

Because my daughter was born at 24 weeks, she has retinopathy of prematurity and other eye problems, which resulted in multiple surgeries including removal of the lens in her right eye. She is now 3 months old and her retina specialist says that I can return to my eye care practitioner for a prescription to correct the vision. What should I do?

Retinopathy of Prematurity (ROP), also known as Retrolental Fibroplasia, is an eye disease that occurs in some premature babies. ROP is the growth of abnormal blood vessels in the retina that generally begins during the first few days of life and may progress rapidly to blindness over a period of weeks. This happens because the eye rapidly develops during gestational weeks 28-40. When a baby is born prematurely, this normal vessel growth ends and new abnormal vessels begin to grow. Over time, the vessel growth produces a fibrous scar tissue which attaches to the retina and the vitreous gel that gives the eyeball its shape. This ring may extend 360 degrees around the inside of the eye. If enough scar tissue forms, it can begin to pull the retina, detaching it and, in some cases, causing blindness.

It sounds like your daughter experienced some of these complications that resulted in a lensectomy, or removal of the lens in the right eye. Based on the limited history, I would assume there is a significant correction necessary to provide a focus of light to the retina of your baby for maximum visual acuity.

Due to your daughter's age, it is very important that your baby has the best correction possible, as soon as possible, for maximum visual potential of the right eye long-term. Otherwise, amblyopia or a lazy eye may develop due to deprivation or lack of stimulus to the retina, specifically the macula (responsible for central vision).

Because your daughter had her lens removed, the prescription in glasses would be of a thickness that would be problematic in numerous ways, starting with a thick lens on the right eye as compared to the left eye (assuming there is no need for a correction).

My strong advice would be to consult your ophthalmologist or optometrist in the very near future for the appropriate short and long-term direction to ensure the best possible vision for the rest of her life. Time is of the essence for all the reasons previously mentioned.

I strongly encourage that the correction for your daughter be in the form of a contact lens that would correct her vision maximally, and eliminate problems that would occur with wearing glasses.

Contact lenses solve some of these problems nicely and infants adapt very well. I recently fit an infant that was 52 days old for the same concerns but for a different problem, which was cataracts at birth. I would be happy to send you a copy of a paper that is nearing publication discussing infants with ROP that were

fit with contact lenses for the same reason that you may now have to consider, for your daughter's well-being.

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