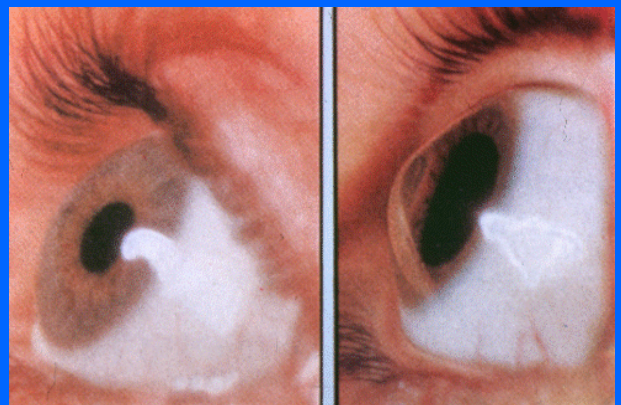
"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Dr. Paul Rose OD



New Zealand

Some facts

- Has 4m people and 40m sheep
- Is a 3 hours flight from Australia
- Is an 13 hour direct flight from Vancouver
- Local sport is rugby/ All Blacks
- Home of the “Lord of the Rings”
- Land area is approximately the same as the UK

9 kg Snapper
10/04/10

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

TODAY !!

- Evolution of the Rose K design
- The Rose K2 fitting system
- Piggybacking
- Rose K2 PG lens for post graft
- Rose K2 IC lens for Irregular Cornea
- Toric periphery and ACT
- Summary of the Rose K2 design?

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

So why has the Rose K2 KC lens been adopted by so many fitters so today it is the most prescribed GP lens for keratoconus in the world and now fitted in over 80 countries?

USA alone has 40 + other designs

Most labs have their own design

100 + Keratoconic GP designs worldwide

SO WHAT MAKES THIS LENS DIFFERENT??

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SO WHY DID ROSE K EVER HAPPEN?

SIMPLICITY

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Fitting keratoconus was complicated

- **Required high skill levels/ experience**
- **Many different trial sets and designs**
- **Often required fitter to design their own lens**
- **Many (in house) adjustments/not repeatable**
- **Low first fit success rate -3 to 4 lenses per eye**
- **Very time consuming/ not cost effective**

THERE HAD TO BE AN EASIER WAY !

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Fitting made easy

~~Optic zones~~

~~SECONDARY CURVES AND WIDTHS~~

~~LARGE INACCURATE OVER-REFRACTIONS~~

~~300% REORDER RATE~~

~~MULIPLE TRIAL SETS~~

~~CONFUSING FITTING SYSTEM- DIFFICULT TO TEACH~~

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Fitting made easy

- The trial set had to be extensive and easy to use.
- The power of the trial lens had to approximate the final lens
- The overall diameter had to be flexible.
- The edge lift had to be flexible to accommodate all cone shapes and easy to use.
- Must have a very simple easy to use fitting system.
- Any RGP fitter could fit Rose K competently.
- Eliminate the need to specify OZ's and SC's
- Had a high first fit success rate
- Could be use across the entire range of the disease

ie the design changed as the disease progressed

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Computer analysis of my last 350 successful fittings

Analysed for any particular base curve

Overall diameter
Optic zone width (seeing part)
Secondary curves and widths (fitting part)
Power
Center thickness
Thickest point on lens
Axial edge lift
Saggital height

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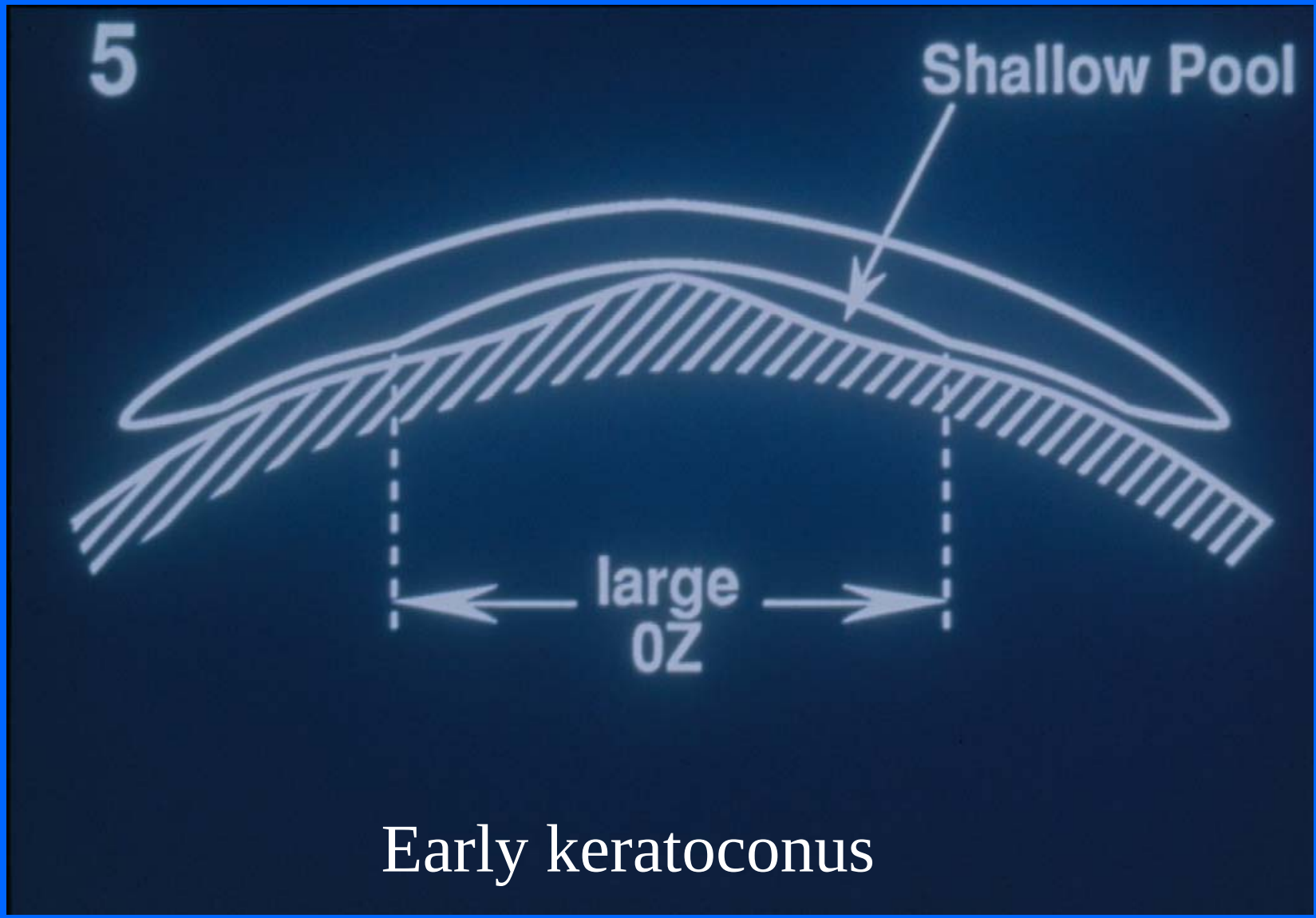
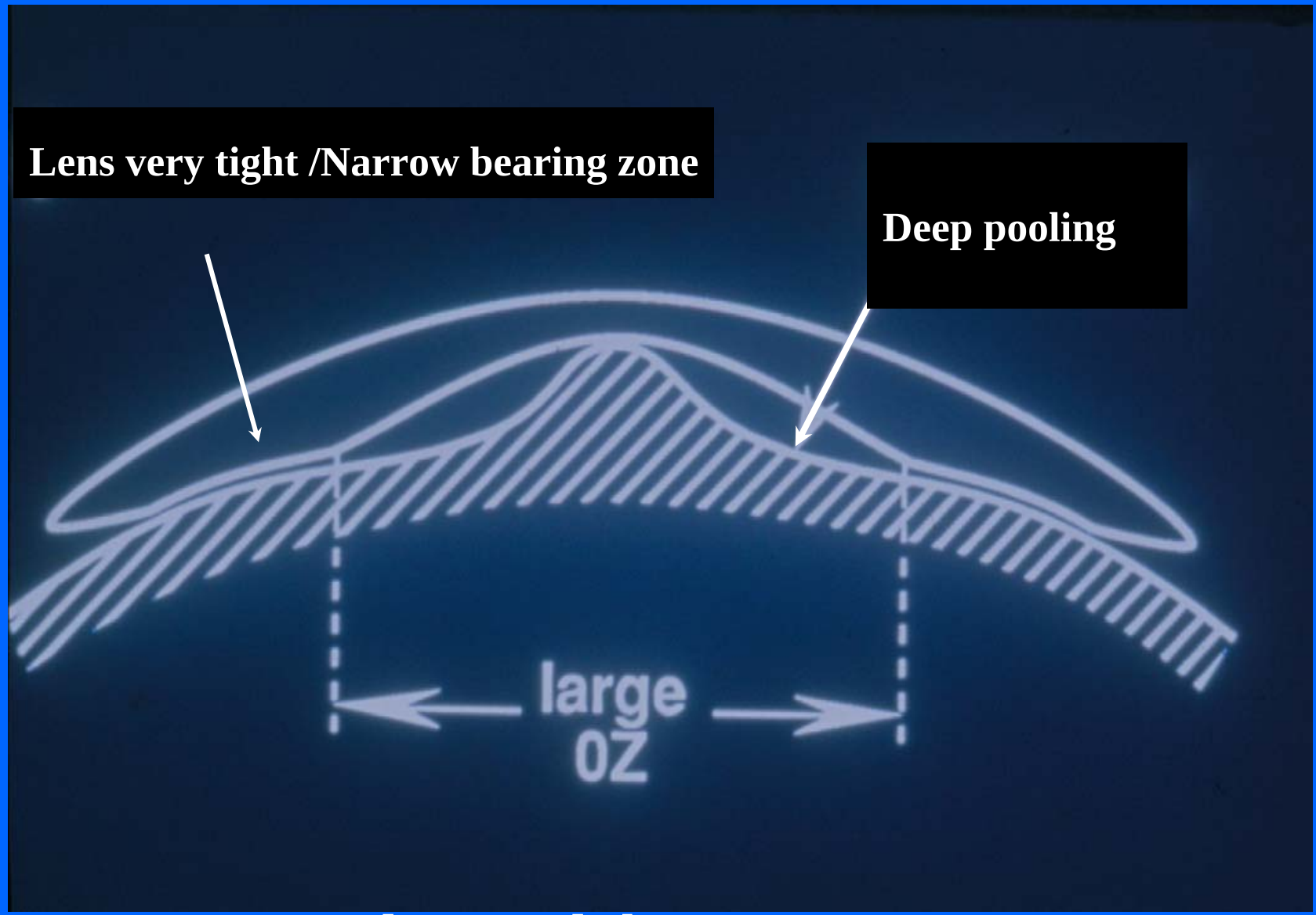
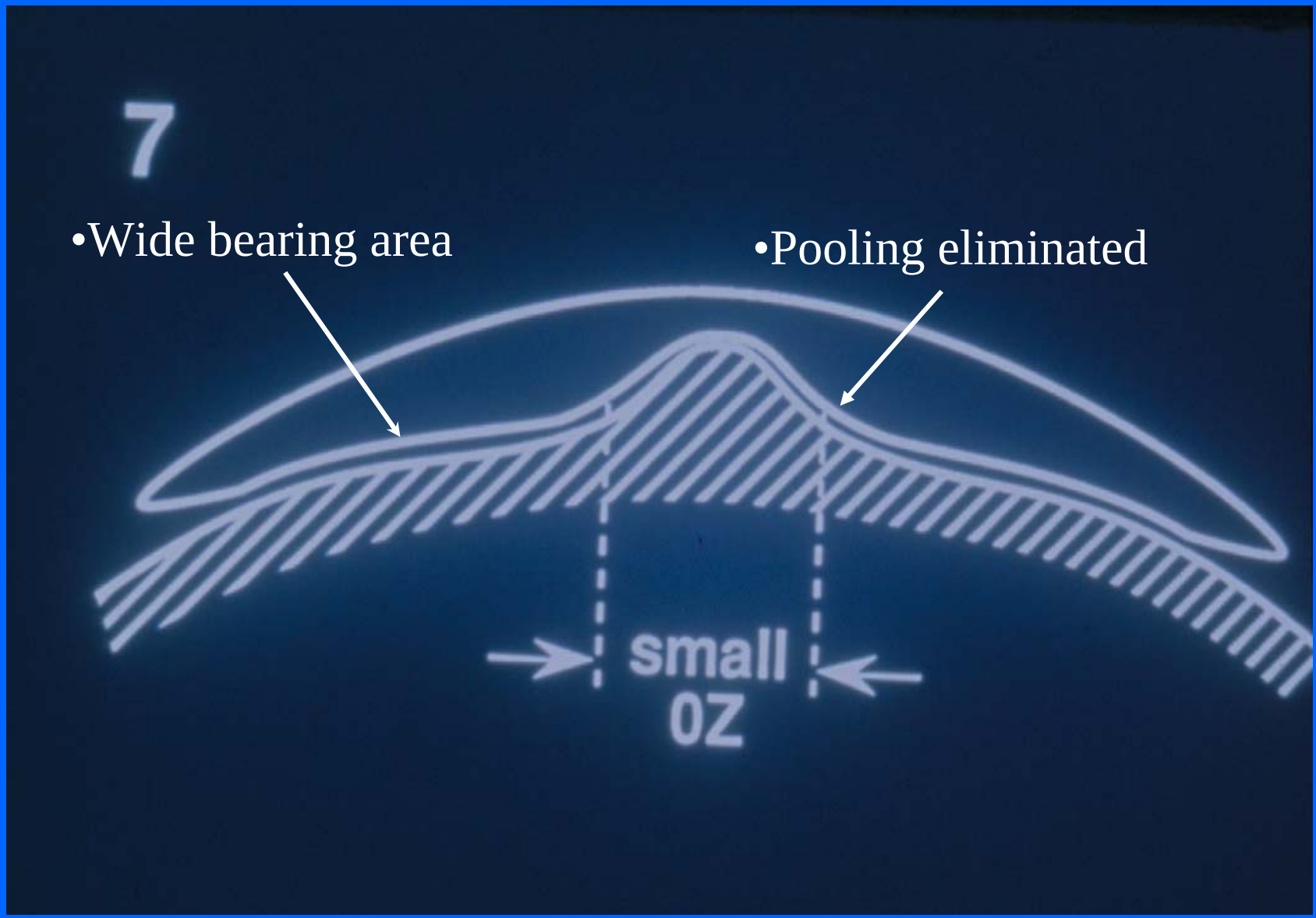
The Optic Zone
Decreased
as the Base Steepened

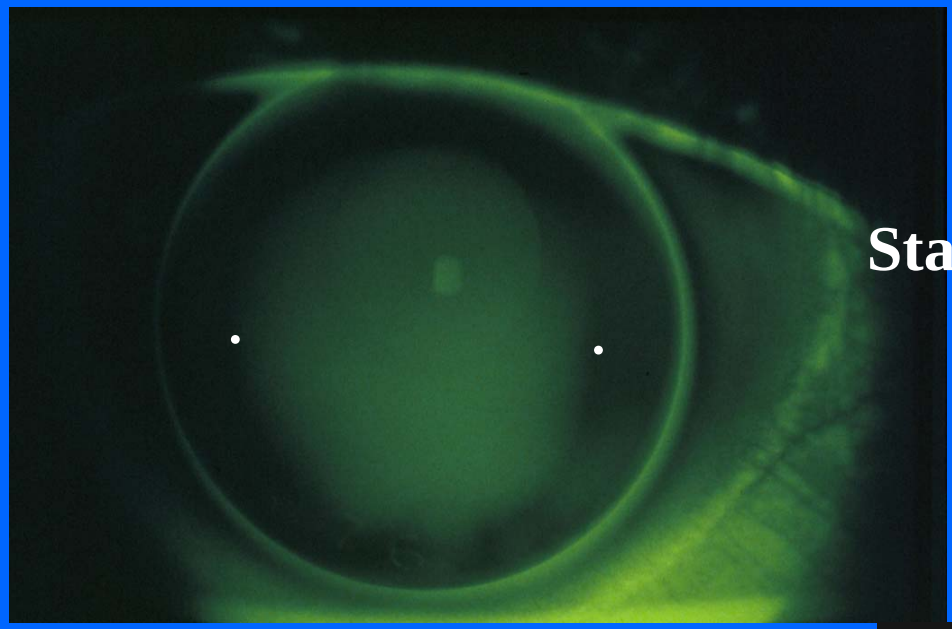


Early keratoconus



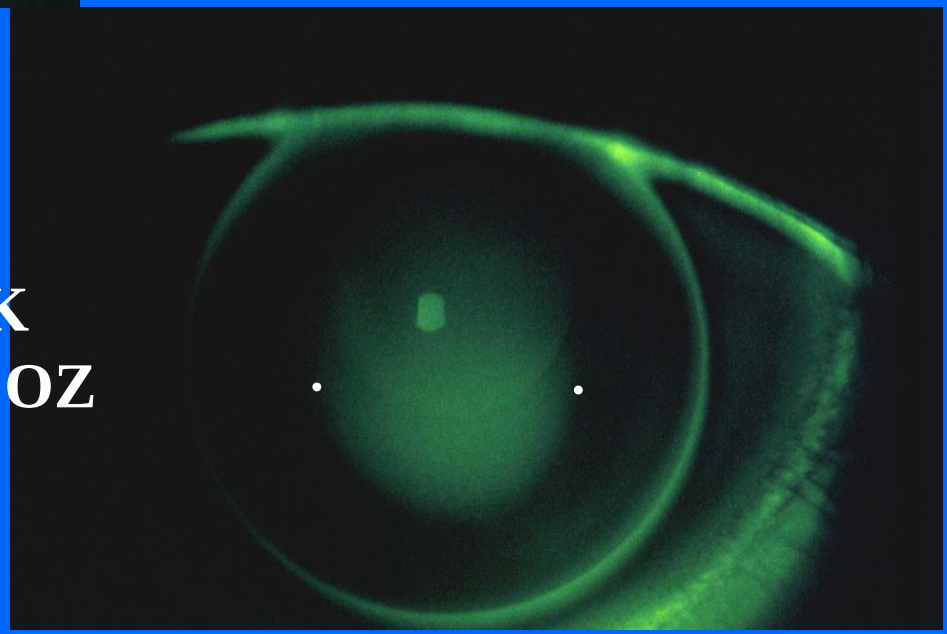
Advanced keratoconus


7
•Wide bearing area
•Pooling eliminated
small
OZ



Standard GP lens
large OZ

Rose K
Small OZ



- **SO HOW DOES THIS AFFECT THE FITTING?**

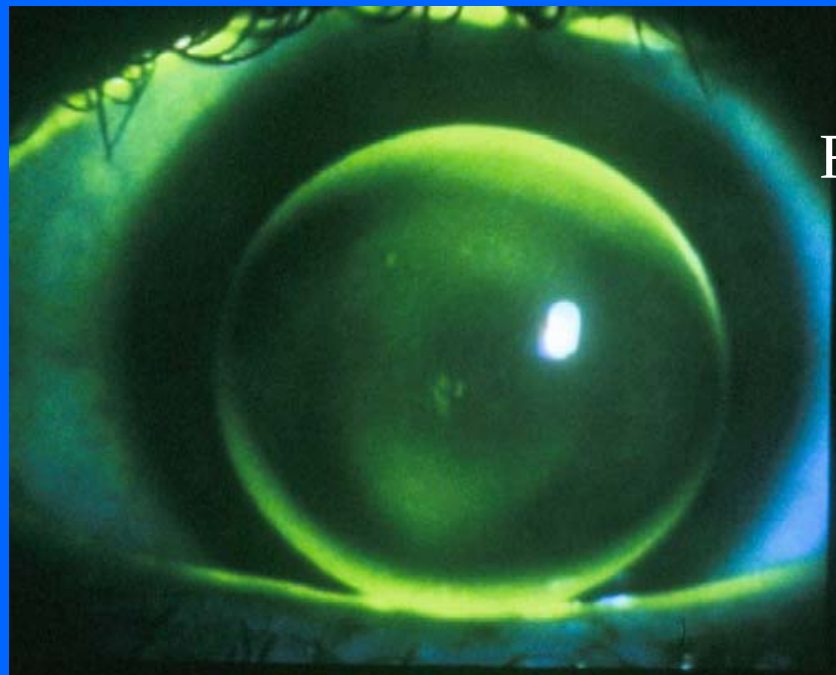
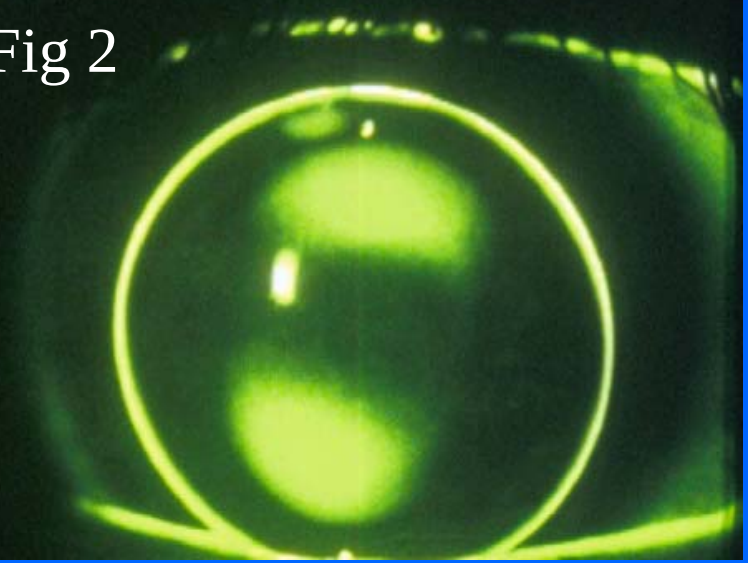


Fig 1

Fig 2



Which lens is a Rose K?

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Small Optic Zone better fit but poorer Vision

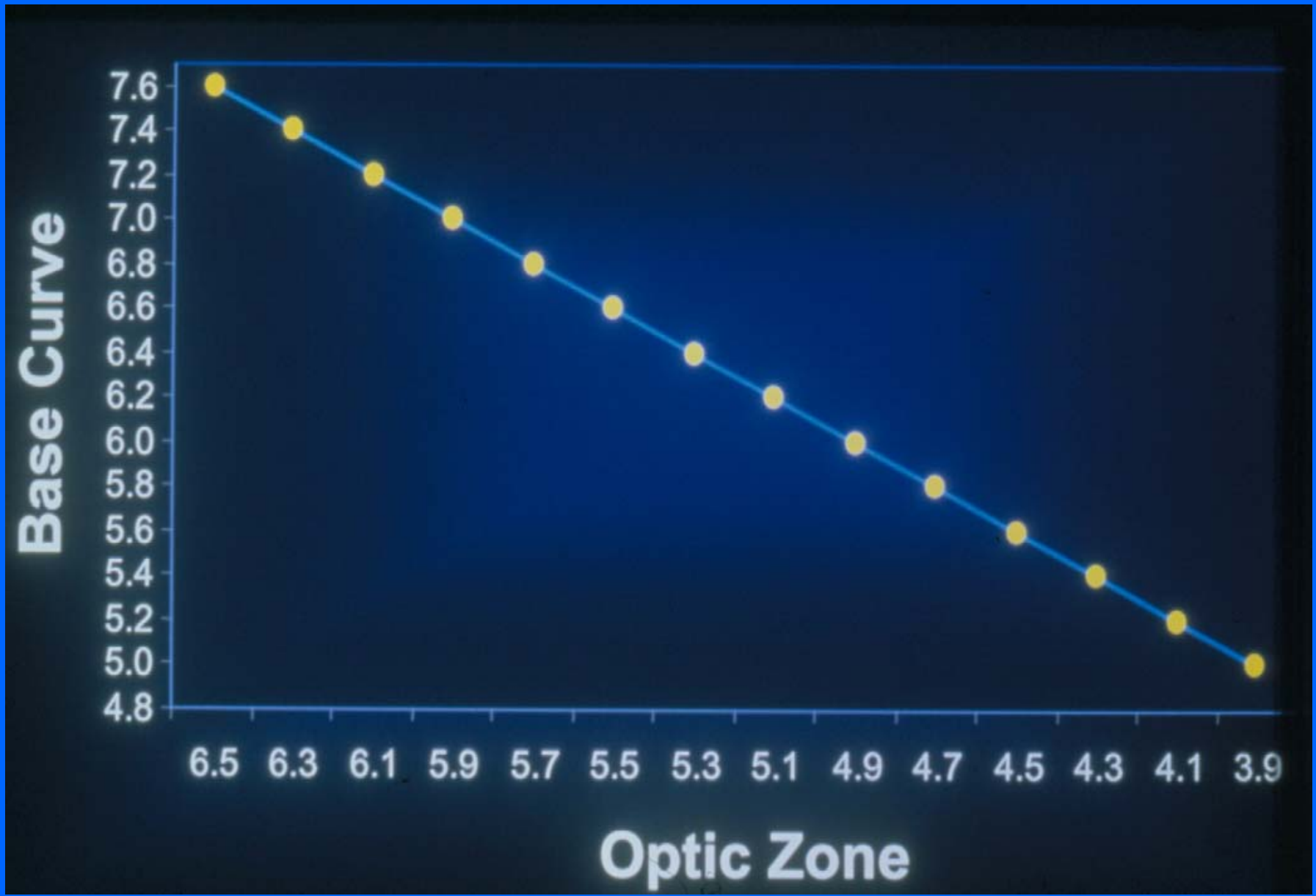
Large Optic Zone poorer fit but better vision

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Rose K Ease of Fitting

- FIXED OPTIC ZONE SIZE FOR EACH INDIVIDUAL BASE CURVE AND DIAMETER
- VARIABLE OPTIC ZONE OVER THE ENTIRE BASE RANGE

ie Larger for flat bases, Smaller for steeper Bases



For 8.7mm diameter

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Computer analysis also showed:

The Steeper the Base Curve
the Greater the Edge Lift

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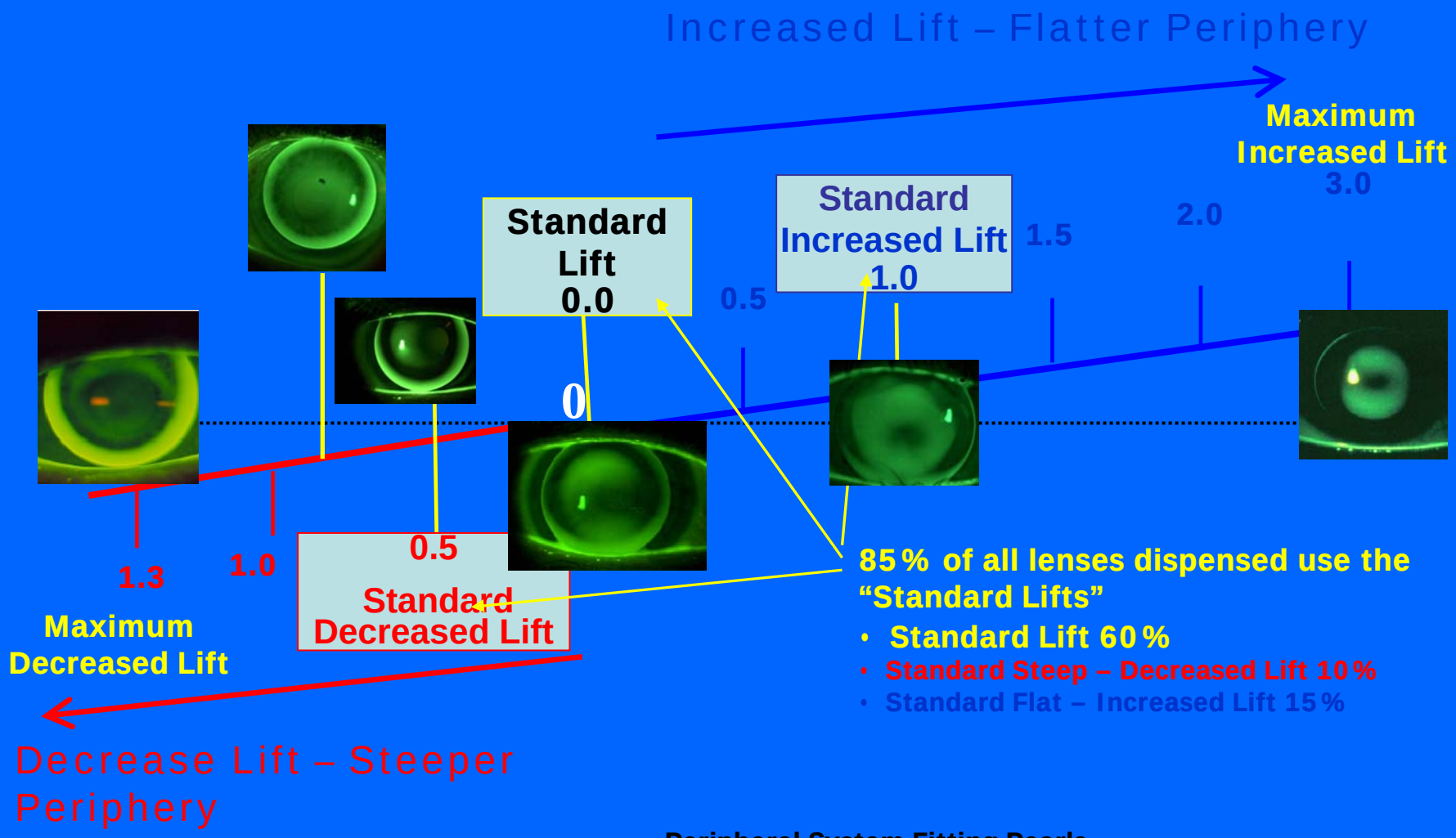
EDGE LIFT

- Standard 65%
- Increased 20%
- Decreased 10%
- Other lifts 5 to 10%

Rose K/K2 lens Edge Lift Values



Peripheral System Fitting Pearls

- Edge Lift Values can be specified in 0.1 increments anywhere from 1.3 Decreased to 3.0 Increased
- Standard Steep = 0.5 Steep
- Standard Flat = 1.0 Flat

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EDGE LIFT

So the amount of flattening across the back surface of the lens was now defined by a single no. (Edge lift) rather than by optic zone diameter and secondary curve radius and widths.

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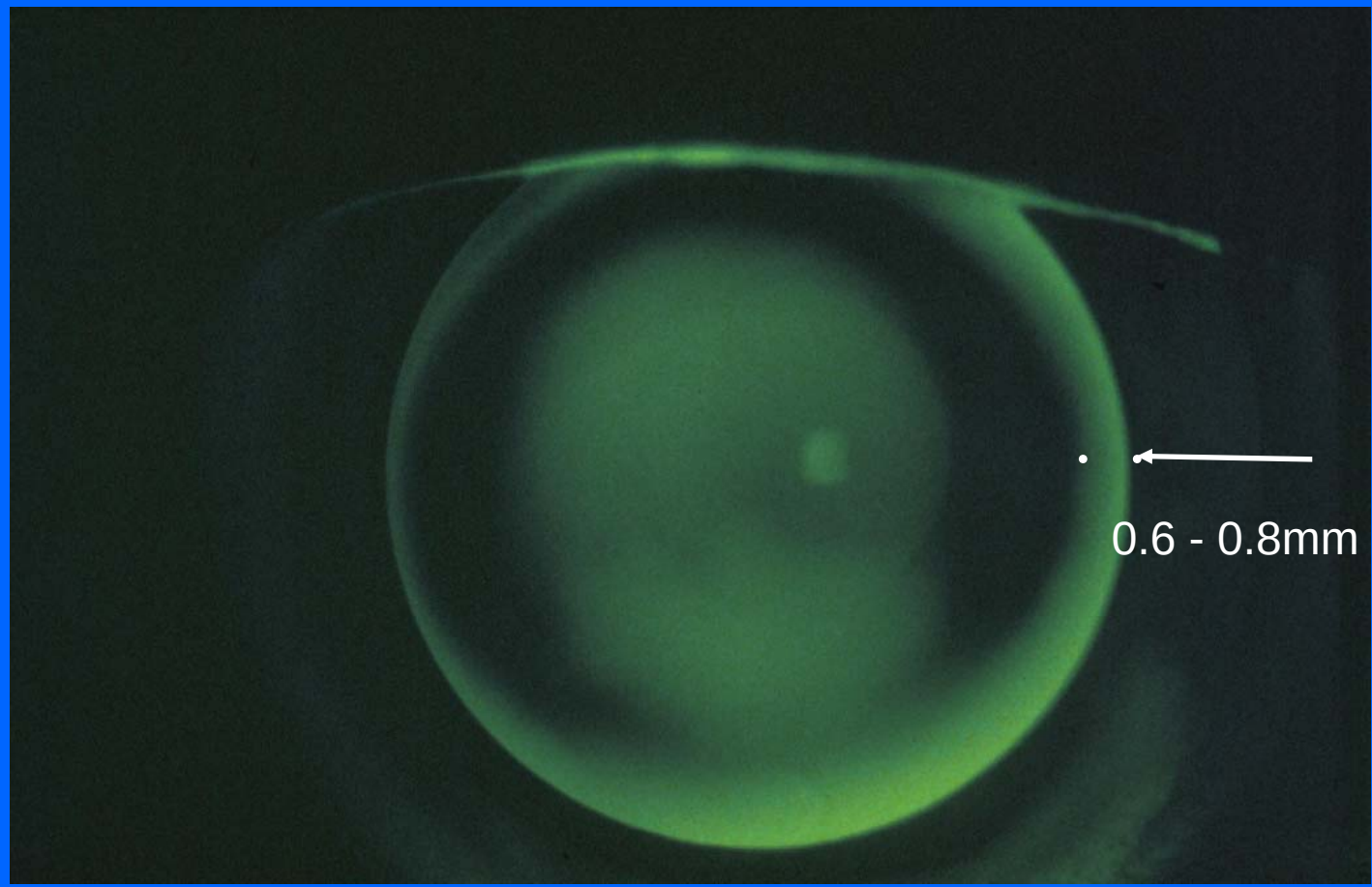
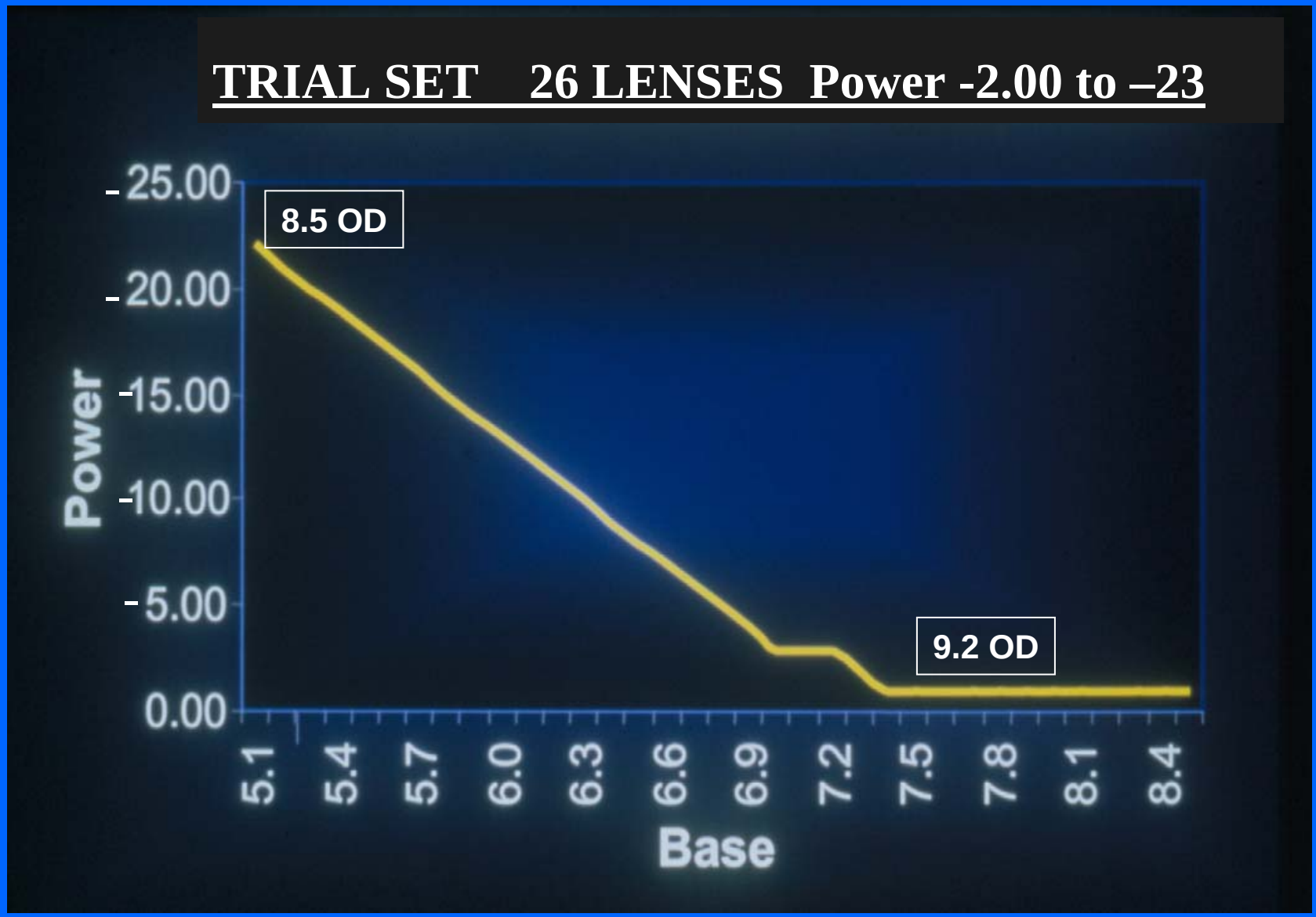
Ideal Edge Lift = fluorescein band width at the edge

0.6 mm to 0.8 mm wide

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"



Judge edge lift in horizontal meridian



Base curves in trial set 5.1 to 7.6

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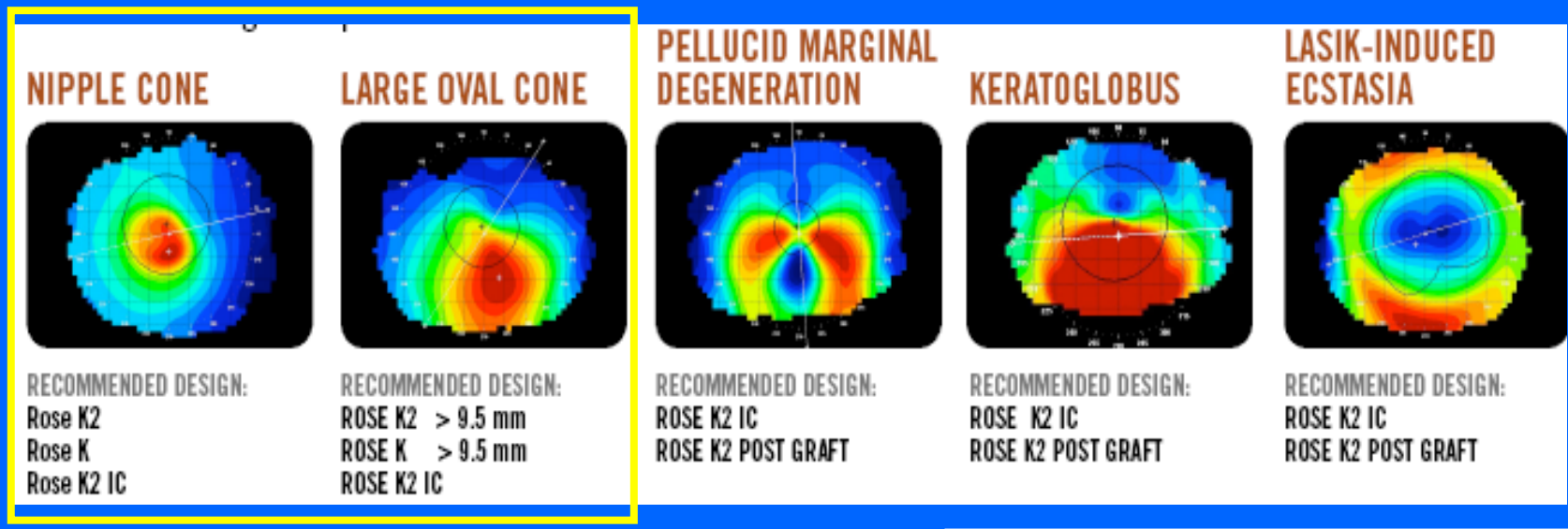
FIRST STEP IN FITTING THE IRREGULAR CORNEA

Identifying cone type using a topographer



Choose the correct design !

3 RoseK2 lens designs available

Rose K/K2 keratoconus lens
Rose K2 Post Graft lens
Rose K2 Irregular Cornea lens

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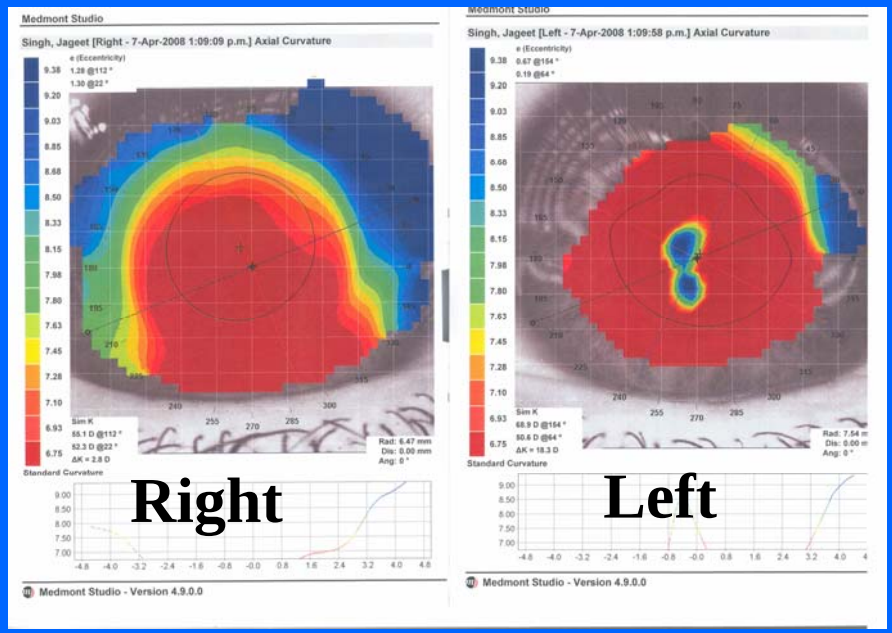
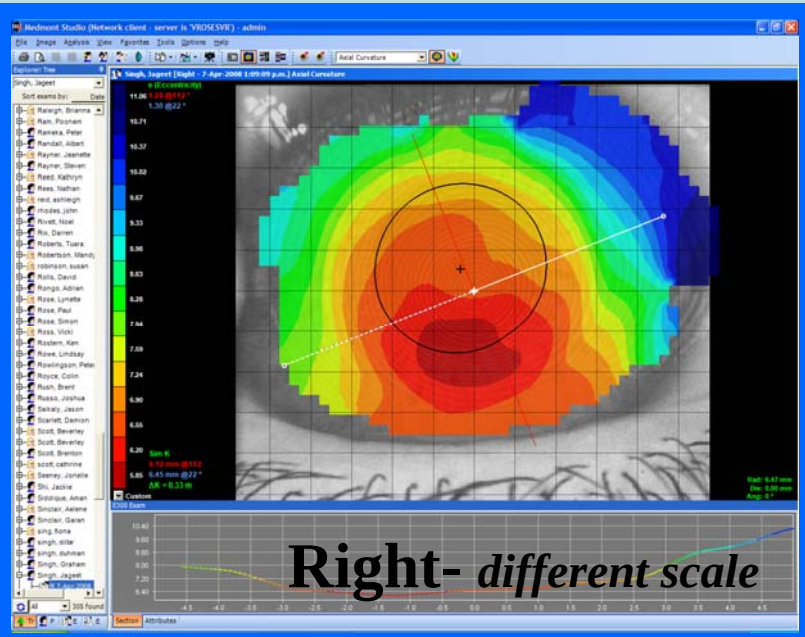
Use Universal Standard Scale

Scale chosen bilaterally by Topographer



Scale 9.38mm to 6.75mm -*range 3.63*

Universal Standard scale for individual map



Scale 11.06mm to 5.86mm - *range 5.20*

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Simple 5 step fitting system extensively supported by fitting guides and lab advice

Order of fitting

a. Central fit
b. Peripheral fit
c. Overall diameter
d. Location
e. Lens movement

Current remake rate in the world under warranty approx 15%
ie Approx. 85% first fit success rate

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Step1.Central fit

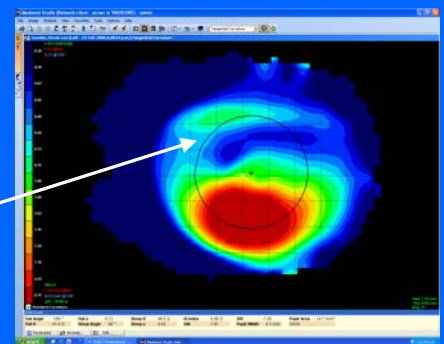
Keratometry guide for first trial Rose K2 keratoconus lens

- **Avg K's 7.1 and flatter –**
  Choose first trial lens 0.2 mm steeper than the average of the two meridians
  eg 7.8/7.0 avg = 7.4 First trial lens use 7.2

- **Avg k's between 6.0 to 7.0 - Use average k's only**
  eg Eg 7.2 /6.4 avg = 6.8 First trial lens =6.8

- **Avg k's 5.9 and steeper.- very unpredictable –**
  First trial lens 0.4 flatter than the average k's
  eg 6.2/5.2 avg = 5.7 First trial lens = 6.1

- **NB This is only a guide as it measures only the central 3mm along the line of sight**



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- **Topography** (Useful but not essential)

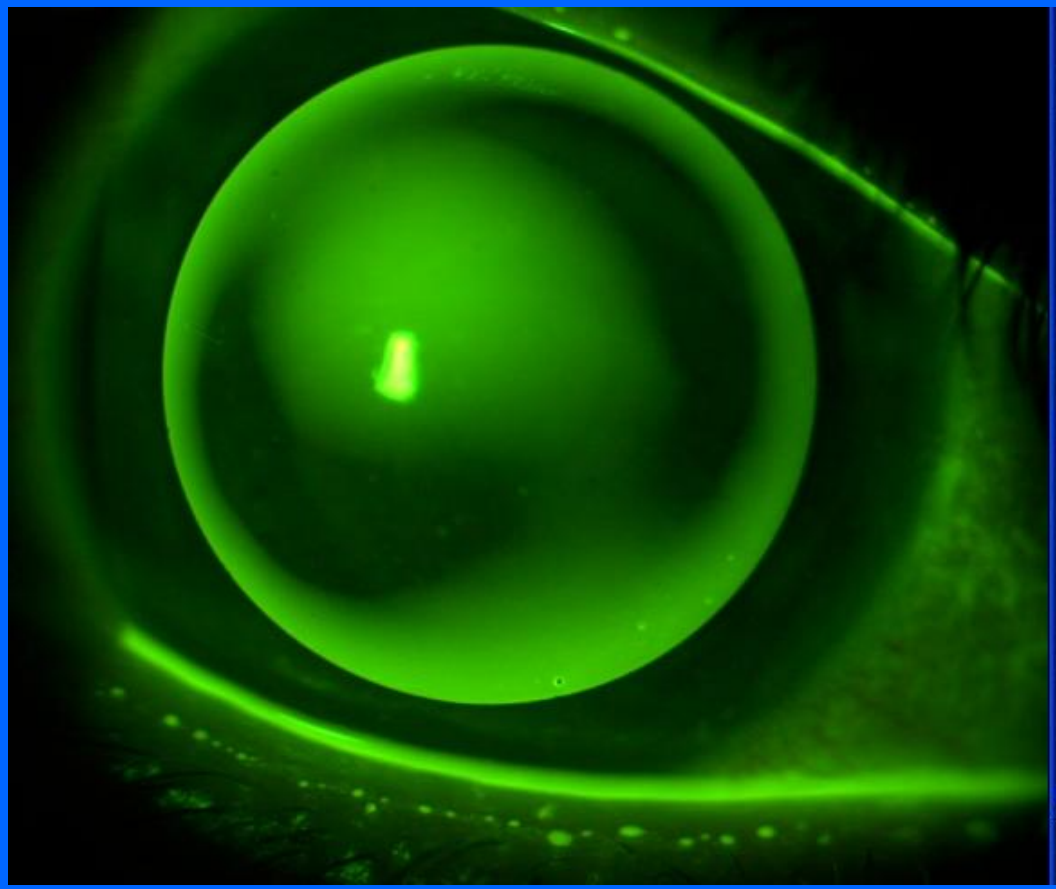
- Use the topographers sim k's of the two primary meridians for the **3mm zone**,
- Use the same rules as apply to the keratometer

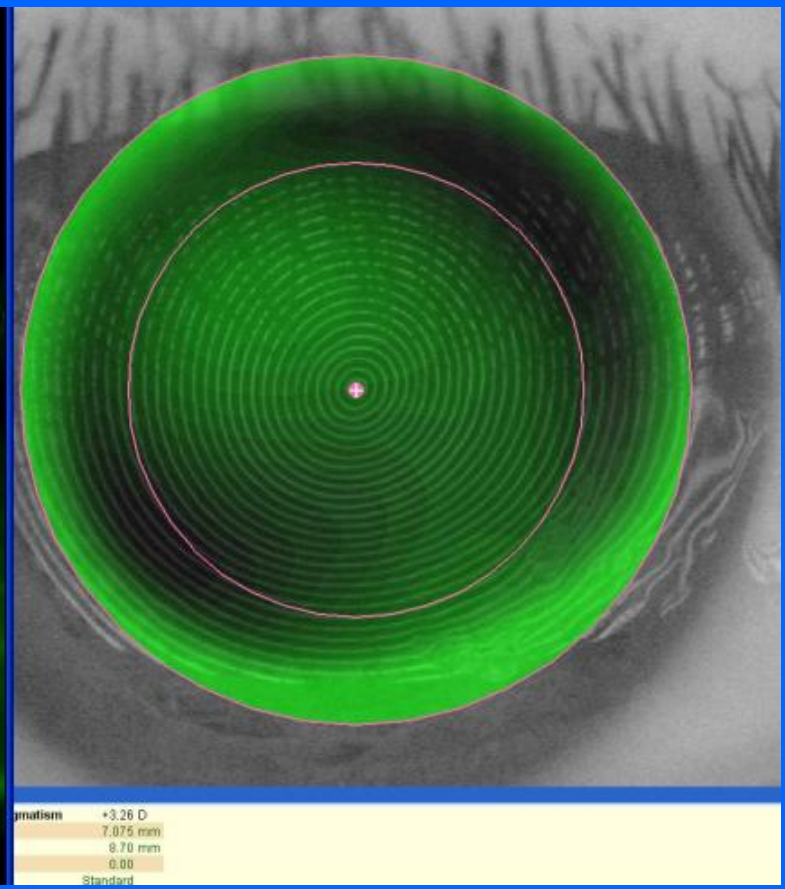
NB This is only a guide :

- For Medmont topographers call up the "Rose K2 designs"

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Topographers useful for choosing **the first trial lens!**





Medmont simulated Rose K image

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Topographers - IN SUMMARY

- Topographers are relatively accurate for judging the central fit
- Topographers are not very reliable for judging the peripheral fit particularly in larger diameters
- Topographers are not useful in selection of appropriate diameter
- Have no application for power or movement
- Medmont Topographer has Rose K fitting programme

- Useful to select first trial lens

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

The Rose K2 fitting system

- Central fit

Start steep

Go flat

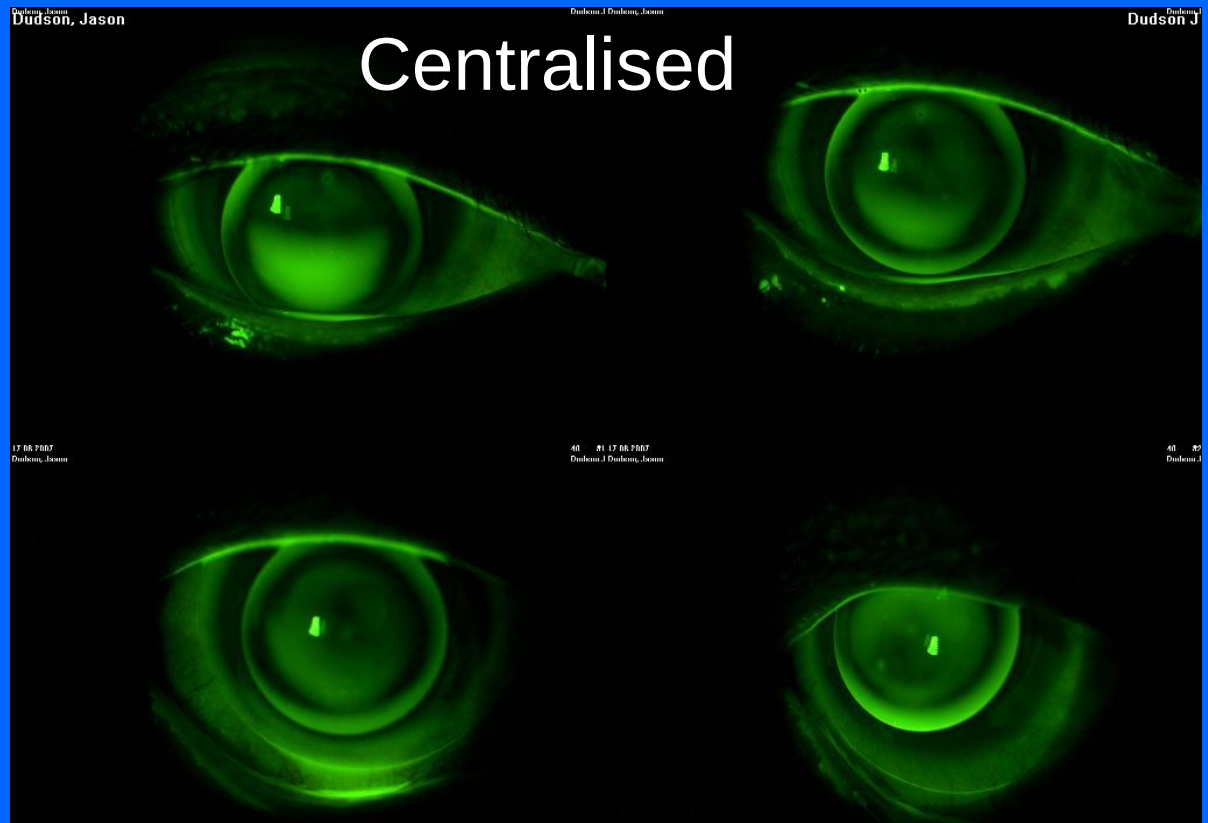
Optimum

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

The Rose K2 fitting system-

- Central fit

Only Assess Fluorescein Pattern with Lens

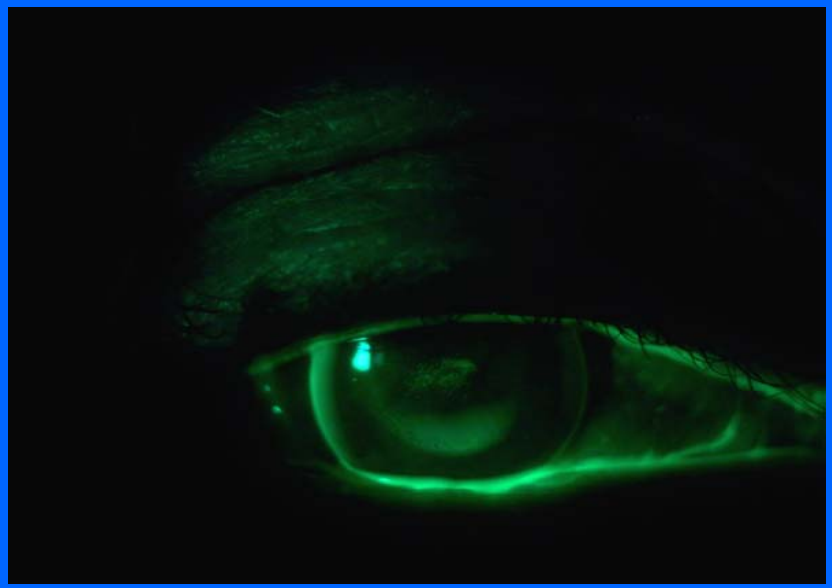


"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

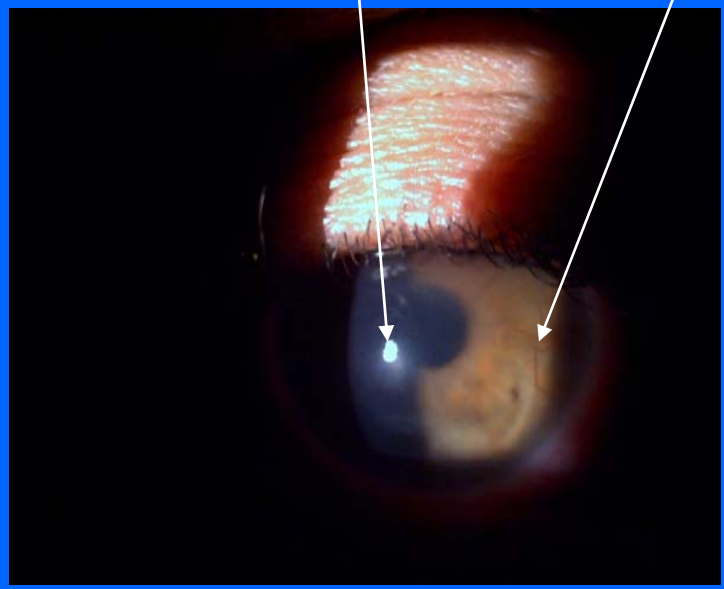
The Rose K2 fitting system

- Central fit

Avoid epithelial staining



Leads to scarring and vessels



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The Rose K2 fitting system

- **Central fit**

If fluorescein flushes over the steepest point on the cornea on blinking ,corneal epithelial erosion is most unlikely

Note
Require 20 microns of fluorescein for fluorescence

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Tips for Central fit

- Patient must be looking straight ahead
- Lens must be centralised
- Judge fluorescein pattern directly after the blink
- Ideal if patients head position is natural - Burton lamp useful
- Slit lamp essential to judge the final fit
- Blue filter allows better assessment of fluorescein pattern

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

The Rose K2 fitting system

2. Peripheral fit- edge lift system

Always judge edge lift in the horizontal meridian

Tight –go flatter

Optimum

Loose- go tighter

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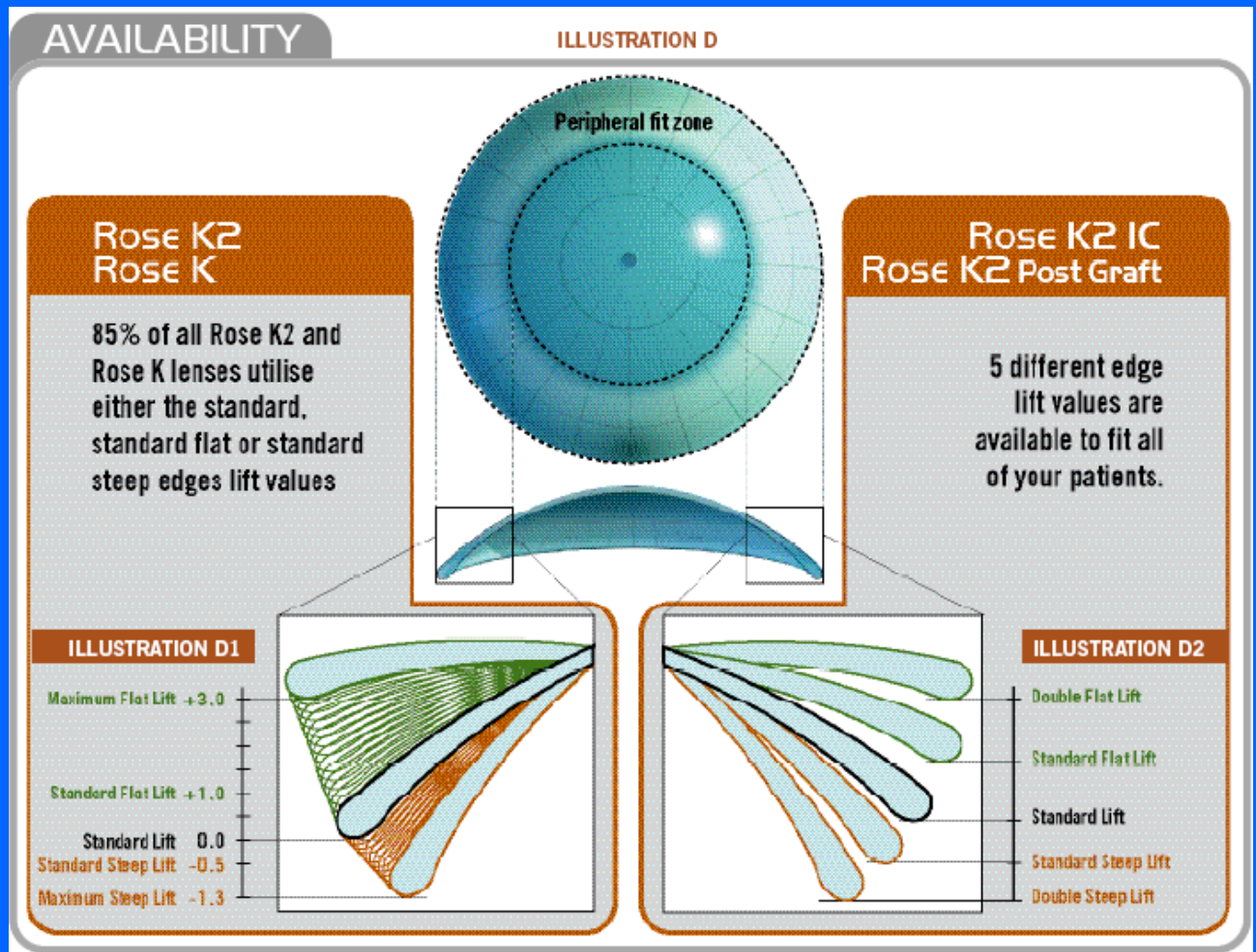
EDGE LIFT



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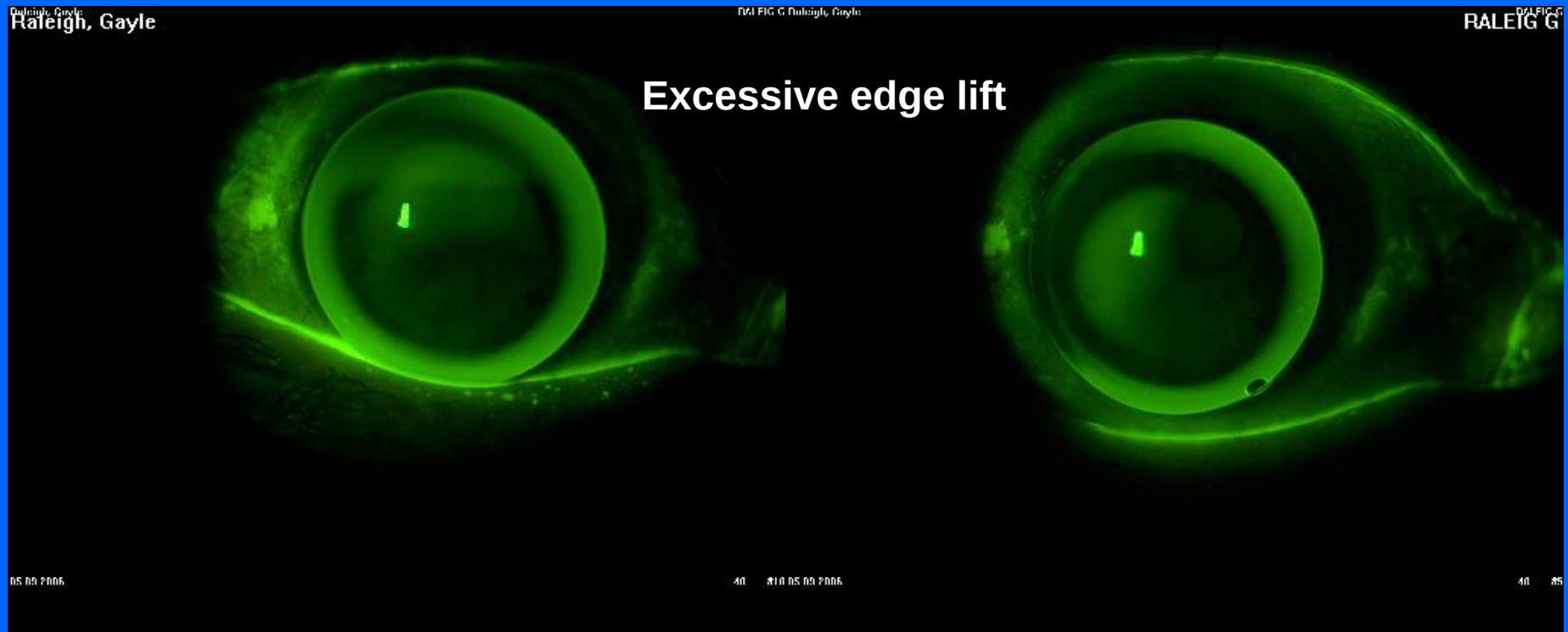
The Rose K2 fitting system

2. Peripheral fit- edge lift system



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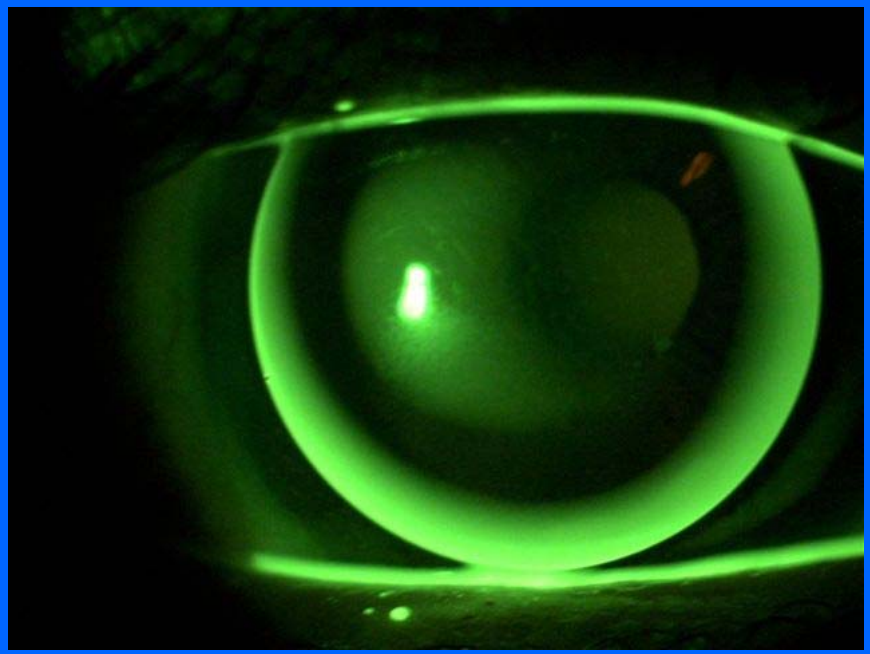
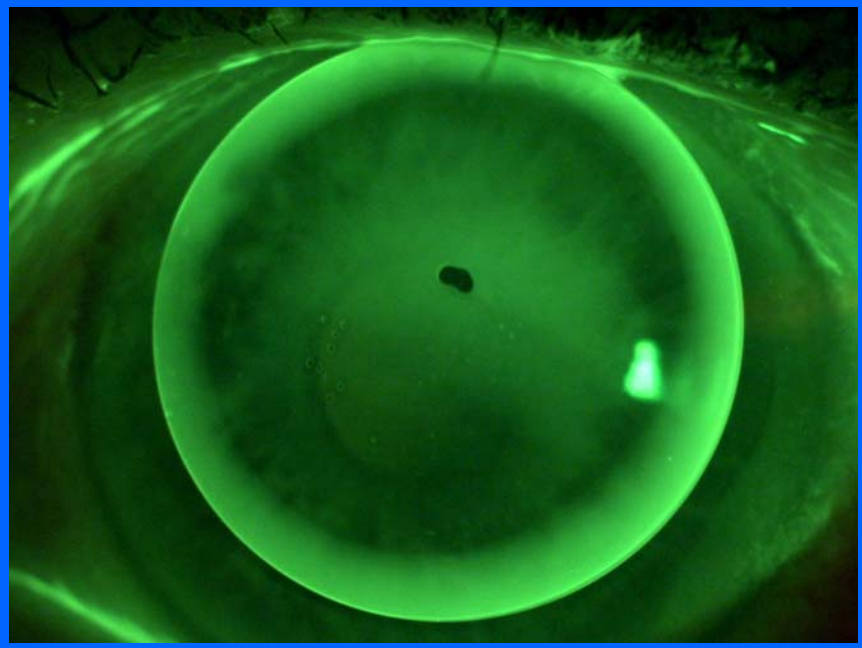
Standard Lift Trial lenses





Excessive lift--Order 0.5 (standard) decreased lift

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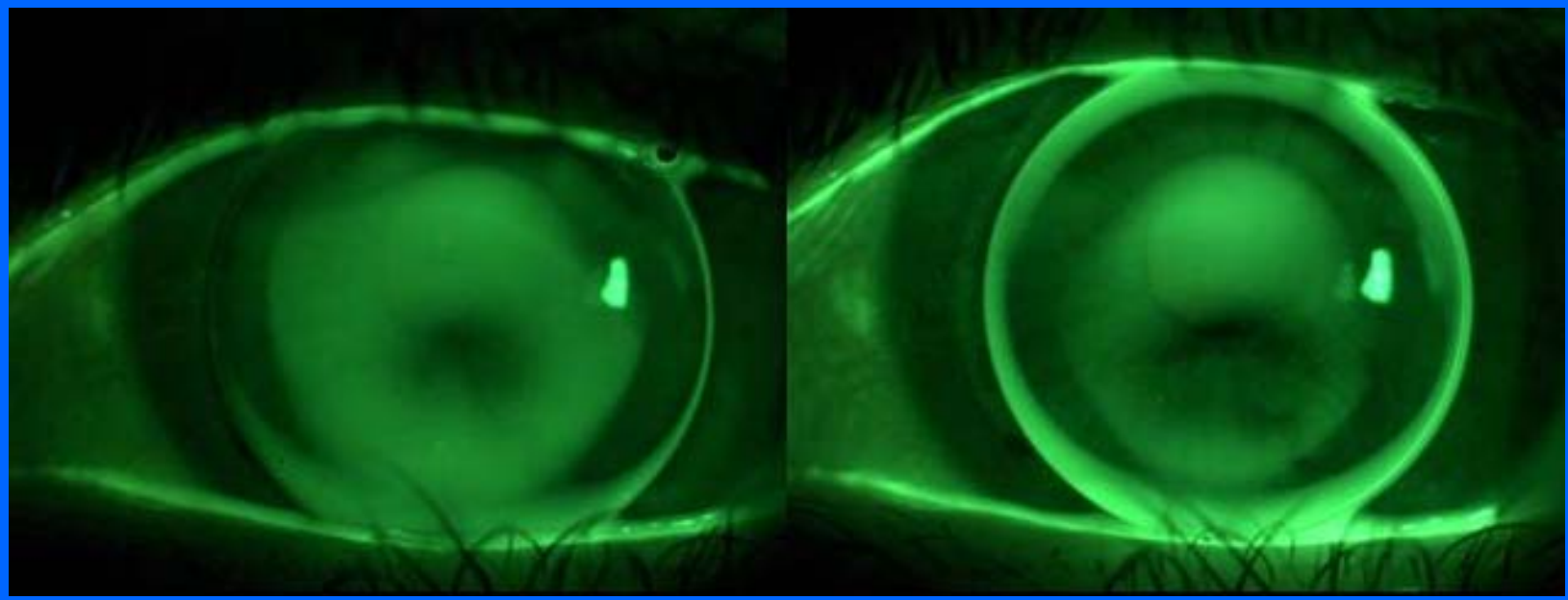
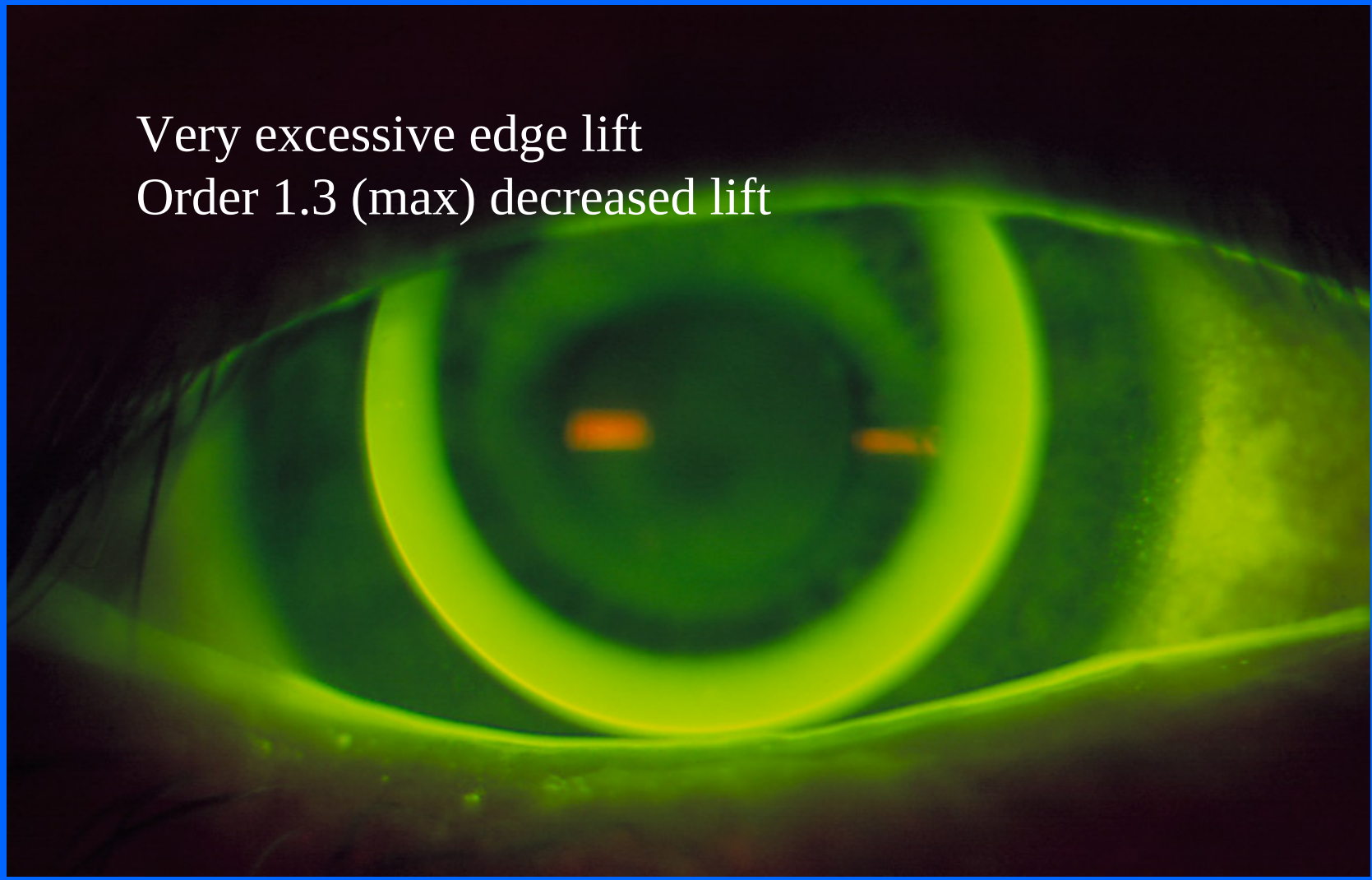
Step2. Peripheral fit- edge lift system



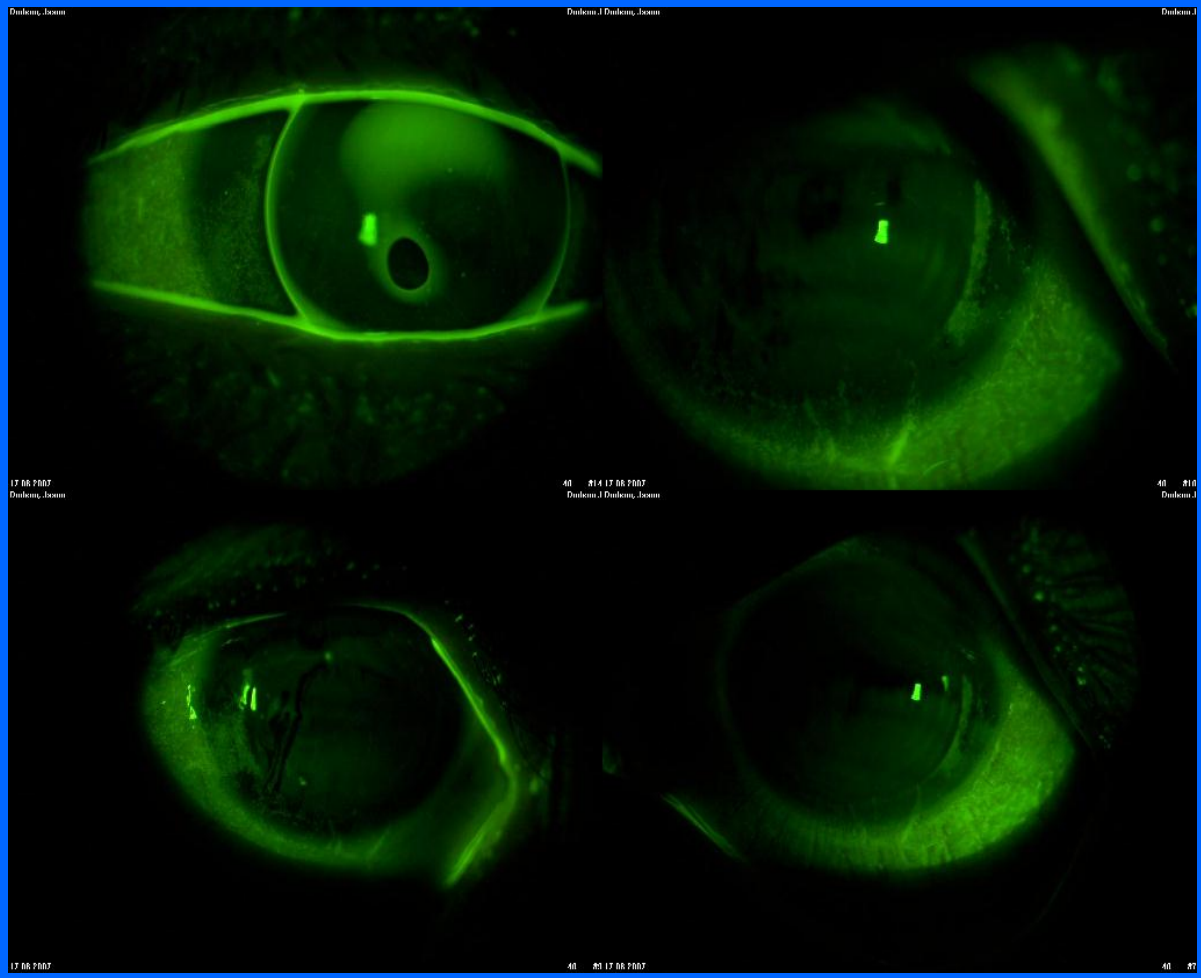
Std Edge lift trial lens showing tight edge

Prescribed lens with Standard increased lift

Peripheral fit- edge lift system

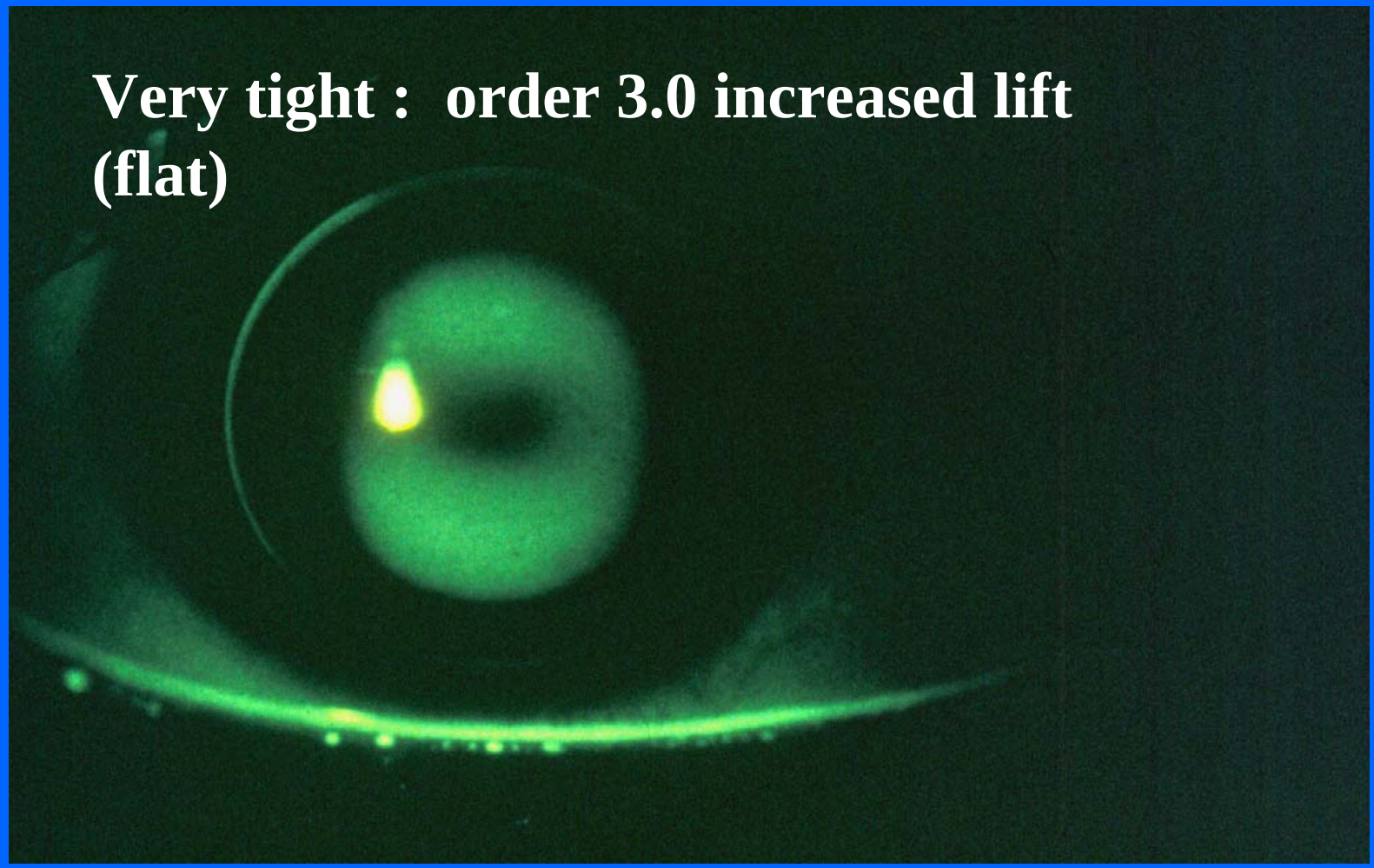


"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"



Tight Peripheral fit-order increased lift

Peripheral fit- edge lift system



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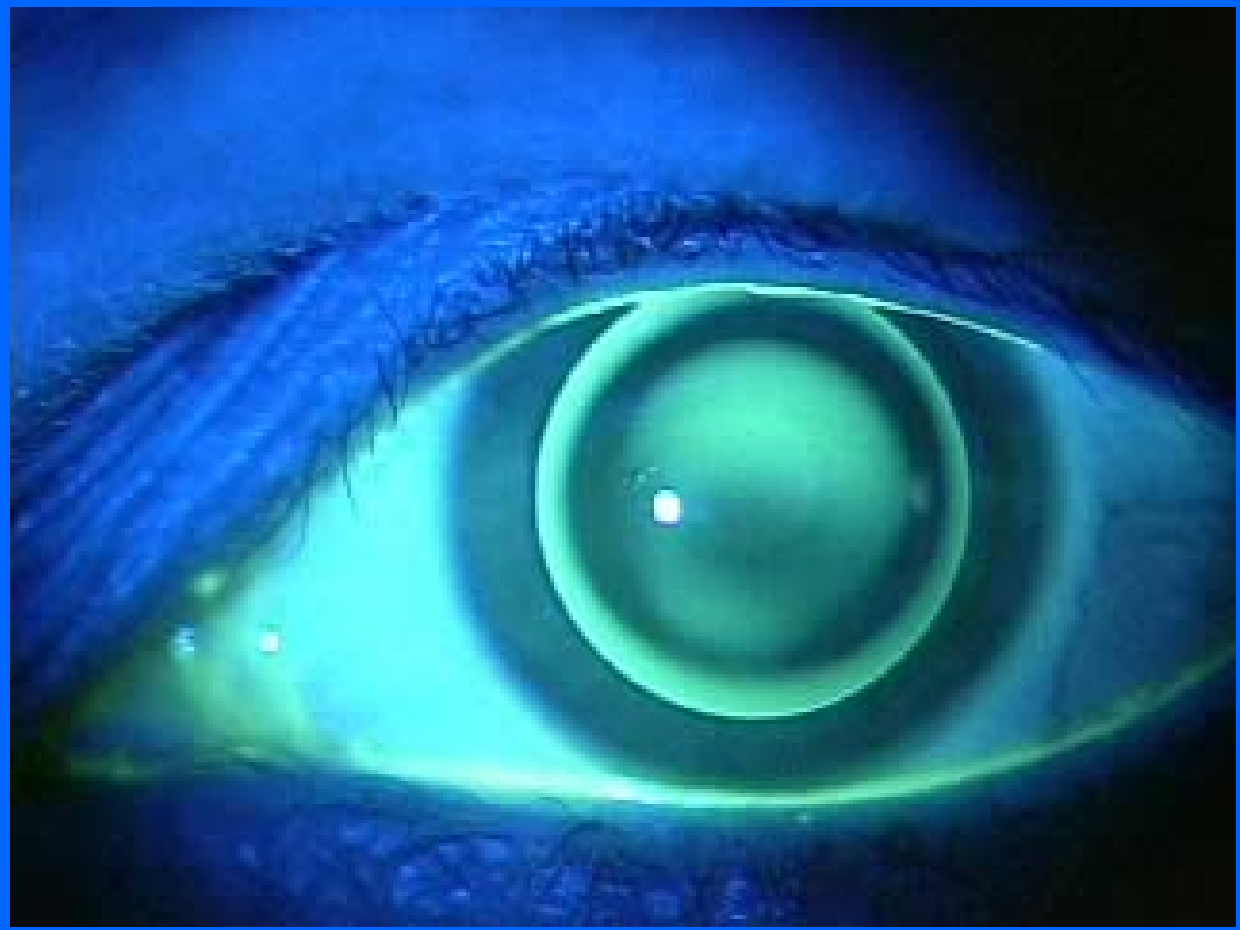
EDGE LIFT (peripheral fit)

Peripheral fit is the singularly most important fitting factor for a successful comfortable GP fit.

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"



Ideal Peripheral fit

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The Rose K2 fitting system

Step 3 . Overall diameter

Std 8.7mm : Available 7.8 – 10.3mm

Ideal

Small

large

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

3. Overall diameter

Varies with the Rose K design

The standard trial sets are made in diameters below

Keratoconus std 8.7mm

Post graft - std 10.4mm

IC - std 11.4mm

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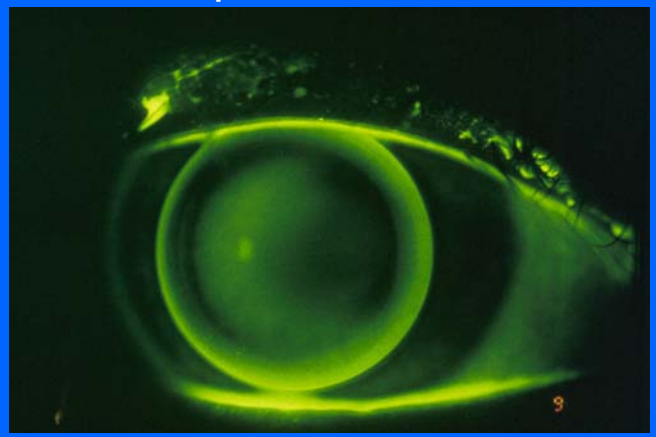
The Rose K2 fitting system

Step 4. Location

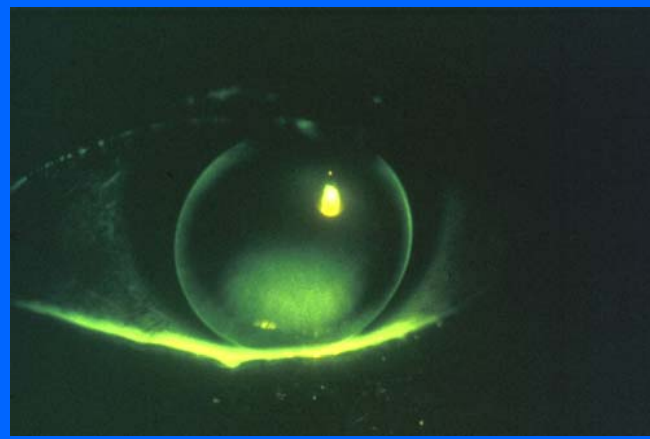
Location mainly controlled by varying diameter and edge lift

High

Optimum



Low



"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

4.Lens Location

Riding High:

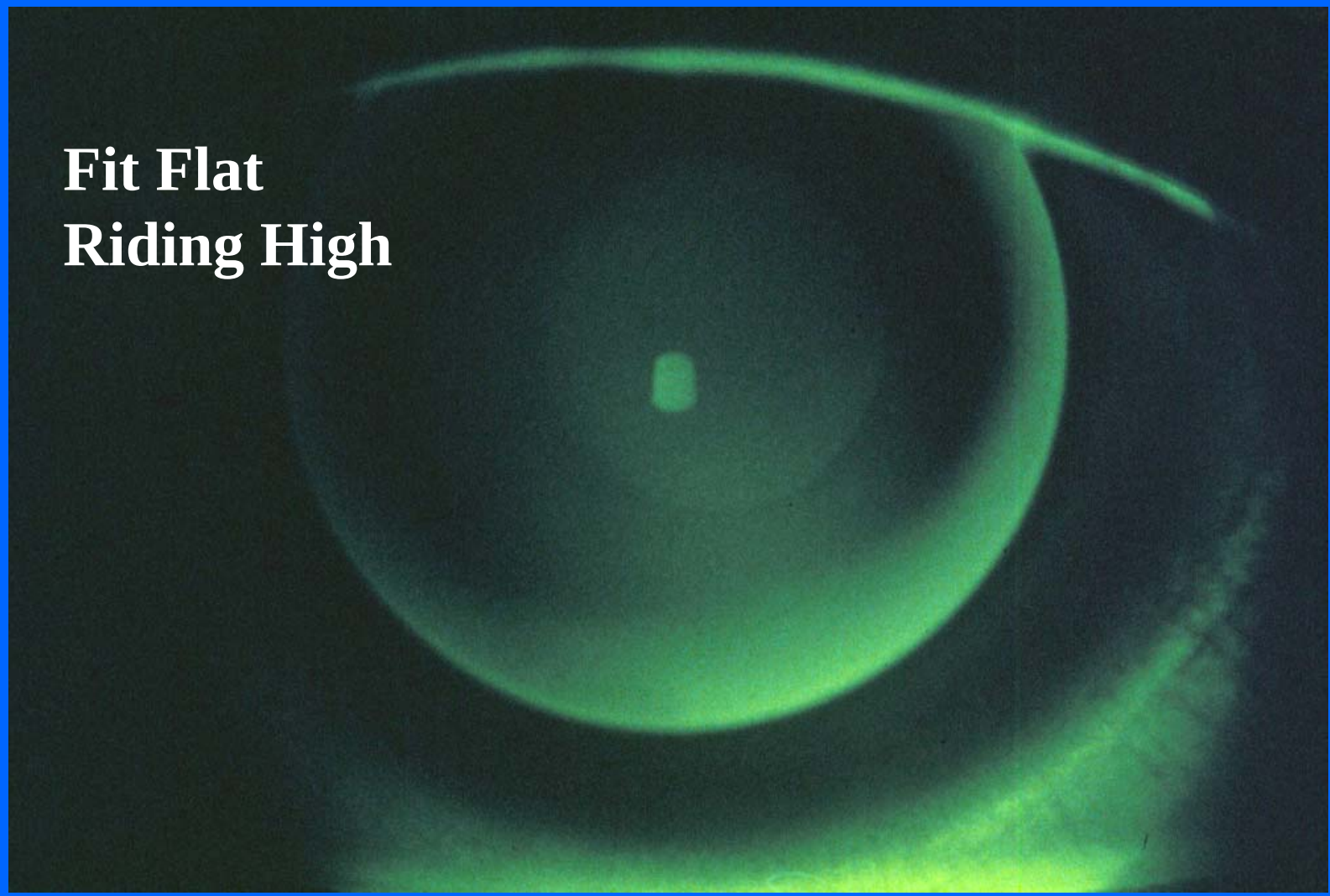
- Tighten the edge lift
- Reduce diameter
- Steepen the base curve

Riding Low:

- Increase the edge lift
- Increase the diameter
- Flatten the base curve

or a combination of these

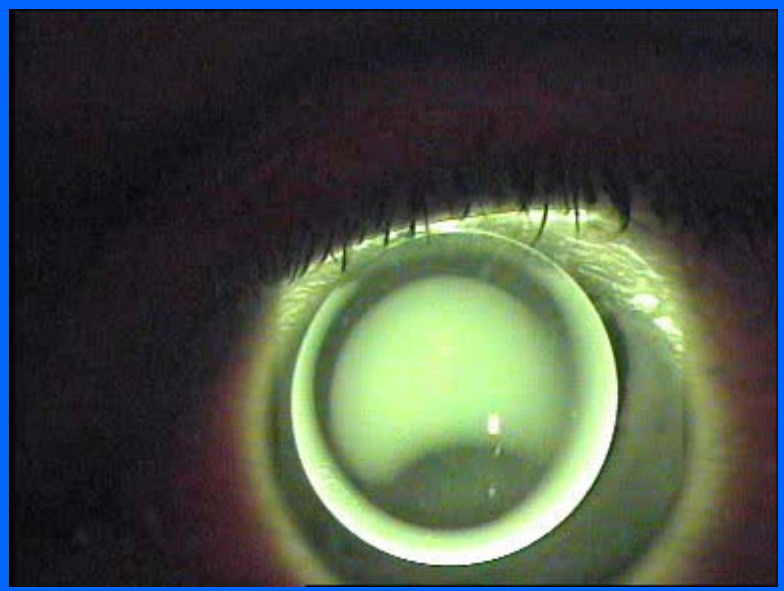
Lens location



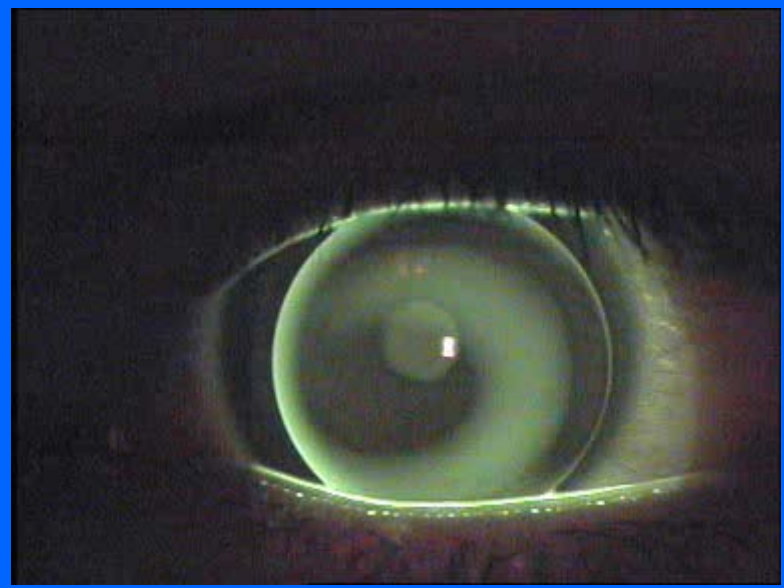
"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Step4. Lens Location

EDGE LIFT



Standard (0) edge lift



0.7 decreased lift

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The Rose K2 fitting system

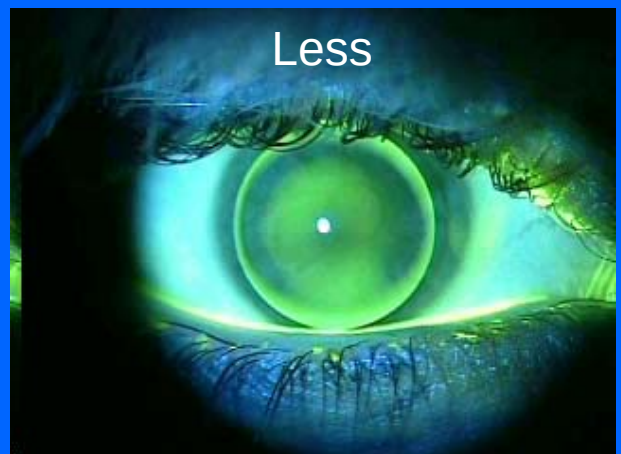
Step 5. Lens movement

Optimum: 1mm to 2mm on blink

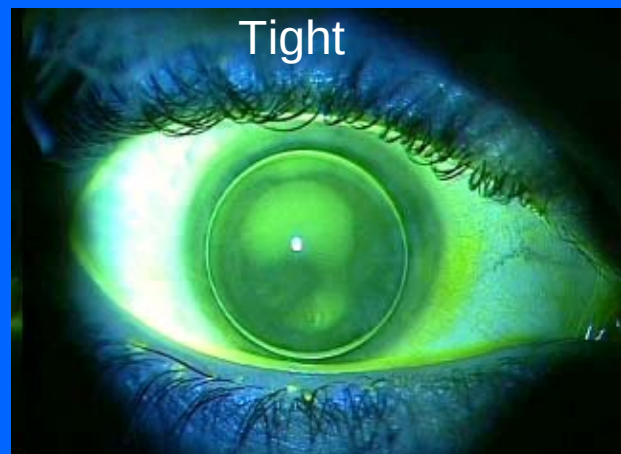
Movement mainly controlled by edge lift -more EL gives greater movement

Must achieve tear exchange

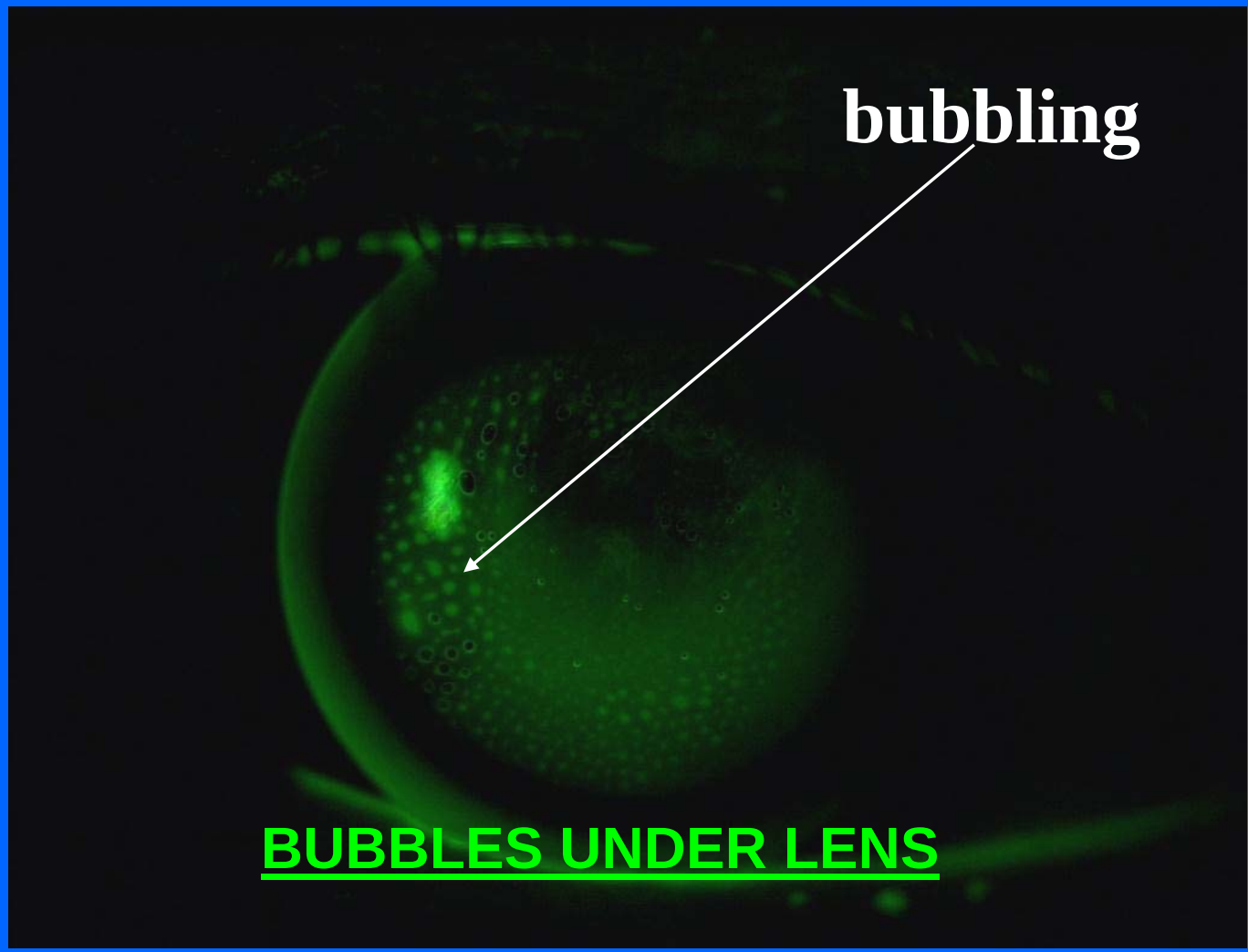
0.5 tighter edge lift



1.0 tighter edge lift



"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"



"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

BUBBLING

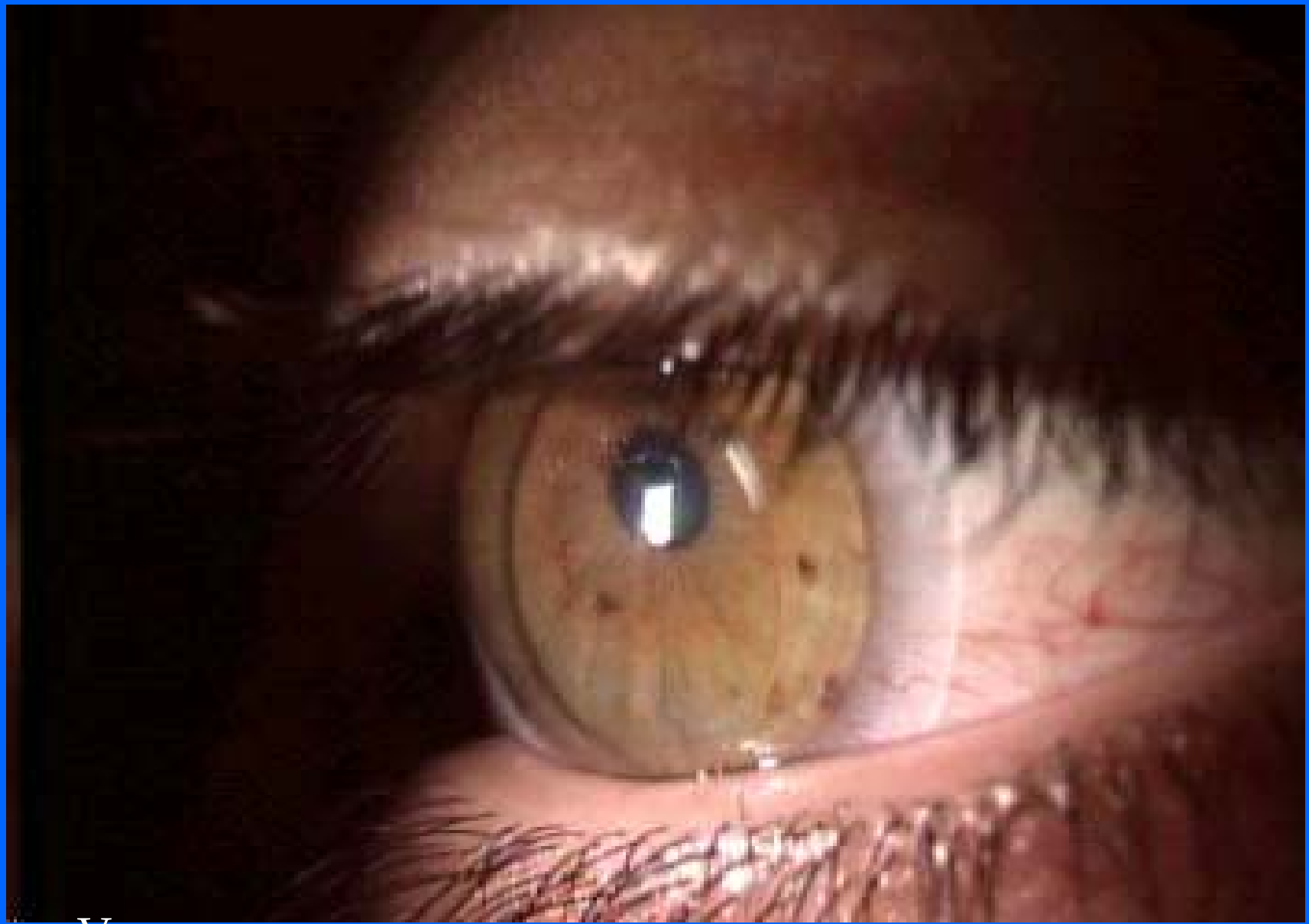
Make the lens looser by;

- **Flattening the base**
- **Increasing the lift**
- **Decreasing the diameter (smaller OZ)**

or a combination of these

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

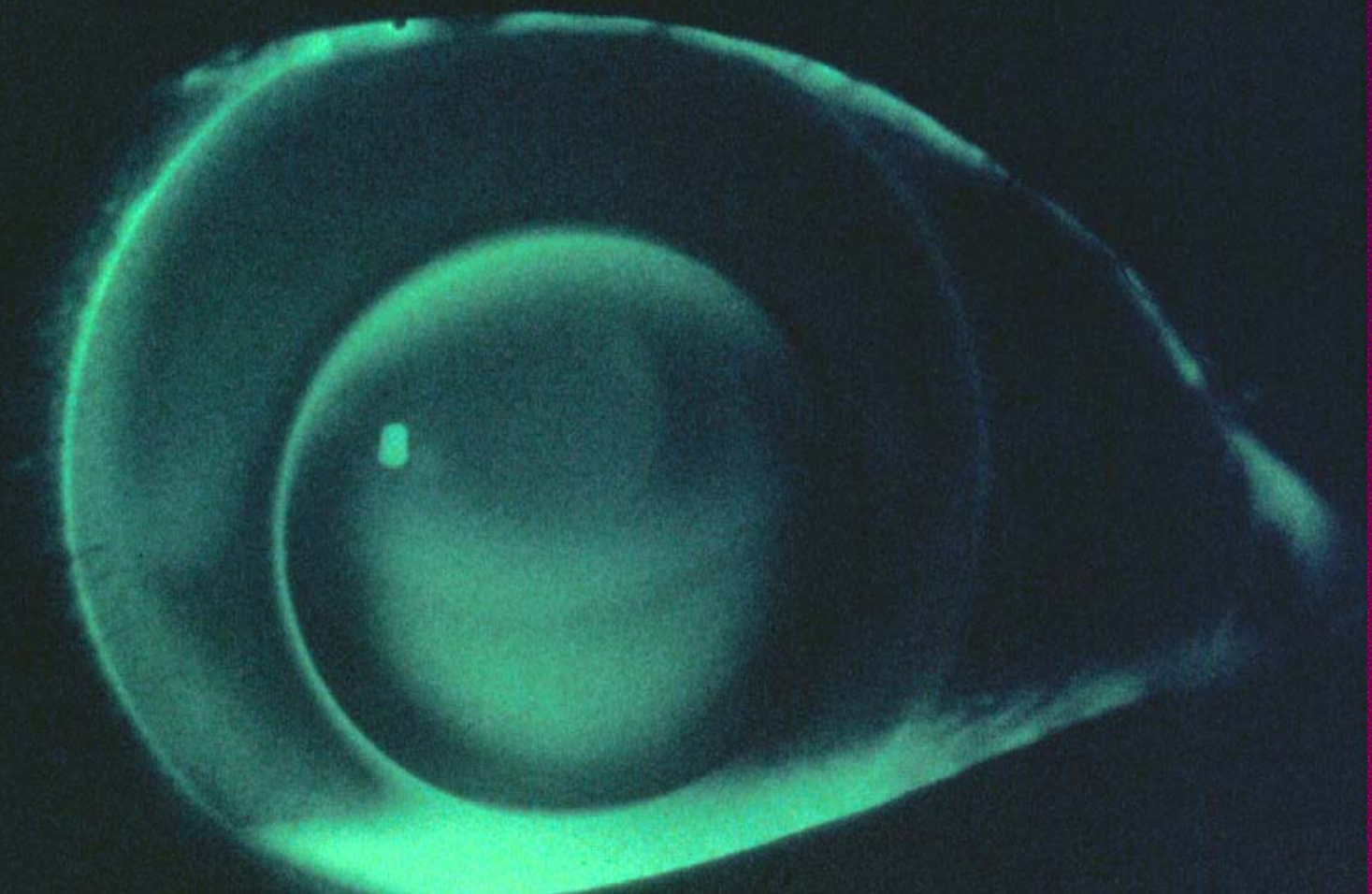
Piggybacking is an extremely effective way of increasing the success of RGP lenses for Keratoconics



V

- **Piggybacking**

Piggybacking



Use in about 10% of cases. Particularly atopic cases

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

1. Get best fit Rose K directly onto the eye

2. Remove Rose K and insert disposable SCL (+0.50)

3. Insert a Rose K lens over disposable SCL 0.3 mm flatter BC than 1. (or do keratometry over soft lens)

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

4. Evaluate central fit Rose K with HIGH molecular fluorescein

5. Evaluate peripheral fit. May require more lift

6. Over refract with both RGP and soft lens on the eye

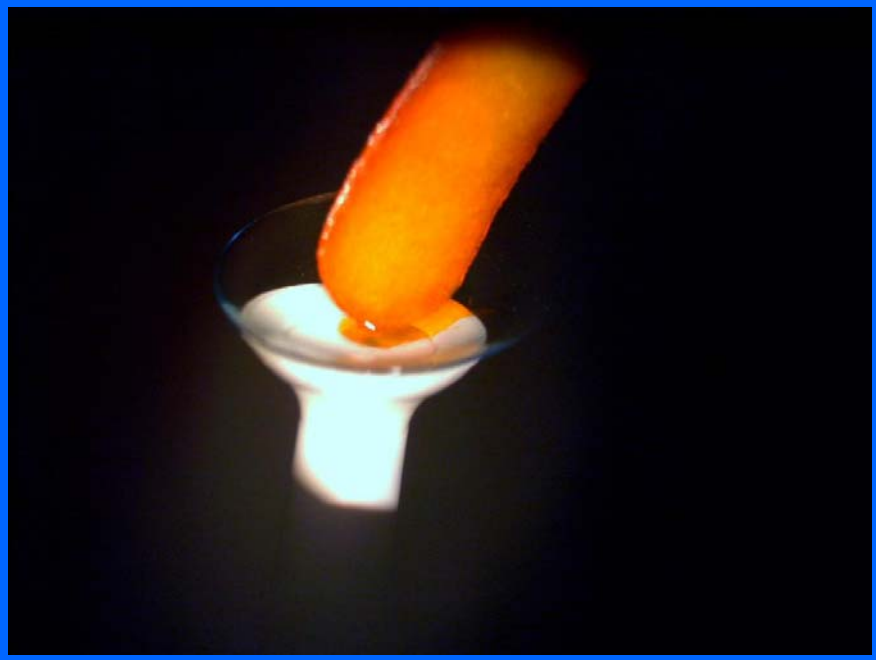
(*NB. Soft lens power does not affect final Rose K2 lens power*)

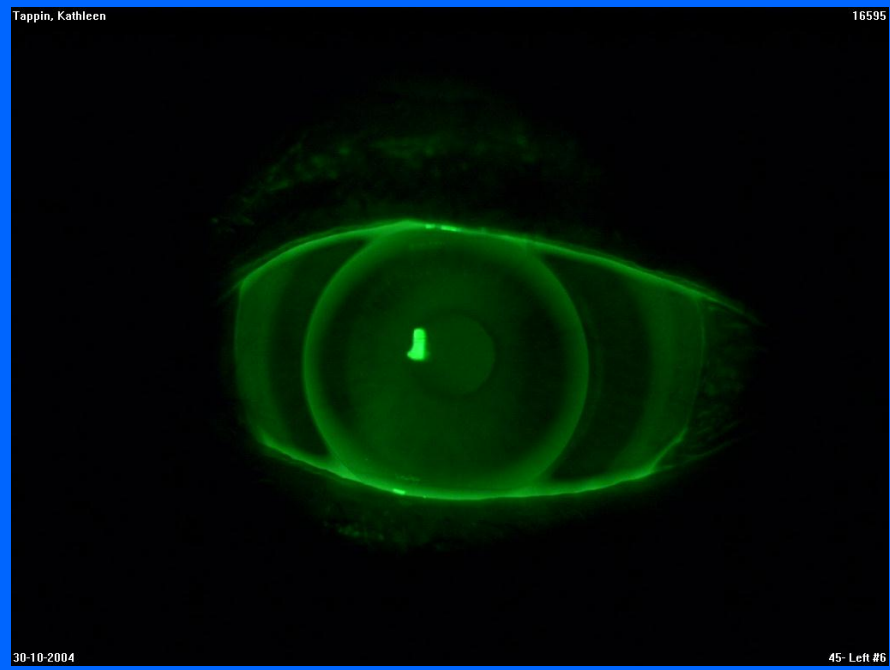
7.May require larger (0.5mm)added to diameter

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

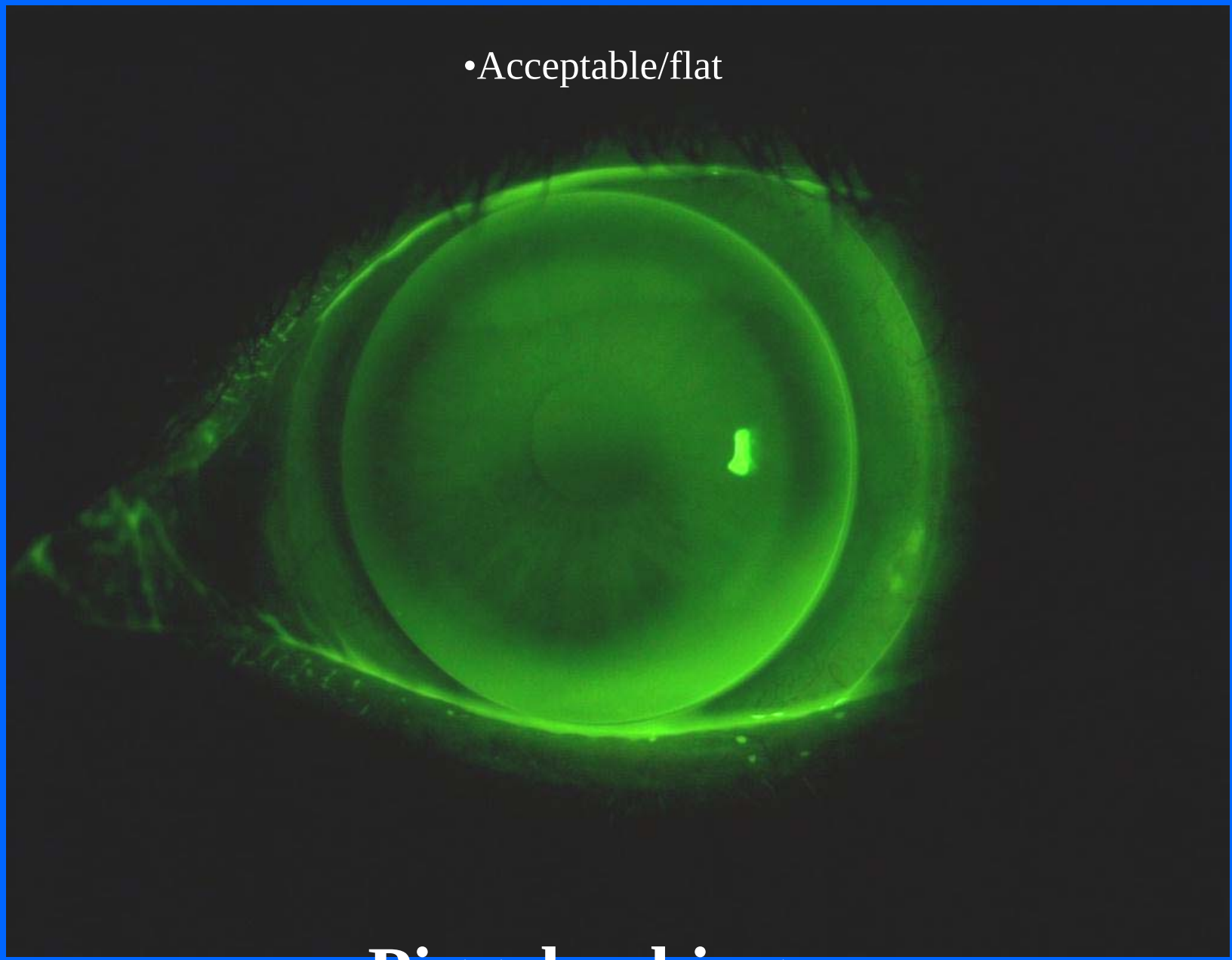
LOW MOLECULAR FLUORESCEIN CAN BE USED TO OBSERVE GP FIT FOR PIGGYBACKING OVER SOME SiH LENSES

Night and Day (8.4) / Purevision

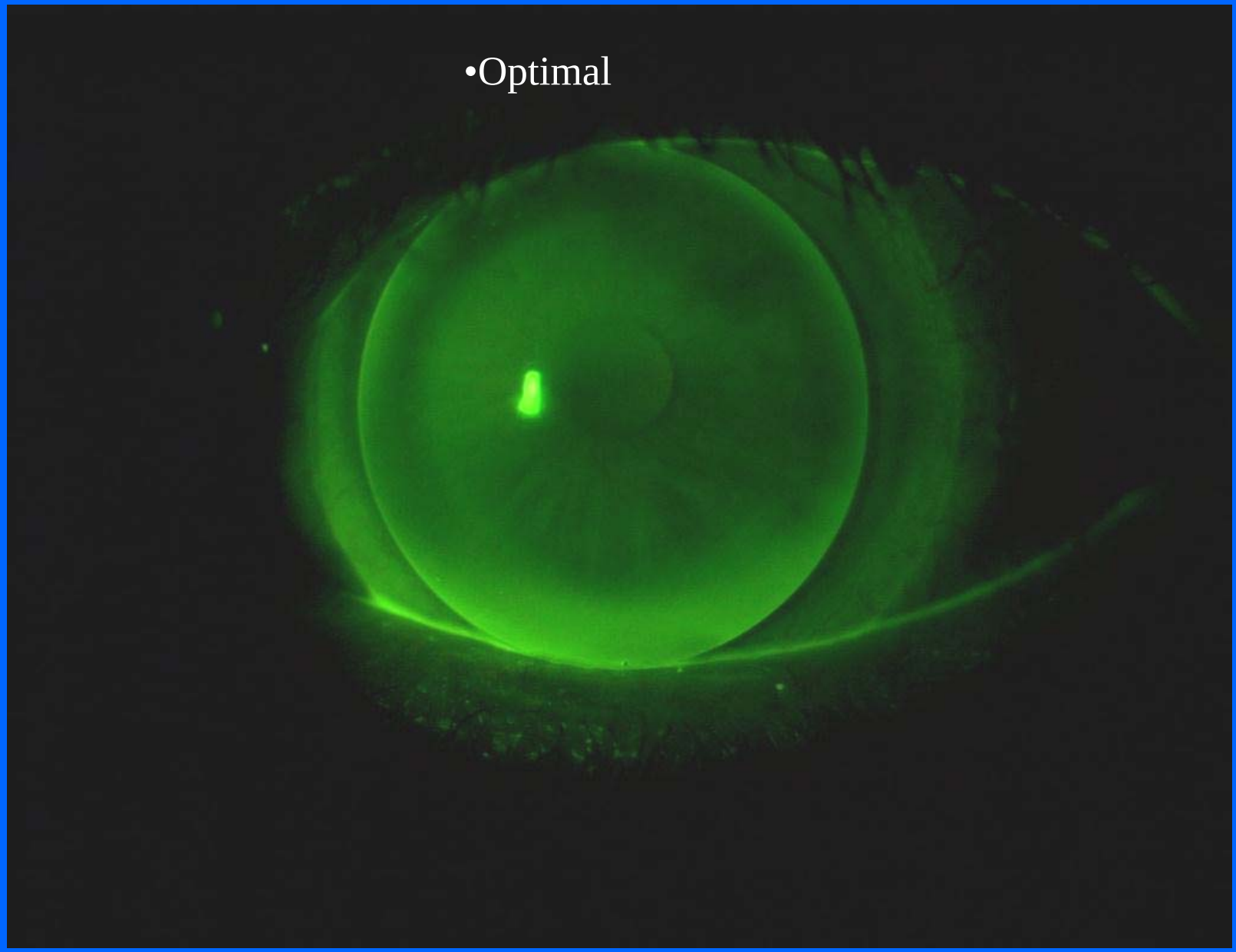




Apply very small amount to back of the GP lens before inserting over Si H lens



•Piggybacking



•Piggybacking

FITTING PROBLEMS?

- Low location
- Inadequate movement
- Insufficient tear exchange
- Binding
- Anoxia leading to Odema, Vascularisation ,infection
- Mucus under the GP or soft lens
- Softlens fluting (buckling)

Should not be a first option unless previous tolerance issues or fitting issues

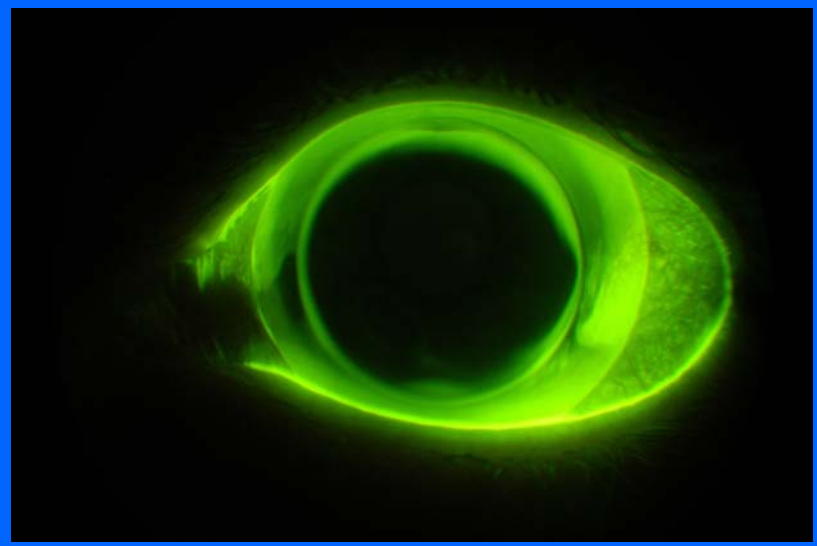
MOVEMENT

Both lenses MUST move independently of each other

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

- Binding reduces wearing time significantly
- Binding causes corneal anoxia resulting in corneal oedema

- Edge lift choice critical to optimize movement

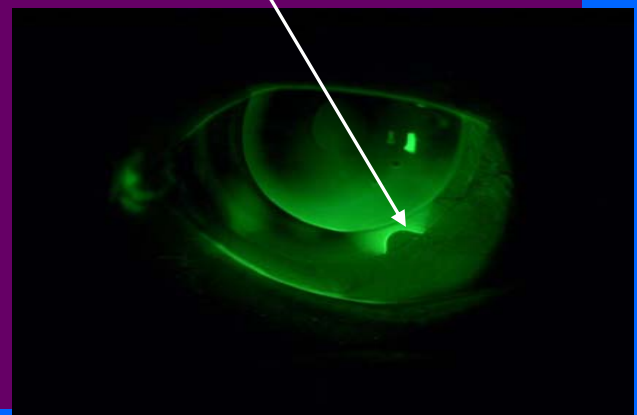


Soft lens options

- **Menicon PremiO**
- **Acuvue 1 day Tru Eye**
- **Acuvue Oasys (8.4) (1)**
- **Biofinity**
- **Air Optix Custom. Any BC 7.8/8.0/8.2 14.5mm*(ideal for steep cones where buckling occurs)***
- **Power –low plus**

- **Purevision & Night and Day**

–fitting only if using low molecular fluorescein



MODULUS and CO-EFFICIENT OF FRICTION OF MATERIALS

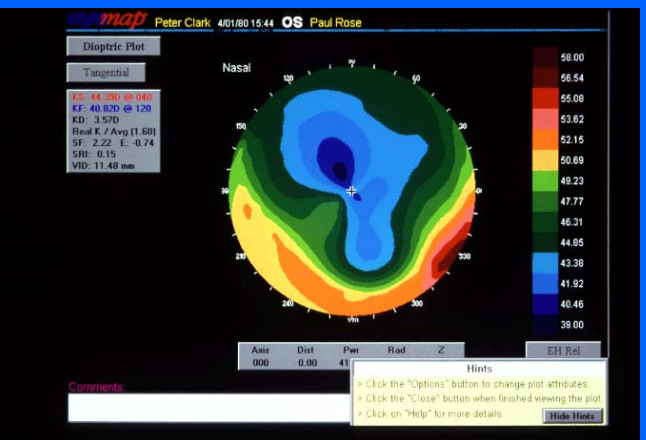
	Modulus	Friction co-efficient
Night and Day ------	1.52	49
Purevision ----------	1.06	17
O2Optix ----------	1.2	22
Menicon PremiO ---	0.90	
Acuvue Oasys--------	0.72	3
Acuvue Trueye ------	0.66	
Proclear ----------	0.49	
OSI Biofinity ------	0.75	
Avaira ----------	0.50	
Acuvue Advanced --	0.43	6

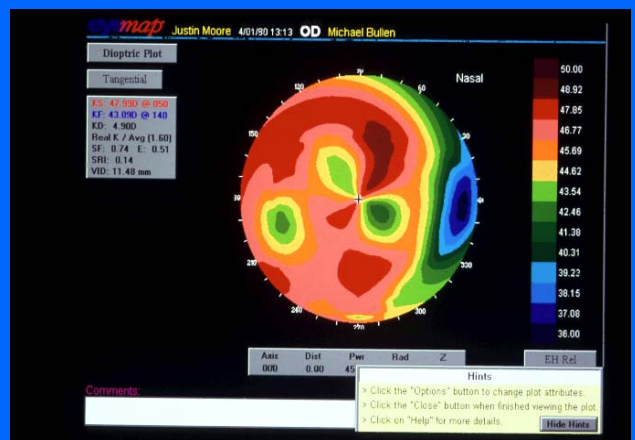
•NB The lower the modulus the greater the comfort and the lower the possibility of mechanically induced effects on the cornea and conjunctiva

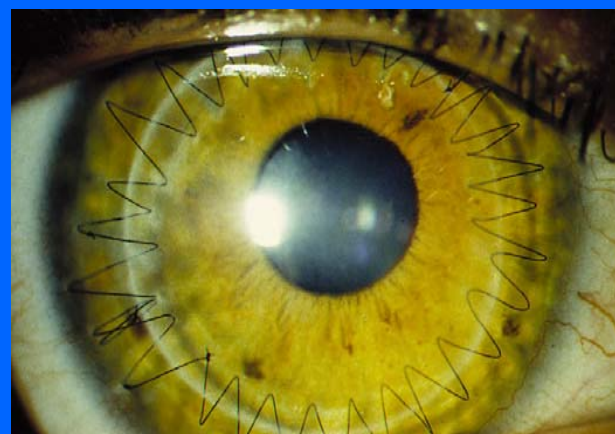
"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

ROSE K2 POST GRAFT (Rose K2 PG)

- Primary indications post graft, post lasik, post corneal rings
- Secondary indications low oval cones







"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

ROSE K2 POST GRAFT (Rose K2 PG)

Trial set

- 20 lenses 6.0 to 8.8
- 10.4 mm OD
- Power changing across BC range
- Standard lift

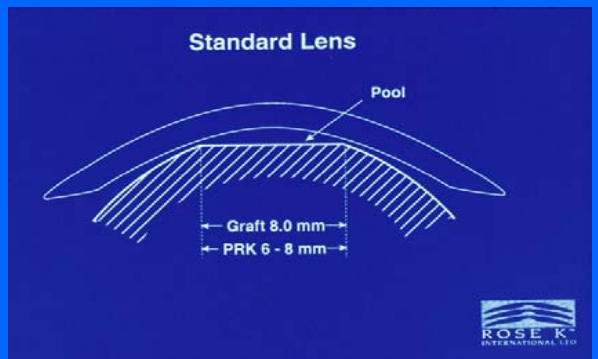
Range

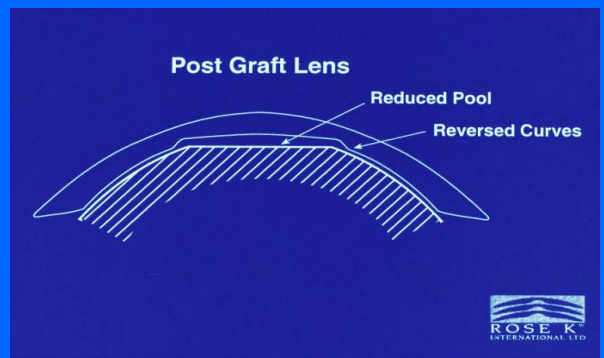
- BC 5.7 to 9.3
- OD 9.4 to 12mm
- Power any
- Edge lifts Standard, standard flat, standard steep, double flat and double steep

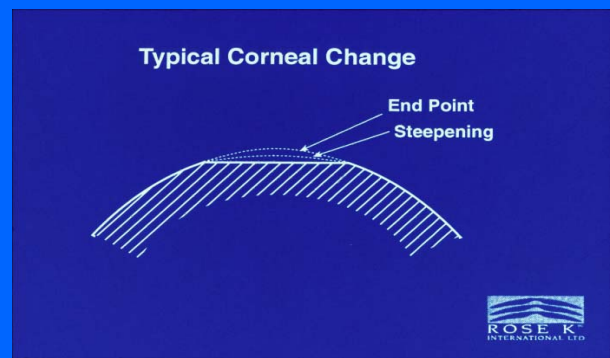
"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

ROSE K2 POST GRAFT (Rose K2 PG)

- Reverse geometry in flatter bases
- Increased reverse geometry as base curve flattens
- Large optic zone (aspheric) – covers graft
- OZ decreases as BC steepens
- Steeper peripheral curves than Rose K
- Overall diameter larger than the graft
- Also very useful for ectasia post Lasik

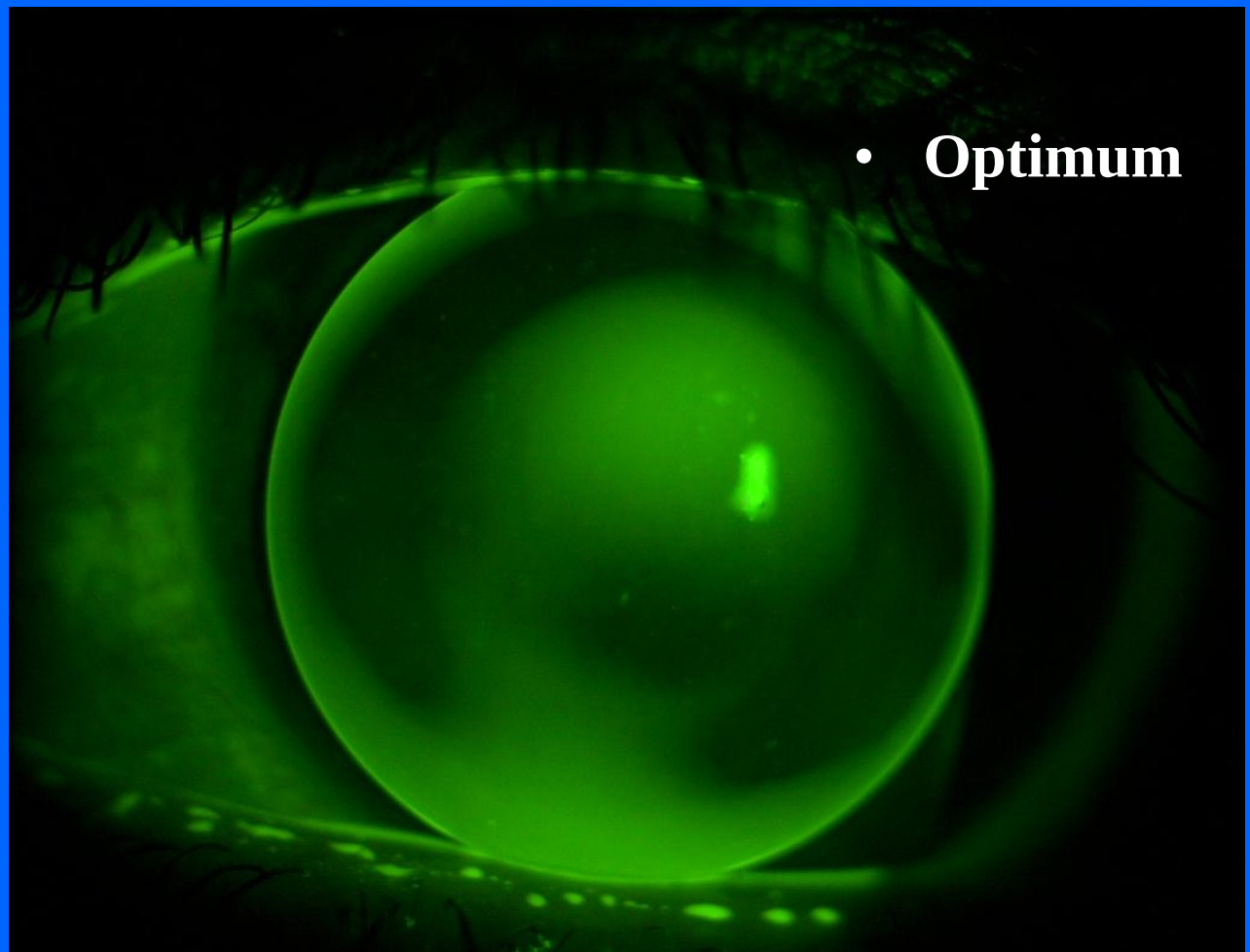






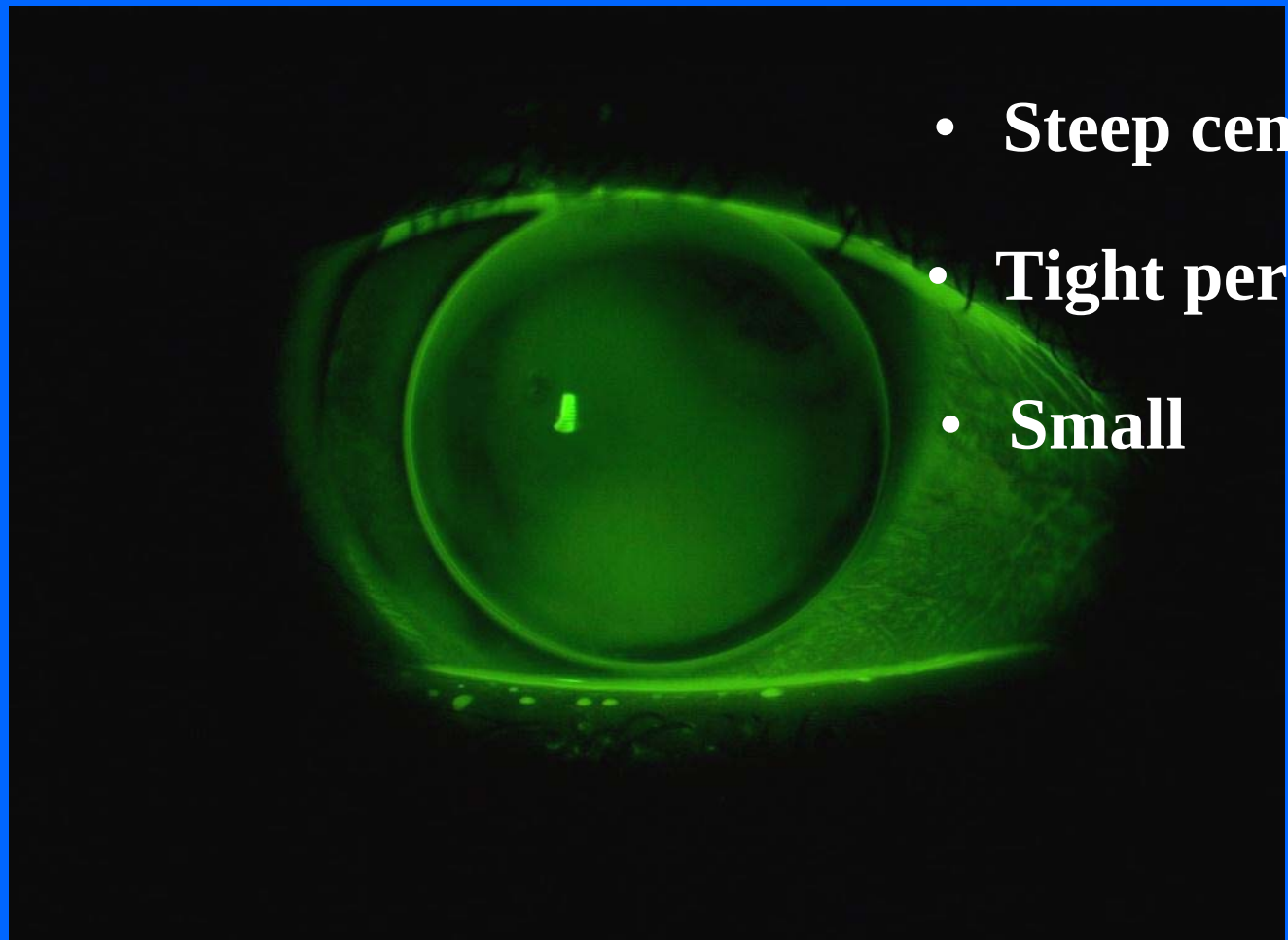
"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Post graft fittings



"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

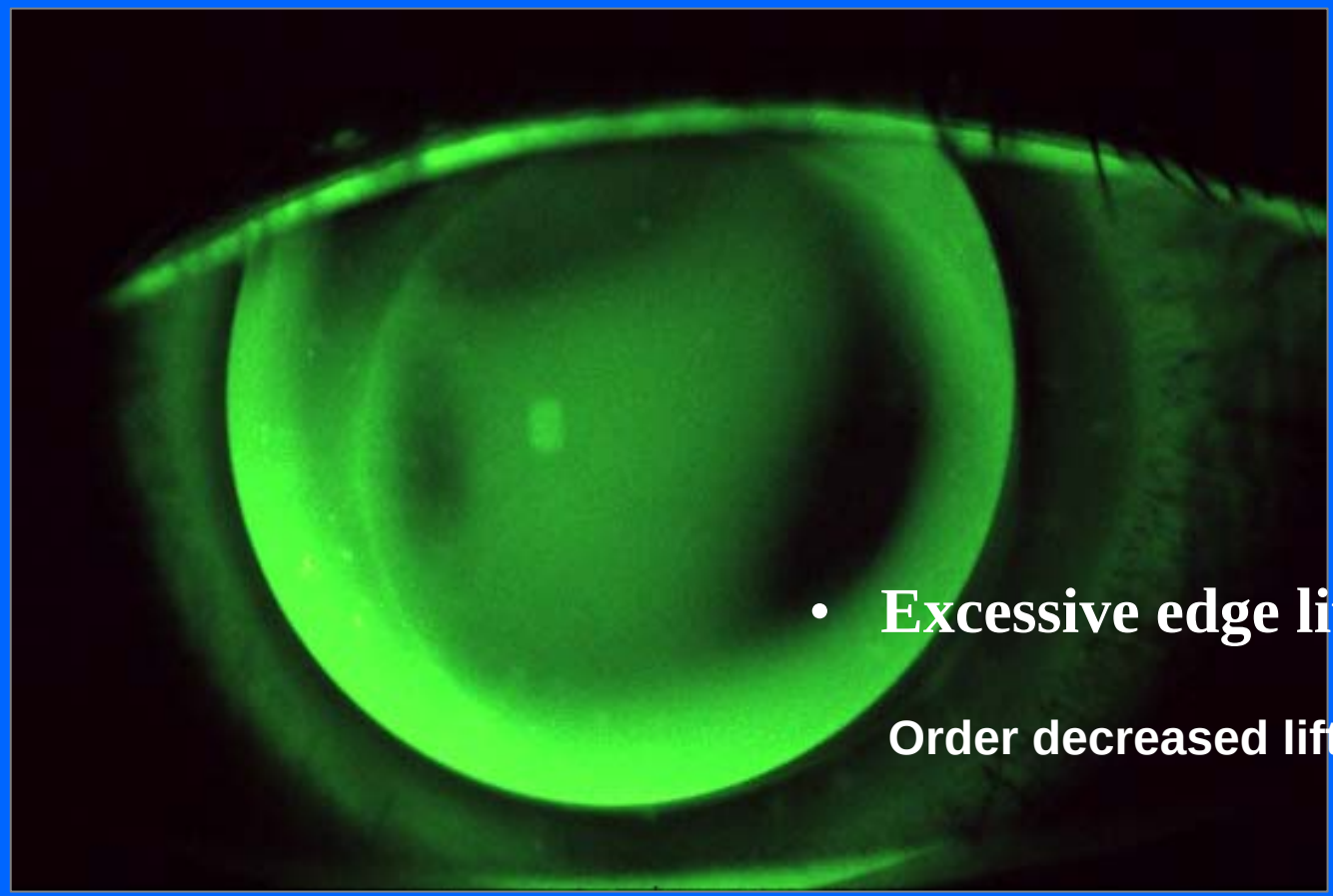
Post graft fittings



- Steep centrally
- Tight periphery
- Small

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Post graft fittings

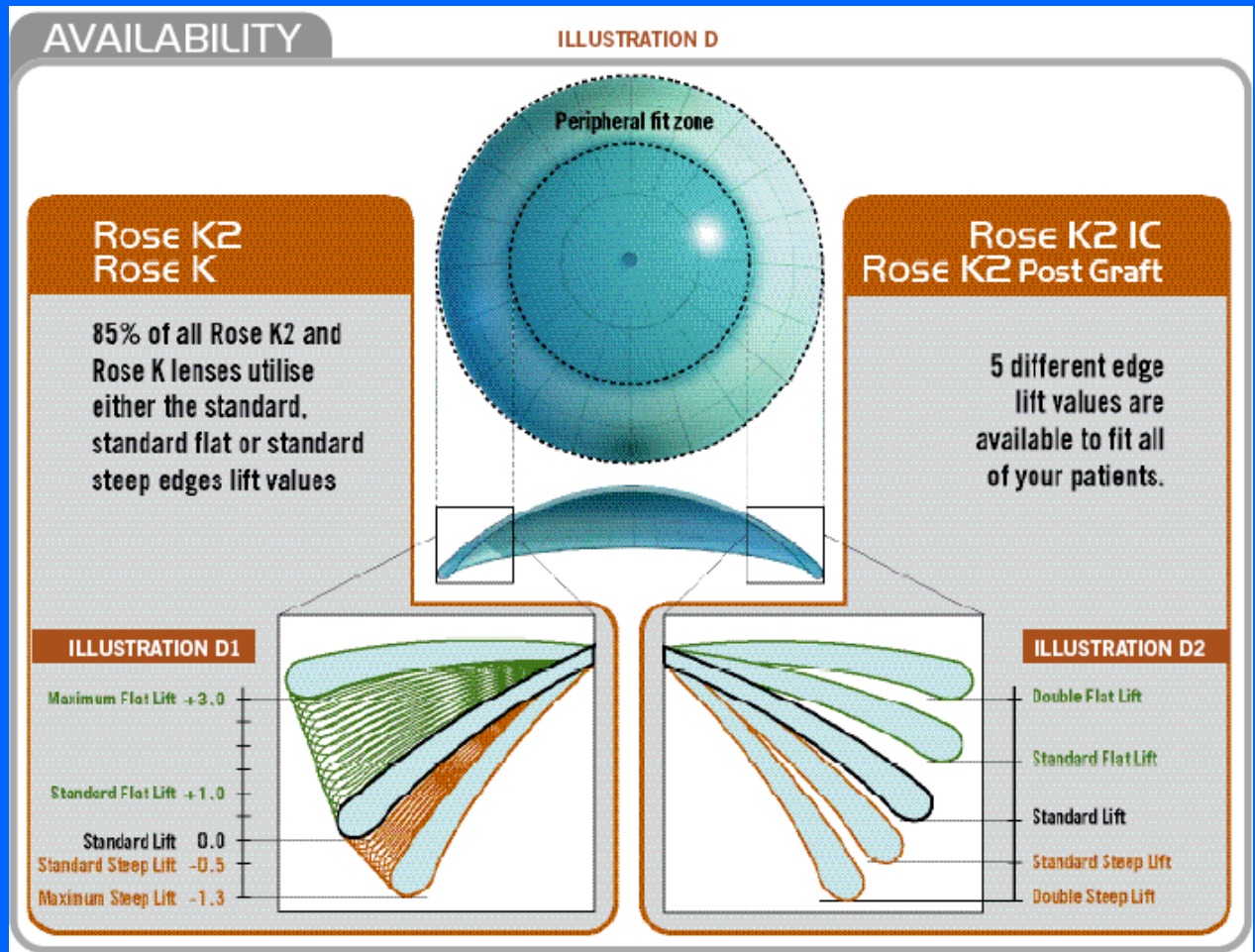


- **Excessive edge lift**

Order decreased lift

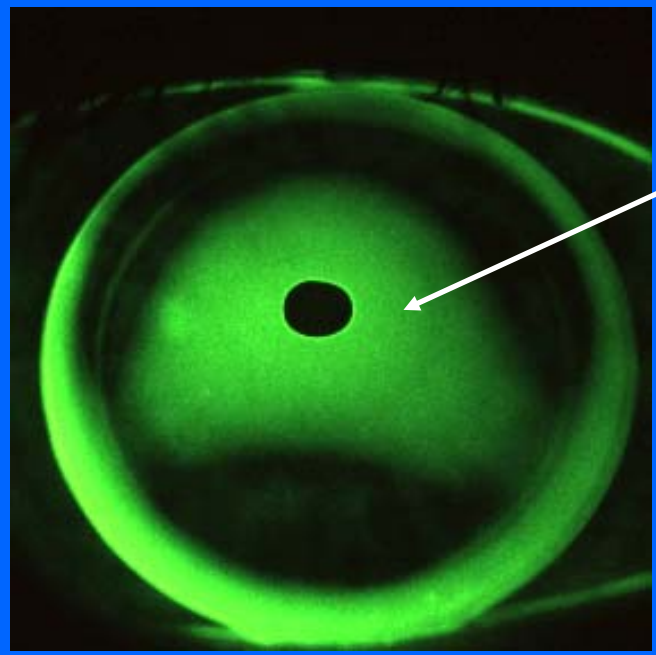
"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

EDGE LIFT OPTIONS



"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Post Graft fitting

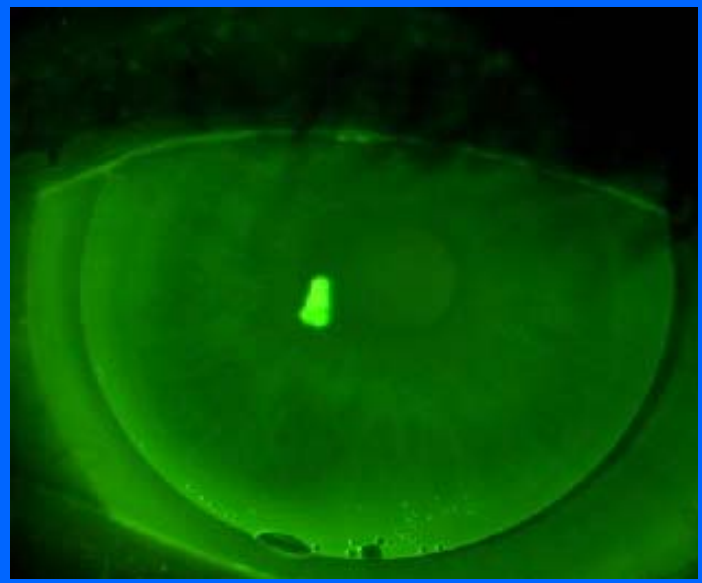


Plus(+4.00) disposable lens very useful for steepening the flat central cornea eg Lasik , PRK

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Post Graft fitting

Soft lens evens out highs and lows of cornea



Piggybacking

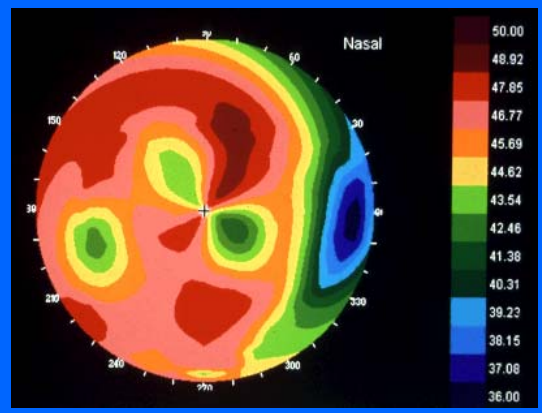
"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Post graft fittings

a) Most difficult fittings
b) Irregular corneal profile
c) High degrees of astigmatism / often irregular
d) Raised scar tissue at suture line/often multiple
e) Sensitivity
f) Diameter biggest factor in controlling centration

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Post graft fittings



- Irregular corneal profile
- High degrees of astigmatism / often irregular
- Raised scar tissue at suture line/often multiple
- Sensitivity
- Fit invariably a compromise
- Most cases referred for PK can be successfully fitted with contact lenses: Smiddy 1988 -69% / Kastl 1987 – 95% / Fowler 1988- 87% (85% achieved 20/30)

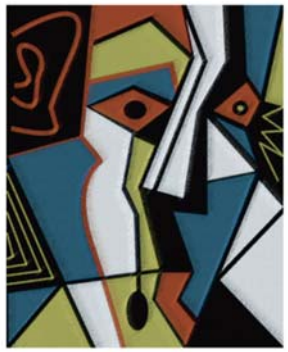
Grafts much more difficult to fit than keratoconus !

Try all alternative options before referring for graft

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

THE

ROSE K2 IC™
IRREGULAR CORNEA



ROSE K2 IC™
IRREGULAR CORNEA

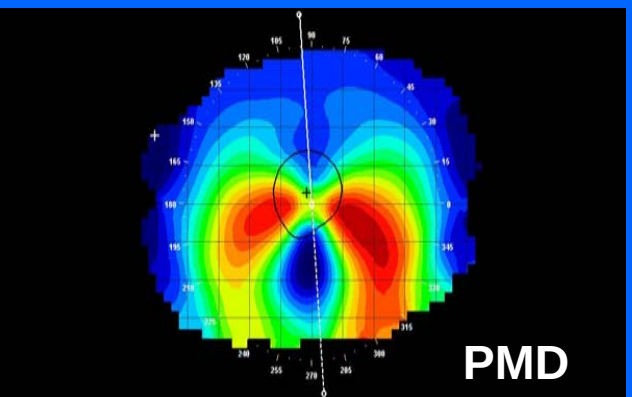
"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

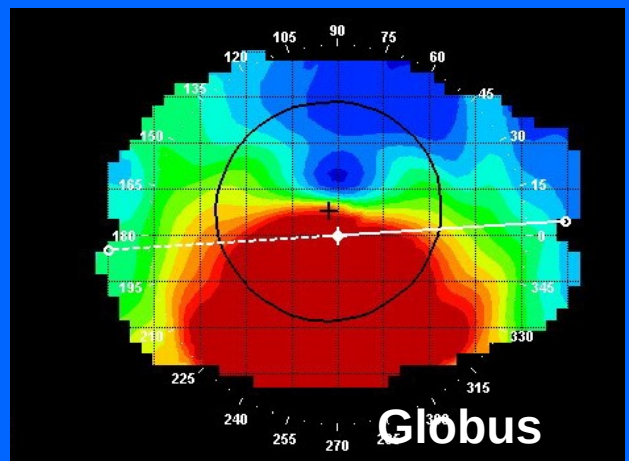
Fitting the ROSE K2 IC™ IRREGULAR CORNEA

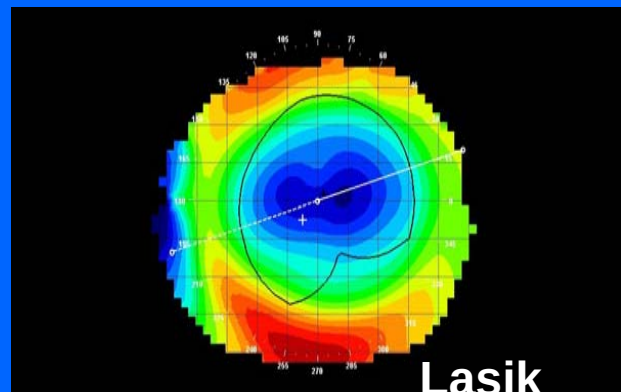
Indications - When to use ??

PRIMARY

- Pellucid Marginal degeneration- PMD
- Keratoglobus
- Lasik induced ecstasia


PMD


Globus


Lasik

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Fitting the ROSE K2 IC™ IRREGULAR CORNEA

Trial set

- 18 lenses BC - 6.5 (56.25 D) to 8.4 (40.25)
- 11.0mm overall diameter
- Changing power to approximate final lens power
- Standard lift

Available parameters:

- BC 5.7mm to 9.3mm
- OD 9.4mm to 12mm
- Power – any
- 5 Edge lifts : Standard, standard flat, standard steep, \ double flat, double steep

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Fitting the ROSE K2 IC™ IRREGULAR CORNEA

For keratometers and topographers

Choose first trial lens 0.3 mm flatter than the steepest corneal meridian

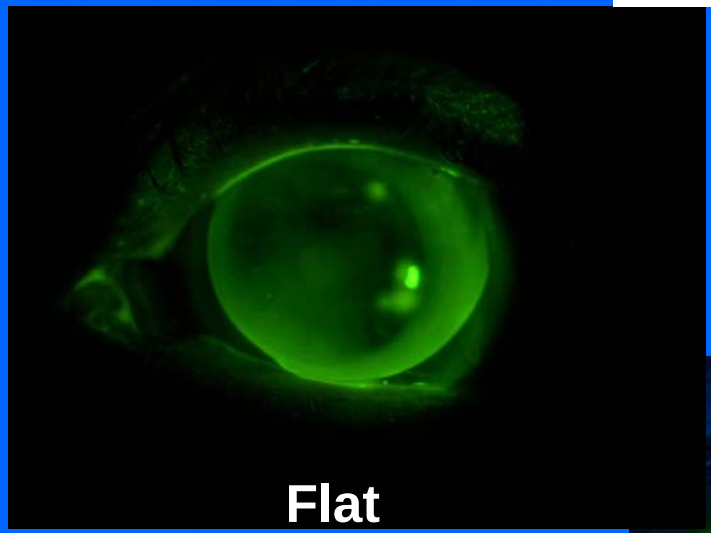
Eg. 6.8/5.5 First trial lens 5.5 +0.3 = 5.8

Assess in order :

1. central fit and any heavy corneal contact areas
2. peripheral fit- particularly noting tight and loose areas
3. diameter – should sit approx. 1mm inside the limbus
4. location
5. movement

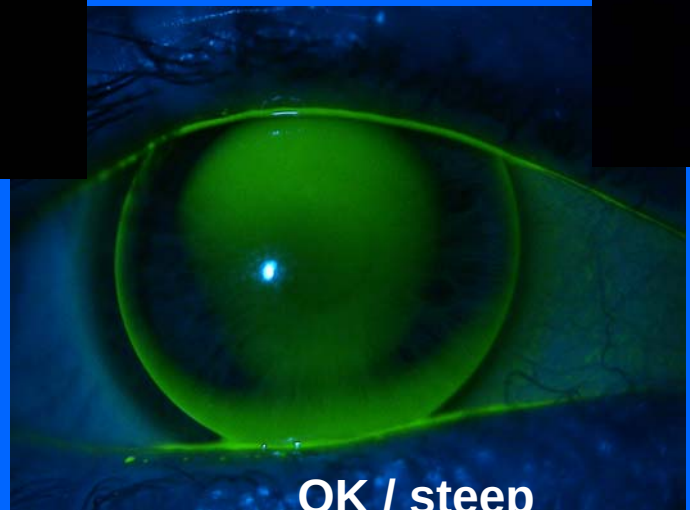
"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Fitting the ROSE K2 IC™ IRREGULAR CORNEA

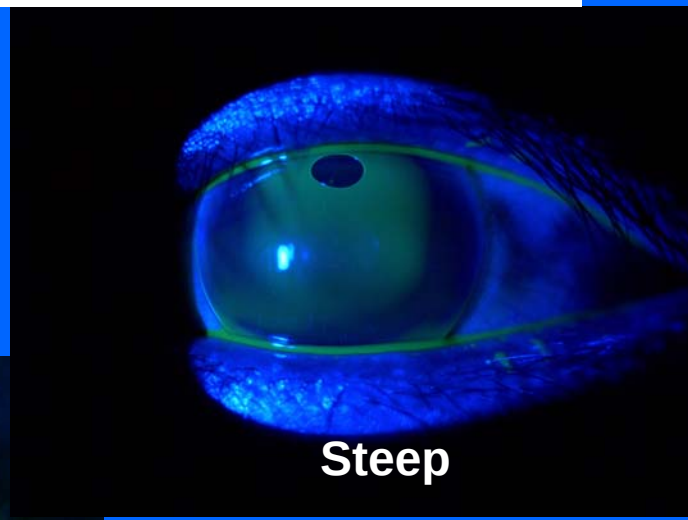


Flat

Central fit



OK / steep

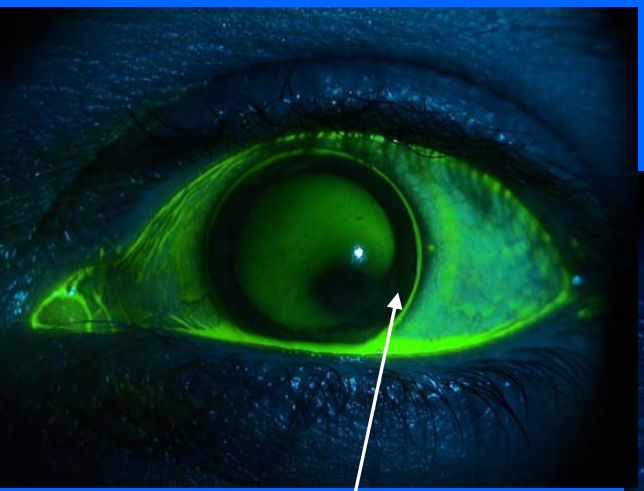


Steep

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Fitting the ROSE K2 IC™ IRREGULAR CORNEA

Peripheral fit



Very tight periphery
(TL std steep EL)

Tight periphery
(TL standard EL)

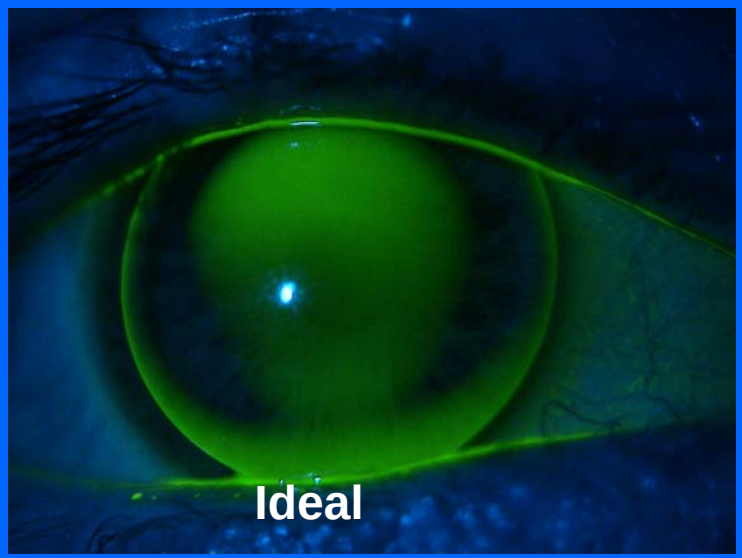
Ideal periphery
TL std flat

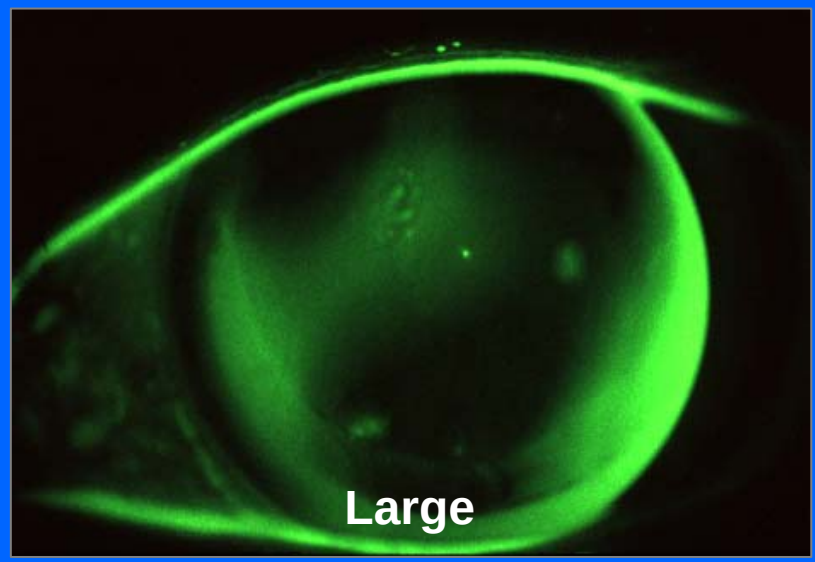
"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Fitting the ROSE K2 IC™ IRREGULAR CORNEA

Diameter- intra limbal (approx. 0.5mm inside limbus)

Use minimum OD to achieve centration and comfort





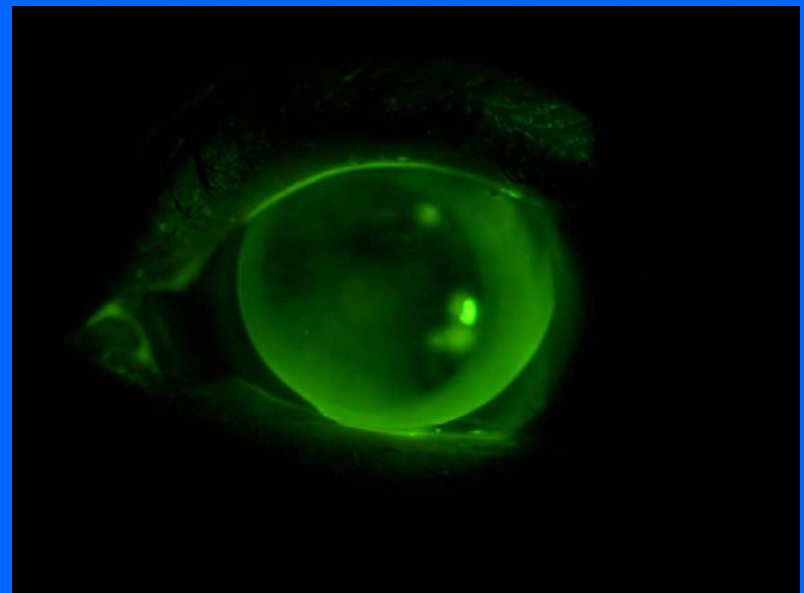
"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Fitting the ROSE K2 IC™ IRREGULAR CORNEA

Location - Tend to locate over steepest point on cornea

Remedies

- Steepen BC
- Increase diameter
- Correct edge lift
- Consider piggybacking



"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Fitting the ROSE K2 IC™ IRREGULAR CORNEA

Movement

Must move sufficiently to achieve tear exchange!

(often less than Rose K2 KC lens : 1mm to 1.5mm)

Excessive movement

↓

Increase diameter
Steepen BC
Reduce the edge lift (steepen)

Insufficient movement

↓

Decrease diameter
Flatten BC
Increase edge lift

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

THE NZ EXPERIENCE *(Since 1992)*

- 350 trial sets in 300 outlets
- Many fitters hold trial sets in different lifts and diameters
- **Every practice fits keratoconus**
- Over 3,000 lenses used per annum for a population of 4 M
- Standard of care very high *(six month reviews)*
- Decreasing number of grafts (penetrating keratoplasty <15%)

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Some facts on Rose K ?

- Comprehensive trial set - 26 lenses
- Minimum over-refraction over trial lens
- Flexible parameters BC 4.3 to 8.4mm OD 7.9 to 10.4mm
- Comprehensive fitting aids- CD Rom and fitting guides
- Consultant advice available from Blanchard Contact Lenses
- Simple fitting system minimizing chair time
- Easy to fit for fitters with limited GP experience
- Easy control of peripheral fit (edge lift)
- Good first fit success rate. Over 80%

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Some facts on Rose K ?

- Ideal for piggybacking
- No need to refer out to experts
- Fits the majority of cone types
- No need to change to a different design as disease progresses
- Available in any toric form FST, PT, BST, bi-toric, ACT (tuck)
- Very cost effective for patient, lab/distributor and fitter
- Proven excellent comfort and vision - less corneal insult
- Available worldwide- 83 countries

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

Some facts on Rose K ?

- Repeatable replacement worldwide
- Proven product - over 800,000 Rose K lenses fitted
- Most recognized and fitted GP KC lens in the world
- Awarded “best innovative design award” by the CLMA in 2000
- Awarded “Technology award” 2007 by EFCLIN (Europe)
- Quality materials/ Boston / quality production
- FDA approved
- Patient website www.roseklens.com *FITTERS PASSWORD rkprac07*
- Practice builder- patient loyalty

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

YOUR CHALLENGE !

So why should you ever consider fitting irregular cornea lenses??

PERSONAL SATISFACTION

MAKING A DIFFERENCE TO THESE PATIENT LIVES AND YOURS

Cathedral Cove Hahei Coromandel NZ

"Using a Systematic Approach when Fitting Keratoconus, Irregular and Post Surgical Corneas"

SINCERE THANKS TO

all of you for attending this lecture today

GOOD LUCK with your Irregular cornea fits