Managing Presbyopia with Contact Lenses 2014
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The Presbyopic Market Opportunity
• 140+ million presbyopes in the US
  – Growing by 4 million per year
  – Only 1-2% use Multifocal CL’s
• Consumers over the age of 45 spent $10.2 Billion on eyewear (57% of US market) in 2000
• PAL lenses 41% of spectacle fits in 2000

Patient Awareness
• 40% of presbyopic patients do not realize that bifocal / multifocal CLs exist
• 75% of CL wearers and 60% of spectacle wearers would try them
• We must be proactive!

Patient’s and Practitioner’s
Historical Perspective on Bifocal CL’s
• Not very successful
• Time consuming
• Expensive
Bifocal Contact Lenses

Why has success been difficult?

• Age-related concerns
• Reduced tear production
• Smaller pupil size
• Lens-pupil dynamics
• Increased lid flaccidity

Presbyopic Patient Considerations

• Age Group
  Late 30’s and up
  Don’t forget Accommodative Eso patients of any age
• Refractive Error
  +/- 0.75 diopters in distance
  Add Power
• Vocational Needs
  Office workers and those working at variable distances – Aspherics
  Critical vision needs – Segmented
• Avocation
  Again, task specific
Presbyopic Patient Considerations

- Physiology
  - Assess lids: glands, apposition to globe, tear meniscus
  - Cornea: scars, vessels
  - Conjunctiva: bulbar and tarsal
  - Tears: quantity and quality
  - Pupils
- Motivation!

Patient Motivation

Plant the seed before the patient becomes presbyopic!

Assess Motivation / Goals

- Present all options
- Advice patient about compromises with CL correction
- Is motivation simply not to wear spectacles (cosmesis)?
- Do they desire their youth back???
- What distance(s) is most important to them?

Bifocal Contact Lenses

What does it take to make them work?

- Motivation (practitioner & patient)
- Practitioner Skills
  - Proper patient selection
  - Proper patient education
  - Proper lens design selection for specific patient types

Where do we go from here?

- Bifocal/Multifocal Contact Lenses
  - Current Designs
  - Future Designs
  - New Polymers
  - New Technology

Review Of Presbyopic Options

- Distance contact lenses with reading glasses
- Near contact lenses with distance glasses
- Monovision contact lenses
- Bifocal / Multifocal contact lenses
Single Vision CLs & Glasses

- Easy to fit
- Usually distance contact lenses with reading glasses
- Reverse is possible
- Many patients want to be free of glasses

Monovision

- When to use
- Patient Selection
- Pros & Cons
- Limitations
- Patients often resistant to idea
- Monovision vs. GP multifocals
  - recent research results

Monovision: Problems

- Depth Perception
- Possible Suppression
- Contrast Sensitivity/Vision Loss
- Night Driving (when do they drive?)
- Liability

Monovision: Legal Implications (Harris & Classe)

- Practitioners are legally and clinically responsible
- All corrective alternatives should be presented and discussed
- Explain all compromises
- Informed consent recommended

Monovision: Bottom Line

- Monovision is an option well perceived by patients
- Proper patient selection and education is essential
- Always consider bifocal contact lenses for every presbyopic patient

Monovision vs Soft Contact Lens Multifocals

- Richdale, Lynn & Zadnik (OVS, May, 2006): 76% preferred Soflens Multifocal; 24% monovision
- Kirschen, Hung & Nakano (OVS, Dec., 1999): improved visual acuity and binocularity with Acuvue Bifocal (versus monovision)
**Monovision vs Contact Lens**

**Bifocal/Multifocals**

  - 6 weeks GP multifocal; 6 weeks monovision (or vice versa)
  - 75% who completed study preferred multifocal

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**Rajagopalan et al (OVS, 2006)**

- 32 subjects: 8 each in monovision, GP aspheric multifocals, soft bifocals and PALs
- Evaluated high and low contrast acuity, CSF and disability glare

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**Monovision vs Contact Lens**

**Bifocal/Multifocals**

  - GP wearers exhibited highest contrast sensitivity at all frequencies, high and low contrast acuity and least disability glare; soft bifocals were second; monovision last in all categories

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**Bifocal / Multifocal Soft Contact Lenses**

- Translating Designs
  - Alternating Image
  - Then and Now
- Simultaneous Image Designs
  - Concentric Designs
  - Aspheric Designs
  - Combinations
Examples of Current Options

- Conventional / Replaced after more than one month
- Horizon 55 Bi-Con (Westcon)
  Concentric Center Near

Current Options Continued

- SimulVue 38 (Unilens) Concentric, Center-near Segs. 2.35mm, 2.55mm
- Triton Translating (Gelflex) Segmented Soft Bifocal Any power or Add Toric available

Current Options Continued - Toric

- Horizon 55 Bi-Con Toric (Westcon)
  Concentric Center Near
- Special Eyes 54% hioxifilcon Toric (Special Eyes)
  Front Aspheric Center Near

ASTEREA Multifocal Toric Parameters

- Parameters: Material, Base Curve, Diameter, Lens Power, Add Power, Corneal Radius
- Features: Standard, High, Low, Custom, Special Eyes, Toric, Multifocal, Astigmatism, Aspheric

- Benefits: 50-day warranty, 7-day return policy, 3-day trial, Astigmatism compensation, Consultation services, Team support
Current Options: Disposable

- Replaced in one month or less
- Oasys Bifocal (Vistakon)
  Silicone Hydrogel
  Concentric – multiple adds
  Center Distance
- Air Optix Aqua Multifocal (Alcon)
  Silicone Hydrogel
  Aspheric
  Center Near

Innovation by Design

AIR OPTIX AQUA MULTIFOCAL PRECISION PROFILE DESIGN
- Consistent ADD power across entire spherical power range for a predictable fit
- Proven aspheric back surface design for optimal centration and fitting
- Offsets loss of accommodation by extending the depth of focus
- All 3 ADD designs offer a smooth transition from the center-near zone
- Allows smooth transitions between near, intermediate and far zones

Disposable Options Continued

- Biofinity Multifocal (Coopervision)
  Silicone Hydrogel
  Concentric
  Center Distance & Center Near

- Soflens Multifocal & Purevision Multifocal [SH] (Bausch+Lomb)
  Front Aspheric
  Center Near

Balanced Progressive Technology™
Combines spherical and aspheric optics and unique zone sizes

D’ lens provides Distance, Intermediate, and Near Vision

“N” lens provides Near, Intermediate and Distance vision

Biofinity Multifocal: Specifications

<table>
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<tr>
<th>Material</th>
<th>Median A</th>
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<tr>
<td>Base Curve</td>
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<tr>
<td>Diameter</td>
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<td>Dk</td>
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<td>142</td>
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<tr>
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<td>Monthly</td>
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<tr>
<td>Wearing Schedule</td>
<td>EW (up to 6 nights/7 days) or DW</td>
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</table>
Disposable Options Continued

- Proclear Multifocal Toric (Coopervision)
  - Concentric
  - Center Distance & Center near
  - Cylinders −0.75D to −5.75D
  - Axes 5 to 180 (5 degree steps)
  - Adds to +4.00D

Daily Disposable Options

- Proclear 1 Day Multifocal (Coopervision)
  - Aspheric
  - Center Near
  - BC: 8.7mm, LD: 14.2mm
  - +6.00 to -10.00 (0.50 D after -6.00)
  - Add: Single Power Profile (near boost)

Daily Disposable Options

- Dailies Aqua Comfort Plus Multifocal (Alcon)
  - Aspheric
  - BC: 8.6mm, LD: 14.2mm
  - +6.00 to -9.00 (0.25 D steps)
  - Add: Hi, Lo

Daily Disposable Options

- Biotrue ONEday for Presbyopia (B+L)
  - HyperGel material (78% water, no silicone)
  - BC: 8.6mm, LD: 14.2mm
  - +6.00 to -9.00 (0.25 D steps)
  - Add: Hi, Lo

Contact Lens Multifocal Use

- Often patients are told one of the following when asked about multifocal CLs:
  - “No such thing”
  - “They don’t work”
  - “Let’s do monovision instead”
- CLMA Web Site
- Testimonials
CL MULTIFOCALS DO NOT WORK . . . UNTIL YOU FIT THEM!

• Jones et al J Br Contact Lens Assoc, 1996
• 160 non CL wearers placed into reactive and proactive groups (in the latter CLs were actively discussed as a corrective option)
• Only 9/80 in reactive group were fit into CLs
• 46/80 in proactive group - including 21/33 presbyopes - were fit into CLs

2013 Annual Report (Nichols J, CLS 1/14)

• Survey via Jeff Johnson OD (Vice-President, Robert W. Baird & Co.)
• For presbyopes wearing CLs, practitioner preference was:
  - Multifocal lenses: 72% (69% in 2012; 59% in 2008)
  - Monovision: 19% (20% in 2012; 27% in 2008)
  - Over-spectacles: 8% (12% in 2012; 14% in 2008)

  " . . . new technologies in multifocal lens designs would lead to the slight rise in fitting multifocal contact lenses compared to monovision. . . ."

RULE OF THREE’S

• Number of Fits
• Patient Consultation
• Pre-Fit
• Fitting
• Problem-Solving

ASSESS MOTIVATION/GOALS

• What distance(s) is most important to them/goals? Rank Distance, IM, & Near
• Present all options (for their “chronological maturity”)
• Advise PT about compromi ses with CL correction
• Is motivation simply not to wear spectacles (cosmesis)
• Do they desire their youth back???

EXPLAIN DYNAMICS OF BIFOCAL GPS

• If properly fit, they provide acceptable vision at distance and near
• They move up and down during blink cycle (unlike spectacles)
• They may experience transient blur with certain directions of gaze
• Can the patient accept mild compromise in vision?

ADAPTATION/LENS CHANGES

• Lens changes are the rule (1/eye initially, then 1/patient)
• 6 - 8 weeks to adapt
• No Monday morning surprises
**BOTTOM LINE**

• “If you are patient and motivated, there is an 80% success rate with these lenses.”

**PRE-FIT FACTORS**

- Pupil Size
- Tear Film
- Lower Lid Position/tightness

**DESIGNS IN COMMON USE**

- Aspheric Multifocal
- Concentric/Annular
- Translating Segmented

**ASPHERIC ADVANCEMENTS**

- Has evolved into a very popular type due to advancements in technology
- New Technology resulting in better polished surfaces, & higher refractive index materials
- Addition of higher add power lenses
- Lower eccentricity lens designs
- Translation???

**ASPHERIC CANDIDATES**

- Low - medium adds (Don’t R/O High)
- Computer use
- Athletes
- Low lower lid &/or loose lids
- Small-avg. pupil size
- Critical Vision not essential
Multifocal Fitting Pearls: Testing/Fitting

- Accurate determination of pupil diameter in normal room illumination
- Dominant eye
- Assess tear quality
- Use the manufacturer’s fitting guide for lens selection and problem-solving. It is simplistic and successful

‘REAL WORLD ENVIRONMENT’

- Once the lenses have settled, have them perform relevant “real world” tasks (i.e., view Smartphone, look at a computer, read a magazine, walk around the office to view at a distance, etc.).
- Woods et al(2009) c Air Optix Aqua Multifocal was preferred to monovision for “Real World” tasks: daytime & nighttime driving, watching TV.

OVER-REFRACTION

- Whereas monocular acuities at distance and near can be performed to assess vision, the over-refraction should be performed binocularly with the trial lens (often in the form of +/-0.25 and 0.50D flip lenses) over the eye demonstrating reduced visual acuity.

TRIAL LENS OVER-REFRACTION
GIVE THEM TIME TO ADAPT

• If the patient is satisfied, have them back in no less than one week (time can vary with design) and that vision does tend improve as their eyes adapt to the lenses.

ESSENTIAL GP

• Low eccentricity
• Avg. OAD = 9.5mm
• Standard Material = Boston ES
• Three Series of Adds: Series I (Low add), Series II (IM add) and Series III (high add)
• Fit approximately 1.25D STK
• Xtra: Enhanced distance vision; increased comfort

CSA ENHANCEMENT

• Keratometry: 42.50 @ 180; 43.50 @ 090 OU
• Refraction: -2.00 - 1.00 x 180; +2D Add
• 52 year old male; wearing Essentials II OD; III OS c/o progressive near blur
• VA: 20/30- @ near OR: +0.75D
• Re-order same parameters with +0.75D CSA

BACK SURFACE ASPHERIC MULTIFOCAL FITTING

• Most designs fit 1 - 1.5D steeper than K
• Must center with limited movement with the blink
• Easy to fit via manufacturers’ fitting guide/user friendly design to start

ESSENTIAL CSA

Distance/Intermediate Optical Zone Diameters
Parameter Changes To Fine Tune Performance

- Increased Zone
- Standard Zone
- Reduced Zone

4.0mm
4.3mm
4.6mm

4.0 mm Small Pupils - Or Interpalpebral Positioned lenses
4.6 mm Larger Pupils - Or Higher Riding Lenses
4.3 mm Suitable for the Majority of Your Patients

Topographic Changes with Posterior Aspheric Lens Designs

#aaoptom14
FRONT SURFACE ASPHERIC MULTIFOCAL DESIGNS

• Have the benefit of avoiding back surface molding/topography changes
• Example: Naturalens Progressive (Advanced Vision Technologies)
• GoldenEye AFM (Valley Contax)
• Magniclear & Renovations (Art)
• Reclaim™HD (Blanchard)

Fit from Ks & Rx
- No trial set needed
- No prism or segmented optics
- Centers well on most patients
- Customized optics to meet each patient’s expectations
  - Three standard designs fit 85% of patients
  - Wide range of adds
  - Wide range of anterior OZ sizes

Inferior Decentration/E xcessive Movement: Steeper Base Curve
ASPHERIC TROUBLESHOOTING

• Insufficient Add Power:
  – Select Higher Add Lens Design
  – Use “Modified Bifocal”

EXCHANGE RATES: THE RESULTS OF A LARGE PRACTICE

• Practitioner DB: 710 GP multifocal lenses purchased over 3 years (10 patients/month)
• Average return rate of 42% (close to national average)

TRANSLATING VISION

• Prism Ballasted & often Truncated
• Crescent/Executive Seg
• High Dk Material
• Near image moves in front of pupil with downgaze
• Typically rests on or near the lower lid

Reading Position of Translating Bifocal

Base Curve Selection

Proper base curve selection helps the lens to translate smoothly upward to position the seg line slightly above the pupil center during down gaze

TRANSLATING VISION: CANDIDATES

• Critical vision demands
• Any add powers (high add/limited IM)
• Lower lid near limbus/good tonicity
• Aspheric does not center
• Inferior Apex

FITTING NUGGETS

• 2 - 3 diagnostic sets
• Follow manufacturer’s fitting guide
• Trial Lens O/R.
• Translating Pearls:
  – Position of lower lid to limbus
  – Seg line to lower pupil position
  – Evaluate translation in downward gaze
Lid Position

Optimal  Okay  ???

Representative Lens Designs

• Solutions (X-Cel)/Tangent Streak (Firestone)
• Solitaire (Tru-Form)
• Bi-Expert (Essilor/Art Optical)

Tangent Streak

• One-piece executive with monocentric optics
• Standard Lens = 9.4/9.0 OAD/OZD
• 4.2mm seg; 2.0PD, +2.00D Add
• Fit approximately 0.50D flatter than K
• Seg line at lower pupil margin

Solutions (X-Cel)

• One-piece crescent with monocentric optics
• Standard Lens = 9.6mm OAD; medium
  Prism; seg line 1mm below geometric center
• +2.00D add, no truncation
• User Friendly
• Fit and seg position similar to Tangent Streak

Biexpert Slab Off Technology

Slab off, inverse curve

Slab off, inverse curve

Design Order Sheet (DOS)

<table>
<thead>
<tr>
<th>Right Eye</th>
<th>Left Eye</th>
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<tr>
<td>-1.50 -0.75 cx 05</td>
<td>-1.50 -1.00 cx 185</td>
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<tr>
<td>+2.00D</td>
<td>+2.00D</td>
</tr>
<tr>
<td>44.00 / 45.00 @ 095</td>
<td>43.50 / 45.00 @ 090</td>
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- a) HVID
- b) Pupil diameter
- c) Lower lid height to lower pupil
- d) Palpebral fissure width

Lid position

Tight, average, loose

Lid tonicity

Tight, average, loose

K-readings

K-readings
**MENIFOCAL (MENICON)**

*Concentric Design*

- Center distance vision zone
- Transition zone
- Peripheral near vision zone

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**FRONT BIFOCAL SURFACE**

As the addition increases, the distance optic zone and transition zone narrows allowing the near optic zone to become larger

- Add. +1.00
- Add. +1.50
- Add. +2.00
- Add. +2.50

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**Translating Designs**

*Intermediate Need*

- Examples:
  - Llevations Trifocal (Tru-Form)
  - Triune (Tru-Form)
  - Mandell Seamless (ABB-Concise)
  - Tangent Streak (Firestone)
  - Presbylite (Lens Dynamics)
  - EZEyes (ABBA)
  - Accent (Accu Lens)
  - ESSENTIAL SOLUTIONS (X-Cel)

- Modified Bifocal
- Over-Spectacles

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**Llevations Trifocal (Tru-Form)**

*Advanced Design Delivers Improved Performance!*

- A Translating Design with Intermediate Vision
- Up to +3.50D Add in a Thinner Lens Profile
- Decreased Lens Mass for a More Comfortable Fit
TRANSLATING VISION PROBLEM-SOLVING

- Excessive Rotation
- Lens Positions Too High
- No Lens Translation

EXCESSIVE ROTATION

- Flatten Base Curve Radius by 0.50D
- Increase Prism 0.50PD

LENS POSITIONS TOO HIGH

- Increase Prism by 0.50PD
- Flatten BCR 0.50D

NO LENS TRANSLATION

- Flatten Base Curve by 0.50D
- Increase prism and/or truncation

RULE OF 0.50

- WHEN MAKING A CHANGE IN BASE CURVE OR PRISM, A 0.50D CHANGE IS RECOMMENDED

BLUR AT DISTANCE

- Lens too high: Increase prism
- Lens too low: Increase OAD
- Seg Height is too high
- Excessive movement
Superior Flare

- Lens is too small
- Fit a larger lens to increase vertical height

BLUR AT NEAR

Seg height too low
No translation
Patient drops head to read, not eyes
Excessive lens rotation

Hom-Gallagher-Eiden GP Multifocal Grid
(From Bennett ES, Henry VA: CL Spectrum, March, 2012; accessed at www.clspectrum.com)

SCLERAL MULTIFOCAL DESIGNS

- SO2Clear Progressives (Dakota Sciences/Art Optical)
- Digiform & Tru-Scleral (Tru-Form)
- Dyna Semi-Scleral (Lens Dynamics)
- AVT: back aspheric center-distance
- Semi-Scleral Multifocal from Blanchard coming soon

So2Clear Multifocal Lens(Dakota Sciences/Art Optical)

Center Near, Front Aspheric Allows for Vision at all distances. Strength of add and size of add are customizable to the individual patient.

Center Add Power +3.50
Add Zone = 2.25 mm
Center Add Power +1.88
Add Zone = 1.50 mm
PATIENT EB: ONEFIT MF

PRESBYOPTIC APPLICATIONS IN 2014
- Empirical Fitting
- High Refractive Index Materials
- Scleral Lens Designs
- Post Refractive Surgery Designs
- Hybrid/Combination Designs

POST-REFRACTIVE SURGERY COMPLICATIONS (www.lasikcomplications.com)

POST-REFRACTIVE SURGERY MULTIFOCAL DESIGNS (Partial List)
- All reverse geometry designs with add on the front surface
- LasikNear (Valley Contax)
- Reclaim RSS (Blanchard)
- New reverse geometry multifocal from Art Optical – CLASIKcn

CLASIKcn (Art Optical)
- Reverse Geometry front surface center near Design
- Std OAD = 10.8mm
- Add: +1.00 to +3.50D

REFRACTIVE SURGERY SPECIFIC
SynergEyes Multifocals

- **M lens** – Annular near center lens design
  - 1.9 mm and 2.2 mm center near
- Pupil size (Photopic, Scotopic) Must center
- How does the visual system interpret the information the lens is providing
- **Duette Multifocal** – near center Aspheric design
  - Small zone (3.0 to 3.3) large zone (3.2 to 3.5)
  - Powers about the same – the spread is different

ISSUES & CONTROVERSIES

- THEY ARE NOT SUCCESSFUL
  - Numerous studies with 70 – 80+ success rate
  - With 56 different multifocal designs and 49 segmented translating designs (many with IM correction) from 48 laboratories, they have to be successful (source: www.gpli.info)

ISSUES & CONTROVERSIES

- THEY ARE UNCOMFORTABLE
  - Have been found to be more initially comfortable than spherical lenses
  - Use of a topical anesthetic
ISSUES & CONTROVERSIES

• THEY ARE TOO EXPENSIVE
• Order warranted
• Utilize your CLMA member laboratory consultant
• Remember: there are many tools available

RESOURCES

• Your best resource is your laboratory consultant
• They can provide diagnostic fitting sets, online resources for the fitting and troubleshooting of their designs, and well as very good advice based upon extensive experience
• If possible, topographies and photos can be beneficial as well

Case 1

• 55 yo office worker
• Single vision distance GPs
• DVA fine / NVA off
• -4.25-1.25x178
• -4.00-2.00x172 Add +1.75
• Ks 41.87/43.12 @ 88
• Normal ocular health, OD dom
Case 1 continued

• Reclaim HD
  OD 7.95mm BC, -4.50, 9.5 LD
  OS 8.05mm BC, -4.50, 9.5 LD
  OU +2.00/3.5 zone
• VA 20/20 distance, intermediate, and near
• Superior lid attachment
• Good translation up on downgaze

Case 1 continued

• What if...
  Distance vision is off?
  Near vision is off?

Case 2

• 60 yo homemaker
• Active sports enthusiast
• Wore PMMA 30 years ago
• -0.75-0.25x45
• -0.75-0.50x61 Add +2.25
• Ks 43.62/44.25 @ 150
  43.37/44.12 @ 140
• Mild dry eye, otherwise normal, OS dom

Case 2 continued

• What if...
  Distance vision is off?
  Near vision is off?

Case 2 continued

• Biofinity Multifocal
  OD 8.6mmBC, -0.75/+2.00N
  OS 8.6mmBC, -1.00/+2.00D
• VA: OD 20/25- distance, J1 near
  OS 20/20- distance, J2 near
• 12 + hours/day, no dryness issue

Case 3

• 53 yo political activist
• Tri-athlete
• Current SV GP wearer
• -3.75-0.50x135
• -4.25-0.50x140 Add +1.75
• Ks 42.00/42.25@ 125
  42.37/42.62@ 90
• Normal ocular health, OD dom
Case 3 continued

- Menifocal Z
  - OU 8.10 mm BC, -3.75, 9.8 LD
    - Add +2.00
  - VA 20/20, J1
  - Positioned central to slightly SC
  - Good movement in all POG
  - Aligned pattern with good P clearance

Case 3 continued

- Patient experienced “image shadow” with distance gaze
- Near vision and comfort “great”
- DVA 20/25–OU, NVA J1
  - Over-refraction +0.25
  - Lens fit and movement – same
- What do you do?

Case 3 continued

- Menifocal Z
  - OU 8.00 mm BC, -4.00, 9.8 LD
    - Add +2.00
  - VA 20/20, J1
  - Position central
  - Good movement
  - Slight apical clearance
  - Patient happy

Case 4

- 55 yo engineer
- Previous GP wearer
  - Stopped due to poor near vision
  - -4.00-1.25x97
  - -5.00-0.50x85  Add +2.25
  - Ks 41.87/42.72 @ 95
  - 41.50/42.12 @ 85
- Normal ocular health, OD dom

Case 4 continued

- Metro-Seg
  - OD 8.03mm BC, -4.75, 9.5 LD
  - OS 8.08mm BC, -5.25, 9.5 LD
  - OU +2.00 Add, 0.5mm bgc
  - Max prism @ 90
  - VA 20/15 distance and near
  - Central position in primary gaze
  - Segment at lower pupil margin

Case 4 continued

- What if...
  - Distance vision is off?
  - Near vision is off?
SUMMARY

• “Building your presbyopic multifocal contact lens practice will result in enthusiastic patients, tremendous personal satisfaction and practice growth.”