally, which could be important when considering the conjunctival and limbal redness observed. It also does not contain details of general health, medication, and previous ocular history, which is important to assess for any contraindications to contact lens wear.

Summary
This article has presented a review of the rules and guidelines that surround contact lens practice in an easy question and answer format. To avoid litigious issues there are some important tips that could be followed:

1. Inform patients about new products and opportunities; don’t let them hear about a new lens that will ‘allow more oxygen to your eye’ from someone else!
2. Provide written (or web-based resources) to back-up your advice given verbally in the practice.
3. Keep clear, accurate records of all advice given regarding wearing schedules, care solutions, etc.
4. Don’t forget to give the patient a new contact lens specification at every review appointment.
5. Educate your patients about the importance of contact lens review appointments and how they are vital to producing the specification when required.
6. Make sure you understand the restrictions on the use of trial lenses for contact lens fitting.

About the Author
Dr Christine Purslow is a lecturer in the School of Optometry & Vision Sciences, and a Director of the Contact Lens & Anterior Eye Research (CLAER) Unit at Cardiff University. She is also a Member of the College of Optometrists, and a Fellow of both the BCLA and the International Association of Contact Lens Educators (IACLE).

References
See www.optometry.co.uk/references
Module questions

1. Why is the use of clinical grading scales particularly recommended in contact lens practice?
   a) To help defend a clinical record in cases of litigation
   b) To allow practitioners to use numbers rather than words
   c) To allow a practitioner to monitor eye health with more accuracy and reliability
   d) To allow the recording of more ocular features

2. At what point should a contact lens specification be issued to a patient?
   a) Three months after the initial fitting appointment
   b) At the point when fitting is deemed to be complete by the practitioner
   c) Only when a patient wants to purchase lenses elsewhere
   d) Every time a patient has an eye examination

3. Why is there legislative guidance on the re-use of trial contact lens lenses?
   a) Because contact lenses pose a particular risk to people with weak immune systems
   b) Because of the theoretical risk of transmission of neurological disease, due to abnormal proteins adhering to lenses
   c) Because cleaning of such lenses is too time-consuming in practice
   d) Because of the potential risk from tap water, should it be involved in any cleaning process

4. Which of the following MUST be included in the written instructions supplied to a patient after a contact lens fitting?
   a) The importance of regular aftercare
   b) Where to go in an emergency
   c) What signs and symptoms to look out for
   d) All of the above

5. If a patient asks you why they can’t wear their daily disposable contact lenses for more than one day, your response should be:
   a) They are too thin and will tear easily
   b) They will damage their eyes
   c) They are not licensed for that use and you do not recommend the patient do this
   d) They can wear their lenses for up to two weeks before disposing them

6. Who is obliged to make sure that a patient has ‘aftercare’ of their contact lenses?
   a) The practice where they have their regular eye examinations
   b) The original fitter of the contact lenses
   c) The supplier of the contact lenses
   d) The last practitioner to see the patient

7. What is a valid spectacle prescription or statement, in the context of contact lens fitting?
   a) One that is a maximum of two years old
   b) One that has been signed and dated within six months of the fitting
   c) One that has at least six months left before expiry date
   d) One that is for powered contact lenses

8. What does ‘sales under supervision’ imply, with regard to contact lenses?
   a) That the manager is an optician
   b) That the practitioner will be on the premises when the sale is made
   c) That the practitioner will personally hand over the lenses each time
   d) That the practitioner has an administrative role only

9. Plano cosmetic/“fun” contact lenses can only be obtained by:
   a) Possessing a statement from a sight test less than two years old, plus having a contact lens fitting
   b) Having a contact lens fitting with a qualified optician
   c) Obtaining a contact lens specification from the Internet
   d) Possessing a statement from a sight test less than two years ago, plus having a contact lens fitting, plus a supervised purchase

10. If a patient attends for contact lens aftercare but complains of experiencing sudden onset of flashing lights in their right eye, what should you do?
    a) Ensure that the patient returns the following day for an eye examination
    b) Ensure that someone can see the patient on the same day for further examination
    c) Ensure that they take away written information about ‘flashes and floaters’
    d) Ensure that they cease contact lens wear

11. Which of the following is NOT normally found on a contact lens specification?
    a) The base curve
    b) The brand name of the contact lens
    c) The centre thickness
    d) The modality for wear

12. Why is it particularly important to note how many years a patient has worn lenses in total?
    a) To allow the practitioner to manage ocular signs in context of the full history
    b) Because eyes will look generally redder after several years of contact lens wear
    c) Because there is usually a limit of approximately 30 years
    d) Because patients should change to silicone hydrogels if they have worn lenses for several years

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