Maximizing Success with soft Multifocal Contact Lens Fitting

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1

My Story ….

2

Common Complaints

- My eyes keep changing and when will it stop?
- I should have never started wearing readers – my vision loss is your fault.
- I don't want progressives - my friends say they don't
- I'm so mad - why do I have to buy a new pair of progressives every year.
- Why do multifocal lens take so long to fit and why do I have to pay a fitting fee?
- Why do I not have crisp vision at any range?
- When will all this change stop?
- Am I going to go blind?

3

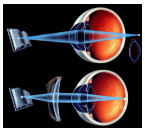
COMMUNICATION

4

Explaining Presbyopia - A Novel Approach

OLD Words

- You are getting old
- Theories to explain Presbyopia
  - Lens hardening
  - Ciliary muscle weakness



THE SYSTEM OF 10

- 2.50 D of change over the course of 30 years
- 0.25 steps = 10 steps of change
- A reservoir of energy that we lose over time
- Accommodative system under stress
- Start at an early age to discuss b/c of Digital Devices

5

The New Age of Presbyope

- They are young
- Active – work, hobbies, learning and social
- Want to have fun
- Want to take care of their health
- Have the income to do so
- Play sports (helmets/goggles)
- Influencers – they have friends and kids

6

We Refract to 20 Feet and patients .....

Sit in front of devices all day!!

Let's stop talking about AGE!!

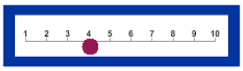
And let's blame something else

7

Example – Patient with +1.00 Add

Presbyopic Patient - +1.00 Add

- 4 units of energy Lost – 6 natural units remaining
- Running on 60% only
- I need to give them 4 units of magnification
- Better to be at 100% than only running on 60%

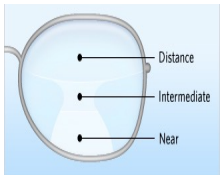


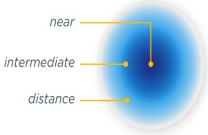
Why it's helpful

- Patients can track and follow their own process
- Better understanding & compliance
- 6 more steps of change to go
- Early start and entry into MFs and Progressives

8

Facilitate Understanding

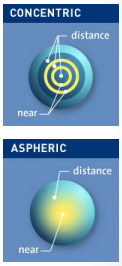




9

Simultaneous Vision

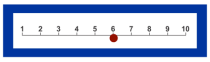
- Available in Soft and GP lenses
- Aspheric, concentric and hybrid designs
- Multiple prescriptions are presented to the visual system
- Multiple images at different ranges are seen by the visual system
- The visual system chooses which image range to focus on

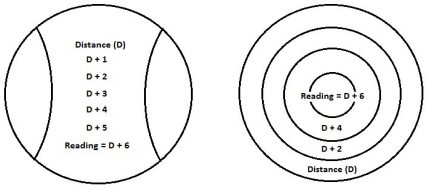


10

Example – Patient with +1.50 Add

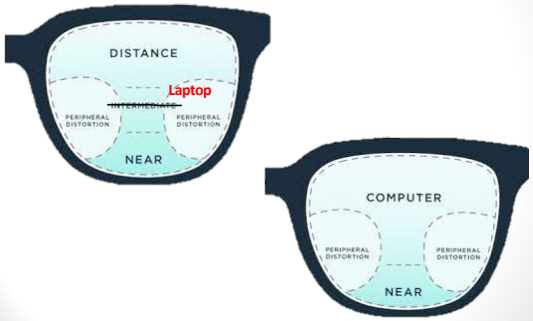
- 6 units of energy Lost – 4 natural units remaining
- Distance = D, Reading = D + 4units of Mag





11

PALS vs Computer PALS



12

Increased understanding
Increases compliance &
Decreases frustration &
Increases purchasing

How do we reach this goal:

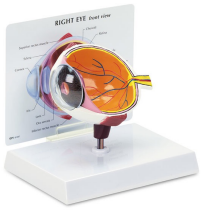
- Your Exam is your Discovery
- Mutually Agree on Plan

13

The Discovery & Recommendations

14

Explaining a Contact Lens Fit



- The Benefits of MF lenses
- The process & timeline
- The strengths & limitations
- The visual adaptation
- Small changes can make a big difference
- The impact of light
- Glasses still may be needed
- The back up plan
- Set realistic expectations
- The cost of the fitting

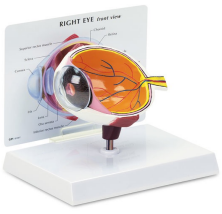
15

Explaining Spectacle Options

- Progressives, Anti-Fatigue, computer progressives
- Coatings all included
  - Don't upsell
- Trial Frame
- Simulate a work environment
- Test distance, computer and near rx
- Allow for questions

16

Communication Solves Most Problems

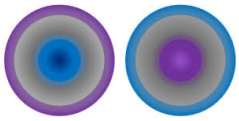


17

Contact Lens Drop Out

- Two Parts of the relationship
  - Cornea - Check it
  - Contact Lens
- Both Important / Drops Daily

18



MULTIFOCAL CONTACT LENSES

19

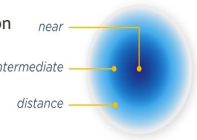
Benefits of Multifocal Contact Lenses

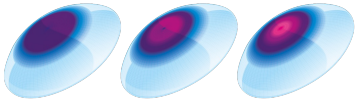
- Patient Benefits
  - Cosmetics benefits
  - Freedom from glasses – hands free
  - Provide a youthful feeling
  - Satisfying a need and want
- Functionality
  - All ranges of vision
  - Peripheral vision
  - Ability to multi-task
- Practice benefits
  - Improve retention & referrals
  - Differentiate your services

21

Starting Early

- Less power ranges in the design
- Easier to adapt to Simultaneous Vision
- Greater likely to get 20/20 vision
- Easier for you
- Easier for patients
- Avoid Monovision

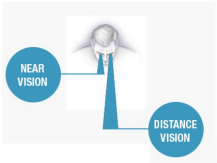




22

Problems with Monovision

- Many patients are not successful
- Halos and glare
- Night driving safety concerns
- Limited intermediate range
- Decreased contrast sensitivity
- Limited depth perception
- No binocular vision
- Hard to switch to multifocal lenses



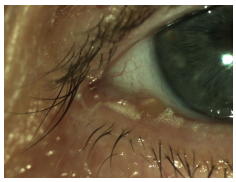
23

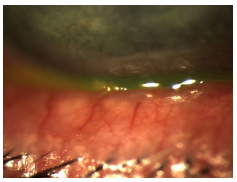
MULTIFOCAL FITTING STEPS

24

Before you get started

- Clean up the lids before starting – MGD, Bleph, Allergies

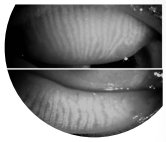
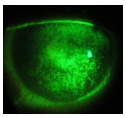
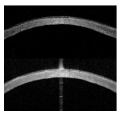
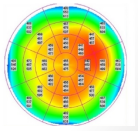




25

Before you get started

- NaFL on the cornea & keep checking
- Ant Seg Photos document to be able to compare
- Post Seg – Ret, OCT
- Topography
- Pachymetry
- Meibography

26

9 Step Multifocal Fitting Process

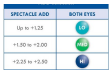
1. Get an Accurate Refraction
   - Least Minus Power
   - Least Add Power
2. Determine Eye dominance
   - Sight Dominance – Hard wiring
   - Sensory Dominance – Sensitivity to blur
3. Choose Modality
   - 1 day, 2 week, 1 month
   - Soft, Toric, GP, Scleral, Hybrid




27

9 Step Multifocal Fitting Process

4. Choose initial lens based on Fitting Guide



28

Why Fitting Guides are Needed

A Patient Spectacle Rx
OD -1.50
OS -2.00 -0.50 x 180
+1.75 Add
OD Dominant

DAILIES Total 1 Multifocal
OD -1.25 MED
OS -2.00 MED

MyDay daily disposable multifocal
OD -1.50 LOW
OS -2.25 MED

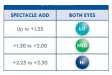
Bausch & Lomb Ultra for Presbyopia
OD -1.50 High
OS -2.25 High

1-Day ACUVUE Moist Multifocal
OD -1.50 MID
OS -2.25 MID

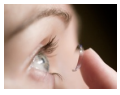
29

9 Step Multifocal Fitting Process

4. Choose initial lens based on Fitting Guide



5. Apply, let lenses settle & patient adapt



6. Check the Fit

7. Check distance and near binocular VA's - Bright lights & Real tasks




30

9 Step Multifocal Fitting Process

8. Trouble Shooting
   - Previous steps done correctly?
   - Binocular Distance Over Refraction +/- 0.25 (Push +)
   - Fitting Guides
   - Monocular VA's
   - Consultation
   - Phone a friend

Dispensing Tips

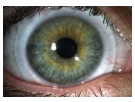
9. At the follow up
   - Repeat the troubleshooting steps
   - Stop if happy

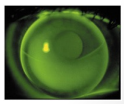
31

Soft Toric Multifocals

- Test with Trial Lens
- We have more options than before
- Current Lenses
  - Proclear & Biofinity Toric MF
  - B&L Ultra Toric MF
  - Custom Options
- Issues will be comfort or fit, not optics

- If they don't work:
  - Gas permeable lenses
  - Hybrid lenses
  - Scleral Lenses



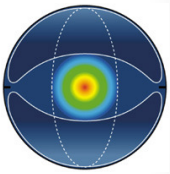


32

Fitting Soft Toric MFs

In the past

- Fit with toric lens first
- Troubleshoot
- Assessed stability
- 2nd round of Fitting with a toric MF
- No Fitting guides – Trial and error



Current

- Jump right in
- Use a fitting guide to modify
- They work so well
- Patient who need them - have been waiting – low expectations

33

Modified Monovision

- Going Rogue
- No rules

- Combos
  - Two MFs
  - One SV lens One MF
  - One SV lens one Toric MF
  - One Toric Lens One MF
  - One Toric Lens One Toric MF
  - Each one of these where one lens is biased toward near or mid range and one toward distance
- Monocular VAs are looked at
- More educated Trial and Error

34

Soft Multifocal Fitting Tips

- Fitting guides to choose lenses & to troubleshoot
- Set realistic expectations
- Adaptation is mandatory
- Lights on
- Use real world tasks to test
- Binocular Distance Over Refraction
- Loose Lenses – No Phoropters
- Monocular VA
- Modified Mono
- Make one change at a time
- If vision is good let them go

35

Remember these lines ….

- The goal is to meet most of your needs most of the time
- You may need to give up a little bit of crispness for freedom
- This is the best that we can achieve

- Don't forget to ask the patient if they are happy!

36

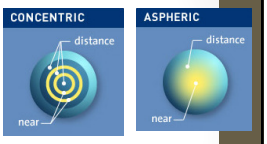
SOFT MULTIFOCAL DESIGNS

37

Soft MF Designs

- Aspheric
- Concentric Rings
  - Spherical
  - Aspheric
- Transitions between rings
  - Spherical
  - Aspheric
- Combo

- **Simultaneous Vision** – A brain thing

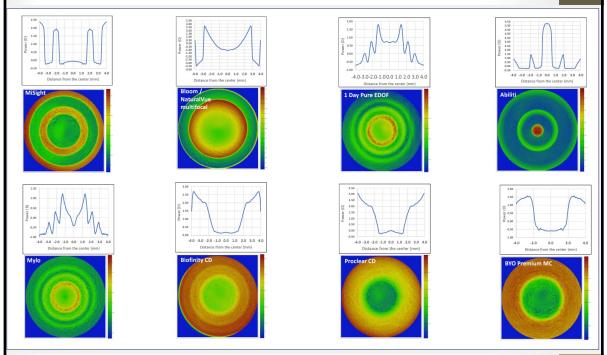


38

Understanding Designs

- A study performed by Dr. Eef van der Worp & Giancarlo Montani (1st place winner at GSLS)
- Looked at the power profile of Soft MF lenses
  - Specifically on Myopia Management Lens Designs
- The optical radial power profiles were measured using the NIMOEVO optical lens analyzer

39



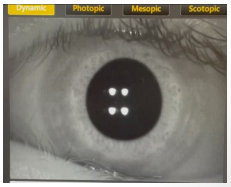
40

Why didn't it work?

- **96% Success if you use the fitting guide**

- Design of the lens – not working for the patient
- Simultaneous vision – non adapt
- Poor fit – too steep or flat eye
- Defective Lens

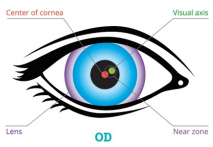
- Pupil Size
- Pupil Decentration
- Residual Astigmatism

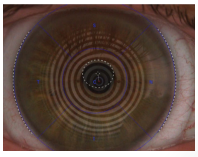


41

Natural Misaligned Opitcs

- Line of sight and Geometric center of the eye do not match
- LOS typically Superior Nasal
- Use photos & Topographers





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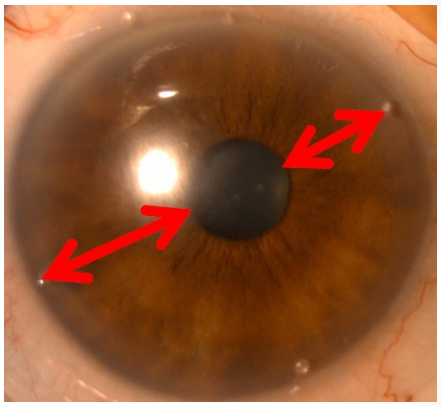
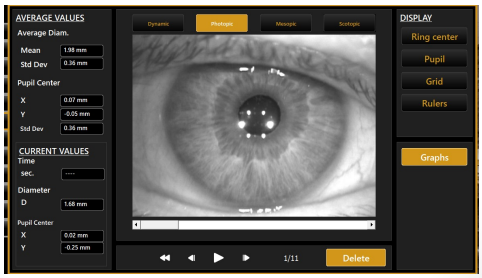


43

Pupil Measurements

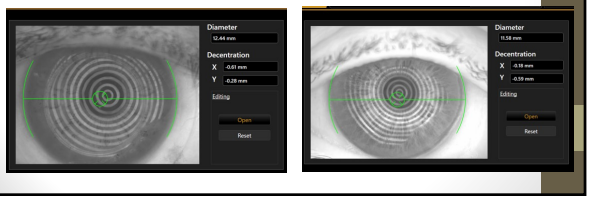
- Equipment to measure



44

Measuring Misalignments

- Equipment – OVITZ, MYAH



45

Topography

- Evaluate topography of the cornea
- Take a second topography over the multifocal lens
- Take both images and view the difference Map

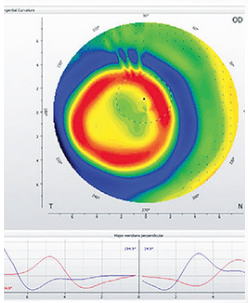
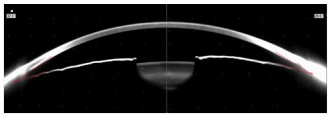


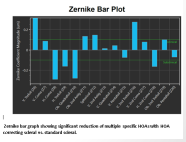
Photo Curtesy of Dr. Susan Resnik 2021, Opt Man

46

Higher Order Aberration Optics

- Many methods to measure HOA – iTrace, OPD, OVITZ, Pentacam
- Talking about it forever – since custom lasik
- Calculate the aberrations in each layer of the ocular system
  - Front surface of the cornea
  - Back surface of the cornea (KCN)
  - Aberrations of the Lens
- Interlayer misalignments

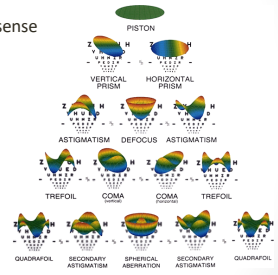




47

Incorporating HOA analysis

- When vision doesn't make sense
- A lot of astigmatism
- KCN or irregular corneal astigmatism
- Just for fun



48

OD Barriers & Strategies to Overcome

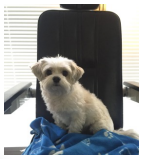
- **Stigma that they don't work**
  - Use the fitting guide to prove this wrong
  - Start Early for greater VA success
- **Too much Chair**
  - The Discovery/Recommendation Method
  - Set realistic expectations
  - Use the fitting guide to prove this wrong
  - Phone follow Ups by Staff to reduce chair time
    - If a problem exists - come in
    - If no issues order lenses
- **Reduce Glasses sales**
  - Glasses first – CL's second – BOTH – NO CHOICE

49

Remember our impact …

… We Change Lives

Thank You



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50