AS-20H™

Fitting and Information Guide

Base Curve Table

Flat K	Base Curve
44.00 to 44.25	6.89
44.50 to 44.75	6.82
45.00 to 45.25	6.75
45.50 to 45.75	6.68
46.00 to 46.25	6.62
46.50 to 46.75	6.55
47.00 to 47.25	6.49
47.50 to 47.75	6.43
48.00 to 48.25	6.37
48.50 to 48.75	6.31
49.00 to 49.25	6.25
49.50 to 49.75	6.19
50.00 to 50.25	6.14
50.50 to 50.75	6.08
51.00 to 51.25	6.03
51.50 to 51.75	5.97

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Fits All Types of Keratoconus

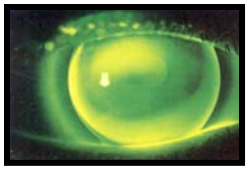
- Aspheric Design
- 3 Point Touch Fit

The AS-20H™ lens utilizes a high eccentricity value. This allows us to fit a steep base curve so the lens will rest lightly on the cone but it also gives us a light touch in the periphery to balance the pressures. The first lens should be fit about five diopters steeper than flat K.

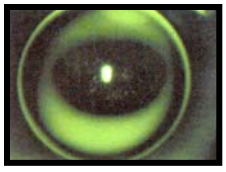
These tips should help you achieve a successful fit:

1. Light touch on cone.
2. The lens should center between the apex of the cornea and the cone.
3. Peripheral clearance is a must to promote tear exchange to the cone.
4. The lens must display adequate movement on the blink.
5. The best starting overall diameters are 10.0 - 10.2mm.
6. Trial fitting is a must for best success.

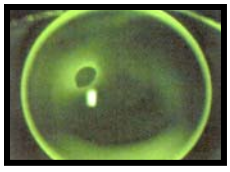
Desired Fit:



Tight Fit:



Loose Fit:



If Indicated Lens Is Too Tight:
Flatten the Base Curve by ½ diopter

If Indicated Lens Is Too Loose:
Steepen the Base Curve by ½ diopter

Example:

CK's: R: 48.00/52.00 Refraction: -6.00 Eccentricity Value = .72
L: 49.50/53.00 Refraction: -7.00 Eccentricity Value = .79

R: Base Curve: 6.37 Lens Power: -10.62 (w/vertex)
L: Base Curve: 6.19 Lens Power: -11.50 (w/vertex)

For further fitting details refer to the Aspheric Fitting and Information Sheet or contact one of our knowledgeable consultants.

BY PATRICK J. CAROLINE, FAAO, & MARK P. ANDRE, FCLSA

Aspheric Design Manages Monocular Keratoconus

Throughout the years, a wide range of contact lens designs have been developed to address the asymmetric and irregular corneal topographies of keratoconus. The primary objective of most keratoconus lens designs is to provide a small diameter, steep central radius to address the central or paracentral corneal ectasia as well as to provide a series of progressively flatter radii to clear the flatter peripheral cornea. These design objectives were previously accomplished with multiple spherical radii which were blended together to form the desired flattening contour. More recently, precision aspheric lathing and polishing technology has allowed more sophisticated shapes to be produced with accuracy measured in microns.

Bearing It No More

A 24-year-old woman presented with clinical findings of keratoconus in her right eye only. Her uncorrected visual acuities were 20/300 OD and 20/20 OS. Central keratometric readings were OD 45.37 @ 42/47.87 @ 132 and OS 42.87 @ 156/43.62 @ 66. The manifest refraction OD was -4.50 -2.25 x 36, 20/30 and OS was plano -0.50 x 160, 20/20. Slit lamp examination was within normal limits OU except for faint, central, vertical striae OD only. Corneal mapping demonstrated a steep, 4.0 to 5.0mm central ectasia surrounded by nearly 360 degrees of normal (flatter) corneal topography (Fig. 1).

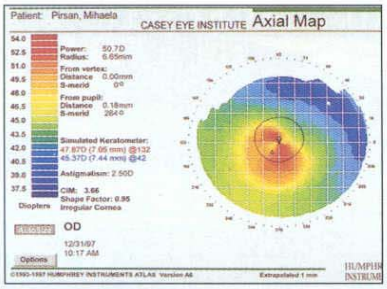


FIG. 1: Corneal mapping of the patient's right eye.

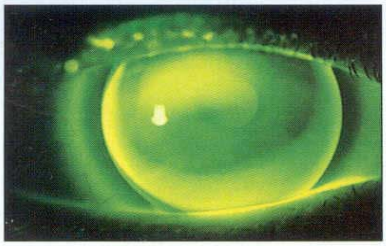


FIG. 2: Fluorescein pattern of the Aspheric 20 H on the patient's right eye.

Numerous keratoconus lens designs were diagnostically fitted, which resulted in excessive apical or midperipheral bearing. To overcome these obstacles, we fitted the patient with the Aspheric 20 H design from Contex Laboratories (Fig. 2). The final design had a 7.00mm base curve, power of -4.00D, diameter of 10.2mm and a visual acuity of 20/20.

Aspheric To the Rescue

The Contex Aspheric 20 H diagnostic set has been a welcome addition to our armamentarium of keratoconus design options. Its design incorporates a series of progressively flattening aspheric radii to create the desired lens clearance across the flatter midperipheral and peripheral corneal topography (Fig. 3). We have found that the Aspheric 20 H diameters of 9.2 and 10.2mm, which are unique in keratoconus lens designs, permit initial and long term comfort superior to traditional lens designs. This is especially true in cases of early keratoconus, or in cases such as ours where the lens is worn monocularly. **CLS**

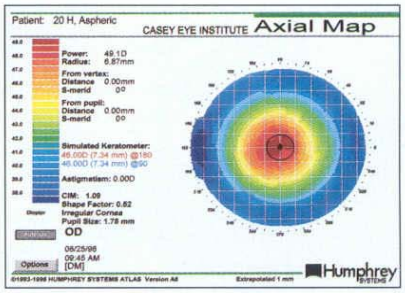


FIG. 3: The multizonal aspheric posterior shape of the Aspheric 20 H design from Contex Laboratories.

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