
BANDAGE SiH

The major applications of Bandage SiH™ lenses are outlined below.

FITTING GUIDELINES

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The practitioner provides the following parameters:

- Spectacle refraction including sphere, cyl, axis and add, as appropriate
- Back Vertex Distance (BVD)
- Keratometer readings (preferably with axes)
- Horizontal Visible Iris Diameter (HVID)
- Dominant eye
- Pupil diameter in normal light

Identification of the dominant eye enables a slightly larger area, for the near and near/intermediate powers, to be worked into the lens for the non-dominant eye. This promotes a more 'comfortable' binocular relationship.

INITIAL ASSESSMENT

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The lens parameters arising from the measurements provided will usually achieve first-time, optimum all-round vision. However, in some cases, modification may be required.

If the practitioner is satisfied with the physiological aspects of the fit, it is best to defer any adjustment to power until the patient has completed 7 to 10 days of regular wear. This period permits the patient's visual system to become accustomed to the specific nature of the aspheric optical system.

ASSESSING THE FIT

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At the 2 weekly consultation the fit should be assessed with the points outlined below taken into account.

CHARACTERISTICS OF A FLAT FIT

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Flat fitting lenses will result in excessive movement of the lens and this will affect the optical efficiency of the system with the following symptoms.

- There will be induced astigmatism in the over-refraction
- The over-refraction will require more plus power for near vision



CHARACTERISTICS OF A STEEP FIT

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When the fitting is steep, vision is inconsistent and clears only for a brief time following a blink. In most cases flattening of the fit, by changes to the BOZR, will overcome these problems. The steep fit also negates the effect of the stabilisation areas in the toric lens forms and there may be a slow, progressive movement of the cylinder axis away from its prime position.

CYLINDRICAL AXIS MISLOCATION

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Where the Multifocal is in toric form, axis mislocation will be detrimental to vision. In the case of small deviations (5 degrees or less), a compensating change in the cylinder axis will often rectify. Larger deviations will require additional consideration of the level of ballasting applied to the front surface and/or an increase in the diameter to increase the influence of the sclera in promoting stability. A change in BOZR would be required to maintain the equivalent fit.

ADJUSTMENTS TO LENSES

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In the event that adjustments are required, we request that practitioners do not make their own adjustments and instead supply symptomatic details of any problems, along with any refractive information, direct to UltraVision. The Clinical Services Department, who have access to the details of the complex structure of the lenses, will then determine the final specification of the lens to be made. This will enable the laboratory to affect the best combination of adjustments whilst retaining all the benefits of the SAM[®] technology.

Important Notes on Aftercare Visits

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- As with all progressive multifocal corrections, there is an adaptation period of at least one week of regular wear.
- Minor with-the-rule astigmatic errors may be ignored if the patient copes without this correction in their spectacle Rx or single-vision soft lenses.
- If unsatisfactory vision results from a lens, an over-refraction should be performed*, first for the distance, then, independently for the near.

* The use of pinholes or similar techniques in over-refraction of the DuraWave[®] Multifocal is ineffective as an aid to evaluating visual results.

FOR FURTHER DETAILS
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