

## Custom contact lens market is alive & well, but not for everyone

By Mindy Spicer, Director of Marketing & Communications



### Editor's Perspective

While talking with customers at the recent East-West Eye Conference in Cleveland, I encountered two distinct types of practitioners - those that consider GP lens fitting to be an integral part of their contact lens practice, and those that consider GP's a course of last resort.

On one end of the spectrum, I had customers telling me how they love fitting our presbyopic lenses, and that *Renovation*<sup>®</sup> and *MagniClearplus*<sup>®</sup> are bringing them greater success and patient satisfaction than any other lens they have tried. I even talked to three professionals who were speaking as satisfied lens wearers themselves. From a marketing perspective, there is no greater feeling than to have a user validate your product claims with actual in-practice, on-patient, proof of performance.

On the other end of the spectrum, I found myself caught off-guard when the reply to my "Are you fitting many multifocal contact lenses in your practice?" inquiry was "Not if I can help it!"

I listened with interest as the practitioner detailed one of the presbyopic patient experiences that lead to his less-than-favorable perception of multifocal lenses. The drastic variance of opinion I witnessed had me wondering about the differences in practitioner mindset that result in such opposite approaches to specialty contact lens fitting.

The characteristics I noted among progressive specialty contact lens fitters included a tenacious desire to help patients with unusual corneal conditions; a strong sense of self-worth and the understanding that their skills are in demand and highly valued; and the use of industry resources, such as GP lab consultants, for added efficiency.

Throughout the weekend, I also noticed that practitioners who are actively fitting GP lenses recognize the market opportunity and are eager to hear about the latest material and design innovations. When we discussed all that is new or in development in the GP/custom contact lens arena (e.g. *Boston*<sup>®</sup> *XO<sub>2</sub> hper Dk*

*material, Renovation*<sup>®</sup> *E multifocal, IntelliWave*<sup>™</sup> *custom soft lens line, etc.*), their enthusiasm was apparent.

On the other hand, those practitioners who rarely fit custom contact lenses actually seemed surprised to see a rigid lens company exhibiting! They told of their efforts to "convert" long time GP patients into other modalities and shared their opinions about "hard" lenses being "outdated". While it is clear that the custom contact lens market is not what it was in terms of unit volume, to say the market is disappearing is a gross misstatement. In fact, it is quite alive, and serving specialty contact lens practitioners and their patients, very well.

This is not the late seventies or early eighties, and single vision GP lenses are no longer the contact lens of first choice. However, those of us in the industry do not necessarily see that as a bad omen. The contact lens market is dynamic and constantly changing to meet the needs of its users. When soft lenses emerged as a healthy and convenient option for the majority of lens wearers, GP innovators found ways to take the best GP properties - oxygen permeability, exceptional optical quality, complete customization, and lasting durability, and put them to use where they were most beneficial. Certainly, the pediatric, keratoconic, post-surgical, PMD, and aphakic patients of the world are thankful that custom contact lens research has continued to evolve. Even those ever-hard-to please patients, like engineers and presbyopes, are most appreciative of, and most likely to be satisfied with, custom-designed contact lenses.

Practitioners and patients are also consumers, and just like the rest of society, there are those that look for the elite, and those that are perfectly content with standard fair. Despite the "Wal-Marting" of America we've witnessed over the past decade, plenty of opportunity remains for niche' markets to arrive, survive, and thrive.

These practitioner conversations reminded me that, initially, custom contact lenses are not for everyone. But then, neither are Porsches and Prada - at least not until the acquisition challenges are outweighed by the rewards of unequaled quality and performance.

Introducing...

## Bausch & Lomb Boston<sup>®</sup> XO<sub>2</sub>

### B&L enters Hyper Dk category

Art Optical is pleased to introduce Bausch & Lomb Boston<sup>®</sup> XO<sub>2</sub>, the latest addition to the Boston product line of gas permeable (GP) contact lens materials. This addition to the Boston GP material family is in response to growing demand for a hyper-Dk GP material. This premium lens material is approved for daily wear and provides an outstanding level of oxygen permeability (ISO/Fatt Dk of 141) with an exceptional level of material stability and wettability generally found in low to mid Dk GP materials.

The Boston XO<sub>2</sub> contact lenses are indicated for the correction of refractive ametropia (myopia, hyperopia, astigmatism, and presbyopia) in aphakic and not aphakic persons with non-diseased eyes. The lens may be prescribed in otherwise non-diseased eyes that require a gas permeable contact lens for the management of irregular corneal conditions such as keratoconus, pellucid marginal degeneration, or following penetrating keratoplasty or refractive (e.g. LASIK) surgery. In addition, the lens is also indicated for the daily wear in an orthokeratology fitting program for the temporary reduction of myopia of up to 5.00 diopters in non-diseased eyes.

The proven success of Boston XO<sup>®</sup> GP material has laid a strong foundation for the introduction of Boston XO<sub>2</sub>. The Boston XO<sub>2</sub> material is available in a variety of handling tints, with or without a UV absorber.

**For a limited time, Art Optical will be offering Boston XO<sub>2</sub> at the same price point as Boston XO. Take advantage of the introductory pricing and try Boston XO<sub>2</sub> for your next GP patient with extreme oxygen needs. Plus, look for special Boston XO<sub>2</sub> incentive opportunities in your Boston XO lens orders...coming soon!**



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## Holiday Hours

In recognition of the coming holidays,  
Art Optical will be closed for business on:

Thursday, November 22, 2007

Monday, December 24, 2007

Tuesday, December 25, 2007

Tuesday, January 1, 2008

**We will also be closed:**

Wednesday, December 19, 2007 from 2:00-3:00 PM EST

Please fax orders during our brief absence for immediate processing upon our return.

## Determining Toric Lens Needs

By Jennifer Kirby, ABOC, NCLE, Consultant

Toric lenses are an efficient way to correct high amounts of corneal and refractive astigmatism. A toric lens design may also be necessary for patients with against the rule astigmatism. For example, if you have K's of 43.50/43.00Dx90 with a spectacle Rx of -3.00-1.50x90, you may end up using a front toric design due to residual astigmatism. We suggest using a spherical lens first to determine precisely how much residual cylinder is present. Start with spherical parameters of 7.84 base curve, 9.30 diameter and -3.00 power. If you have a good fit, you would just add your over refraction (anticipated to be Pl-1.00x90) into the design. The final contact lens would be 7.84 base curve, 9.30 diameter and -3.00-1.00x90 power.

When there is a high amount of corneal and spectacle cylinder present and the amount of each is similar, we will usually recommend a back toric design. Using the example of K's 43.00/46.00Dx90 and spectacle Rx of -3.00-3.00x180, we would set the flat base curve on the primary K and use two thirds of the refractive cylinder added to the flat base curve to determine the steeper base curve. In this case, the flat base curve would be 7.84 and the steep would be 7.50 (43.00/45.00). Two thirds of the 3.00D of spectacle cylinder equals 2.00. The final specifications would be 7.84/7.50 base curve, 9.30 diameter and -3.00 power.

A bi-toric design is recommended when there is an unequal amount of corneal cylinder compared to the refractive cylinder. As an example we will use K's of 43.00/46.00D and spectacle Rx of -3.00-5.00x180. For this design, you set the flat base curve fit on the flat K and set the steep base curve 1.0D flatter than steep K. The base curves in this case would be 7.84/7.50 (43.00/45.00). The powers (in drum or lensometer reading), would be -3.00/-7.75. The final parameters would be 7.84/7.50 base curve, 9.30 diameter and -3.00/-7.75 power.

Art Optical has a more detailed description of designing back and bi-toric lenses, along with a slide rule calculator, available at your request.



## Improving on Success:

# Renovation® & AKS® designs serve as development platform

By Mike Johnson, FCLSA, Director of Consultation Services

As firm believers in continuous improvement, our Renovation presbyopic lens design remains a work-in-progress, despite pleasing success to date.

We have been working with back surface eccentricity identical to that used with the MagniClearplus® design and finding some excellent results. This eccentric version, currently referred to as Renovation E, can increase the add effect from the front surface by as much as an additional +0.50 diopter. It is also useful for higher amounts of with-the-rule corneal cylinder or slightly irregular corneas.

My initial research began with measuring the effective add power using Art Optical's VC Millennium Visonx power mapper. This specialized instrument provides a detailed image of lens power much like a topographer maps out the image of the cornea. It is one of the few ways that power variation can be verified in presbyopic lens designs. It is an integral part of our research and development program.

We had a series of lenses manufactured with variable base curves, powers and distance zone diameters to evaluate the effect that back surface eccentricity would have on the front surface optics. In all cases we found no decrease in the add power and in the majority of cases actually saw increase in effective add power compared to the normal spherical back surface design.

I have worked with a number of practitioners in using the back surface eccentricity version of Renovation with excellent results. I have recently given the option to our consultation team to use as a problem solving variation for patients in the standard spherical back surface design expressing near vision concerns. You may have already had the opportunity to use this option and if so, we would appreciate your feedback on how it is working for your patients.



Art Optical is also making some astonishing variations in special lens design for keratoconus using a custom version of the Achievement® lens design combined with our standard AKS design. By switching our standard tri-curve peripheral design in AKS to a controlled axial edge lift, we can accommodate excessive edge stand off in extremely steep base curves associated with nipple and oval cones. Custom Achievement also provides the opportunity to use back surface eccentricity. This is useful for globus cones as well as PMD.

I will keep you informed of our progress with the new variations of Renovation and AKS. We anticipate an official launch of the product variations in 2008, and we encourage you to share your feedback on related cases with us.

## Take an eye-opening tour at [www.gpli.info](http://www.gpli.info)

By Janet Gilman, COT, FCLSA, Consultation Manager



The Gas Permeable Lens Institute (GPLI) is part of the Contact Lens Manufacturers Association (CLMA). Among its many worthwhile activities, the GPLI does an excellent job of developing educational resources for optometric professionals.

One of the most valuable resources they offer is the GPLI website at [www.gpli.info](http://www.gpli.info) which provides a wealth of information and education pertaining to gas permeable lenses.

Online, you'll find a fluorescein pattern identification guide for viewing different fluorescein patterns based on flat and steep fitting lenses. There is also a guide to making lens design changes, as well as a comprehensive section on fitting pearls.

In the GP clinical education section of the site, you can "Test your GP fitting skills." Here, different case history scenarios, along with multiple choice answers to fitting questions, are presented. Once you've chosen an answer, you are provided reasons as to why that specific answer is either acceptable or inaccurate.

The website also provides vertex and diopter to millimeter conversion charts which can be ordered, along with literature, videos, and workbooks. GP lens care and handling brochures, and a "Building Your Practice with GP Bifocals and Multifocals" CD, are among the many other items available from the GPLI.

These are some of my favorite features of the site, but there are many more avenues to explore. When you have time, I highly suggest perusing [www.gpli.info](http://www.gpli.info). You'll be amazed at what you'll find to help further enhance your gas permeable lens knowledge.

## Convention Calendar

*Visit us on the road!*

### GLOBAL KERATOCONUS CONGRESS

January 25 - 27, 2008  
Las Vegas, NV

### HEART OF AMERICA CONTACT LENS SOCIETY

February 15 - 17, 2008  
Kansas City, MO

### SECO

February 28 - March 1 2008  
Atlanta, GA

# Sixth year as MCO student extern site gets underway

By Kelly Indovina, OD, Director of Professional Affairs



Art Optical has always tried to be a good partner to the ophthalmic community through the quality and service we provide, and in countless other ways as well. One way we have tried to give back to our community is to have fourth year Optometry students spend time in our consultation department as part of their externships. This fall, we entered our sixth year as a rotation site.

Students spend Wednesday mornings learning our philosophy on standard GP lens designs as well as specialty fitting for multifocals, keratoconus, pellucid marginal degeneration, post surgical and post traumatic corneas. By the time the students complete their rotation, we have reviewed our philosophy of fitting gas permeable lenses and how we use topography to assist in specialty fitting of contact lenses.

This semester, we welcome the opportunity to work with Emily Koles, and look forward to helping develop her custom contact lens fitting skills.



EMILY KOLES  
Michigan College  
of Optometry  
Class of 2008



## TO CONTACT OUR CONSULTATION TEAM:

Gain immediate access to our qualified Consultants by dialing their direct, dedicated line:  
**800.566.8001**

## TO SEND TOPOGRAPHY MAPS:

Fax topography maps from your color fax machine to ours: **800.421.5991**.  
Send topographies via e-mail to: **topo@artoptical.com**.

