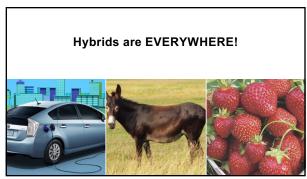
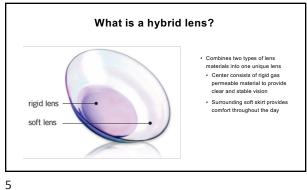




# **Financial Disclosure Statement** Ashley Wallace Tucker is a consultant for CooperVision, Bausch & Lomb, Topcon, and SightGlass. vision expo



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**Additional Advantages of** Hybrid Lenses Great option for astigmatic patients
 Vision NOT affected by lens rotation 130-Dk GP and 84-Dk silicone hydrogel soft skirt provide excellent oxygen transmission

Tangible™ Hydra-PEG coating provides increased

SoftCushion® Comfort Technology enhances comfort

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\_ Hyper Dk (130) GP center Tear lens optimizes vision High Dk (84) SiHy skirt

Landing zone design enhances tear exchange and comfort

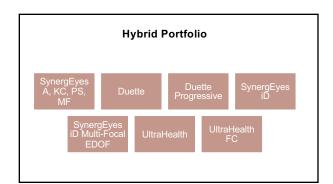
## **GOOD** candidate for HYBRIDS · Low to high astigmats Unhappy toric SCL wearers Intolerant RGP wearers Presbyopic combined with astigmatism Soft MF wearers who want crisper vision with a greater range Corneal astigmatism MUST match refractive cylinder - -2.00-3.00x180

**POOR candidates for HYBRIDS** · Last resort patients Patients who prefer convenience over everything Ocular surface/dry eye patients Non-compliant patients Patients with residual astigmatism • -2.00-5.00x180

### Most EXCITING Advantage:

Exclusively available from independent eyecare professionals—not available online or through mass merchandisers!

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Fitting Process

Fitting Set

Empirical Inst Set Calculator

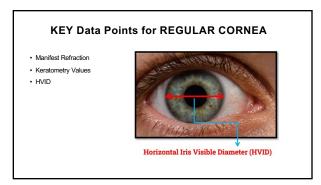
Online Calculator

Consultation

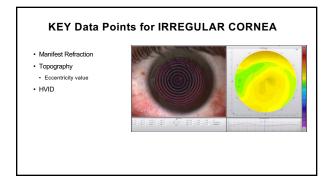
Fitting Set

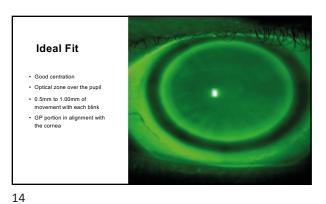
Make Set Consultation

Make Se

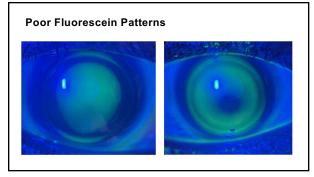


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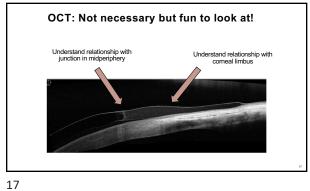


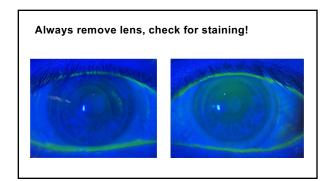
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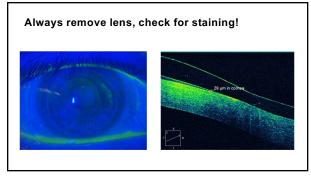


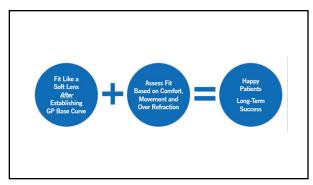


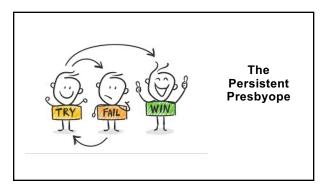
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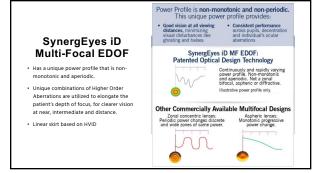
PATIENT
BACKGROUND

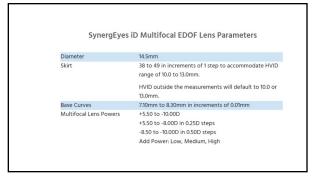
51 yo, Hispanic Male, Works in IT

Medical and Coular History unremarkable
Has tried sweet preshyopic SCL options – MF
torics and monovision – with NO success

Since he works in IT, computer and near vision
are very important to him. Every liens we tried up
to this point compromised his owealt vision us
motivated to be in contact lenses and is always
willing to try something new.

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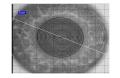




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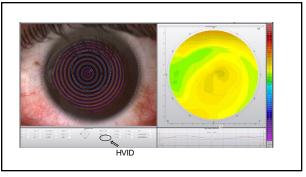
### **OBJECTIVE FINDINGS: Oculus 5M Keratograph**

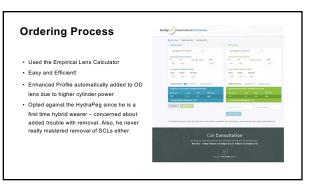
- Manifest Refraction:
- OD -0.75-3.00x037
- OS -3.00-1.00x092 Add: +2.00
- Keratometric Readings
- OD 46.00 @ 118 / 42.90 @ 028 OS 45.40 @ 043 / 44.70 @ 133
- Horizontal Visible Iris Diameter (HVID)
- OD 11.04 mm
- OS 11.21mm



HVID

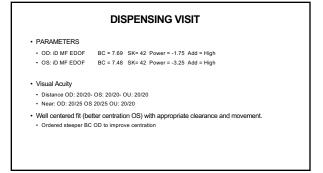
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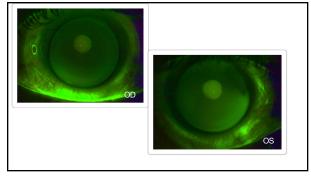




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**Lens Care Reminders**  Daily Cleaning: MPS or H2O2 based cleaner Filling Solution: PF Saline · Rewetting Drops: PF only Replacement Schedule: every 6 months

33 34

#### **FOLLOW-UP VISIT**

- PARAMETERS (New Lenses)
- OD: ID MF EDOF BC = 7.58 SK= 42 Power = -2.25 Add = High
   OS: ID MF EDOF BC = 7.48 SK= 42 Power = -3.25 Add = High
- Visual AcuityDistance OD: 20/20- OS: 20/20- OU: 20/20
- Near: OD: 20/25 OS: 20/25 OU: 20/20
   Near: OD: 20/25 OS 20/25 OU: 20/20
   Over-Refraction
   Distance: OD-0.25, OS +0.00
   Near: OD plano, OS plano

- No additional changes needed.
- Pt has been wearing lenses successfully with no issues but chooses to wear PALs on occasion and THAT'S OK!!

#### **OUTCOME/CLOSING COMMENTS**

- Due to his irregular astigmatism, finding a soft toric lens that would sit properly on his cornea without causing fluctuating vision was a daunting
- The SynergEyes iD MF EDOF lens neutralized most of his corneal astigmatism which allowed him to not only have clear vision but also consistent vision!



35 36



iDing Progressive Myopia

#### PATIENT BACKGROUND

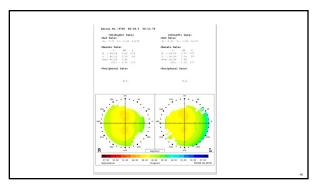
- 13 yo, Asian female
- · Has been a spectacle wearer since age 6
- Virtual school for the last 6 months reports worse vision for the last 1 month
- Mother, Father and younger brother all moderate myopes
- Has worn daily disposable SCLs for recreation
- Family now very interested in myopia management options

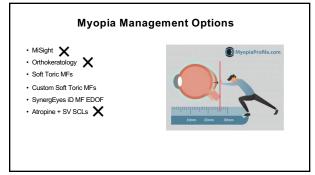
37 38

#### **OBJECTIVE FINDINGS**

- Keratometric Readings -Topcon Auto-refractor/Auto-keratometer
   OD 44.25 @ 174 / 46.25 @ 084
   OS 44.50 @ 177 / 46.00 @ 087

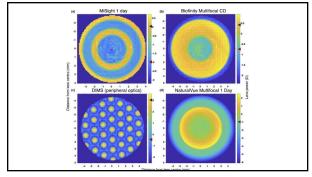
- Horizontal Visible Iris Diameter HVID (Slit Lamp Reticle)
   OD 11.2mm
   OS 11.2mm





Creates a range of clear vision at different distances on the visual axis.
For Myopic children, the EDOF aims to provide competing signals on the retina one to correct vision, and another in front of the retina, creating relative myopic defocus to slow eye growth.

41 42





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### **DISPENSING VISIT**

- PARAMETERS
- OD: ID EDOF MF BC = 7.46 SK= 42 Power = -7.50 Add: High OS: ID EDOF MF BC = 7.46 SK= 42 Power = -8.50 Add: High
- Distance OD: 20/20- OS: 20/20- OU: 20/20
- Near: OD: 20/20 OS 20/20 OU: 20/20
- Slightly decentered temporally OU with appropriate clearance and movement.
- She reported great near vision but noticed "wavy" distance vision.

#### **FOLLOW-UP VISIT**

- Visual Acuity
- Distance OD: 20/20- OS: 20/20- OU: 20/20
- Near: OD: 20/20 OS 20/20 OU: 20/20
   Over-Refraction Distance: OD -0.25, OS -0.25 (no visual acuity improvement)
- Near: OD plano, OS plano
- Pt reported improvement in overall vision no more wavy vision.
- Noticed temporal injection OS>OD but pt had no complaints.

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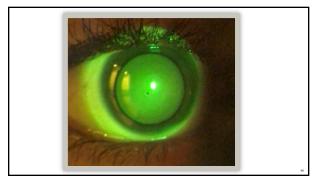
#### Call with consultation team:

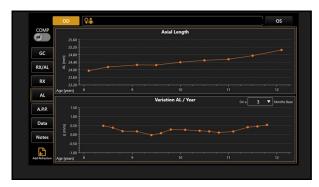
- Due to redness temporally OU and decentration, we decided to alter the fit
- PARAMETERS
- OD: iD EDOF MF BC = 7.38 SK= 42 Power = -8.00 • OS: iD EDOF MF BC = 7.38 SK= 42 Power = -9.00
- Steepened BC to improve centration which should help with redness.

#### **FOLLOW-UP VISIT**

- Visual Acuity
- Distance OD: 20/20- OS: 20/20- OU: 20/20
- · Near: OD: 20/20 OS 20/20 OU: 20/20
- Over-Refraction
- Distance: OD -0.25, OS -0.25 (no visual acuity improvement)
- Near: OD plano, OS plano
- Pt reported no redness or discomfort in new lenses!
- Follow-up care every 3 months due to high risk for continued progression.

9/7/25





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#### **OUTCOME COMMENTS**

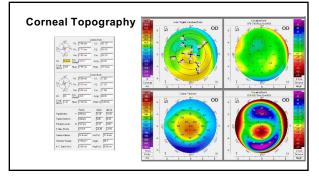
- Think outside the box...
- This patient's myopia is progressing at a rapid rate intervention is imperative!
- Her high Rx and moderate astigmatism OD creates barriers to most CL options except for the...SynergEyes MF EDOF lens design!
- Although off label, this lens is ideal for what we are trying to achieve for this patient clear vision with myopic defocus in the peripheral retina.
- Close follow-up is warranted to ensure the desired results.



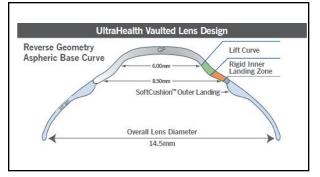
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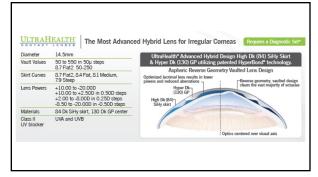
#### **Patient Background**

- 39 year-old Caucasian Woman
- Ocular history:
- Moderate Keratoconus OU diagnosed at the age of 24
- Chronic Allergic Conjunctivitis
- Extensive, unsuccessful contact lens history
- · Soft toric contact lenses
- RGPs
- Sclerals unable to tolerate OD due to rebound injection, successfully fit and comfortable in OS



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#### Advantages of HYBRIDS for Irregular Cornea

- Hybrid design provides superior centration compared to GP lenses.
- · Stable platform keeps optics centered over visual axis.
- Rigid lens material neutralizes corneal irregularity.
- Optimized reverse geometry design results in lower lens powers and reduction of aberrations.
- Vaults over most ectasias without bearing to ensure corneal surface integrity.

## Call CONSULTATION!

- What's needed:
   Best possible refraction
- HVID
- Topography
- Keratometry Values
- · Eccentricity value

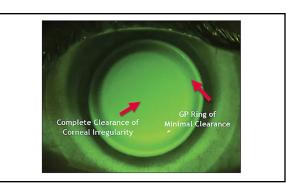


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#### **Dispense Visit**

- OD: SynergEyes UltraHealth 150 Vault / 8.1 MED skirt / 14.5 DIA / -0.50 D.S.
- Visual Acuity
- OD 20/20
- Great centration and appropriate movement and fit
- · No rebound redness post lens removal



#### Follow-up Visit

 VERY happy with the lenses BUT reported deposits on the lenses that could not be removed with digital rubbing



#### **Problem SOLVED!**

- Order one additional pair of lenses with Tangible HydraPeg
- This is a one-time coating that is added to the lens to help improve contact lens problems related to discomfort, dryness, fogging or deposits.
- Coating lasts the lifetime of the hybrid lens which is 6 months.
- Patient was instructed to continue use of a multi-purpose cleaner or hydrogen peroxidebased cleaner with the new lenses



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#### Outcome

- May have seemed like a hopeless situation due to lack of success in most other options
- UltraHealth should be considered as a first line option for KCN and irregular comea patients – SCLERALS aren't always best!



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#### **Corneal Hypoxia**

- Corneal Neovascularization
- Rebound circumlimbal injection post lens removal
- Conjunctival staining of skirt







#### **Corneal Hypoxia**

- Poor Oxygen Permeability (Dk) due to soft skirt
  - o Generally lower than the RGP center
- Tight fitting skirts
  - Due to poor fit
     Due to lens overwear
     Dry Eye Disease
- Poor compliance with replacement (every 6 months)

65 66

#### Case

 27 year old high myopia, dry eye disease, myopic retinal degeneration

MRx OU -32.50-1.50x180 VA 20/40

#### Contact Lens History:

- Initially wore soft custom CLs + Spec Rx over top
- Transitioned to RGP; dropped out after 1 episode of decentration while driving
   Unable to insert Scleral Lenses

- Fit with Hybrid Lenses:
   SynergEyes A -25.00 BC 7.30 Skirt 8.30 VA 20/40
   Dk 100

67



- Good comfort, fit and vision with Hybrid Lenses
   AWT: 16 hours per day
   Unable to refit into higher Dk (Duette) due to power limitation
- (>20 D)

  Clinical Findings: worsening dry eye disease, conjunctival staining and keratinization under landing zone of skirt, comeal neovascularization
- No improvement with therapeutics
   0.05% Cyclosporine
   Perfluorohexyloctane BID

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#### Case: Next Steps

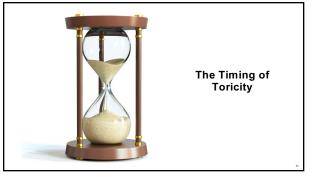
- Referred for refractive surgery in order to reduce contact lens dependence
- s/p ICL OU
- End refractive result
- MRx OD -12.00+2.50x95, OS -10.25+2.50x88
- Contact Lens Rx (Daily Disposable Brand)
- OD -8.00-2.25x010, OS 7.00-1.75x180 with wear time limited < 8h/day
- Ocular Surface Disease Managed with Topical Dry Eye Therapy (Cyclosporine 0.05% BID and Perfluorohexyloctane BID)



#### Outcome

- Importance of routine follow-up (every 6 months)
- Monitor both the hybrid lens fit AND the ocular surface
- · Always remove the lens and check for corneal and conjunctival staining
- When indicated, therapeutically TREAT the ocular surface
- Always weigh the risk of contact lens wear VS surgical refractive options

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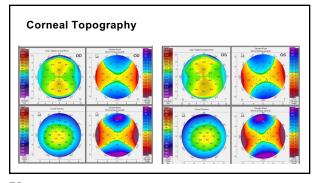


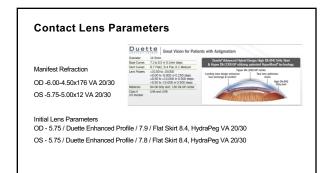
#### PATIENT BACKGROUND

- 16 yo asian male referred for Specialty Lens Fitting and Corneal Astigmatism monitoring
- Brother has KCN pt has no signs of KCN but does have high cylinder with slight inferior>superior asymmetry
- Mild dry eye disease, using Artificial Tears BID OU
- Motivated for contact lenses due to wrestling
- Failed fit with soft toric lens options due to lens spinning/stability



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#### **Contact Lens Adjustments**

#### Follow-Up Visit:

Good comfort, awareness of lens Clinical exam shows 1.5 mm of movement with blinking

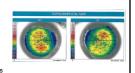


New Lens Parameters
OD - 5.75 / Duette Enhanced Profile / 7.9 / **Medium** Skirt 8.1, HydraPeg VA 20/20 OS - 5.75 / Duette Enhanced Profile / 7.8 / Medium Skirt 8.1, HydraPeg VA 20/20

#### **Topography Considerations**

#### Corneal Warpage

- Reversible distortion of corneal curvature due to mechanical effect of CL
- Rigid Center = Mechanical Pressure
   Soft Skirt = Hypoxic Stress (if low Dk or ill fitting)
   Monitored by Topography
- Corneal Ectasia (Keratoconus) = epithelial thinning
   Corneal Warpage = epithelial thickening
- Complicate the monitoring of progressive conditions



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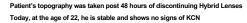
#### **Topography Considerations**

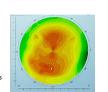
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- · Patient has risk factors to be monitored for risk of
- Family history, age, level of astigmatism, dry eye disease
   Recommendation: Do not monitor image cornea
- immediately post lens wear

  Optimal waiting period to take topography after hybrid lens
- wear depends on lens wear and lens fit

  Majority of cases, cornea may stabilize after 1 week of discontinuation





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#### Outcome

- Rigid lens optics can influence corneal topography and tomography measurements
- $\boldsymbol{\cdot}$  Be intentional on the choice of lens for monitoring progressive conditions
- $\boldsymbol{\cdot}$  Communicate clearly expectations and lens removal timeline for corneal imaging

#### **Final Clinical Pearls**

- Add 2-3 drops of a low to mid viscosity preservative free drop within the bowl
   Improves comfort upon application
   Fills in pockets of air
   Cushions the eye



For complex corneas, don't always jump to a scleral!

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- Try both the tripod method and the plunger method.

  Not quite like a soft lens or a scleral.

  Be patient!



Don't use this lens a last resort option - so many patients can benefit from it!

THANK YOU!!! ashley.w.tucker@gmail.com avanidaveod@gmail.com

# On behalf of Vision Expo, we sincerely thank you for being with us this year.

#### Vision Expo Has Gone Green!

We have eliminated all paper session evaluation forms. Please be sure to complete your electronic session evaluations online when you login to request your CE Letter for each course you attended! Your feedback is important to use a our Education Planning Committee considers content and speakers for future meetings to provide you with the best education possible.

