

Unique Characteristics of the Renovation® Multifocal Lens

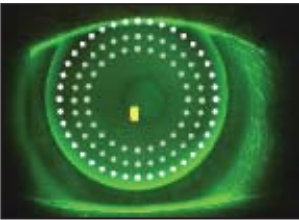
By Janet Gilman, COT, FCLSA, Consultation Manager

There are three great features with the Renovation multifocal lens that can be manipulated to help practitioners achieve success. They are:

1. Distance/intermediate zone diameter control
2. Center thickness control
3. Edge lift control

Distance/Intermediate Zone Diameter Control:

The standard distance/intermediate zone for Renovation is 3.95mm from center (7.90 mm total diameter). If the patient has a 4 mm pupil in normal illumination, we will recommend adjusting the zone down to 3.5 mm (7.0 mm in total diameter). This allows the add power to be brought closer to the pupil giving the patient quicker access to the full add. Consequently, if the patient has a 3 mm pupil, we recommend decreasing that zone to 3.25 mm (6.5 mm in diameter). When you are working with a larger pupil, 6.0 mm or greater, we will recommend increasing the distance/intermediate zone to 4.25 mm (8.5 mm in diameter) to avoid flare and glare at night.



Center Thickness Control:

The center thickness can be adjusted for a few dif-

ferent reasons. We will recommend an increase when a higher than normal amount of corneal cylinder could induce flexure with the lens. As a troubleshooting adjustment, if the lens is high riding but the fluorescein pattern appears to be aligned, we will increase the center thickness to add mass to assist in centration.

Edge Lift Control:

Renovation has a standard edge lift of .11 mm. When the patient has difficulty removing the lens, increasing the edge lift to .14 mm, as well as going .25 D flatter in the base curve, can help facilitate lens removal. This may also enhance translation. If the fluorescein pattern is aligned but there is excessive edge stand off, the edge lift can be reduced to .09 mm to reduce stand off.

Remember, one of the best features of the Renovation multifocal is the spherical back surface. It makes fitting easier because you can use the patients' single vision parameters or simply use the K readings to fit it like a single vision lens. Renovation does not need to be fit steep like many other back aspheric multifocal designs.

Patient comfort, ease in fitting, and success...what more could you ask for in a multifocal?

Experienced consultants are available to assist you from 8:00 am to 5:00 pm Monday through Friday at 800-566-8001.

The Renovation® Resource Kit

A comprehensive presbyopic practice management tool



The Renovation resource kit includes:

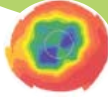
- Interactive CD with step-by-step fitting guide
- Troubleshooting tips
- Patient selection guidelines
- Expert advice from top fitters
- Handy pocket fitting tips card
- Laminated near/intermediate reading card



Request your **FREE**
Renovation Resource kit
today at 800.253.9364

Corneal Topography: Setting the Scale

By Nicole Edwards, NCLE-AC,
Consultation Supervisor



When sending topography maps to Art Optical, please make sure that the scale is set to the normalized setting. A normalized scale will include only the range of curvature from the flattest to the steepest values.

A standard or absolute scale setting uses a set scale and will skew the color range of the corneal curvature. Some topographers use a standard scale setting that is similar to a keratometer (39.00 to 52.00 D). If the corneal curvature is greater than 52.00 Diopters as it is in many cases of Keratoconus, you will not be

able to determine the apex position or how large of an area the actual apex steepness covers. The opposite would be true for post refractive surgical corneas. You will not be able to clearly determine how flat the central cornea really is, or the size of the area it covers. For topographers with absolute scales, the scale may be set as wide as 30.00 to 100.00 D, providing a skewed color range and making lens design more difficult.

It is also important to use an axial map and not a tangential map. An axial map with a normalized scale is best for transplants, Keratoconic patients and traumatized corneas. The normalized scale sets the dioptric values and colors around the average corneal curvature for that individual patient.

A tangential map captures extreme corneal curvature values and offers a more detailed view of the cornea in both flat and steep areas. Tangential maps are more commonly used on post refractive patients.

Also, be sure to take the topography of each eye individually. If the scale is not reset for the left eye, the topographer will use the same scale setting as the right eye. If the OD is a cone and the OS a transplant, the OS information will be skewed and will make it very difficult to design a good fitting, functional GP lens.

Using topography for irregular corneas and post surgical patients is ideal. Just make sure that the scale is set properly and that the correct map is selected for use in contact lens design.

Complex Cases Especially Rewarding When Patient Acuity is Improved

By Sharon Kolb, NCLE-AC, Consultant

Recently, I had the pleasure of working with Dr. Caron Fernandez at Ludwig Ophthalmology Center from Hilo, Hawaii on a patient with various conditions. This patient had a history on the right eye of recurrent Herpes Simplex Keratitis, an extra capsular cataract extraction with blebs, a posterior intraocular lens implant in both eyes, and a large amount of astigmatism in the left eye. The patient was not taking any ocular or systemic medications. Subjective refraction was:

OD +0.25-1.00 x 180 20/50
OS +2.50-2.50 x 035 20/40
K's OD 40.25/43.00 x 114
K's OS 40.75/48.87 x 126

We initially duplicated her old parameters which provided only OD 20/60 and OS 20/70 acuity.

Dr. Fernandez forwarded the patients' topographical maps and we assisted in the design of new tri-curve lenticular lenses with the following parameters:

OD BC 7.94 mm RX -2.00 D Diameter 9.3 mm
OS BC 7.33 mm RX -4.25 D Diameter 9.3 mm

Observing the lenses on the patient, we decided to redesign the left lens as a bi-toric as follows:

BC 8.23/6.99 mm, RX +2.50/-0.25 D, Dia. 9.5 mm.

The patient was very satisfied with the new lenses and achieved acuity of OD 20/50+ and OS 20/25+. Both lenses were well centered with normal lid coverage. There was apical alignment and the lenses demonstrated good movement and position in primary gaze during the blink. The patient was satisfied and Dr. Fernandez was triumphantly ecstatic.

Meet Tricia Claflin, Associate of the Year

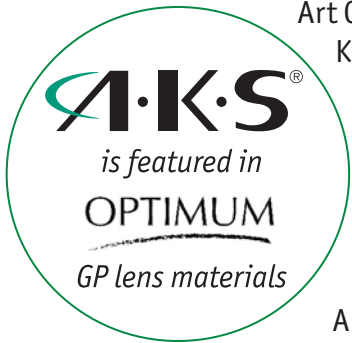
Art Optical Contact Lens, Inc., is pleased to introduce Tricia Claflin, Contact Lens Production Specialist, and 2006 Associate of the Year. Claflin, a 13-year Art Optical veteran, was nominated from a pool of over 80 associates and unanimously selected by the Art Optical management team as this year's winner. The award was presented to her at the company's annual year-end meeting by Art Optical's President, Thomas E. Anastor.

Claflin was recognized for outstanding attendance and numerous contributions to the company; including superiority in lens manufacturing and consistently displaying independence, initiative, dedication and an all-around strong work ethic.

"Tricia clearly cares about our service and quality goals and puts her best effort forth every day," said David Senesac, Art Optical's Laboratory Manager. "She definitely rises above to get the job done and is a very valuable member of our production team," he continued. Congratulations, Tricia and thank you for a job well-done!



Improved AKS[®] Launched at First Global Keratoconus Congress Event



Art Optical made the most of the recent Global Keratoconus Congress in Las Vegas when they introduced a new and improved AKS program to interested attendees. Over 400 registrants from 30 countries attended the first-ever GKC event to learn about the latest products used in the treatment of Keratoconus.

AKS now features a tamper-evident package, easy-to-use fitting charts, and the Optimum family of GP lens materials. The diagnostic lens sets are available for loan or purchase by contacting Art Optical Customer Service at 800-253-9364.



Derived from Art Optical's philosophy that each case of Keratoconus should be fit according to the shape and position of the cone, AKS provides a practical means of managing keratoconic patients according to their specific needs with the use of corneal topography or diagnostic fitting sets.

While the updated packaging adds a new level of safety to the AKS fitting and dispensing program, the design uses the same proven philosophies that have worked successfully for thousands of keratoconic patients. Also key to the Art Optical keratoconic fitting philosophy is a modest lens price and a 120 day risk-free warranty.

For more information on AKS diagnostic sets or to work with one of our experienced consultants on your next cone fit, call our consultation line at 800-566-8001.



Mike Johnson, FCLSA, reviews the updated features of the AKS with Zolt Tapaszto of Hungary at the GKC in Las Vegas this past January.



The FDA has approved Paragon ZCRT contact lenses for overnight corneal reshaping. The lenses combine the design of Paragon CRT with Menicon Z material.

As an authorized Paragon CRT laboratory, Art Optical is distributing Paragon CRT and Paragon ZCRT lenses. Consolidate your billing by ordering all of your GP products here!

1.800.253.9364



Now Available!

MeniCare GP CDS - 4 oz.
Cleaning, Disinfecting & Storage Solution

MeniCare GP WRW - 1 oz.
Wetting/Rewetting Drops

MeniCare GP Starter Kits
Above items each sold separately.

Menicon Progent

Intensive in-office cleaning developed exclusively for plasma treated GP materials. Works great for CRT[®], BE



Retainer[®], and other reverse geometry designs, too!
Available in 1-pair starter kits and 7-pair treatment packs.

For Sale: Variable Speed Single Spindle Modification Unit, like new, used only a few times. Asking \$200. If interested, contact Kevin Blue at 317-356-5199.

Wanted: A used Medmont Corneal Topographer in good working condition. Contact Dr. John Anderson in OshKosh, WI, at 920-235-8880 or e-mail: avc2020@netscape.net.