



Freedom to see in the age of 45

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Situation on the market

						+
Kontaktlinsen-Träger ab 16 Jahren	3.4 Mio	2.5 Mio	2.8 Mio	4.0 Mio	0.8 Mio	745'000
% aller CL Träger 16-24 25-34 35-49	9% 14% 8%	6% 8% 6%	11% 10% 7%	10% 13% 6%	15% 26% 13%	20% 18% 13%
Total 16-49	10%	7%	9%	9%	17%	16%







Situation on the market

					+
3.4 Mio	2.5 Mio	2.8 Mio	4.0 Mio	0.8 Mio	745'000
9%	6%	11%	10%	15%	20%
14%	8%	10%	13%	26%	18%
8%	6%	7%	6%	13%	13%
10%	7%	9%	9%	17%	16%
3%	3%	1%	2%	3%	4%
	3.4 Mio 9% 14% 8% 10%	3.4 Mio 2.5 Mio 9% 6% 14% 8% 8% 6% 10% 7%	3.4 Mio 2.5 Mio 2.8 Mio 9% 6% 11% 14% 8% 10% 8% 6% 7% 10% 7% 9%	3.4 Mio 2.5 Mio 2.8 Mio 4.0 Mio 9% 6% 11% 10% 14% 8% 10% 13% 8% 6% 7% 6% 10% 7% 9% 9%	3.4 Mio 2.5 Mio 2.8 Mio 4.0 Mio 0.8 Mio 9% 6% 11% 10% 15% 14% 8% 10% 13% 26% 8% 6% 7% 6% 13% 10% 10% 7% 9% 9% 17%







Blind-Date

 Get in contact with your patients, you have to invest in those "relationships"

 A good patient history goes a long way and needs a complete anamnese







Your expectations

Living a realistic optimism

Show all compromises of all forms of vision correction

 To cover 80% of the patients needs, leads in 100% success







Patients needs and wishes

- Listen very carefully and active
- Every single "little something" or habit is important
- Ask open questions
- Give your patient and yourself enough time







Patients needs and wishes









Additional objective Findings

- Lid, position and consistent
- Pupil diameter
- Depth of the anterior chamber
- Tearfilmlayer / quality and quantity / LWE







LWE (Lid Wiper Epithelopathy)

Donald Korb OD, FAAO

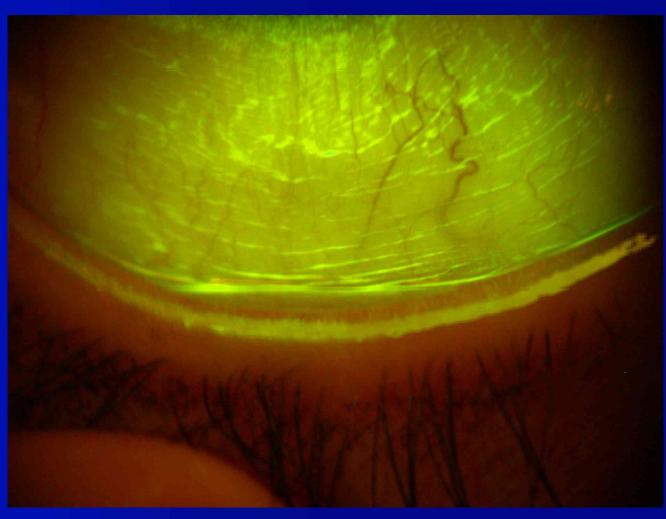
- Extremely sensitive in detecting a dry eye
- Observe both lid wiper after dye with fluo
- Staining >Grad 2 relates in 90% with symptomatic findings of a dry eye, but no staining at all was found by asymptomatic eyes

freedom to see





LWE (Lid Wiper Epithelopathy)









Forms of corrections

Monovision

Aplanate Systems

Simultaneous Systems

Translating Systems







Monovision Follow-up

 Near target with a plus trial lens in front of the non-dominant eye

 Target for distance with the same lens situation

 If the vision's not comfortable in one of these situations, consider other options







Modifide Monovision

Necessary if intermediate distance is missing

 The dominant eye still need to be corrected as good as possible for distance

 Adjust a bifocal solution in the nondominant eye







Aplanate Systems

 Using aspheric optic designs, leading in the correction of the optical aberrations, achieve a better depth perception

Useful up to max. Addition of + 1.5dpt

 Not centered or dehydrated contact lenses will extremely decrease vision acuity







Simultaneous Systems

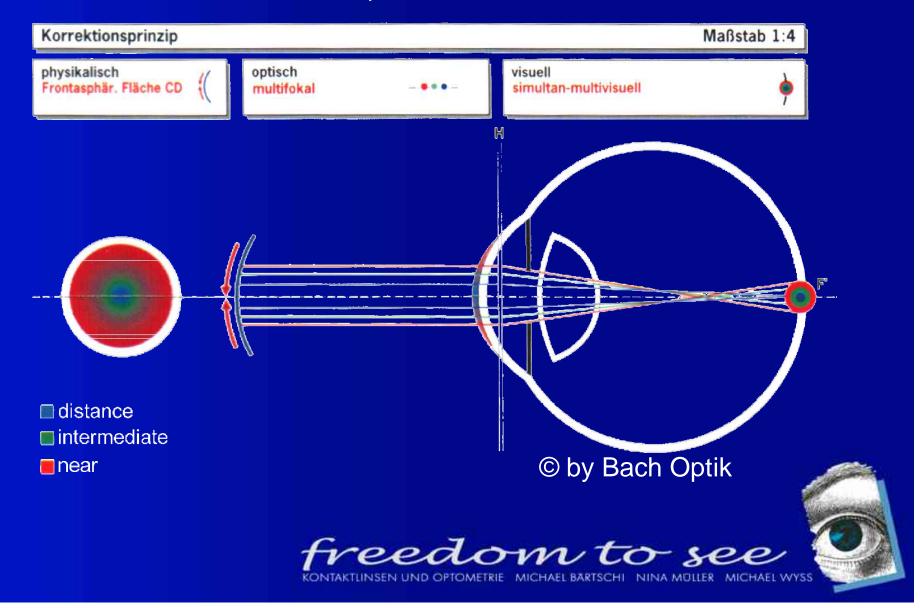
 Concentric progressive / degressive correction changes from center to the periphery (aspheric / multifocal designs)







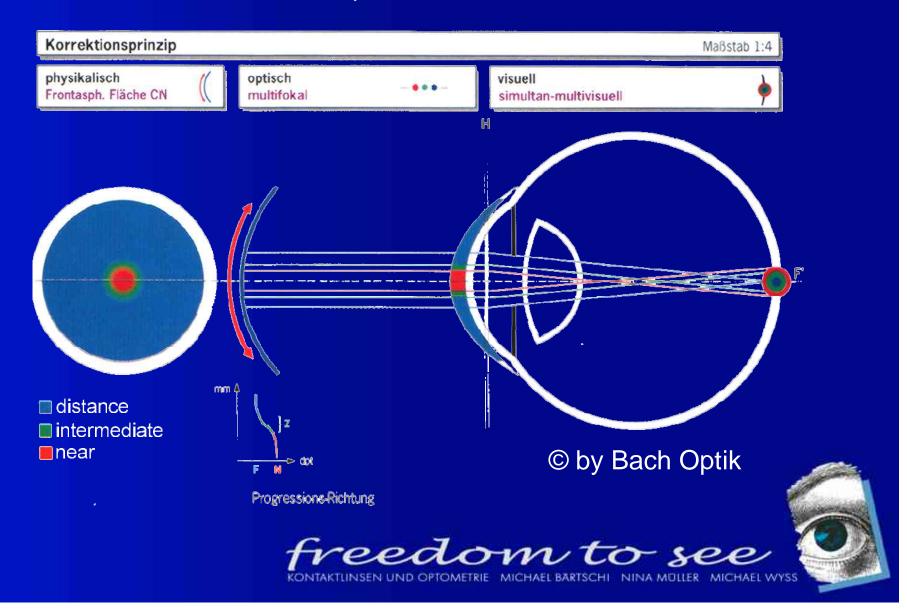
Multifocal, Simultaneous







Multifocal, Simultaneous







Simultaneous Systems

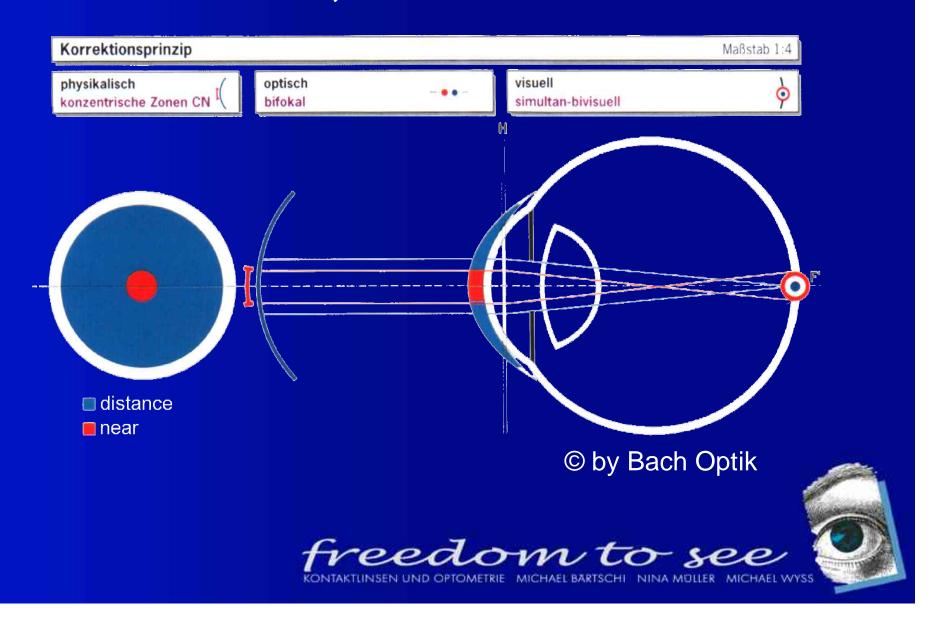
Concentric rings of distance and near correction (bifocal)







Bifocal, Simultaneous







Indications for simultaneous CL

Deep Lowerlid position / small Lid opening

Distance and intermediate vision tasks

Requires near vision in other than 270°

Big pupil diameter / flat anterior chamber







Disadvantages of simultan. CL

Decreased contrast sensitivity, especially with uncorrected astigmatism

Dehydration of Soft-CL decrease contrast sensitivity additionally

All designs are more or less pupil size related







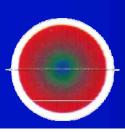
Simultaneous, multifocal Design

Low Addition up to +1.75dpt

Hyperopia

High night vision demand

Low / moderate astigmatism









Simultaneous, bifocal Design

Higher Addition than +1.75dpt

No intermediate vision demands

Minimal night vision demands









Simultaneous CL fitting pearls

- Golden Rule: Assess vision binocularly
- Excellent lens centration

- Gas permeable contact lenses (GP)
 - thin edge and big diameter (perilimbale / miniscleral GP Designs)
 - DK >100, makes Continuous Wear possible (geriatric / pediatric solutions)







Simultaneous CL fitting pearls

- Soft-CL only available with very low DK's
- Chose the near optic zone smaller on the dominant eye (Small adjustments in optic zone diameters lead in dramatic visual changes for your patient)
- Better contrast sensitivity achieved with lower Addition on dominant eye







Translating Systems

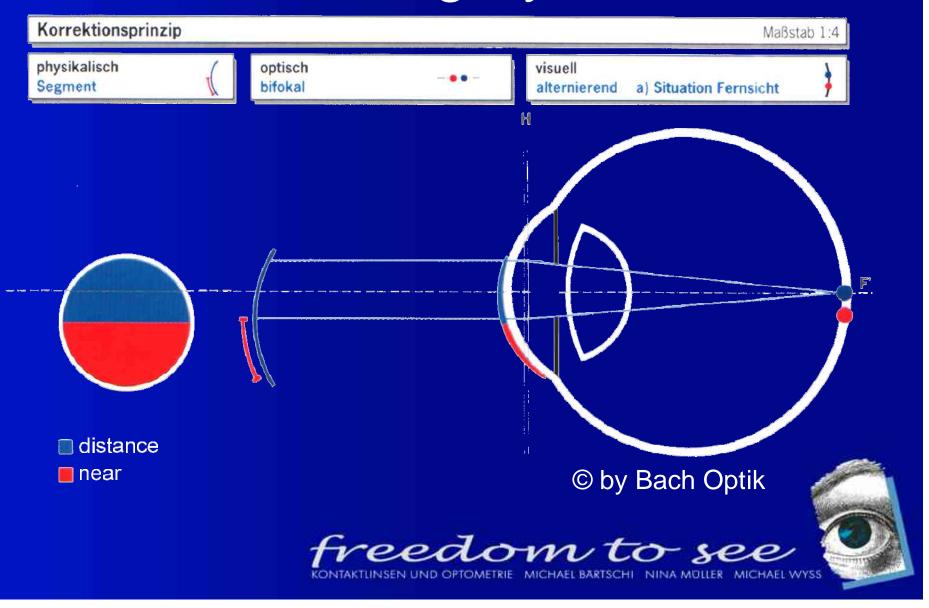
Classical design as known from the bifocal spectacles







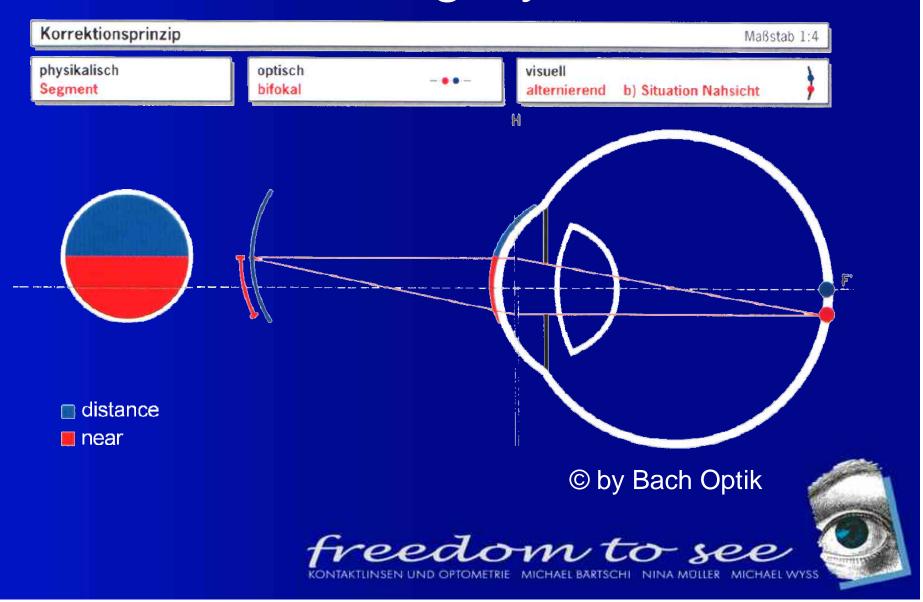
Translating Systems







Translating Systems







Indications for transl. Systems

- High contrast sensitivity demand
- High distance and near demand
- Moderate to high myopia and astigmatism
- Unrelated to pupil size and anterior chamber depth









Disadvantages of translating CL

Moderate vertical movement of CL necessary

And so, foreign-body sensation will be increased

Intermediate vision demands not included









Disadvantages of translating CL

Near target only visible in down gaze

 As a consequence distance vision not possible in down gaze

 Because of the amount of movement needed, normally impossible for soft contact lenses







Translating Design: fitting pearls

 Perfect fitted back surface (3+9 o'clock staining) especially in cases with an astigmatic cornea topography

 Don't use a to big size of the vertical diameter of CL



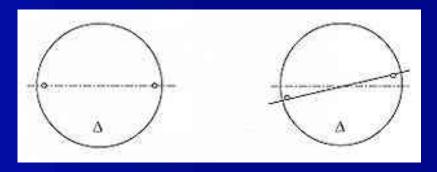






Translating Design: fitting pearls

- Rapid drop of CL after blink, achieved by oval size of the CL in 90°
- The position of the lowerlid in mind, pre-turn the Segment edge



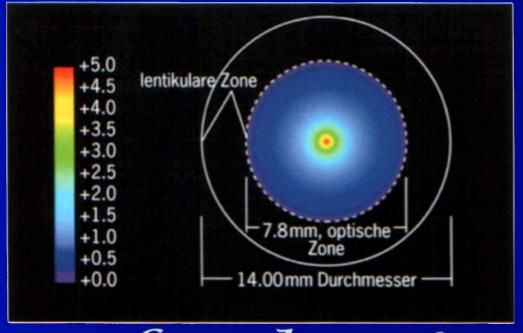








 Near central, with degressive power changes (Focus Progressiv™, Soflens Multifocal™)









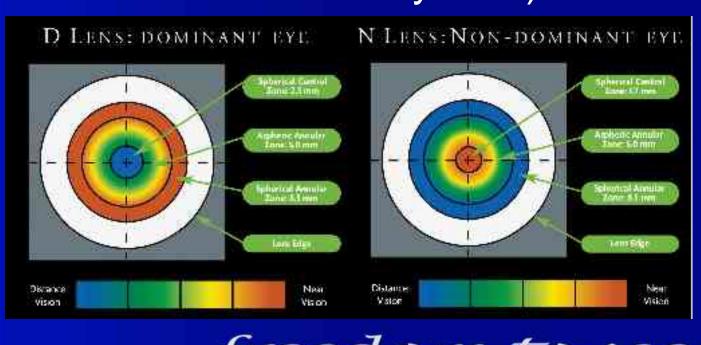
 Distance central, multiple concentric rings (Acuvue Bifokal™)







 Combination of distance and near central, with degressive or progressive Design (Proclear Multifokal™ System)









 You need to know the advantages and disadvantages of your used systems

 Play with the different available CLdesigns on the market

 After all, still pay attention to the fitting recommendations of the manufacturer







Disposable: Golden rule

- Excellent centration needed
- Assess vision binocularly, under normal light condition
- No astigmatic Design available
- DK mostly absolutely bad (HEMA!)







Disposable fitting cascade

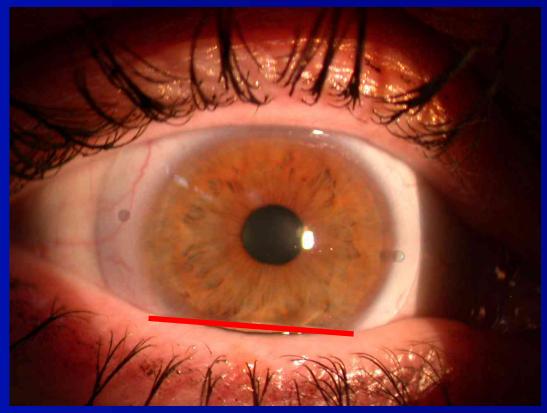
- Full power Addition on each eye
- Modified Bifocal: lower Add on dominant, full Add on nondominant eye
- Using different Designs:
 DC / multifokal on dominant eye
 NC / bifocal on non-dominant eye







Translating Soft-CL (TritonTM)



Manufacturer Gelflex, Australia







Translating Soft-CL (Triton™)

- Horizontal Diameter 14.5 or 15.0
- Vertical Diameter 12.90 or 13.50
- Central radius with diameter 14.50: flattest cornea radius plus 0.8mm
- All Parameters can be changed individually







Translating Soft-CL (Triton™)

 Consistent, position, sensitivity and the angle of the lowerlid margin are important

 If the vision gets worth after putting the Triton on the eye, the CL is to steep fitted

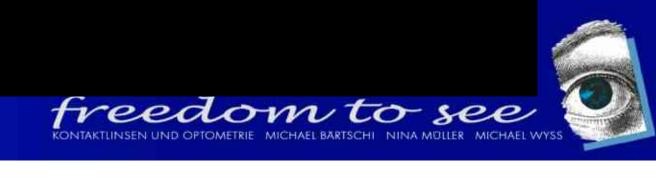
Pay attention on good translation in down gaze







Translating Soft-CL (Triton™)







Transl. Soft (Presbylite™soft)

 Since Spring 2005 available by Procornea, Holland

Translating Design like Presbylite™ GP

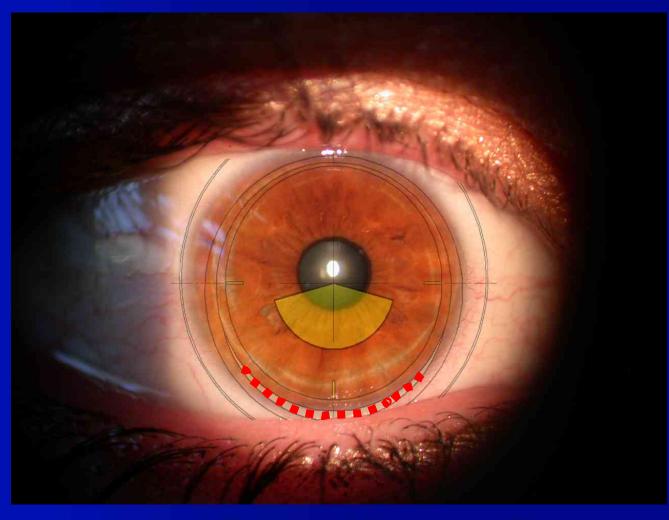
 Indication is given as by the Triton[™], but is distinguished by a more comfortable Design in the area of the lowerlid







Transl. Soft (Presbylite™soft)









The Future

- Siliconhydrogel, individual CL
 - New Triton™ produced with Hygel™ Material (DK/t 60)
- Orthokeratology
 - CRT Multifokal™ (Paragon)
 - Nypon Mulftifokal™
- Siliconhydrogel bifocal Disposables







Thank you for your attention

Keep the future in sight!!!

