PRACTITIONER’S FITTING GUIDE

ROSE K2™

ROSE K2 NC™
NIPPLE CONE

ROSE K2 IC™
IRREGULAR CORNEA

ROSE K2 PG™
POST GRAFT

Recommended in Menicon Z

ART Optical contact lens, Inc.
Customer Care/Ordering: 800.253.9364
Consultation Direct: 800.566.8001
Online: www.artoptical.com
## Four lens designs...
**One simple systematic approach to fitting**

### Featuring
- Easy-to-fit using a simple systematic approach for all designs.
- Simple to use flexible edge lift system.
- Aberration control aspheric optics providing outstanding visual acuity, reduced flare and glare and minimum lens mass (ROSE K2, ROSE K2 NC, ROSE K2 IC, ROSE K2 PG).

### Advanced fitting options including:
- Toric peripheral curves.
- Asymmetric Corneal Technology or ACT.
- Front, back and bi-toric designs.

### Extensive diameter and base curve range.

Fits most corneal shapes, sizes and stages of keratoconus because of the unique design that changes as the base curve steepens.

<table>
<thead>
<tr>
<th>PRIMARIES</th>
<th>ROSE K2</th>
<th>ROSE K2 NC</th>
<th>ROSE K2 IC</th>
<th>ROSE K2 PG</th>
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<tbody>
<tr>
<td>INDICATION</td>
<td>Oval keratoconus</td>
<td>Moderate and steep nipple cones</td>
<td>Pellucid Marginal Degeneration, keratoglobus, LASIK induced ectasia and post graft</td>
<td>For patients who have undergone penetrating keratoplasty</td>
</tr>
<tr>
<td>SECONDARY INDICATION</td>
<td>Early Pellucid Marginal Degeneration</td>
<td>All nipple cones</td>
<td>Oval keratoconus</td>
<td>Oval keratoconus, nipple keratoconus and LASIK</td>
</tr>
<tr>
<td>BASE CURVE</td>
<td>4.30 mm to 8.59 mm</td>
<td>4.30 mm to 7.69 mm</td>
<td>5.70 mm to 9.30 mm</td>
<td>5.70 mm to 9.30 mm</td>
</tr>
<tr>
<td>DIAMETER</td>
<td>7.30 mm to 10.40 mm</td>
<td>7.60 mm to 9.00 mm</td>
<td>9.40 mm to 12.00 mm</td>
<td>9.40 mm to 12.00 mm</td>
</tr>
<tr>
<td>POWER</td>
<td>Varies with material</td>
<td>Varies with material</td>
<td>Varies with material</td>
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</tr>
</tbody>
</table>

### Advanced Fitting Options
- 1- Toric Peripheral curves (TP)
- 2- Quadrant specific Asymmetric Corneal Technology (ACT)
- 3- Toric: back, front and bi-toric surfaces

### TRIAL SETS
- 26 lenses from 5.10 to 7.60 mm in a variable diameter from 8.50 to 9.20 mm, with variable power to approximate the final lens power.
- 25 lenses from 4.60 to 7.40 mm in variable diameter from 8.10 to 8.90 mm with variable power to approximate the final lens power.
- 18 lenses from 6.00 to 8.40 mm in an 11.20 mm diameter, with variable power to approximate the final lens power.
- 22 lenses from 6.00 to 9.00 mm in an 10.40 mm diameter, with variable power to approximate the final lens power.
The peripheral fit is the single most important fitting factor for a successful, comfortable GP fit. Rather than a complicated series of radii and diameters, all ROSE K2 lenses use a simple value referred to as edge lift to determine the optimal peripheral configuration. From the trial lens, an edge lift value referred to as standard, increased lift (flat) or decreased lift (steep) can be ordered (see illustrations A, B, C). The final lens is automatically compensated (base curve and power, no calculations are required), so the change in edge lift (which alters the sagittal height) does not affect the central fit!

With ROSE K2 lenses, 85% of all lenses dispensed use either the standard edge, standard flat (increased) or standard steep (decreased) edge lift to achieve the desired peripheral fit. However, other edge lift values can be specified in 0.1 increments ranging from -1.3 decreased (steep) to +3.0 increased (flat) (see illustration D1).

ROSE K2 NC presents a very rapid peripheral flattening with also a high percentage of all lenses dispensed using either the standard edge lift, standard flat (increased) or standard steep (decreased) for optimum peripheral fit. Other edge lift values are available in 0.1 increments ranging from -1.5 decreased to 3.0 increased (see illustration D2).

With ROSE K2 IC and ROSE K2 PG lenses, the flexible edge lift system is available in 5 different values: standard, standard steep (decreased), standard flat (increased), double steep or double flat (see illustration D3).
By nature, the keratoconic cornea is asymmetric, where the inferior quadrant is frequently significantly steeper than the superior portion, causing the GP lens to lift off at 6 o’clock (see illustration E). ROSE K2 lenses incorporating ACT are designed to accommodate this asymmetry (good edge fit at 3, 9 and 12 o’clock but lift at 6 o’clock). The inferior quadrant of the lens is steeper than the superior quadrants, providing a more accurate fit at 6 o’clock making the lens more comfortable and stable (see illustration F) and often providing superior vision. ACT is independent of the primary base curve and edge lift value and is available for ROSE K2, ROSE K2 NC, ROSE K2 IC, ROSE K2 PG lens designs.

ACT is quadrant specific and allows the steepening of the inferior quadrant only.

Illustration E: A spherical ROSE K2 lens (symmetric) fitted on this asymmetric keratoconic cornea fits well at 3, 9 and 12 o’clock but causes the lower edge to lift off at 6 o’clock.

Illustration F: Incorporating ACT into the design improves the fit at 6 o’clock, making the lens more comfortable and stable and providing superior vision.

ACT GRADE #1 (0.7 mm)
Slight edge stand off with pooling at or around 6 o’clock (between 5 and 7 o’clock).
Specify: ACT grade #1

ACT GRADE #2 (1.0 mm)
Moderate edge stand off with pooling and possible bubble at or around 6 o’clock (between 4 and 8 o’clock). The tear meniscus may also start to break up on blinking. Specify: ACT grade #2

ACT GRADE #3 (1.3 mm)
Significant edge stand off or lift off (tear meniscus breaks up) at around 6 o’clock.
Specify: ACT grade #3

Note: other grades of ACT are available (0.4 mm to 1.5 mm), please contact us for more information.

A toric periphery (TP) is where the optical zone is spherical and approximately the last 1 mm of the peripheral curve is toric although this is variable dependent on the overall diameter of the lens. With Keratoconus, the tight areas, usually within 20 degrees of 180° (3 and 9 o’clock), will be eliminated with a TP design (see illustration G). In PMD there is often significant against-the-rule astigmatism making the lens tight at 12 and 6 o’clock and loose at 3 and 9 o’clock. A lens that is tight at 12 o’clock causes discomfort, so a TP design is often useful here.

The TP design is available on ROSE K2, ROSE K2 NC, ROSE K2 IC, ROSE K2 PG lenses will greatly enhance lens fit, stability, comfort, vision and wearing time.

Illustration G: With Rose K2 standard peripheral toric
No peripheral toric

The 3 and 9 o’clock meridians are flattened while the 6 and 12 o’clock meridians are steepened. A standard toric periphery will create an 0.8 mm difference in meridians. Other values are available between 0.4 mm to 1.3 mm.

Note: other grades of ACT are available (0.4 mm to 1.5 mm), please contact us for more information.
Systematic Approach to Fitting

**Recommendations**

The use of diagnostic lenses is the only way to properly assess the correct fit and final lens power. Topical corneal anesthetic is recommended for new fits to reduce tearing for more accurate fitting assessment. Toric peripheral curves and Asymmetric Corneal Technology (ACT) are available on all lens designs.

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1. **INITIAL BASE CURVE SELECTION**
   - For K readings 7.1 mm and flatter, select first trial lens 0.2 mm steeper than the mean K reading.
   - For K readings from 6.0 to 7.0 mm, select the first trial lens equal to the mean K reading.
   - For K readings 5.9 mm and steeper, select the first trial lens 0.4 mm flatter than the mean K reading (less predictable).
   
   NB: This is only a guide as the keratometer only measures the central 3 mm along the line of sight.

2. **CENTRAL FIT**
   - Ignore peripheral fit at this stage.
   - Evaluate central fit immediately after blink when lens is centered.
   - A light, feather touch at the apex of the cone is desired. (See fluorescein images section).

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

   **Spherical compensation of R.A.**
   - R.A. -0.25 to -0.50, add -0.25 D
   - R.A. -0.75 to -1.00, add -0.50 D

3. **PERIPHERAL FIT**
   - Once optimum central fit is achieved, assess edge lift. Look for an even fluorescein band of 0.5 mm to 0.7 mm in width. Order increased (flat) or decreased (steep) edge lift accordingly. For asymmetric edge lift where the lift is excessive at 12 and 6 o’clock and insufficient at 3 and 9 o’clock, consider toric peripheral curves (TP design). For significant edge stand off / lift off, at or around 6 o’clock, consider ACT.

4. **ASSESS THE DIAMETER**
   - Smaller diameters are required for central cones and larger diameters for decentered cones. A larger diameter is often required for early cones and will also tend to make the lens ride higher. The lens should hang off the top lid and be well clear of the lower limbus.
   - Small, steep nipple cones often require a smaller diameter approximately 8.3 mm on average. As a rule flatter nipple cones go larger on diameter, steeper nipple cones go smaller on diameter. Look for movement on the the blink of 1.0 to 1.5 mm.

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

   **Spherical compensation of R.A.**
   - R.A. -0.25 to -0.50, add -0.25 D
   - R.A. -0.75 to -1.00, add -0.50 D

5. **ASSESS POWER LAST**
   - Perform over refraction in well-lit room. Over refract using ± 1.00D steps initially and refine with 0.50D and 0.25D steps.
   - ROSE K2 NC: Allow the trial lens to settle for a minimum of 10 minutes before over refracting. Ensure testing room lights are on and push the plus to blur. It is common to over minus these patients.

**Nipple Cone only**

**Post LASIK**

- For severe cases where the mean K reading is steeper than 5.0 mm, select a first trial lens 0.3 mm flatter than the mean K reading.

**POST LASIK AND GRAFT**

- If using a corneal topographer, select the first trial lens based on the 3.0 mm sim K’s.

**PMD AND GLOBUS**

- Select the first trial lens 0.3 mm steeper than the steepest corneal meridian.

**FOR POST LASIK AND GRAFT**

- Select the first trial lens 0.3 mm flatter than steepest corneal meridian.

- If using a corneal topographer, refer to ROSE K2 PG section.

- Refer to ROSE K2 PG section.

- For severe cases where the mean K reading is steeper than 5.0 mm, select a first trial lens 0.3 mm flatter than the mean K reading.

**FOR POST GRAFT**

- Look for similar or slightly greater central touch than with the conventional ROSE K2 design. (See fluorescein images section).

**FOR POST GRAFT**

- Look for similar or slightly greater central touch than with the conventional ROSE K2 design. (See fluorescein images section).

- Select the first trial lens 0.3 mm flatter than average K reading.

**FOR PMD AND GLOBUS**

- A light, feather touch at the apex of the cone is desired. (See fluorescein images section).

- Select the first trial lens 0.3 mm steeper than average K reading.

**FOR POST LASIK AND GRAFT**

- A light, feather touch is desired.

- FOR POST LASIK, look for central pooling of 0.2 mm to 0.3 mm.

- FOR POST GRAFT, refer to ROSE K2 PG section. (See fluorescein images section).

**FOR POST LASIK AND GRAFT**

- A light, feather touch is desired.

- FOR POST LASIK, look for central pooling of 0.2 mm to 0.3 mm.

- FOR POST GRAFT, refer to ROSE K2 PG section. (See fluorescein images section).
Corneal topography is a very useful and effective tool in determining irregular corneas and different cone shapes and sizes. The images below represent typical cones and irregular corneas encountered in a practice along with the recommended ROSE K2 lens design for optimal fit.

**Corneal Topography**

1. **Large Oval Cone**
   - ROSE K2
   - ROSE K2 PG

2. **Small Nipple Cone**
   - ROSE K2 NC

3. **Pellucid Marginal Degeneration**
   - ROSE K2 IC
   - ROSE K2 PG

4. **Keratoglobus**
   - ROSE K2 IC
   - ROSE K2 PG

5. **LASIK-Induced Ectasia**
   - ROSE K2 IC
   - ROSE K2 PG

**Fluorescein Images**

**ROSE K2**

- Optimum fit immediately after blink.
- Optimum fit a few seconds after blink. Don’t judge fit in this downward location.
- Good fit centrally - loose peripherally.
- Steep centrally - good fit peripherally.

**ROSE K2 NC**

- Nipple Cone. Optimum fit.
- Nipple Cone. Excessive edge lift.
- Nipple Cone Tight edge lift.
- Nipple Cone Low location.

**ROSE K2 IC**

- 11.4 mm diameter lens on PMD. Proper central touch and edge lift.
- 11.4 mm diameter lens on PMD. Proper central touch, insufficient lift.
- 11.4 mm diameter lens on PMD. Proper central touch, too much edge lift.
- 11.4 mm diameter lens on Nipple Cone. Proper central touch, excessive lift at 6 o’clock, ACT grade #1 recommended.

**ROSE K2 PG**

- Optimum fit.
- Early graft - good location and central fit, excessive edge lift.
- Good central fit, tight periphery.
- Early Graft - steep centrally, loose periphery.