

C·VUE MULTIFOCAL Soft (polymacon) Aspheric Contact Lens Fitting Guidelines

SUGGESTED PATIENT CRITERIA:

- Normal binocular vision and good ocular health
- Corneal astigmatism up to -0.75D
- ADD up to +2.50D
- Patients with high motivation

LENS SELECTION:

Standard Parameters

Base Curve/Diameter: 8.5/14.5 8.8/14.5

Powers: -10.00D to +6.00D

* 0.25D increments from -6.00D to +4.00D and 0.50D increments from +4.50D to +6.00D and -6.50D to -10.00D

<u>Flat 'K'</u>	<u>Base Curve</u>	<u>Diameter</u>
43.75D and steeper	8.5	14.5
43.50D and flatter	8.8	14.5

Calculating Distance Power

Select the appropriate C·VUE lens power based on the patient's refractive distance Rx (must be in minus cylinder form), ignore the cylinder and calculate for vertex distance if necessary.

Select the appropriate ADD power:

C·VUE **Low ADD**: Patient's refractive add power ranges from +0.75D to +1.50D.

C·VUE **High ADD**: Patient's refractive add power ranges from +1.75D to +2.50D.

LENS FITTING:

- Allow lenses to equilibrate for 10 minutes.
- Each lens should center well with 0.5mm to 1.0mm movement in primary gaze and 1.0mm to 1.5mm upward gaze.
- Measure distance and near acuities in normal room illumination.

SYMPTOM RESOLUTION:

Excessive movement

- Steepen base curve to 8.5mm.

Minimal to no movement

- Flatten base curve to 8.8mm.

Decentration

- Steepen base curve to 8.5mm.

Acuity

- It is recommended that over-refraction be performed utilizing hand-held lenses and a trial frame.

Distance visual acuity is not acceptable

If patient is wearing two C·VUE Low ADD Lenses:

- Add -0.25D up to -0.50D to dominant eye.
- Evaluate distance vision binocularly.

If patient is wearing two C·VUE High ADD Lenses:

- Add -0.25D up to -0.50D to dominant eye.
- Evaluate distance vision binocularly.

If distance vision is improved with little or no compromise to near vision, make appropriate change to C·VUE lens power.

If no improvement use appropriate C·VUE Low ADD in dominant eye and C·VUE High ADD in non-dominant eye.

Near visual acuity is not acceptable

If patient is wearing two C·VUE Low ADD Lenses:

- Add +0.25D to +0.50 to non-dominant eye.
- Evaluate near vision binocularly.

If improved with little or no compromise to distance vision, make appropriate change to C·VUE lens power.

- If distance vision is compromised or near vision is not improved, use C·VUE Low ADD in dominant eye and C·VUE High ADD in non-dominant eye.

- If near vision is still not acceptable, use C·VUE High ADD OU.

If patient is wearing two C·VUE High ADD Lenses:

- Add additional plus to non-dominant eye until near vision is improved and distance vision is still acceptable binocularly.



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Adds up to +2.50D

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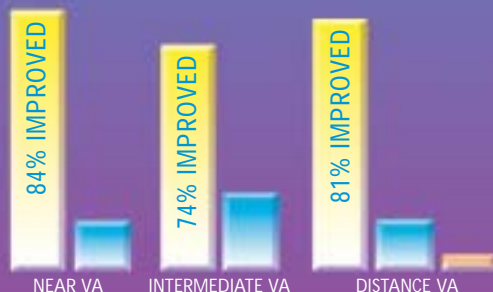
Simplified single visit fitting

Patient retention program

In a recent patient study,
68 presbyopes were refit* from
their original lenses to C·VUE.
Here are the eye-opening results...

VISUAL ACUITY IMPROVEMENT

■ IMPROVED ■ NO DIFFERENCE ■ WORSE



Number of patients fit: monovision 32 patients, AcuVue* 17, Focus Progressive* 7, other 12.

*Data is from actual patient records and is on file.
AcuVue and Focus Progressive are trademarks of Vistakon and CibaVision respectively.
**Shipping and handling apply.

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