

Principles of contact lens fitting by Eric Webb

2001

## Twenty Most Frequently Asked Questions About RGPs?

### 1. What is the most wettable and durable lens material?

A mid-range Dk material is a good choice for an average daily wear lens.  
It will provide good wettability and stability. (Examples include: *Boston ES and Fluroperm 30*)

### 2. When would you consider using a higher Dk lens material?

For high plus prescriptions, children and extended wear.  
(Approved for EW: *Fluroperm 60, 90 & 151, Paraperm EW, Paragon HDS and Boston Equalens*)

### 3. How do you chose the diameter of a lens?

Usually based on the base curve selected, with the steeper the curve the smaller the diameter.

### 4. When do you lenticulate?

Minus lenticular designs are best for ALL Plus and low Minus lenses in order to thicken the edge for better upper lid support.

Plus lenticular designs are used to thin the edges of high Minus lens (-3.00 suggested -5.00 automatic).

### 5. What is the difference between back torics and bitorics and how can I tell the difference on an existing lens? (If your K's equal your spectacle cylinder use a Back Toric)

Back toric design- the difference in the 2 base curves generates ALL the cylinder, the front is spherical.

Bitoric design- front and back curves generate cylinder, which combined give you the overall toricity.

(The only way to know which is which is to do the math. Convert the base curve to diopters and subtract to get the difference or amount of cylinder. Multiply by the index of refraction which is 1.50 for the plastic of the contact lens. If this figure is equal to the amount of cylinder read by the lensometer, then the lens is a Back Toric, if not, it is a Bitoric. The lensometer will read cylinder on both)

### 6. How much corneal cylinder do we need before we should consider a toric design?

A Back toric or Bitoric design is considered with 2.50 D or more.

### 7. When do you consider and RGP front toric or soft toric design?

When the corneal cylinder will not support a back toric, but there is sufficient residual cylinder which is usually ATR. (Ex.  $K_s = 44.50$  Refraction =  $-3.00 -1.00 \times 090$ )

### 8. How much change in lens parameter will make a difference in the way a lens fits?

Generally it is advisable when reordering a lens to alter a parameter enough to effect a change.

Base Curve: 0.25 diopter or 0.05 mm (More realistically 0.50 D or 0.1 mm)

Diameter: 0.20 mm - 0.30.. (0.3mm change equals ½ diopter Base Curve change)

Peripheral Curves: 0.50mm

Optic Zone: 0.20 mm

Power: +/- 0.25

### 9. What is *panofocal* and how does it work?

It is an aspheric polish on the front surface which when added along with the spherical equivalent of the over refraction will improve VA by half a line to a line. It works by decreasing spherical aberration to allow better tolerance of residual cylinder.

### 10. What types of presbyopic designs tend to be most successful?

Aspheric progressive bifocals tend to be most successful

(Ex. *Boston Multivision* and the *Lifestyle Multifocal*). Always use warranties when fitting.

### 11. Is it advisable to fit Keratoconus with empirical values?

Sometimes early on you can use K readings and refraction, but in most cases it is difficult to fit empirically. The best way to fit is to use corneal topography and a fitting set.

**12. What type of designs are most successful on post surgical patients?**

Aspheric designs are typically most successful for post penetrating keratoplasty, using large diameter 9.6 - 10.0 designs. Torics are sometimes used in these situations. If the central K readings are not too Flat then aspheric designs can be used in post refractive surgery cases as well (i.e. RK, PRK and LASIK) but these cases may require reverse geometry designs. Post traumatic cases may also benefit from aspherics.

**13. Can we use the central K readings when fitting post RK patients?**

As in any post refractive case, the central K readings are flatter than the peripheral K's. Therefore you are actually fitting the peripheral cornea and vaulting the central cornea. Although central K readings are valuable, it is not advisable to fit this way. If pre-surgical data is unknown use topography and/or a fitting set. If you fit use soft contact lenses you will get neo. NO Soft Contact Lenses!

**14. What is the best way to identify the left from the right lens?**

A standard ink dot, a drill hole with an ink mark or two different colored lenses.

**15. What RGP materials come in special colors?**

*Boston IV* and *Equalens* - Electric Blue

*Fluoperm 30* - Majestic Blue

*TransAire* - Dark Blue, Forest Green, Yellow, Violet and Dark Red (Good for patients with poor tear chemistry)

\* Most colors are used for handling tints.

**16. How do we prepare an RGP lens for dispensing?**

A lens should be cleaned and soaked overnight.

**17. Do RGP lenses need to be enzymed?**

Do as needed based on the patient. If they are a heavy protein depositor then do it weekly.

**18. If I need a UV filter do I need to specify it?**

*Boston* materials will have one unless you specify otherwise and *Paragon* will upon request.

**19. On average, how many RGP patients should I be seeing?**

The industry standard for an office seeing a hundred patients per week is 3 - 5 new RGP fits per week.

**20. What is Spherical Power Effect design, when to use it and what are the benefits?**

It is when the change in base curve in diopters is equal to the change in lens power in diopters.

It is used when corneal cylinder is equal to spectacle cylinder.

It is beneficial since the lens can rotate on the eye and not blur vision.

Fitting principles:

Fit the flatter meridian On-K and the steeper meridian .75D flatter than K. A 9.0 mm lens diameter is a good starting point. A larger lens requires flatter curves to avoid vaulting and a smaller lens design requires steeper curves to avoid excessive touch.

Example:

Spectacle refraction: -1.00 -3.00 x 180

Keratometry readings: 41.00 @ 180, 44.00 @ 090 (Delta K = -3.00)

Fit the 41.00 @ 180 meridian On-K and the 44.00 @ 090 meridian -.75 steeper than K or 43.25 @ 090

The -.75 in the tear lens with a -3.25 lens power will give -4.00 in the 090 meridian

The 0 diopter tear lens @ 180 with a -1.00 lens power will give -1.00 in the 180 meridian

Order:

Powers -3.25 & -1.00 (Change in lens power of -2.25)

Base Curve 43.25 & 41.00 (Change in Base curve in diopters -2.25)

**Dr. Pole's TOP TEN NO BRAINERS:**

1. NEVER ask "Do we need to know this for the test?"
2. NEVER say: decrease the base curve, say STEEPEN (Ex. 8.0 to 7.8)  
increase the base curve, say FLATTEN (Ex. 7.8 to 8.0)
3. NEVER stop a PMMA wearer cold turkey, measure the lenses and put them in RGPs
4. ALWAYS lenticulate a Plus lens
5. ALWAYS measure the perimeters of a new patient's lenses
6. A single cut lens is NOT lenticulated, it has one front surface curve
7. KNOW Dk/L values: 87 is desirable for EW  
34 is the minimum for EW  
24 is the minimum for DW
8. When a patient complains that looking down is more comfortable think edge awareness/discomfort and modify the edges
9. When you want more movement/less adherence you can:
  - a. Increase the thickness
  - b. Increase the plus power (Less minus)
  - c. Decrease the diameter
  - d. Flatten the base curve
10. When you want less movement/more adherence you can:
  - a. Decrease the thickness
  - b. Decrease the plus power (More minus)
  - c. Increase the diameter
  - d. Steepen the base curve

RGP Materials				
Composition	DK	Materials	Advantages	Disadvantages
Silicon/ Acrylate	Basic 12.5 - 18	1. Boston II 2. SGP I 3. ParaPerm 02 4. Optacryl 60	1. Very Stable, great for thin lens designs 2. Good when fitting a high astigmat with a spherical lens 3. Recommended for patients who were long time PMMA wearers	1. Low Oxygen transmission 2. Long term use has caused Polymegathism & Polymorphism
Silicon/ Acrylate	Medium 28 - 56	1. Boston IV 2. SGP II 3. ParaPerm EW 4. Transaire 5. Phoenix 32	1. Excellent for hyperope and special lens designs: back torics, bi-torics and especially front torics when prism is necessary 2. Higher oxygen transmission	1. Lens flexure (Can be beneficial) 2. Wettability may be a factor for dry eye patients
Fluro silicon/ Acrylate	Mid-range 26.5 - 49.8	1. FluroPerm 30 2. Boston RXD 3. Flurorex 300 4. Flurorex 500 5. SGP III	1. Higher amount of fluorine provides stability and wettability without excessive weight, which allows thinner centers	1. Flexure
Fluro silicon/ Acrylate	High 61 - 151	1. Boston Equalens 2. Flurorex 700 3. FluroPerm 60 4. FluroPerm 92 5. FluroPerm 151	1. All but Flurorex 700 are approved for 7 day extended wear 2. Excellent oxygen permeability 3. Many patients report higher comfort and wettability over group 1 & 2	1. Heavier than non-fluorinated materials, may cause them to ride low and increase 3 & 9 o'clock injection 2. Unwanted flexure can also be a problem
Fluro silicon/ Aercox	Medium 31 & 73	"Achievement" Lens 1. Boston ES (DK 31) 2. Boston 7 (DK 73)	1. Boston 7 is good for hyperopes, toric designs or when a non-flexing, stable design is needed 2. Boston ES is excellent for most patients due to its thinner design- optics, stability, durability, wetting and deposit resistance are all considered good 3. Spherical base curve with controlled edge life design minimizes mid-peripheral bearing and excessive edge stand off	1. Boston 7 can be a problem for dry eye patients

RGP McGuire "NIPPLE" Cone Diagnostic Set							
Base Curve	Power	Diameter	Optic Zone	Peripheral Curves			
				0.3mm + 0.3mm + 0.3mm + 0.4mm = 1.3mm			
50.00	-8.00	8.6	6.0	7.25	8.25	9.75	11.75
51.00	-9.00	8.6	6.0	7.10	8.10	9.60	11.60
52.00	-10.00	8.6	6.0	7.00	8.00	9.60	11.50
53.00	-11.00	8.6	6.0	6.85	7.85	9.35	11.35
54.00	-12.00	8.6	6.0	6.75	7.75	9.25	11.25
55.00	-13.00	8.6	6.0	6.65	7.65	9.15	11.15

ART Optical Extended Keratoconic Fitting System (Center Thickness 0.10)								
Base Curve	Diameter	Optic Zone	Front Optic Zone	Secondary Curve		Tertiary Curve Width Radius	Power	
				Width Radius	Radius			
5.00	8.5	4.9	4.80	.9	6.50	.9	8.50	-17.00
5.10	8.5	5.1	5.00	.9	6.60	.8	8.60	-16.50
5.20	8.5	5.1	5.00	.9	6.70	.8	8.70	-16.00
5.30	8.5	5.3	5.20	.9	6.80	.7	8.80	-15.50
5.40	8.5	5.3	5.20	.9	6.90	.7	8.90	-15.00
5.50	8.5	5.5	5.40	.8	7.00	.7	9.00	-14.50
5.60	8.5	5.5	5.40	.8	7.10	.7	9.10	-14.00
5.70	8.5	5.7	5.60	.7	7.20	.7	9.20	-13.50
5.80	8.5	5.7	5.60	.7	7.30	.7	9.30	-13.00
5.90	8.5	5.9	5.80	.6	7.40	.7	9.40	-12.50
6.00	8.5	5.9	5.80	.6	7.50	.7	9.50	-12.00
6.10	8.5	6.1	6.00	.6	7.60	.6	9.60	-11.50
6.20	8.5	6.1	6.00	.6	7.70	.6	9.70	-11.00
6.30	8.5	6.3	6.20	.5	7.80	.6	9.80	-10.50
6.40	8.5	6.3	6.20	.5	7.90	.6	9.90	-10.00
6.50	8.5	6.5	6.40	.5	8.00	.5	10.00	-9.50
6.60	8.5	6.5	6.40	.5	8.10	.5	10.10	-9.00
6.70	8.5	6.7	6.60	.4	8.20	.5	10.20	-8.50
6.80	8.5	6.7	6.60	.4	8.30	.5	10.30	-8.00
6.90	8.5	6.9	6.80	.4	8.40	.4	10.40	-7.50
7.00	8.5	6.9	6.80	.4	8.50	.4	10.50	-7.00
7.10	8.5	7.1	7.00	.3	8.60	.4	10.60	-6.50
7.20	8.5	7.1	7.00	.3	8.70	.4	10.70	-6.00

RGP McGuire "OVAL" Cone Diagnostic Set							
Base Curve	Power	Diameter	Optic Zone	Peripheral Curves			
				0.3mm + 0.3mm + 0.3mm + 0.4mm = 1.3mm			
50.00	-8.00	9.1	6.5	7.25	8.25	9.75	11.75
51.00	-8.00	9.1	6.5	7.10	8.10	9.60	11.60
52.00	-10.00	9.1	6.5	7.00	8.00	9.50	11.50
53.00	-10.00	9.1	6.5	6.85	7.85	9.35	11.35
54.00	-12.00	9.1	6.5	6.75	7.75	9.25	11.25
55.00	-12.00	9.1	6.5	6.65	7.65	9.15	11.15
56.00	-14.00	9.1	6.5	6.50	7.50	9.00	11.00
57.00	-14.00	9.1	6.5	6.40	7.40	8.90	10.90
58.00	-16.00	9.1	6.5	6.30	7.30	8.80	10.80
59.00	-16.00	9.1	6.5	6.20	7.20	8.70	10.70
60.00	-18.00	9.1	6.5	6.10	7.10	8.60	10.60

RGP McGuire "GLOBUS" Cone Diagnostic Set							
Base Curve	Power	Diameter	Optic Zone	Peripheral Curves			
				0.3mm + 0.3mm + 0.3mm + 0.4mm = 1.3mm			
50.00	-8.00	9.6	7.0	7.25	8.25	9.75	11.75
51.00	-9.00	9.6	7.0	7.10	8.10	9.60	11.60
52.00	-10.00	9.6	7.0	7.00	8.00	9.50	11.50
53.00	-11.00	9.6	7.0	6.85	7.85	9.35	11.35
54.00	-12.00	9.6	7.0	6.75	7.75	9.25	11.25
55.00	-13.00	9.6	7.0	6.65	7.65	9.15	11.15

RGP Fitting Philosophies				
Philosophy	Lid Position	Over All Diameter	Base Curve	Comments
INTRA-PALPEBRAL		8.0 TO 9.0	Usually fit ON-K + / - .25 D	Edges are very important for comfort
SUPERIOR CENTRAL		9.0 TO > 9.5	ON - K to .50D Flatter	Most comfortable fit
LID ATTACHMENT		> 9.5	.50 D to 1.00D Flatter	Not used very often

