

**CHOICE OF CONTACT LENSES TO EYE GLASSES****\*Ronald N.E.**

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**INTRODUCTION**

Being able to see well, for most, is essential to performing the activities of day to day life. Good vision contributes to overall well being and independence for people of all ages. For those with imperfect but correctable vision, many options can help to improve sight. These options most commonly include glasses, contact lenses, or laser surgery. This was a case study carried out on a 37 year-old Female who came to the Clinic on the and presented with complaints of poor distance vision, squinting to appreciate objects at far and occasional brow ache associated with squinting. The patient had been wearing glasses for about 10 years. According to her, she was tired of wearing thick glasses hence crave for a pair of Contacts. There was no known history of systemic(s) ocular hypertension or glaucoma.

**MATERIALS AND METHODS**

External Examination using Pen touch showed no abnormality as the Pupils reacted to light and Accommodation without Marcus Gunn.

Internal Examination (Ophthalmoscopy) showed Type IV (OU) with depth of 5D but no temporal palor. The disc margin of both eyes were distinct and the AV crossings were acute while the course of the vessels was straight. There was slight spontaneous venous pulsation. The foveal reflex for OU was bright.

**RESULTS****Unaided VA @ 6m**

OD: 3/60  
OS: 2/60  
OU: 3/60

**Unaided VA @ 0.4m**

OD: N.6  
OS: N.6  
OU: N.6

**Aided VA @6m**

OD: 6/12\*  
OS: 6/18\*  
OU: 6/12\*

**Aided VA @6m**

OD: N.5  
OS: N.5  
OU: N.5

**Former Spectacle Rx**

OD: -6.50DS; OS: -.50DS

**Retinoscopic Finding**OD:-7.50DS VA 6/9<sup>+</sup>; OS:-8.50DS-1.50DCy1 ax 090  
VA 6/12&\***Keratometry**OD:43.75/44.50 @ 180=>-0.75Dc x 90 AM 43.75D  
(7.71mm)  
OS: 43.25/44.25 @ 180=>-1.00Dc x90 AM 43. 25D  
(7.80mm)**Subjective Refraction: (Spectacle plane)**OD: - 7.50DS-1.00Dc X 075 VA 6/6<sup>+</sup>; OS: - 8.00DS-  
1.50 X 080 VA 6/6<sup>-2</sup>  
Vertex Distance (VD) was 12mm for OU; HVID was  
12.00mm for OU**Refraction at Corneal plane**OD: -7.75DS; OS: -8.50DS  
Dx lenses: -7.00D, 8.6mm, 14.50mm, clear with WC of  
38%;  
-8.00D, 8.6mm, 14.50mm, clear with WC of 38%

With Dx lenses fitted;

OD: - 7.00D VA 6/5<sup>-2</sup>; OS: -8.00D VA 6/5<sup>-3</sup>**DISCUSSION**

The lenses moved adequately and patient was comfortable with them. The lenses with same parameters as the diagnostic lenses were ordered. The lenses arrived within 3 days and patient was properly taught how to wear and care for them and was also instructed on the wearing schedule. After about 5 days, the patient came

back with complaint of difficulty in reading tiny prints (0.50-0.37m lines). This was due to the fact that a contact lens corrected Myope uses more accommodative effort than a spectacle corrected one and as such gets into presbyopic state earlier than expected. With = 1.00D readers the patient was happy again as she could read 0.37m line comfortably. Five months later, the patient visited the clinic for check up and there was no complaint from her.

### CONCLUSION

That being said, contact lenses have many advantages over glasses. Contacts sit directly on your eye, so vision, particularly peripheral vision, is unobstructed. You can participate in sports and outdoor activities without fear of eyeglasses getting in the way, falling off or breaking. Eyeglasses offer many benefits. They require very little cleaning and maintenance, you don't need to touch your eyes to wear them (decreasing your risk for eye infections and glasses are cheaper than contact lenses in the long run since they don't need to be replaced as often. Whether you choose to wear eyeglasses or contact lenses for vision correction mostly depends on personal preferences. Lifestyle, comfort, convenience, budget and aesthetics should all factor into your decision-making process.

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