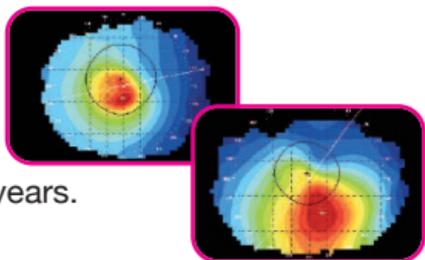


Keratoconus contact lenses

ROSE K2™

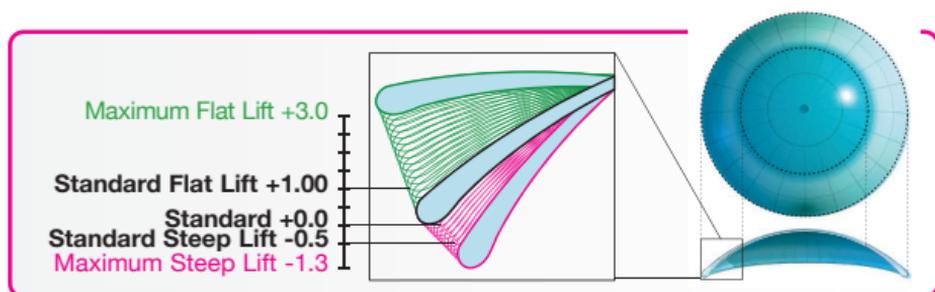
Indications

- All Keratoconus.
- Daily wear.
- Recommended replacement: < 2 years.



Design

- **Aberration control** aspheric optics providing outstanding acuity, reduced flare and glare.
- Unique design that changes as the base curve steepens.
- Edge Lift can be modified for better peripheral fit.
Flexible edge lift system: 85% of all fits use either the standard, standard flat or standard steep Edge Lift values.



Parameter range

ROSE K2

ϕ_T (mm)	BC (mm)**	F'_v (D)	Edge Lift*
7.90 to 10.40 per 0.10 (standard: 8.70)	4.30 to 8.55 per 0.05	+25.00 to -25.00D per 0.25	Flat +1.0 Standard 0.0 Steep -0.50

*Other edge lift values can be specified in 0.1 increments ranging from -1.3 to +3.0.

**BC limitation values in accordance with diameters.

Advanced fitting options:

- Toric Peripheral curves (TP).
- Asymmetric Corneal Technology.
- Toric: back, front and bi-toric surfaces.

Keratoconus contact lenses

ROSE K2™

Systematic approach to fitting

After keratometry and/or corneal topography:

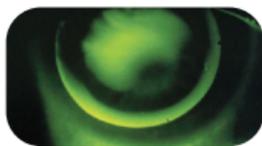
1 First trial lens selection: Refer to fitting guide.

2 Central fit: Evaluate central fit after blink when lens is centered. A light, feather touch at the apex of the cone is desired with the patient looking straight ahead.

3 Peripheral fit: Once good central is achieved, we can observe the Edge Lift which can be increased: **Flat Edge Lift (+)** or decreased accordingly: **Steep Edge Lift (-)**.



A: Optimal edge lift will give a fluorescein band of 0.6 mm to 0.8 mm with no excessive lift or peripheral seal at any point.



B: When the fluorescein pattern indicates edge lift is excessive, Standard steep edge lift value is recommended.



C: When the fluorescein pattern indicates edge lift too tight, Standard flat edge lift value is recommended.

4 Centration and movement: Control by adjustment of base curve, edge lift or diameter, or a combination of these.

5 Assess power last: Once the BC is determined, perform an over-refraction.

6 Residual astigmatism (R.A.): It is usual to leave low amounts of R.A. uncorrected, or to compensate spherically for it:

R.A.: -0.25 to -0.50 add -0.25D

R.A.: -0.75 to -1.00 add -0.50D

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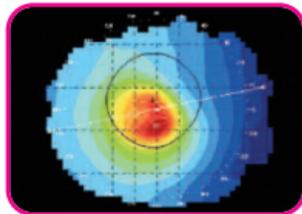
 Menicon

Keratoconus contact lenses

ROSE K2 NC™

Indications

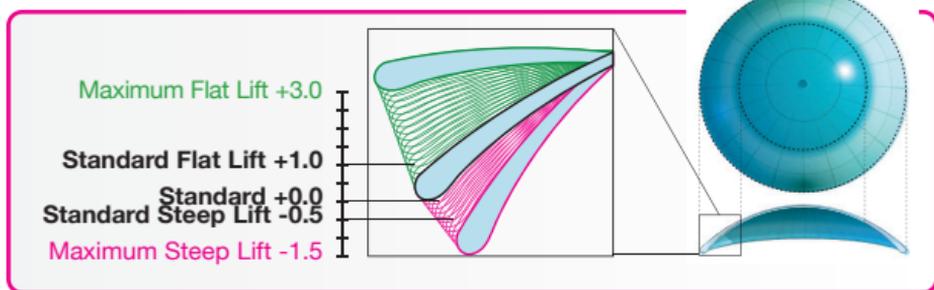
- All nipple cones.
- Daily wear.
- Recommended replacement: < 2 years.



Typical nipple cone map.

Design

- Very small aspheric Back Optic Zone which decreases as B.C. steepens.
- Front Optic Zone larger than Back Optic Zone.
- Front surface aberration control.
- Very rapid peripheral flattening from Back Optic Zone.
- Precise Edge Lift control: standard, standard flat, standard step, variable in 0.1mm steps (see below).



Parameter range

ROSE K2 NC

θ_T (mm)	BC (mm)	F'_V (D)	Edge Lift
7.60 to 9.00 per 0.10 (standard: 8.30)	4.30 to 7.60 per 0.05	+10.00 to -35.00D per 0.25	standard (0) standard step (-0.5) standard flat (+1.0) other options*

*From -1.5 decreased to + 3.00 increased in 0.10 increments

Keratoconus contact lenses

ROSE K2 NC™

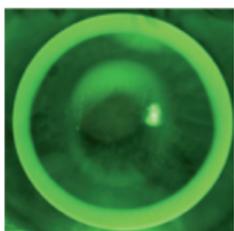
Systematic approach to fitting

1 Initial Base Curve Selection

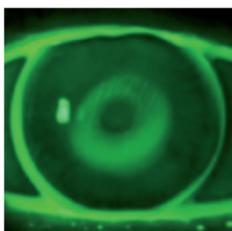
- For mild to moderate cases (where mean K reading is flatter than 6.0mm), select a first trial lens 0.2mm steeper than mean K.
- For advanced cases (where mean K measures between 5.1-6.0mm), select a first trial lens equivalent to the mean K reading.
- For severe cases (where the mean K reading is steeper than 5.0mm), select a first trial lens 0.3 mm flatter than the mean K reading.
- If using a corneal topographer, select the first trial lens based on the 3.0 mm sim Ks and apply the same rules as above.

2 Central fit: evaluate central fit after blink when lens is centered. A light, feather touch at the apex of the cone is desired with the patient looking straight ahead.

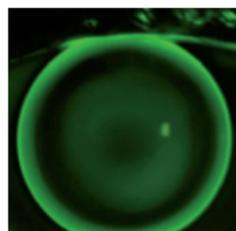
3 Peripheral fit: once optimum central fit is achieved, we can observe the peripheral fit. By altering the Edge Lift value (+ gives more lift and - less lift), the optimum peripheral fit (fig.3) can be attained.



Excessive Edge Lift (fig. 1).



Tight Edge Lift (fig. 2).



Optimum Edge Lift (fig.3).

4 Diameter, location and movement: control by adjustment of base curve, Edge Lift or diameter, or a combination of these. See technical brochure for Tips.

5 Assess power last: once the BC is determined, perform an over-refraction. Start refraction in ± 1.00 D steps and gradually refine to ± 0.50 D and 0.25 D steps

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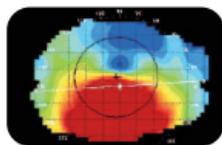
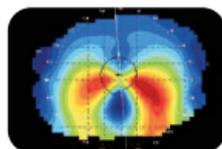


ROSE K2 Post Graft™

ROSE K2 IC™

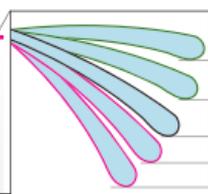
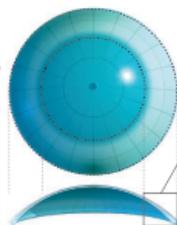
Indications

- Pellucid Marginal Degeneration, Keratoglobus, post-refractive surgery and Post Graft.
- Daily wear.
- Recommended replacement: < 2 years.



Design

- Reverse design with large diameters:
ROSE K2 PG: 10.40 mm ROSE K2 IC: 11.20 mm.
- Large Optical Zone.
- Aberration control aspheric optics.
- The Rose K2 PG and IC designs have a steeper periphery and larger diameter than the Rose K2 design.
- Flexible Edge Lift system: 5 different Edge Lift values are available:



- Double Flat Lift
- Standard flat Lift
- Standard Steep Lift
- Double steep Lift

Parameter range

ROSEK2 Post Graft™ and ROSE K2 IC™

\varnothing_T (mm)	BC (mm)*	F_v' (D)	Edge Lift
9.40 to 12.00 in 0.10 Standard: ROSE K2 PG: 10.40 ROSE K2 IC: 11.20	5.70 to 9.30 in 0.10	+25.00 to -25.00 in 0.25	Standard Lift Standard Flat Lift Standard Steep Lift Double Flat Lift Double Steep Lift

*BC limitation values in accordance with diameters.

\varnothing_T 11.20 mm, BC \geq 6,00 mm \varnothing_T 12.00 mm, BC \geq 6,70 mm

Advanced fitting options:

- Toric Peripheral curves (TP).
- Asymmetric Corneal Technology (ACT).
- Toric: back, front and bi-toric surfaces.

Systematic approach to fitting

After keratometry and/or corneal topography:

1 First trial lens BC from the trial set:

PMD and keratoglobus: BC = Steepest K reading + 0.30 mm.

Post-refractive surgery and post graft: BC = Km - 0.30 mm.

2 Central fit:

PMD and keratoglobus: a light feather touch is desired.

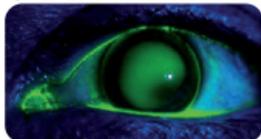
Post Graft: look for central pooling of 0.2 mm to 0.30 mm in early flatter grafts; alignment to 0.10 mm flatter in more mature grafts.

3 Peripheral fit: assess Edge Lift. Look for a fluorescein band of 0.60 to 0.80 mm in width.

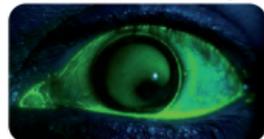
← \varnothing_T 11.20 mm on PMD →



Ideal Periphery Fit.

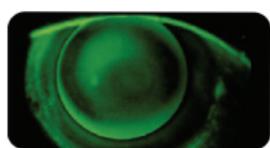


Tight periphery fit.

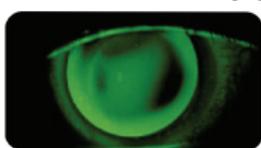


Very tight periphery fit.

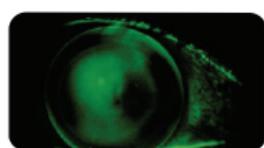
← \varnothing_T 10.40 mm on early graft →



Optimum fit.



Good location and central fit, excessive edge lift.



Good central fit, tight periphery.

The final lens is automatically compensated (base curve and power, no calculation are required), so the change in edge lift (which alters the sagittal height) doesn't affect the central fit!

4 Centration and movement: Control by the diameter and the edge lift.**5 Assess power last:** Once the BC is determined, perform an over-refraction.**6 Residual astigmatism (R.A.):** It is usual to leave low amounts of R.A. uncorrected, or to compensate spherically for it:

R.A.: -0.25 to -0.50 add -0.25D **R.A.:** -0.75 to -1.00 add -0.50D

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