

BCLA Fellowship Case Record

Background

5/4/06 Px PD (age 57) attended for contact lens consultation. He would very much like to re-try contact lenses, especially for skiing, but also for 'what ever else is possible'. He tried gas permeable contact lenses some years ago with no success at all and would now like to try soft lenses, but has been told this is not possible with his Rx. Over specs for near would not be acceptable.

The Patient

History - L squint operation as child. High blood pressure (Atenotol) and statins to control cholesterol. Good DV and NV with specs. Semi retired office worker, keen gardiner. Plays tennis and skis. Little VDU usage.

Patient measurements

Rx R +3.00/-1.25x90 VA 6/5 L +5.25/-3.00x70 VA 6/75- Add +2.25 R&L N5 (4/3/06) (NB against rule astigmatism)	BOD 6/8/48 Age 57
K's R 7.60 along 90/7.57 along 180 L 7.67 along 80/7.35 along 170 No distortion (mixed astigmatism)	NITBUT approx 15 secs HVID 10.8mm

All slit lamp findings were normal prior to fitting, except minor arcus.

Discussion

Px had failed GP lenses. The issues here were fairly high hypermetropia, high astigmatism, a reading addition combined with against the rule astigmatism, which is always more difficult to correct. Monovision was discussed, but Px felt he would like to try varifocal contact lenses if possible. My view was that final outcome may not be satisfactory on visual terms, but his visual demand did not seem too high. Expectations were set at an agreed level i.e. driving had to be safe and normal print legible. The challenge was going to be visual, not physical. No disposable lens form was available to correct this Rx.

Lens type to try was the updated version of Igel Select multifocal toric, now incorporating the SAM (spherical aberration management) system that had impressed me recently. This lens is now called SAM MF Soft Toric Lens.

This is a centre distance, front surface aspheric design. The toroidal surface is on the back, dynamically stabilised. The material is GM3 (Benz 3) 58% water content. This is an excellent material for traditional lenses as it resists dehydration and is relatively tough for a 58% lens.

The Fitting

The 1st lens is empirically ordered from spec Rx and keratometry readings.

R 8.40/14.00/+3.24/-1.25x90
L 8.40/14.00/+5.75/-2.75x74 Add +2.25 R&L

8/4/06 Lenses inserted: after 1hr, NV good, DV poor

Va R 6/12-1.00/-0.25x160 6/6
L 6/24 -0.25/-1.50x100 6/9 N6+

Centration and mov good @ 0.5mm on blink. These lenses not to be issued . O/R results to UltraVision on returns form, who supplied:

R 8.40/14.00/+2.75/-1.00x94
L 8.40/14.00/+5.50/-3.75x83 Add +2.75 R&L

28/4/06 On insertion R VA 6/9, L VA 6/9 Bin 6/9+ N5. It was felt these lenses should be issued and allowed to settle. Full teach given, build up 3+1+1 to 8hrs max. Optifree Express issued, booklet given, acknowledgement form signed. Warned re-driving.

27/5/06 Comfort fine, DV not good enough, but NV fine. Wearing 3hrs average, 6 days per week.

Va R 6/9 -1.00/-0.25x80 6/6-
L 6/9 -0.25/-0.50x10 6/9 N6-
On discussion, DV needs improving even if at cost of NV

Remake lenses incorporation -1.00 addition to R along with minor cyl changes and increase add to +3.00 R&L

15/7/06 Px has collected lenses two weeks ago without my knowledge. Happy driving now, wearing 3-4 days per week, up to 8hrs. Very happy with results and uses sports/social. Comfort good.

Va R 6/6 plano
L 6/9 no improvement possible. Bin NV N8+. Fit is good with 0.5mm mov on blink and well centred. Lenses clean, slit lamp findings clear.
Final Rx is now:

SAM MF Soft Toric from UltraVision
R 8.40/14.00/+1.75/-1.25x90
L 8.40/14.00/+5.50/-3.75x83 Add +3.00 R&L

2/1/07 Nothing to report. Very happy with sporting use & about to go away skiing again. Reduced wear to sport only, once a week in winter.

Va R6/6-2 plano

L 6/9 no imp possible. BIN NV N8+. Results almost exactly as last visit. No other findings. In 1hr today. Px is content with result here.

Lessons learnt

A satisfactory result can be achieved with a difficult Rx. Objectives need to be set and agreed by both parties, including chair time needed and costs involved. With this particular lens type, the final Rx does not bear much resemblance to the initial Rx and trust has to be put in the manufacturer's skill and computer programs. In this case, far less + power was required RE, with no good reason to explain this.