Author Response to Letter

Authors’ Reply to: Kruger SJ, Vanderveen DK, Freedman SF, Bothun E, Drews-Botsch CD, and Lambert SR. Third-Party Coverage for Aphakic Contact Lenses for Children

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We are pleased to read the comments from the Infant Aphakia Study Group and give our thanks to Kruger et al.¹ for their insights. After cataract removal in infants, proper optical rehabilitation is a critical procedure for improvement of visual outcomes. There are usually two means to treat aphakia, one is wearing contact lenses and another is wearing spectacles.²,³ Wearing contact lenses has had good adherence⁴ and much better than spectacles,¹ such that the contact lenses were worn about double the time of spectacles by infants less than 12 months old.

At our hospital, although the parents/legal guardians were told that contact lenses are more suitable for aphakic infants than spectacles, most of them still chose spectacles. Based on our experience in clinical practice, the potential factors for not choosing contact lenses include extra lens care procedures and worry about the risks of corneal infections; the high cost of contact lenses also is a major barrier.

Despite these barriers, measures should be taken to make contact lenses the first choice for aphakic infants, especially for those with unilateral aphakia. We agree that third-party payment for the contact lenses would be a good idea, but it needs great effort and time to put such a procedure into practice in many developing countries.

Fortunately, the low adherence¹ or wearing compliance⁵ with spectacles in aphakic infants has now been noted and reported. For those bilateral aphakic infants who must wear spectacles rather than contact lenses, the importance of compliance should be emphasized to their caregivers. They should be told to pay close attention to it, and to take appropriate measures, such as choosing soft frames, to ensure the optical correction is well executed.⁵


References