

Aberration control with standard rigid gas permeable contact lenses

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Background & Purpose

Goal: To measure on-eye aberrations of standard rigid gas permeable contact lenses

- 1. To measure the capability of standard RGP lenses to correct aberrations
- 2. To evaluate the possibilities of aberrometry as a new tool to assist the contact lens

Why is it interesting?

Aberrations degrade retinal image quality. Some methods for correcting aberrations have been proposed recently: adaptive optic phase plates⁶, custom CLs⁷, customized ablations^{8,6} RGP lenses are expected to correct corneal irregularities¹¹, and thus improve optical quality

Background

- Psychophysical experiments have shown that RGP contact lenses can improve visual performance¹⁰.
- Computer simulations try to understand contact lens fitting and tear lens optical properties^{12,20}. Flexure of RGP lenses is a relevant factor^{13,18}.
- RGP CL has been proposed to control myopia¹⁹.

Methods

Four different aberration measurements: Total and corneal (anterior), with and without contact lens

Total Aberrations: Laser Ray Tracing A scanning beam samples the pupil. Centroids of retinal spots are used to calculate the wavefront^{2,16,17}

Developed at the Inst. of Optics Madrid.

Corneal Aberrations: Videokeratography
From elevation maps obtained with a



commercial Videokeratographer (Atlas Humphrey, Zeiss) and our own computer algorithms we estimate corneal wave aberrations^{1,3,15} (referred to anterior surface aberrations when the lens is on).

Subjects and lenses

4 eyes from 4 subjects, long term and satisfied RGP contact lens wearers with their own lenses

Sph. error: -4.5 D to -8 D, Ages: 18 to 33 No ocular condition except for myopia

Additional measurements: Autorefractor keratometry & optical biometry.

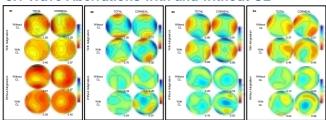
Pupil Monitoring

Pupil diameter: 5 mm Measures done with stabilized lens and tear. Careful contact ens and pupil monitorization. res: pupil dilation by tropicamide 1%

General Scheme

Results

3.1 Wave Aberrations with and without CL

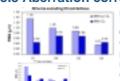


and low flexure (conformity)

S2 & S3: Low correction: S4: No correction:

high flexure (conformity) compensating internal optics

3.3 Aberration correction with RGP CLs

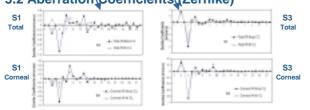


 $1.36 \rightarrow 0.46~\mu m$ (RMS no tilt & defocus) $0.77 \rightarrow 0.39~\mu m$ (RMS no tilt & def & astigmatism)

Worst case: S4

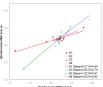
No correction of total aberrations (minor increase). Slight correction of corneal aberrations.

3.2 Aberration Coefficients (Zernike)



Each aberration term can be numerically tracked for every subject and every optical element (anterior surface of the lens, tear lens, cornea, internal optics (crystalline lens)

3.3 Effects of flexure The amount of corneal aberration correction and the degree of flexure (conformity of the lens to the cornea) can be assessed by correlating corneal Zernike coefficients to the on-eye RGP lens anterior surface coefficients. Slopes and R close to 1 are indicative of low correction and high flexure.



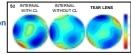
3.4 What happens to spherical aberration?



While there is important intersubject variability in corneal and internal spherical aberration, we found similar spherical aberration values for all anterior lens surfaces (as they all are spherical lenses). Total spherical aberration with the lens is close to zero. suggesting some compensatory effect by the tear lens

3.5 Tear lens aberration map

While this measurement is noisy and indirect (estimated as the difference of internal aberration maps) we found very systematically negative spherical aberration values.



An alternative to fluorescein analysis?

Conclusions

- Aberrometry is a useful tool to understand contact lens fitting.
- 2. RGP lenses can reduce greatly the amount of aberrations, particularly in eyes with large corneal aberrations.
- 3. The control of flexure and knowledge of the internal optics can help to improve contact lens optical performance.

6 References

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