# The Great Coverup: Cosmetics and Contact Lenses

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#### Introduction

- Tear layers
- Importance of tear film
- Types of cosmetics
- Prefit examination
- Cosmetic usage
- Patient instructions
- Conclusion Communication





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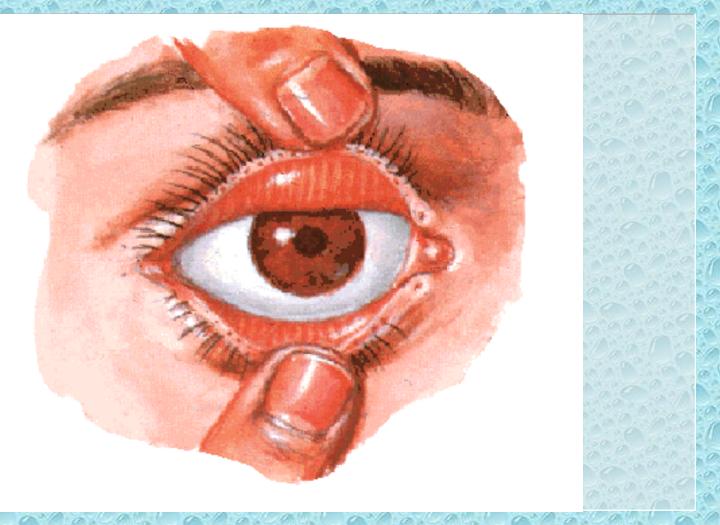
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# Anatomy of the Tear Layers and Their Function

## Eyelids

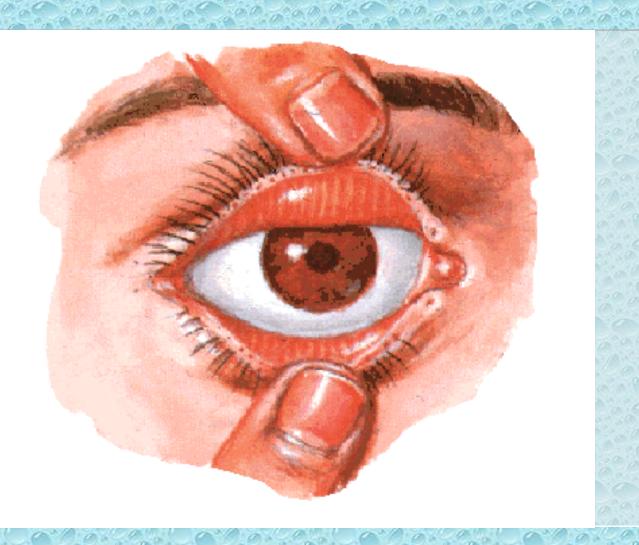


#### Cosmetics and Eyelid



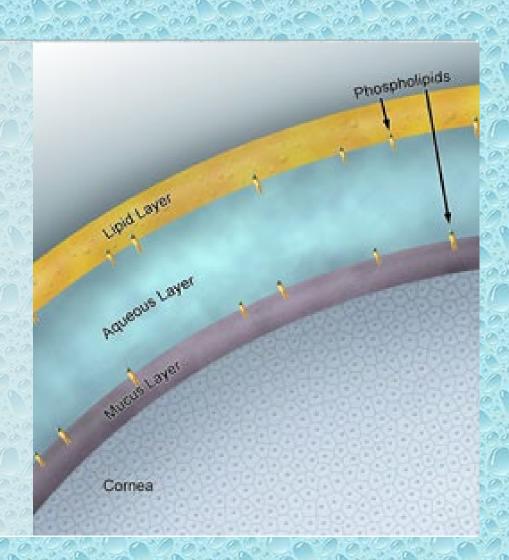


## Eyelids

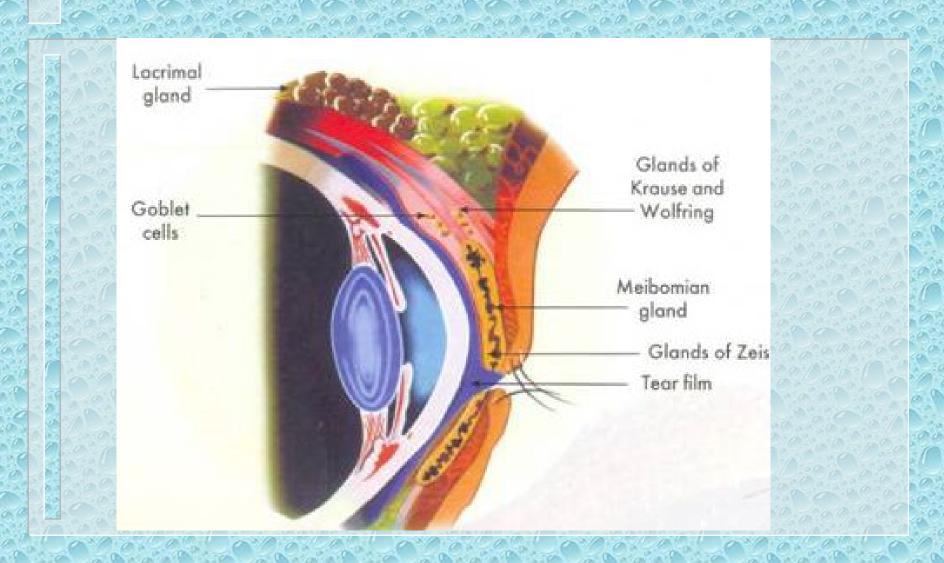


#### Tear Film

- Three Layers
  - Lipid
  - Aqueous
  - Mucin



#### Lacrimal Apparatus



#### Tear Film

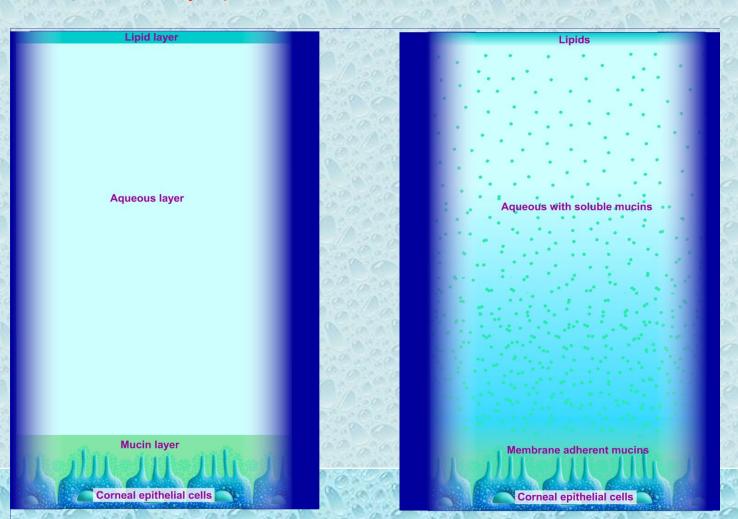
- The tear film covers the cornea and conjunctiva
- Tears are removed from the anterior segment via the puncta and evaporation

#### Tear Film Structure

Traditional Tear Film

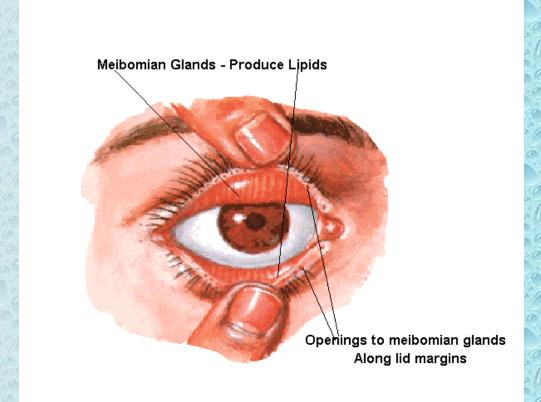
Model
(3 Distinct Layers)

Updated Tear Film Model
(Aqueous phases with differing
concentrations of mucins throughout)



## Lipid Layer is produced by glands in the eyelids

- Outer Layer -Oily
  - Lipid
    - Produced by meibomian glands
    - Preventsevaporation



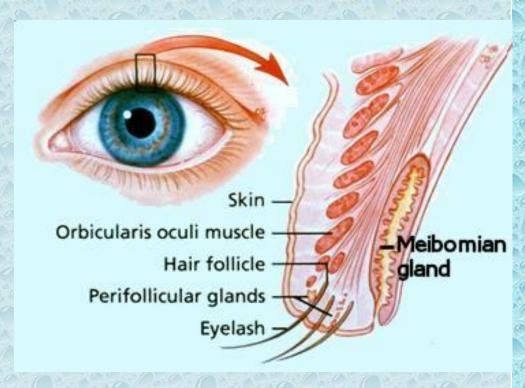
#### Outermost Layer – Lipid Layer

Form barrier along lid margins

Prevent evaporation

Produced by

- Meibomian glands
  - Located in upper and lower eyelids
  - Openings on the lid margins
  - Sebaceous glands of Zeis
    - Located along the lids next to the cilia



#### Clogged Meibomian Glands



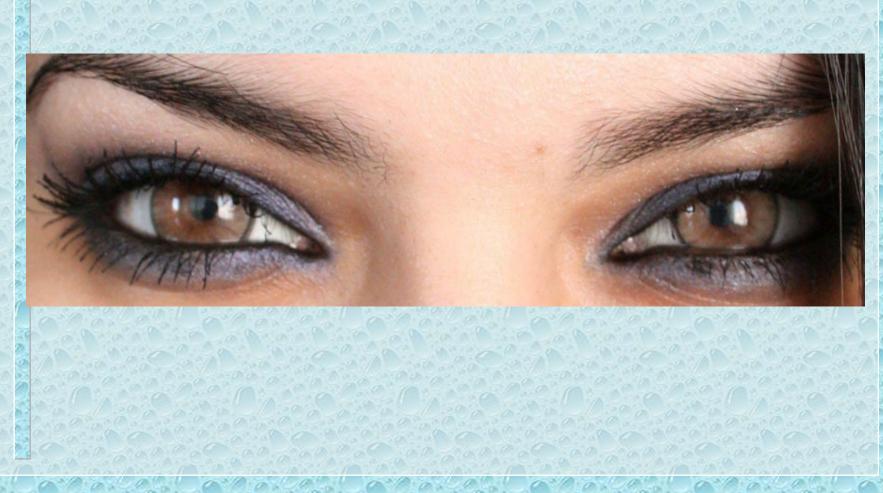
#### Plugged Meibomian Glands



#### Meibomian gland blockage



## Eyeliner clogs meibomian gland openings



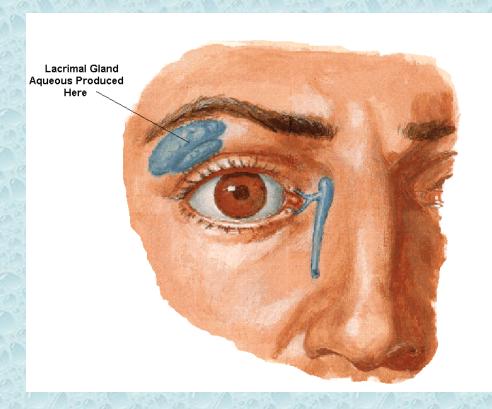
#### Pay me now or pay me later



#### Middle Layer - Aqueous

#### Aqueous

- Volume
  - Provides oxygen
  - **Provides nutrients**
- Produced by
  - Lacrimal glands
  - Glands of wolfring
  - Glands of krause
- Contains proteins and lysozymes which contain bactericidal property

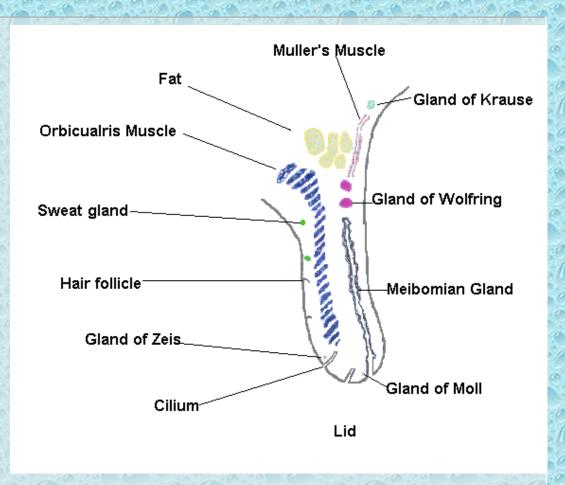


## Lacrimal Apparatus - Tear Production

- Lacrimal glands
  - Provides reflex tear secretion
    - Irritation
    - Coughing
    - Sneezing
    - Taste or smell
  - Newborns have minimal output of reflex tears

## Tear Production Accessory Glands

- Accessory glands
  - Provides basic tear secretion
    - Steady state
  - Wolfring
  - Krause



## Lacrimal Apparatus - Tear Production

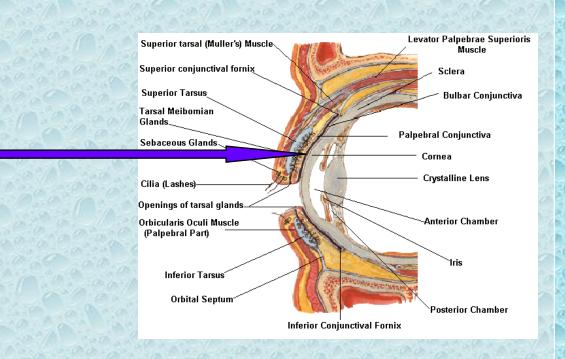
- Normal tears contain various antibacterial and immune substances to clean and protect eyes
  - Lysozymes
  - Immunoglobulin
  - Depressed in patients with tear deficiency
    - Patients frequently suffer from blepharitis

## Innermost Layer Mucin Layer

- Mucoid or mucous layer
- Produced by goblet cells
  - Located in conjunctiva
- Provides
  - Lubrication
  - Acts as wetting agent
  - Decreases surface tension
  - Attaches tears to cornea

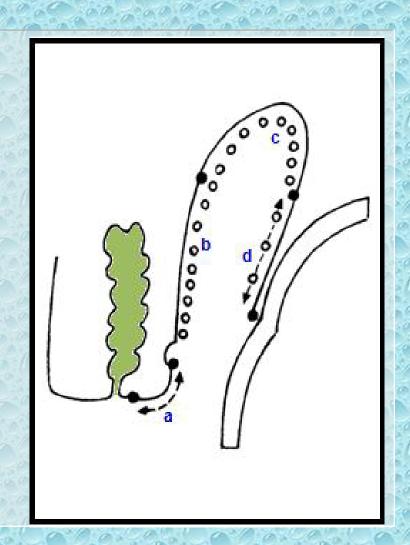
## Mucin Layer Produced by Goblet Cells in Conjunctiva

Conjunctiva lines globe and lids



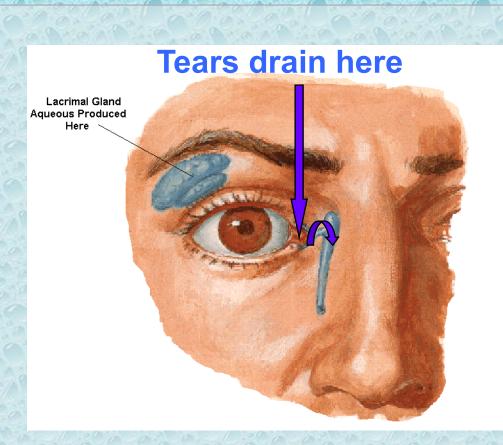
#### **Location of Goblet Cells**

- A. Marginal ConjunctivaNo goblet cells
- B. Tarsal ConjunctivaRich in goblet cells
- C. Fornical ConjunctivaRich in goblet cells
- D. Bulbar Conjunctiva
  - Few goblet cells



#### **Lacrimal Apparatus**

- Tear drainage
  - Through lacrimal punctua
  - Into canaliculi
    - Tear canals
  - Into nose via lacrimal duct



#### **Kinetics of Tears**

Tears move upward and downward with each blink

Spreads tears over entire eye and conjunctiva

Moves from temporal to nasal

## Importance of Tear Layer to Corneal Health

- Interruption of three layers could result in dry eye
- Could make difficult or impossible to wear contact lenses
- Could affect corneal health
  - Both contact lens wearers and non-contact lens wearers

## Poor Lid Hygiene Can Affect Tear Film



# Time for a Question

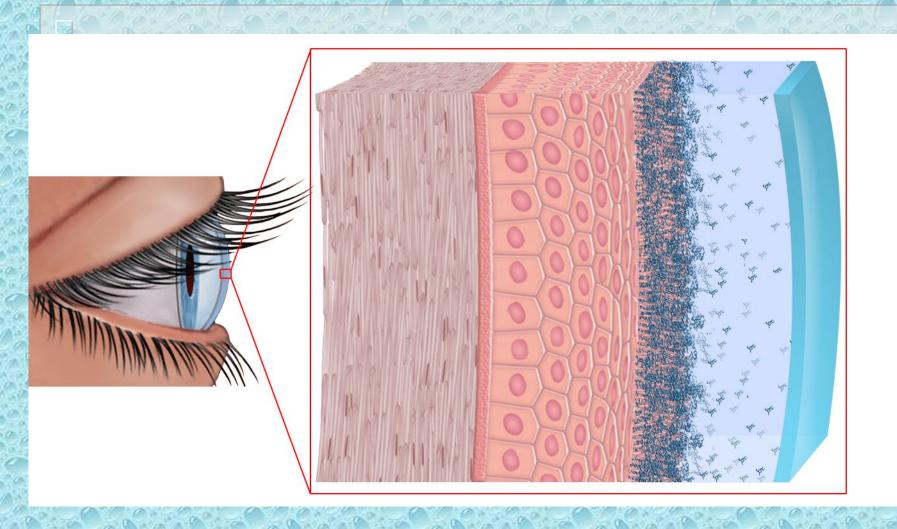
## Which layer of the tear film is responsible for preventing evaporation?

- a) Mucin
- b) Aqueous
- c) Lipid
- d) All of the above

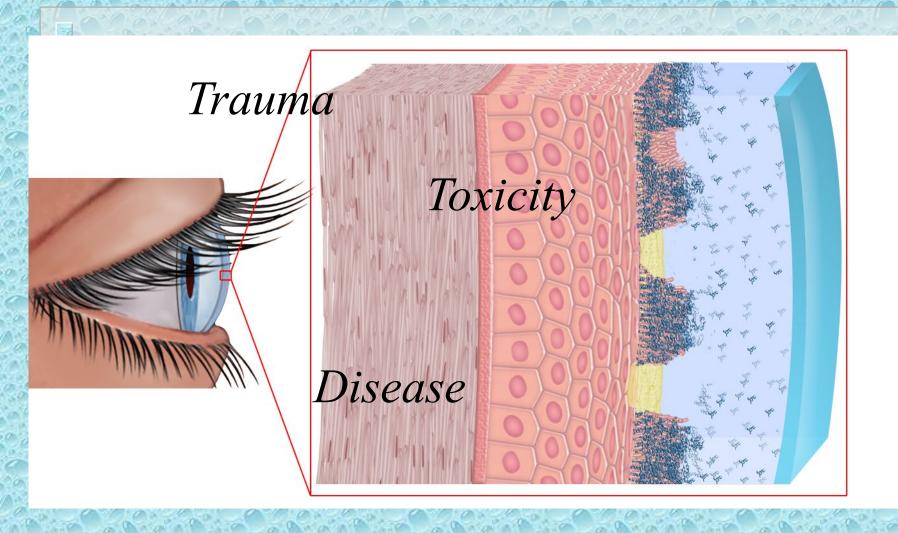
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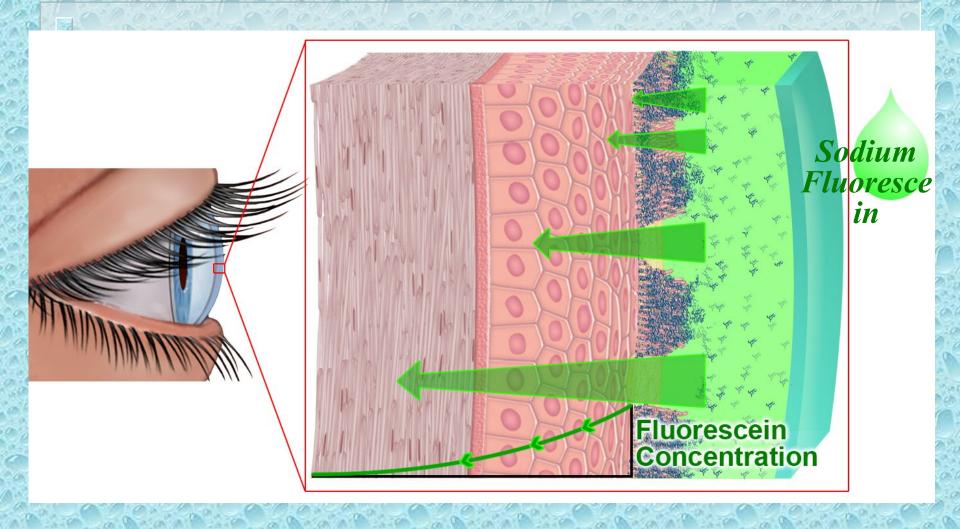
## Healthy Cornea and Ocular Surface



## Unstable Tear Film and Loss of Epithelial Cells



# Sodium Fluorescein Concentration



## **Lacrimal Apparatus**

Kinetics of the tears

- Forms thin film over both cornea and conjunctiva
- Creates tear meniscus
  - Prism
  - Lake

# Importance of Tear Layer to Corneal Health

- Interruption of three layers could result in dry eye
- Could make difficult or impossible to wear contact lenses
- Could affect corneal health
  - Both contact lens wearers and non-contact lens wearers

## Causes of Dry Eyes

Systemic

Chemically induced - Medicines

Environmental

Exposure to cosmetics and other chemicals

## **Prefit**

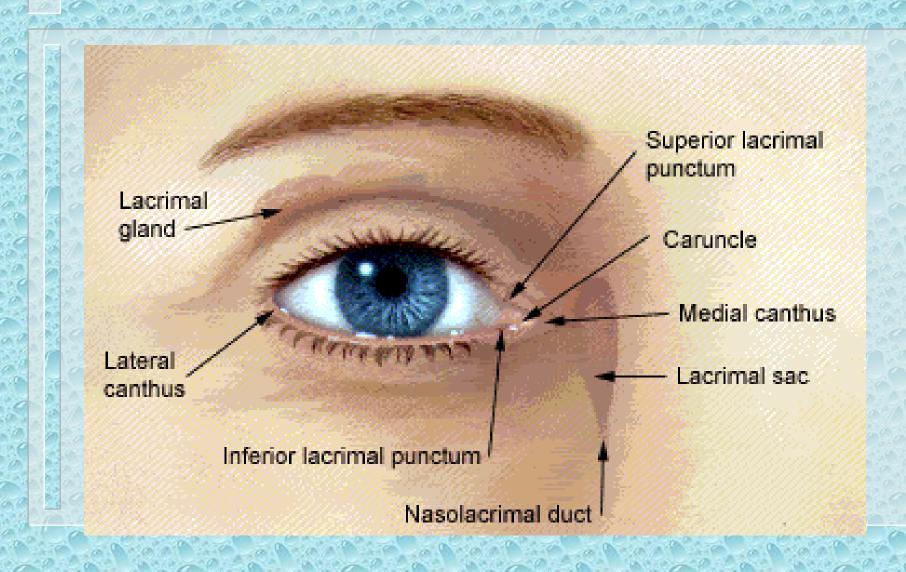
Patient evaluation

- Lids
- Orbit
- Lashes
- Cosmetics
- Others
- Tear BUT

# Cosmetics and the Effects on Contact Lens Wear



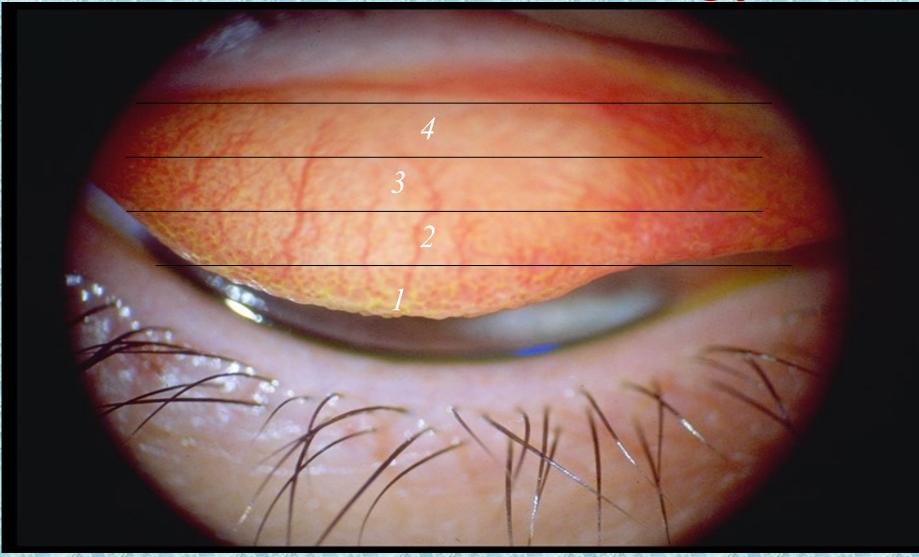
## Observation



## Invert Eyelids and Observe



## Note Lid Pathology



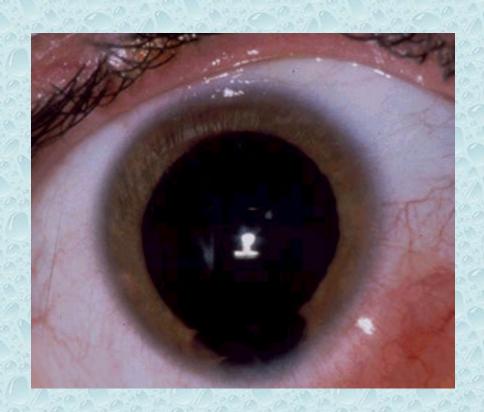
Note any abnormalities

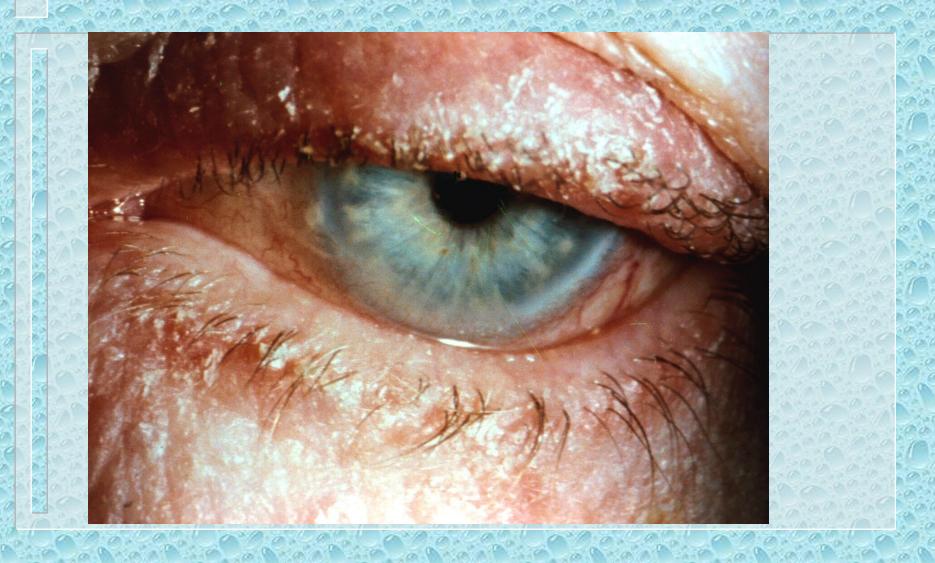
Pupillary Membrane



Note any abnormalities

- Coloboma





Note any abnormalities

Observe cosmetic use



Discuss cosmetic application now

## Cosmetics

- Both cosmetics and contact lenses are emotional choices
- No need to sacrifice either
- Educate yourself first
- Educate your patient next

## What are Cosmetics

Obvious

Colored cosmetics

Facial cosmetics

## **Cosmetics and Eyelids**



## Cosmetics and Eyelids



## Powder Powder



# What are Cosmetics

Not obvious

- Perfumes, colognes, aftershaves
- Lotions, creams
- Hairspray
- Deodorant
- Soaps
- Facial tissues containing lotions
- Others

## Types of Cosmetics

Proper types of cosmetics

Application of cosmetics

Removal of cosmetics

## Types of Cosmetics

Cont'd

Improper cosmetics

- Frosts
- Glitter

- Liners
- Shadows









# Meibomian Gland Function

Improper types or use of cosmetics can clog openings

Can get directly in the eye

Can coat contact lenses

## **Goblet Cell Function**

Cosmetics may coat conjunctiva

Causes goblet cell dysfunction

Will not allow tears to adhere to cornea

Causes dry spots on cornea

# Time for a Question

## Where should eyeliner be applied?

- a) to the upper and lower lid margins
- b) to the lower lid margin only
- o to the upper lid margin only
- d) to the outside of the lash area

## Where should eyeliner be applied?

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- o) to the upper lid margin only
- to the outside of the lash area

## **Patient Instruction**

## Insertion

Wash hands, eyes and face

Use oil free, deodorant free, fragrance free soap

Rinse thoroughly

Dry with clean, lint free towel

# Insertion Cont'd

Insert lenses

Teach the patient proper insertion techniques

Apply cosmetics

Discuss proper application of cosmetics

## **Patient Instruction**







## Removal

Wash hands

Remove lenses

Remove cosmetics

Use <u>oil free</u> remover

## **Patient Instruction**



#### **Contact lens Case**

- Wash case with hot tap water and allow to air dry
  - Rinse with disinfecting solution
- Replace case regularly every three months or more

Replace case if contaminated

# Patient Instructions Cosmetics

Never use makeup testers in stores or share eye makeup with others

Dispose of eye cosmetics three months after purchased

Always apply makeup outside the lash line to avoid contact with the eye

# Patient Instructions Cosmetics

Never store cosmetics in extreme heat or cold conditions (such as a car), as this can break down preservatives, allowing bacteria to grow

Never apply makeup while driving or riding in a moving vehicle

# Patient Instructions Cosmetics

Never apply eye cosmetics if eyes are already red, swollen, or if you have recently undergone eye surgery until an eye doctor has given permission.

Do not dye eyelashes or eyebrows. No color additives have been approved by the FDA for permanent dyeing or tinting of eyelashes or eyebrows.

## Conclusion

Proper use and removal of cosmetics necessary

Brands should be appropriate

Proper hygiene necessary

# Conclusion Cont'd

Never share cosmetics

Discuss aerosols and fumes

Replace cosmetics regularly

## Conclusion Cont'd

Visual health

Eye health

## Thank You

