

## **Iowa Eye Prosthetics, Inc.**

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David Bulgarelli and Lee Allen co-founded this clinical and educational organization in 1976, collaborating since 1968. Beginning as an ocularist in 1945, Lee Allen was respected and considered the number one ocularist in the U.S. by the professional organization, the American Society of Ocularists. Vaune Bulgarelli joined them as an ocularist in 1988. Susan Hartman came in 1996 as a lab technician. Our team has over 100 years of collective knowledge and experience dedicated to the principle of always doing the best eye fitting, coloring and fabricating for every patient. Our aim is to always stay in the forefront of progress in the field of ophthalmic prosthetics and to pass on to other ocularists and to future generations of ocularists whatever advances we have made or will make in the future.

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Lee Allen (Deceased, 1993)

### **Member of the American Society of Ocularists**

F.A.S.O.: Fellow, American Society of Ocularists

B.A.D.O.: Board Approved Diplomate Ocularist

B.C.O.: Board Certified Ocularist

### **BCO: National Examining Board of Ocularists**

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**ASSURANCE GIVEN HERE  
APPLY ONLY TO  
IOWA EYE PROSTHESES FITTED  
BY THE MODIFIED IMPRESSION METHOD**

**INTRODUCTION**

Your new artificial eye is made of the finest quality of acrylic plastic (polymethylmethacrylate resin) which has been proven by use in dentures as well as in plastic eyes since 1939. By our choice of tested materials and fabrication method, we have made certain that no irritating substances are present in the finished prosthesis.

The shape of the prosthetic eye has been fitted to the shape and contours of your eye socket by taking an exact impression, called the Modified Impression Method. This provides for your best possible comfort, eye movement, and life-like appearance. It has been colored by a special method devised by us to match as accurately as possible the color and character of your companion eye and to give the appearance of living tissues.

GLASSES ARE STRONGLY RECOMMENDED offering protection for your remaining seeing eye. One cannot replace sight. Attractive frames with polycarbonate lenses will work well. PROTECT THE SIGHT YOU HAVE.

**SUGGESTED READING:**

**“A SINGULAR VIEW” BY FRANK B. BRADY**

Mr. Brady is able to draw on both his technical education and personal experience in coping with the problems that come from loss of vision in one eye. This book is a byproduct of his success in solving these problems

## **EARLY REACTION TO YOUR NEWLY FABRICATED EYE PROSTHESIS**

The prosthetic eye is comfortable for most people without irritation or excess tearing. Occasionally a patient will experience mild irritation or dryness following the repeated insertion and removal of the prosthetic eye during fitting and coloring.

Most become accustomed to wearing the artificial eye within a few hours. In time, most are not aware of its physical presence.

Individuals who completely lack tears to lubricate under the surface of their eyelids will need some type of artificial lubricant. (This will be discussed later in detail.)

## **INDIVIDUAL REACTIONS TO PROSTHETICS EYES**

Each artificial eye wearer is an individual and can react very differently from others. Some people who have been wearing artificial eyes for some time like to give advice to new wearers. They can only report what they have been told by someone else or what they have learned about their own individual case.

Do not follow any advice offered by another eye wearer without consulting your Ocularist or Eye Care Professional, or both, because such advice may be completely wrong for you.

Any special instructions your eye care practitioner or ocularist gives you personally should take precedence over any given here.

## **HOW LONG SHOULD YOU WEAR THE EYE BEFORE REMOVING IT FOR CLEANING?**

The answer to this common question varies with the individual. No two people react the same way to the presence of the artificial eye.

In our opinion, you should discover by trial how long you can go. Wear the eye as long as it is not irritating and does not

have material adhering to its surface. After some experience you may be able to anticipate discomfort and clean the eye just before it causes discomfort.

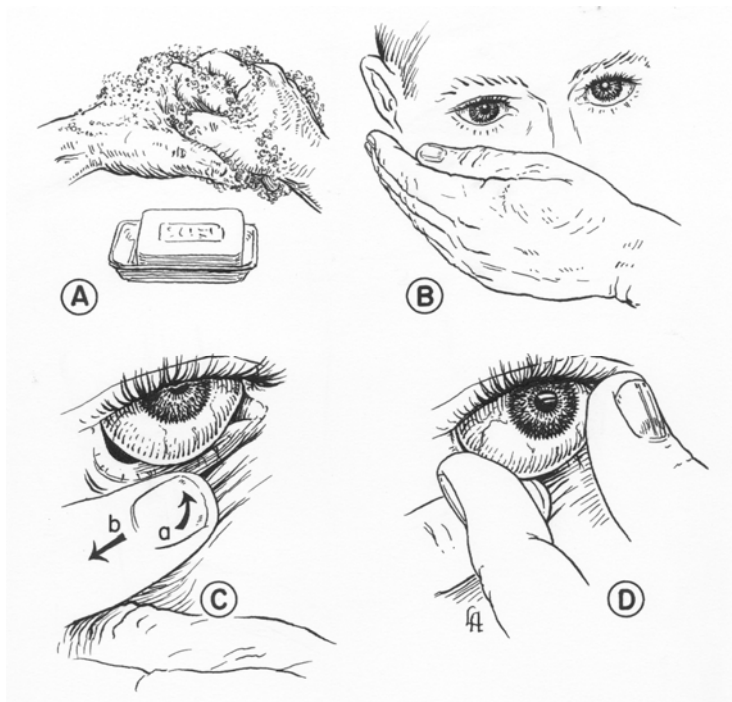
Many of our patients wear their eyes without removal for cleaning between yearly visits for polishing and re-evaluation.

Only a few need to remove the prosthesis once each day for cleaning. Fewer yet remove and wash them morning and evening. Perhaps only one in many thousands find it necessary to leave the eye out (must be kept in safe container in water) during sleep, replacing it in the morning. Most wear their prosthesis for several weeks, months or up to a year between removals for cleaning.

We have found that some individuals will experience discomfort and mattering for a few days after removal and cleaning of the prosthesis, but soon all is fine. If you remove the prosthesis too frequently, you may be causing your own irritation.

You will eventually learn when and how often a cleaning is necessary.

For those fit with a corneoscleral shell (an eye prosthesis over a globe), it may be necessary to remove the shell when sleeping, depending upon the sensitivity and irritation level of the living globe. If so, the prosthesis should be placed in a safe container in water when it is not worn.



## REMOVING THE PROSTHESES FROM THE EYE SOCKET

(see above diagram)

- A. Wash and rinse hands thoroughly.
- B. Place a towel over all hard surfaces to reduce the chances of chipping the prosthesis or it slipping down the drain of the sink. Tilt the head slightly downward while looking upward, thus rotating the prosthesis into a favorable position for removal. Hold one hand, palm upward and heel against the mouth, below the eye socket to catch the prosthesis if it comes out suddenly.
- C. Place the forefinger of the other hand against the middle of the lower eyelid, near and parallel to the eyelashes. Press the lower eyelid tissues backward (a) until the eyelid margin goes under the lower edge of the artificial eye. At the same time, pull the finger sidewise toward the cheekbone (b) to stretch the eyelid margin under the bottom edge of the

D. If the artificial eye does not slide out of the eye socket by itself, the cupped hand may be taken away from the cheek and its forefinger and thumb used to grasp the prosthesis and rock and pull it gently from under the upper eyelid. After removal, the eye should be rinsed or washed, being careful to keep a hold of it.

## **CLEANING THE EYE**

Never wash or dry the eye with any kind of cloth because it will slowly wear away the polished surface, creating a dull, non-lifelike appearance.

Before washing the eye, close the drain hole of the sink so the eye won't slip down accidentally. With the prosthesis already out of the eye socket, make your hands soapy with a mild hand soap such as Ivory Bar Soap or Johnson's Baby Shampoo. Pick up the eye carefully because it will be slippery, and then rub it vigorously with pressure from the tips of your soapy fingers. If necessary, a fingernail can be used to remove stubborn debris. Other materials may scratch the surface of the prosthesis. The water can be as hot as your hands can tolerate. Hot water does not harm the eye.

Rinse all soap from the eye and hands. Dry the surface of the eye by patting with a soft facial tissue. Check the surface to be sure there is not a thin film of material remaining. If there is, the surface will appear dull and you must repeat the cleaning process. If the film cannot be washed off, it may be necessary to see your ocularist to have it polished.

If the prosthesis is dropped on any surface, it should be rinsed, but not wiped, to remove any material from its surface. It should then be inspected for scratches on the surface or chips on the edge. If all is well, then the prosthesis should be washed again.

Put the rinsed and wet prosthesis back in the eye socket.



## REPLACING THE PROSTHESIS IN THE EYE SOCKET

(see above diagram)

- A. Wash hands. If it is above a hard surface, drape a soft towel over that surface so that if the prosthesis is accidentally dropped, it is not likely to be damaged.
- B. Hold the artificial eye by one hand in such a manner that the upper edge of the eye is upward and the back of the eye is toward the empty eye socket. The top is usually the only white (unpainted or unveined) portion on the front surface of the prosthesis. One way to hold it is between the thumb and second finger with the forefinger against the front of the cornea (over the pupil).
- C. Lift the upper eyelid with a finger or the thumb of the free hand and keep the eye socket widely exposed for the next step.



- D. Slide the upper edge of the prosthesis up under the upper eyelid. Gradually, work it higher under the lid until most of the prosthesis is under the upper eyelid. Do not let it slide downward again until after the next step.
- E. Release only the upper eyelid and bring the finger, which was holding it, around to the front of the prosthesis to press it backward and keep it under the upper eyelid. Release the prosthesis from the grip of the finger and thumb of the other hand and bring the latter down to roll the lower eyelid margin out from under the bottom edge of the eye.
- F. When the lower lid is definitely out in front of the prosthesis, move it around until it seems that the artificial eye is seated in its proper place. Take both hands away from the eye slowly, being ready to catch the prosthesis if it has not been correctly placed and falls out. (Falling onto coarse, sharp, or hard surfaces can ship or scratch the plastic eye.)

## **LUBRICATION OF THE PROSTHESIS**

The surface of a newly fabricated prosthesis is water repellent and will not allow a film of tears to be maintained. However, the new plastic will absorb 0.5% of water relative to its own weight in the first 36 hours after which a lubricating film of tears will be maintained. Therefore, for the first 36 hours, it may be necessary to use an aqueous artificial tear to supplement lubrication to furnish the water for absorption by the plastic.

Many artificial eye wearers have fewer tears than necessary. Some have no tears from the major tear gland and practically no lubrication for the conjunctiva of the eyelids. In such cases, there is considerable friction as the eyelids open and close, rubbing against the hard plastic surface. This can cause a great deal of discomfort, mattering, and discharge. It may also be enough disturbance of the eyelid tissues to give infections an easy start.

Due to the increase in surface area of an artificial eye versus

one's own eye, additional lubrication may be necessary to moisten the front and back of the prosthesis. Lubrication should be applied 'as needed' and can be applied while wearing the prosthesis.

Individuals with dry eye sockets, whose eyelids close completely when they blink and sleep, can use aqueous lubricating solutions such as artificial tears. There are several brands in the drug stores which may be tried. It is not possible to make specific recommendations because personal reactions vary. Each eye wearer must determine which lubricant is most helpful. If the lubricant you are using is irritating, try another lubricant. Consult us if necessary.

For dry eye sockets where the eyelids do not close during sleep, oily lubricants are needed. Aqueous solutions evaporate, allowing residue to form hard, dry films across the front of the eyes which become irritating while blinking.

Some lubricants can be irritating. Others, such as ophthalmic lubricating ointments, mineral oil, Vitamin E with Aloe Vera in safflower oil, safflower oil or tasteless/odorless castor oil are more often well tolerated and helpful. The bottles of oils should be stored in the refrigerator to prevent spoiling. When cold, the oils may solidify, appearing milky white. After sitting at room temperature, the oil will return to a liquid state enabling you to refill the dropper bottle. The dropper bottle refills, however, need not be refrigerated. When refilling, dispose of any oil remaining in the dropper to prevent aging of the newly added oil. After a very long time, this oil can become rancid and very irritating to the tissues. Check for rancid odor in old oil before using. Another lubricant, medical grade fluid silicone, has proven helpful, but it has certain characteristics which should be discussed with your ocularist prior to use.

Your Eye Care Professional will need to prescribe other special drops for infections, allergies, etc.

As stated earlier, many persons can wear properly fitted artificial eyes without discomfort between return visits for eye

socket evaluation and polishing of the eye. Therefore, not everyone needs to be concerned that any of the following might develop.

## **REASONS FOR DISCOMFORT AND MUCOID DISCHARGE**

A few eye sockets, which are perfectly comfortable in the beginning, can become uncomfortable with time. Any one or any combination conditions can cause these changes. Remember the following list of causes of discomfort and mucoid discharge, and the steps to correct them.

### **1. Rough Build-Up Of Dry Mucous On The Eye**

Some, whose eyelids do not close over the artificial eye completely during sleep, will have a partially dried film of "matter" on the front of the eye when they wake in the morning.

Sometimes this can be cleared off without removing the eye by rubbing it with a Q-tip or with a rolled up tip of good quality facial tissue moistened with warm water. Never use any kind of cloth as it can dull the surface of the eye.

A few people, whose eyelids do close completely, can have a very slow build-up of matter. This can make the surface of the eye just rough enough to irritate the underside of the eyelids while blinking. One should be aware of the possible presence of such a film if the eye socket is irritated with a scratching, burning, or itching sensation and mattering.

The eye should be removed and carefully, but thoroughly, cleaned in the manner described earlier.

**2. Foreign Bodies Under The Eyelids** An eyelash can be carried into the eye socket while replacing the eye or when rubbing the eye. Dust or larger particles can blow into the eye socket. All can cause discomfort requiring removal and possibly rinsing of the eye socket and/or prosthesis.

**3. Loss Of Surface Polish Or Deep Scratches On The Prosthesis**

Dust in the air can mix with the tear film to form an abrasive solution. The scrubbing action of the eyelids during blinking can reduce the polish on the surface of the plastic. Accidental scratching of the front surface may occur even while the eye is in the eye socket. Dropping the eye onto hard, rough surfaces can cause deep scratches. Either of these flaws can cause irritation to the underside of the eyelids. The prosthesis must be re-polished to correct the problem.

We recommend that the prosthesis be polished once each year to maintain comfort of the eye socket tissues and reduce discharge.

#### **4. Discomfort Accompanying Common Colds**

With any common cold, there may be discomfort, mattering, and discharge from the eye socket of the artificial eye while the companion, living eye does not seem to be affected.

Some patients have reported that removing the eye and washing it daily during the cold, and for a few days following, helps reduce discomfort and discharge.

Other patients have reported that leaving the prosthesis in and cleaning the eyelid margins properly is most effective.

#### **5. Bacterial And Virus Infections**

The eye socket tissues around the artificial eye can become infected at least as easily as the companion, living eye. Discomfort and yellow-greenish discharge might indicate infection. Your tear duct (drainage) may be closed.

Your Eye Care Professional must be consulted in such instances.

If antibiotic drops are prescribed, use while wearing your prosthesis or conformer to prevent possible eye socket tissue contraction. This is to also treat the prosthesis for any infectious bacteria it may have absorbed. If you find the prosthesis is difficult to keep in the socket, you should see your Ocularist or Eye Care Professional immediately.

## **6. Empty Space Where “Stale” Tears Can Collect**

Most eye socket tissues change in contour slowly over a long period of time, probably due to effects of the eye removal surgery or from the atrophy of fat from the depths of the orbit. This increases the depth of the eye socket and pulls the back surface tissues into new shapes which no longer fit the contours of the previously well fitted prosthesis. This causes pockets of space between the prosthesis and the tissues. These can fill with tears which can become "stale". Salts precipitate from the tears and irritate the tissues which, in turn, throw off mucoid material.

The correction for these problems is to refit the eye by taking a new impression on the back surface of the prosthesis and processing new plastic to the posterior surface that will fit the tissues properly. If the prosthesis is old, it may be necessary to fit an entirely new one.

## **7. Allergic Reaction To Various Substances**

Many persons have mild allergies in the surface tissues of their living eyes without being aware of any discomfort. On the other hand, wearing a hard, unyielding plastic eye in the socket may further aggravate the tissues resulting in discharge and soreness. Allergies in the eye can be due to house dust, animal hair, plant pollens, milk, potatoes, and other foods.

In our experience, no one has been allergic to a completely cured plastic eye which has been fabricated of pure, first grade acrylic. (However, incompletely cured plastic eyes and eyes made of "cold cure" acrylic can very definitely cause trouble in the eye sockets). While we cannot guarantee that one person in many hundred thousands will not be allergic to the perfectly fitted, fabricated, and thoroughly cured plastic eye, we can assure you that the likelihood is extremely remote.

Therefore, if an allergy of some kind is suspected of causing discomfort and discharge, your Eye Care Professional and possibly an allergist should be consulted.

## **8. Probable Toxic Substances Within an "Old" Plastic Eye**

Acrylic plastic (polymethylmethacrylate resin) has intermolecular spaces large enough for water molecules to pass through. While the plastic eye is being bathed in the tear film, it takes up water very slowly. The water moves continually through the plastic carrying with it minute quantities of substances with small enough molecules to pass through the spaces. It is probable that viruses and some bacteria can absorb into the prosthesis. Very good evidence indicates that proteins collect in the plastic and that these cause irritation in the eye socket. For some persons, polishing or even refitting will not make such eyes comfortable.

## **9. Discoloration**

Over a period of time, the prosthesis will tend to discolor to a yellow, brown, or orange pigmentation on the painted surface. This is due to the chemical components absorbed by the eye prosthesis from an individual's tears and the reaction to the chemical structure of the acrylic. This cannot be corrected in that prosthesis.

The correction of problems in points 8 and 9 is to fit a new eye made of new plastic.

## **STORING THE EYE**

If the plastic eye must be left out of the eye socket overnight or longer, store it in salt water (1/4 teaspoon salt to one cup water). Another option is to store the prosthesis in any good contact lens soaking solution. If a plastic eye is allowed to dry out, the layers might separate at the painted surface, creating a mirrored effect or the moisture in the micropores may evaporate leaving dry deposits in the pores giving the clear plastic a graying effect. Keeping it wet prevents this.

Be sure the container used is one which will not be accidentally dumped or thrown away.

## **POLISHING THE EYE**

We recommend that the eye be polished at yearly intervals. This is to remove microscopic scratches, protein deposits on the surface and scratches. Polishing also increases the lubrication efficiency of one's tears. This also allows us to check the eye socket and confirm that the back of the eye is still fitting the tissues of the eye socket properly.

Never allow a dentist, optician or other professional to re-polish the eye. Do not have any eye fitter, except one we might recommend, polish the eye. Not all polishes used by others are the same quality level as ours and this guarantees that the contours on the back and the front of your prosthesis, which we designed to carefully conform to your needs for a proper fit are not destroyed or changed.

Some patients, who live a great distance from our office, return to our office for a polish every other year. On the years that they don't visit our office for a polish, they mail their prostheses to us for polishing. If you choose this method, be sure to call us first so that we can explain how to pack and insure your prosthesis, and so that we can plan for its arrival.

## **NEED FOR REFITTING THE EYE**

Occasionally, not all the swelling is gone from the orbit at the time of an original prosthetic fitting. As the edema disappears (which may take several months to a year) the artificial eye may sink deeper in the eye socket and the upper eyelid may droop over the eye. When this becomes noticeable, it is necessary to add material to the eye, beginning with a new impression taken on the back of the prosthesis.

Slow atrophy of fat from deep in the orbit can require the same kind of refitting.

Rarely, a person will have a sudden extreme loss of body weight which will be accompanied by a sinking back in the socket of the eye, requiring refitting of the prosthesis.

We recommend that a prosthesis not be refitted after several years of wear or if there are any signs of discoloration due to the inevitable collection of irritating substances in the core of the plastic which can limit the total life of the prosthesis.

Yearly polish and re-evaluation visits will keep you abreast of slow changes which may occur.

## **WHEN TO CONSULT YOUR EYE CARE PROFESSIONAL OR OCULARIST**

It is best to consult with your eye doctor about any noticeable increase in tearing from the eye socket, any marked loss or reduction of comfort, with excessive, persistent mucoid discharge, or with an easily recognized bulging out of the artificial eye. If there is an implant present, bulging could indicate extrusion of that implant or contraction of the eye socket tissues and needs immediate attention. Your Eye Care Professional will suggest returning to us if the problem is with the prosthesis.

The sinking back of the eye, the eyelids no longer open properly or a tilting into an abnormal direction of the prosthesis are reasons to see the ocularist.

Mucous with a greenish tinge may signify a low, mild grade infection. An Eye Care Professional should be seen and if antibiotic drops are prescribed, use while wearing your prosthesis or conformer, to prevent possible eye socket tissue contraction. This is also to treat the prosthesis of any infectious bacteria it may have absorbed. If you find the prosthesis is difficult to keep in the socket, you should see your ocularist or Eye Care Professional immediately.

The Ocularist might be helpful in suggesting lubricants if they are needed. Some problems require the cooperative efforts of both the doctor and the ocularist.



## TO FURTHER ENHANCE YOUR APPEARANCE

After we have made the prosthetic eye side of your face appear as nearly like the companion side as possible by carefully shaping the eyelids and by life-like coloring of the artificial eye, we will recommend that you wear a pair of attractive protective glasses. These will distract from any asymmetries which we could not correct.

Then, for further correction of asymmetries unable to be corrected by the shaping of the prosthesis, we may suggest the wearing of a specially prescribed spectacle lens over the artificial eye. However, when the eyes are nearly symmetric, having the **same prescription in each lens** is highly suggested so when someone looks at you, each lens will offer the same magnification or minification. Bifocals, if needed for the seeing eye, should also be used on the lens over the prosthesis to help prevent observers from suspecting blindness unless they are lineless bifocals.

Beyond these aids, there are things you can do and others you can avoid doing to keep the artificial eye from being noticed.

Avoid body movements and head positions which will indicate to an observer that you are trying to hide something. Otherwise, you most certainly will not hide it. Except for the following advice, just be as relaxed as you can - try to forget about having an artificial eye, and just be yourself.

Avoid tilting your head downward and at the same time looking up from under the eyebrows. Almost no artificial eye will move upward with its companion "living eye". With your head tilted downward, your artificial eye could be looking at the floor while the companion eye is looking forward.

If your artificial eye will not move far to the sides, you should develop a habit of turning your head into the desired direction of gaze rather than just the eyes.

## **IMPORTANT POINTS TO REMEMBER AND WARNINGS**

1. Wear your protective glasses from the minute you have finished washing your face in the morning, until you go to bed each night. Even when you are alone and least expecting it, an object could injure your remaining eye. **YOU NO LONGER HAVE A SPARE EYE. PROTECT THE ONE YOU HAVE.**
2. If the eye bothers you so that it must be wiped or rubbed, always close the eyelids and wipe toward the nose. Wiping away from the nose can cause the eye to fall out or rotate.
3. Always practice extreme cleanliness when handling your prosthetic eye. If your eye falls out, rinse it thoroughly, then wash it with soap and water, rinse it again, and examine it carefully before reinserting it.
4. If you swim, dive, or water ski, wear a protective patch with water resistant adhesive or swimming goggles - or remove the eye and store it safely. More eyes have been lost during these sports than in any other way. An old prosthesis or a conformer may be worn to prevent the loss of the more valuable current fitting eye.
5. Never leave the eye in a piece of facial tissue. Several left in this way, for just minutes, have been picked up and thrown away. Some have been burned with waste papers.
6. Never expose the artificial eye in any way to alcohol, ether, chloroform, some hair sprays, or any other solvents. These can damage the eyes beyond repair.
7. Cold weather, dry weather, and wind tend to make artificial eyes uncomfortable. Some lubricating eye drops or oil may reduce or relieve the discomfort.

8. A small percentage of anesthetics can damage the surface of the prosthesis, requiring expensive reprocessing or even replacement. Before any surgery requiring general anesthetic, consult with your anesthetist about the potential for problems with the plastic (acrylic, polymethylmethacrylate resin) eye and the anesthetic. If the prosthesis needs to be removed for surgery, be sure to store it in water, as described earlier, and put it in a safe location so that it will not be misplaced.
9. Consult your doctor immediately if a problem arises that you do not understand.
10. Have your Eye Care Professional check your good eye at least once each year.
11. We recommend that your prosthesis be checked and polished once a year for the best health of the eye socket tissues. This also gives us a chance to advise you if we see that the comfort and appearance of the prosthesis could be improved. Do not let anyone other than Iowa Eye Prosthetics, or someone we recommend, polish your eye. Polishing compounds used by many eye fitters, dentists, opticians, and others will not polish as highly as necessary for greatest comfort. Also, the technician must take care not to change the contours of your eye, which might result in poor fit. Few understand the importance of the shapes which are achieved in the Modified Impression Method we use.
12. As long as you are perfectly comfortable and the eye still looks fine, you need not do anything between yearly checks and polishing. If your eye needs care, it will let you know.

## NOTES