Systematic approach to fitting

GENERALITY
The use of diagnostic lenses is the only way to properly assess the correct fit and final lens power. Topical corneal anesthetic is recommended for new fits to reduce tearing for more accurate fitting assessment.
Toric peripheral curves and Asymmetric Corneal Technology (ACT) are available on all lens designs.

		Rose K2 / Rose K	Rose K2 IC	Rose K2 Post Graft
	Indications	Nipple Keratoconus, Oval Keratoconus	Pellucid Marginal Degeneration, Keratoglobus, LASIK induced Ectasia and Post Graft	For patients who have undergone penetrating keratoplasty
1	Initial base curve selection	COMPUTE AVERAGE K ▸ SELECT INITIAL BASE CURVE 5.90 mm and steeper ▸ 0.20 mm steeper than average K > 6.0mm < 6.90mm ▸ Equal to average K 7.0 mm and flatter ▸ 0.40 mm flatter than average K	PMD AND GLOBUS, 0.3 mm flatter than steepest corneal meridian. POST LASIK AND GRAFT, refer to Rose K Post Graft section.	0.3 mm steeper than average K reading.
2	Central fit	Ignore peripheral fit at this stage. **A** Evaluate central fit immediately after blink when lens is centered. **B** A light, feather touch at the apex of the cone is desired. (See fluorescein images section).	Ignore peripheral fit at this stage. **A** Evaluate central fit immediately after blink when lens is centered. **B** FOR PMD AND GLOBUS, a light feather touch is desired. FOR POST LASIK, look for central pooling of 0.2 mm to 0.3 mm. FOR POST GRAFT, refer to Rose K Post Graft section. (See fluorescein images section).	Ignore peripheral fit at this stage. **A** Evaluate central fit immediately after blink when lens is centered. **B** Look for central pooling of 0.2 mm to 0.3 mm in early flatter grafts; alignment to 0.1 mm flatter in more mature grafts. (See fluorescein images section).
3	Peripheral fit	Once good central fit is achieved, assess edge lift. Look for an even fluorescein band of 0.5 mm to 0.7 mm in width. Order increased (flat) or decreased (steep) edge lift accordingly. For asymmetric edge lift where the lift is excessive at 12 and 6 o'clock and insufficient at 3 and 9 o'clock, consider toric PCs (TP design). For significant edge stand off / lift off, at or around 6 o'clock, consider ACT.		
4	Assess the diameter	The standard diameter is 8.7 mm. Smaller diameters (8.3 mm) work well on very steep nipple cones. A larger diameter is often required for early cones	The standard diameter is 11.2 mm. Increasing the diameter will help lens location/centration. Make sure the lens is not impinging onto the upper sclera.	The standard diameter is 10.4 mm. Increasing the diameter will help lens location/centration. Make sure the lens is not impinging onto the upper sclera.

		and will also tend to make the lens ride higher. The lens should hang off the top lid and be well clear of the lower limbus.
5	Assess power last	Perform over refraction in well-lit room. Over refract using ± 1.00D steps initially and refine with 0.50D and 0.25D steps.
6	Residual astigmatism (R.A.)	It is usual to leave low amounts of R.A. uncorrected, or to compensate spherically for it (see table). It is rare to see R.A. amounts over this level; when it is, toric lenses (front, back or bi-toric) are usually needed. Please call your Rose K distributor for more information on toric lenses.

Spherical compensation of R.A.
R.A. -0.25 to -0.50, add -0.25D
R.A. -0.75 to -1.00, add -0.50D