

# Simultaneous Front Surface Multifocal Lens Patient Selection

Choose your patients based upon:

- Past CL wearing history are they already adapted to gas perms and did they have a superior lid attachment type fit?
- Corneal/Lid Structure-do they have less than 3.00 D corneal cylinder? And, is their palpebral fissure width at least 8 mm?
- Wants/Desires and Motivation is the patient more critical of their distance, midrange or reading?
   Patients with high distance and midrange demands are good candidates. Patients who are more discerning of their reading (near point) may do better with one of our segmented designs.

#### **Base Curve Selection**

Choose the appropriate base curve based upon corneal cylinder:

0.00 to .50 D Corneal Cyl. (0.50) flatter than 'K'

0.75 to 1.50 D Corneal Cyl. (0.25) flatter than 'K' or on flat "k" 2.00 to 2.50 D Corneal Cyl. (0.50) steeper than 'K' or toric

Reverse Geometry, KCN designs, and Toric options all available!

### **Diameter Selection**

The *Solitaire™FSA Multifocal* lens can be manufactured in any diameter; however most patients will require a diameter between 9.0 and 10.5.

Fissure width less than 9.0 mm
O.A.D. 9.0 to 9.5
Fissure width between 9.0 and 10.0
C.A.D. 9.5 to 10.0
O.A.D. 10.0 to 10.5

#### **Power Selection**

When fitting the patient empirically, the initial power should be equal to the vertexed sphere power plus the difference between the flat 'K' and the base-curve selection. Indicate spectacle add power.

When fitting with trial lenses: perform over-refraction with the lens in the proper position to give the patient good distance and good midrange/add power.

#### Fit Evaluation

- Trial fit the patient with the proper lens, and allow them to equilibrate for 15 minutes or until tearing subsides.
- The well fitted *Solitaire™ FSA Multifocal* lens will have a moderate superior lid attachment type fit with inferior edge lift-off allowing the lens to move freely along the vertical meridian. On the 1-5 scale, position 2 works best, position 1 is definitely too high.
- Instill fluorescein to determine the base curve to cornea relationship. The correct lens will show an aligned pattern.

Clinical Findings	Objective Findings	Correction Choices
Lens positions superiorly and doesn't move	Base curve too flat	Steepen base curve 0.1 – 0.2 mm
Lens positions nasally or temporally	Against the rule astigmatism Base curve too flat Diameter too small	Steepen base curve 0.1 – 0.2 mm
Lens adhesion or no movement with blink	Peripheral bearing	Flatten peripheral curve or base curve
Distance good, near blurry	Not enough add power	Increase add power and/or change distance zone.
Near good, distance blurry	Lens may be de-centered vertically, inferiorly, or excessively superiorly	Adjust BC/OAD

## **The TruFormance<sup>™</sup> Guarantee**

The TruFormance Guarantee is TruForm's performance promise to you, the practitioner, to deliver the highest quality RGP contact lenses in the market with **unlimited remakes\***, **24-hour turn-around**, and **100% satisfaction**.

<sup>\*</sup>Unlimited remakes are included on all lenses except single vision lenses.