

Eye
Care

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Caring for Contact Lenses

Contact lenses are heaven-sent for those who need vision correction but don't want to wear glasses.

If handled incorrectly, however, contacts can hurt way more than they help. Here are some tips for contact lens care from the American Academy of Ophthalmology.

FOLLOW YOUR MEDICAL PROFESSIONAL'S INSTRUCTIONS

You should be fitted for any contact lenses, even vanity ones, by a medical professional. Improperly fitting or old contacts can scratch your eye and damage your cornea. Remove your contacts and call your eye care professional right away if your eyes become red, painful, watery or sensitive to light. Also be on the lookout for blurry vision or unusual discharge from your eye.

KEEPING YOUR LENSES CLEAN

Wash your hands with soap and water and dry them well before touching your contact lenses. Your contact lenses need to be cleaned and disinfected every time you take them out of your eye. There are several cleaning systems out there; your eye care professional can help you choose the right one for you.

Make sure you keep the



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proper schedule for wearing and replacing your lenses, and do the same for cleaning and storing your lenses. If, for some reason, you store your contacts in their case for a long time, ask if you should disinfect them again before wearing. If they've been stored for 30 days or longer without

disinfecting, it's time for them to go, the AAO says.

WHAT NOT TO DO

The AAO says there are several things you should not do with your contact lenses. They are:

- Don't shower, swim or do anything else where water

could get in your eye while you're wearing your contacts.

- Don't sleep in daily wear lenses.
- Don't put contacts in your mouth to wet them. Saliva isn't sterile.
- Do not rinse or store your contacts in water.
- Don't reuse contact lens

solution.

- Don't pour contact lens solution into a different bottle.
- Don't use saline solution or rewetting drops to disinfect your lenses.
- Don't let anything else touch the tip of your contact solution bottle. Keep it tightly closed when not in use.

Protect Your Eyes from UV Rays

It's not just your skin that takes punishment from the sun's UV rays.

Your eyes can be damaged as well.

UV light, which isn't visible, more easily penetrates eye tissues, increasing the risk of eye problems. UV light comes in three kinds, UVA, UVB and UVC. UVA light emits the least energy but ages the skin, causing wrinkles and sunspots. It's also linked to some skin cancers. UVB light damages DNA directly and is responsible for sunburns and most UV-related cancers. UVC is mostly blocked by the planet's ozone layer. It can also come from welding torches and sanitizing bulbs, and damages skin cell DNA and increases cancer risks.

The National Eye Institute says UV exposure can cause a multitude of eye problems. These include pinguecula, a protein-and-fat deposit in the white part of the eye that can cause irritation and affect how tears cover the eye. Surfer's eye, or pterygium, is a growth that extends from the sclera to the clear tissue of the cornea.

Prolonged UV exposure can cause cataracts, which can make your vision blurry, hazy or less colorful. UV exposure is linked to some cancers of the eyelid, and studies show a link between UV exposure and age-related macular degeneration.

The good news is that it's



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easy to protect your eyes by wearing sunglasses. Make sure your sunglasses have UV-blocking lenses that protect you from at least 99% of UVA and UVB light. These may also be described as having a UV400 rating. If you're

not sure whether your sunglasses block UV light, take them by your local optical shop. Many shops can test them with a photometer.

Your sunglasses should feel good and stay in place on your face, the institute says, cover-

ing the skin around your eyes in addition to the eye itself. The glasses should minimize the light that enters the eye from the top, bottom and sides of the lenses.

Choose sunglasses that best fit your lifestyle. Polarized

lenses are good for people who spend a lot of time near snow or water, because they can reduce glare. Wraparound sunglasses are great while you're doing yardwork or other activities that create flying debris.

Makeup and Your Eyes

Long, lush lashes and glittery eyeshadows may make your Instagram pop, but they can also harm your vision.

The American Academy of Ophthalmology has these tips for using eye makeup safely.

BE CAREFUL WITH SPARKLE

Go easy on the bling. The AAO says that metallic or glittery powders and face paints can get flakes of glitter into the eye, causing irritation or even infection. Glittery eye makeup is a common cause of eye infections, the academy says, and can be especially dangerous for contact lens wearers.

LASH BASH

Always have eyelash extensions done by a professional. Even if done by a pro, faux lashes can irritate the skin around the eyes and scratch the cornea. Consider breaking out the falsies for special occasions only and have them applied by a professional. See your eye care professional immediately if you experience discomfort.

KEEP YOUR MAKEUP CLEAN

Only use makeup designed for use around the eyes. Make sure your eyes and face are clean before applying eye makeup and keep your brush-



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es and products clean. Throw away your eye makeup after three months and get new products. The AAO says that infection-causing bacteria can grow in older products. Don't share eye makeup, even with family.

If you get an infection, toss all your eye makeup and buy new products to use after the infection is gone.

APPLICATION IS KEY

Apply your eye makeup outside the lash line, away from the eye. This helps you avoid blocking oil glands on the upper and lower eyelid. These glands help protect the eye's surface. Don't use samples in stores unless you can get a fresh applicator and sample. The AAO says it's best to avoid them completely, if you can.

Don't apply makeup in a moving vehicle and don't use sharp objects to separate lashes. Just a quick slip can result in a poke or a scratch in the eye. If you've had eye surgery, don't wear makeup until you've been cleared by a medical professional.

REMOVING MAKEUP

Take off all your eye make-

up before you go to sleep, especially mascara, which sticks to lashes. The AAO recommends Vaseline as a makeup remover. It's lubricating, the academy says, soothes the skin and helps makeup slide off. Tear-free baby shampoos are another good choice for the eyelids and around the eyes. Avoid getting any cleaners in your eye and be gentle.

Tending to Aging Eyes

There are many age-related conditions that can affect your eyes, Johns Hopkins Medicine says. These include cataracts, age-related macular degeneration and glaucoma.

The hospital recommends all adults have a comprehensive eye exam when they turn 40 to use as a benchmark to track changes in the coming years.

PROTECTING OLDER EYES

Family history does have some determination, but there are other ways you can protect your eyes. This includes stopping smoking, which can increase the risk of macular degeneration. Smoking can cause cellular changes, researchers say, as well as oxidative stress and vascular constriction.

Maintain a healthy weight, Johns Hopkins says, as obesity increases the risk of glaucoma, probably by increasing the buildup of fluid inside the eyes. There are the weight-related effects of high blood pressure, diabetes, high cholesterol and insulin resistance.

People with fair skin and blue eyes are at a higher risk of developing cataracts. Increased UV exposure is thought to cause changes in the metabo-



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lism of the cells in the retina and lens. You can decrease your UV exposure by wearing sunglasses that protect against UVA and UVB light.

GET REGULAR EXAMS

Age-related problems can be treated when they're caught early. This means getting regular eye exams. Tell your doctor about any new symptoms

you're experiencing. Your medical professionals can help you with services to improve your quality of life if and when you do experience any vision problems.

Regular exams are extremely important in managing diseases that may result in low vision. About 4 million Americans live with low vision, Johns Hopkins says.

Low vision and blindness will more than double in the next 30 years, with 2.3 million people expected to be blind and more than 9.5 million living with low vision. Low vision is usually caused by age-related macular degeneration, glaucoma and diabetic retinopathy, Johns Hopkins says, with almost 15% of 80-year-olds having low vision.

Some services available for people with low vision include rehabilitation. Johns Hopkins says receiving low vision services can lower the risk of mortality. Low vision can decrease a person's activity level and increase the level of medication management. Getting services can help people lead longer, more fulfilling lives.

What Is Macular Degeneration?

Age-related macular degeneration happens when part of the retina, called the macula, is damaged.

It's very common and a leading cause of vision loss in people over 50.

WHAT HAPPENS?

AMD patients lose their central vision. They cannot see fine details, either close or far, but the peripheral vision will still be normal. There are two types of AMD: dry and wet. About 80% of AMD have dry AMD. It happens when the macula get thinner with age and tiny clumps of protein called drusen grow. There is no treatment for dry AMD.

Wet AMD happens when abnormal blood vessels grow under the retina. These vessels may leak blood or other fluids, scarring the macula. Patients with wet AMD lose vision more quickly than those with dry AMD.

RISK FACTORS

You are more likely to develop AMD if you:

- Eat a diet high in saturated fat such as meat, butter and cheese.
- Are overweight.
- Smoke cigarettes.
- Are over 50 years old.
- Have hypertension.
- Have a family history of AMD.

Heart disease is another



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risk factor for AMD, and so is having high cholesterol levels. Ophthalmologists will perform a variety of tests to diagnose AMD. These include looking at an Amsler grid, using optical coherence tomography or fluorescein angiography to see what's happening in your eye.

TREATMENTS

There is no treatment for the dry form of AMD, however, AAO experts say patients may benefit from taking supplements such as vitamin C, vitamin E, lutein, zeaxanthin, zinc and copper. Your ophthalmologist can tell you whether vitamins and miner-

als are recommended for dry AMD.

Wet AMD is treated with anti-VEGF drugs, which help reduce the number of abnormal blood vessels in your retina. These medications slow any leaking from blood vessels. Laser surgery may help some types of wet AMD.

COPING

With the right services and treatments, you can still live a full life with AMD and do many of your favorite things. Your medical professional may connect you with low vision tools and services, such as a vision rehabilitation specialist, to help improve your quality of life.

What Are Cataracts?

Cataracts happen when your eye's natural lens becomes cloudy as proteins in your lens break down and cause things to look blurry, hazy or less colorful.

VISION PROBLEMS

Looking through a lens with a cataract is like looking through a foggy car windshield. If you have a cataract, you may have blurry vision, see double or ghosted images, be extra sensitive to light, have trouble seeing well at night or need more light when reading or see bright colors as faded or yellow.

WHAT CAUSES CATARACTS?

Aging is the most common cause of cataracts. Normal proteins in the eye start to break down after age 40, causing the eye to get cloudy. You can get cataracts because you have a family history of them; from certain medical conditions, such as diabetes; having had an eye injury, eye surgery or radiation treatments on your upper body; having spent a lot of time in the sun, especially without sunglasses; using certain medications such as corticosteroids, which may cause early formation of cataracts; and smoking.

CATARACT TREATMENT

Cataracts can be removed



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only with surgery. You don't have to remove a cataract, unless the symptoms are bothering you. Sometimes, you just need a new eyeglass prescription to see better.

Before cataract surgery, it's important to tell your doctor all the medications you are on. Some medications, such as alpha-blockers, can affect the muscles in your eye during sur-

gery. It can keep your pupil from dilating or cause your pupil to suddenly get smaller. It can cause your iris to billow during the surgery. If your surgeon is unprepared for these issues, it can make your surgery more complicated.

During cataract surgery, your eye surgeon will remove your eye's cloudy lens and replace it with an artificial lens. That

lens, over time, can also become cloudy; your doctor may call this a posterior capsular opacification. Your ophthalmologist can use a laser to open the cloudy capsule and restore clear vision.

There are some risks of cataract surgery, including eye infection, bleeding, ongoing swelling, swelling of the retina, damage to your eye, pain,

blurred vision and vision loss. Talk to your medical team to make sure you understand the risks and your treatment plan for avoiding them.

Remember, cataract surgery will only fix your vision loss related to the cloudy lens. It will not correct vision loss caused by conditions such as macular degeneration, glaucoma or diabetic retinopathy.

Dealing with Detached Retinas

The retina is a light-sensitive layer of tissue in the back of your eye. It can detach when it is pulled away from its normal position at the back of the eye.

SYMPTOMS

Symptoms of a detached retina include not seeing as clearly as normal, new floaters in your vision, flashes of light in one or both eyes, a dark shadow or curtain on the sides or in the middle of your vision.

Retina detachment is a medical emergency. If you have any symptoms, go to your eye doctor or the emergency room immediately. If the retinal detachment isn't treated right away, more of it can detach, increasing the risk of permanent vision loss or blindness.

RISK FACTORS

Anyone can have a detached retina, but you can be at higher risk if:

- You or a family member have had a detached retina.
- You've had a serious eye injury.
- You've had eye surgery.
- You have diabetic retinopathy.
- You have extreme nearsightedness or degenerative myopia.
- You've had a posterior vitreous detachment.
- You've had other conditions, such as retinoschisis or lattice degeneration.

TYPES OF DETACHMENT

There are three types of retinal detachment. These are rhegmatogenous, tractional and exudative. Rhegmatogenous retinal detachment is the most common type. It can happen when there's a small break or tear in the retina and the gel-like fluid in

the center of your eye gets behind the retina. Aging is the most common cause of rhegmatogenous detachment.

Tractional retinal detachment happens when scar tissue on your retina pulls the retina away from the back of the eye. The most common cause of a tractional detachment is diabetic retinopathy. If you have diabetes, you

should have a dilated eye exam once a year.

Exudative retinal detachment happens when fluid builds up behind your retina without any tears or breaks in the retina. The fluid can push against the retina, causing it to detach.

The most common causes of exudative detachment are leaking blood ves-

sels and swelling in the back of the eye.

TREATMENT

Treating retinal detachment depends on the type of detachment and how much of your retina has detached. Treatments include laser surgery, freezing treatments or other types of surgery. Treatment is generally successful, particularly if the tear is caught early.

