Bausch & Lomb
PureVision®
Multi-Focal (balafilcon A)
Visibility Tinted Contact Lenses

Expert Tips For Exceptional Fits

Suggested Patient Criteria
- Good motivation
- Realistic expectations
- No more than -1.00D cylinder corneal astigmatism

Pre-fitting Evaluation
- Measure spectacle Rx, including ADD power
- Establish baseline binocular visual acuities at distance and near
- Determine dominant eye at distance

Initial Lens Selection

Sphere Power
Choose the lens with the patient's full distance spectacle sphere
- Converted to minus cylinder form
- Vertexed, in spherical equivalent prescription

Lens ADD Power	Spectacle ADD
Low ADD OU	+1.50D or less
Mixed ADDs (Low/High)*	+1.75D to +2.25D
High ADD OU	+2.50D and up

*Low ADD on dominant eye, high ADD on non-dominant eye

Initial Lens Evaluation
- Allow lens to equilibrate on each eye (may take up to 10 minutes for new wearers)
- Lenses should center well and provide adequate movement
- Vision evaluation should always be done in normal room illumination
- All testing should be out-of-the-phoropter. Hand-held ophthalmic lenses are best
- Check distance acuity binocularly. Over-refract if necessary in 0.25D steps to best visual acuity with both eyes open
- Check near acuity binocularly, with distance over-refraction still in place

Symptom Resolution

Unacceptable Visual Acuity
- 0.25D can make a significant difference in visual acuity. Re-check near and distance visual acuities with over-refraction in place

Distance Visual Acuity Unacceptable
If patient is wearing two low ADD lenses:
- Add -0.25D to the dominant eye

If patient is wearing two high ADD lenses:
- Add -0.25D to the dominant eye
- If problem persists, then use a low ADD in the dominant eye and a high ADD in the non-dominant eye

If patient is wearing mixed ADDs:
- Add -0.25D to the dominant eye
- If problem persists, then use a low ADD OU

Near Visual Acuity Unacceptable
If patient is wearing two low ADD lenses:
- Use a low ADD in dominant eye and high ADD in non-dominant eye
- If problem persists, then add +0.25D to the non-dominant eye
- If near vision is still not acceptable, use high ADD OU

If patient is wearing two high ADD lenses:
- Add +0.25D to non-dominant eye

If patient is wearing mixed ADDs:
- Add +0.25D to the non-dominant eye
- If problem persists, then use a high ADD OU

Advice From Your Peers*

*Richard Durocher OD, Rhonda Robinson OD, Jennifer Smythe OD, Mike Pier OD

- Consider using two low ADDs for those with +1.50 ADD or less and two high ADDs for those with +1.50 ADD or more.
  - Add more minus to dominant eye if distance needs improvement
  - Add more plus to the non-dominant eye if near needs improvement
- Use "mixed" ADDs as a backup in case of initial rejection.
- To transfer patient easily from monovision to multifocal, use two low ADDs and overplus the non-dominant eye (about half the amount of the habitual monovision Rx).
- Allow lens to equilibrate for 10 minutes before evaluating.
- When evaluating visual quality, focus on the functional range of vision.
- Use a reading card with paragraphs in different font sizes, or use a computer to simulate a patient's real-world environment. Ask whether they're experiencing smooth transitions and clarity in the intermediate range.
- Be patient with the adaptation. Allow your patient to wear their lenses for one to two weeks, and then re-evaluate.
- Counsel patient to have adequate lighting when reading or doing close work.