

# Clariti™ multifocal

## Description

Silicone Hydrogel, Frequent Replacement, Multifocal Contact Lenses.

Features	Benefits
• <b>High oxygen transmissibility.</b>	• Allows more oxygen to the cornea compared to hydrogel lenses, helping promote ocular health.
• <b>Non surface treatment technology.</b>	• Patented process, AquaGen™, ensures low wetting angle and continuous wettability throughout wearing time.
• <b>Low modulus.</b>	• Soft material for improved comfort and easier adaptation from hydrogel lenses.
• <b>High water content.</b>	• Combined with AquaGen technology supports excellent all day comfort.
• <b>UVA and UVB protection.</b>	• Helps protect the eye from harmful UV rays.
• <b>Optic zone geometry is fully progressive.</b>	• Smooth progression between power zones.
• <b>Aspheric back surface.</b>	• Optimizes fit and centration.
• <b>Center near design.</b>	• Simple fitting, high success rates.
• <b>Two ADDS.</b>	• Accommodates a wide range of reading ADDs.
• <b>Large stabilized distance and near zones.</b>	• Optimum vision distance and near.



## Product specifications:

Material	somofilcon A
Water content	56%
Base curve	8.70mm
Diameter	14.2mm
Power range	+6.00 to -6.00 (0.25DS steps) -6.50 to -8.00 (0.50DS steps)
Additions	LOW: Up to +2.25D HIGH: +2.25D to +3.00D <small>refer to manufacturer fitting guide</small>
Centre thickness (@ -3.00DS)	0.07mm
Dk/t (@ -3.00DS)	86
Modulus	0.5MPa
Packaging	3 pack and 6 pack

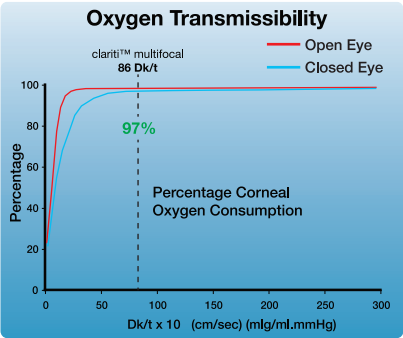
## Clinical Performance

### Simultaneous Vision

- Center near
- Peripheral distant
- Smooth progression of intermediate vision

### Two ADDS

- LOW profile for early/medium presbyopes
- HIGH profile for higher presbyopes



### High Oxygen Transmissibility

Dk/t = 86 providing more than 3.5 times the level of oxygen required for optimal ocular health.\*

### Balanced Approach

Incorporating the right balance of oxygen transmissibility, non surface treatment, high wettability, low modulus and high water content, produces a lens that provides optimal comfort and corneal health.

\*1) Brennan N.A. *Beyond flux: total corneal oxygen consumption as an index of corneal oxygenation during contact lens wear.* Optom Vis Sci. 2005; 82: 467-472  
2) Morgan P., Brennan N. *The decay of Dk?* Optician 6 2004; 5937; 227; 27-33.

# For crisp, clear vision at all distances follow these simple steps

## STEP 1

### Up-to-date spectacle refraction

Least minus/most plus, vertex corrected, distance vision correction with near addition.

Calculate best sphere (BS) for distance vision.

### Establish ocular dominance by blur test

Wearing distance correction with both eyes open and viewing 6/6 line pass a +2.00 lens alternately in front of each eye. The eye in which the blur is more noticeable with the +2.00 lens is the dominant eye.

## STEP 2

### Lens selection

Starting with Best Sphere for distance vision use the table below to select the initial trial lens:

Ocular Dominance		Spectacle ADD +0.75 to +1.75	Spectacle ADD +2.00 to +2.25	Spectacle ADD +2.50 and over
Hyperopes	Dominant Eye	<b>BS LOW</b>	<b>BS +0.25ds LOW</b>	<b>BS +0.25ds LOW</b>
	Non Dominant Eye	<b>BS +0.25ds LOW</b>	<b>BS +0.50ds LOW</b>	<b>BS +0.25ds HIGH</b>
Myopes Emetropes	Dominant Eye	<b>BS LOW</b>	<b>BS LOW</b>	<b>BS +0.25ds LOW</b>
	Non Dominant Eye	<b>BS LOW</b>	<b>BS +0.50ds LOW</b>	<b>BS +0.25ds HIGH</b>

Fitting guidelines for initial lens selection for clariti™ multifocal

**BS** = Best Sphere    **LOW** = Low ADD    **HIGH** = High ADD

## STEP 3

### Initial adaptation

**Allow lenses to settle for at least 20 minutes outside of the consulting room and in a 'real world' setting.**

During this adaptation time the wearer should be encouraged to look at both distant objects such as road signs or buildings and near objects such as a watch or a mobile phone.

## STEP 4

### Evaluate trial lenses

**First acquire patient's subjective assessment of distance and near visual acuity on a scale of 1-10 where 10 is good.**

Measure distance and near visual acuity under binocular conditions.

If vision and fit are acceptable dispense trial lenses with a follow up assessment in one to two weeks.

**If vision is satisfactory it is highly recommended that further enhancements of vision are not attempted at this initial visit as the wearer needs to adapt to the lenses in their own environment.**

If enhancement is needed at this stage:

- To improve distance vision add -0.25DS to the dominant eye
- To improve near vision add +0.25DS to the non-dominant eye

## Enhancing vision after trial period

If after a trial period with the initial lenses further enhancement is required follow these steps using handheld  $\pm 0.25$  twirls and without occlusion.

### Distance vision enhancement

Starting with 0.25DS steps and dominant eye, determine the amount of additional plus or least minus over one or both eyes that improves distance vision but without affecting near vision.

### Enhancing near vision

Starting with 0.25DS steps and non dominant eye, determine the most plus least minus over one or both eyes that improves near vision without affecting distance vision.

## Top ten tips for multifocal fitting

- 1 Careful patient selection with realistic expectations set.
- 2 Do not attempt to correct astigmats with greater than 0.75DC.
- 3 Use up-to-date most plus least minus vertex distance corrected best sphere prescription.
- 4 Adhere to manufacturer's suggested fitting guidelines.
- 5 Assess vision in good illumination and with real life scenarios common to wearer e.g. computer, mobile phone, driving distances etc.
- 6 Do not use phoropter or trial frame when assessing/improving vision. Use handheld trial lenses without occlusion.
- 7 Use 0.25DS steps when altering lenses. It is unusual for more than 0.25DS changes to be needed.  
**THINK SMALL!**
- 8 Take care when adding additional minus power for distance vision that near vision is not affected.
- 9 Always use lowest ADD power possible to achieve acceptable near vision.
- 10 If patient is happy with visual acuity do not attempt to refine to best Snellen acuity. Remember, on a scale of 1-10 anything over 6 could be considered acceptable.

## Examples of initial lens selection

### Hyperope with right eye dominant

Least minus/most plus vertex corrected prescription of:

**Right eye: +1.75/-0.50 x 180      Left eye: +2.25DS    ADD 2.50**

Adjusted for BS: Right eye +1.50DS      Left eye +2.25DS

**Initial lens selection using lens selection table (step 2):**

**Right eye +1.75 LOW** (addition of +0.25 is made to BS and a LOW Add selected for dominant eye)  
**Left eye +2.50 HIGH** (addition of +0.25 is made to BS and a HIGH Add selected for non dominant eye)

### Myope left eye dominant

Least minus/most plus correction vertex corrected prescription of:

**Right eye: -3.00/-0.75 x 180      Left eye: -2.75/-0.25 x 170    ADD 1.25**

Adjusted for BS: Right Eye -3.25DS      Left Eye -2.75DS

**Initial lens selection using lens selection table (step 2):**

**Right eye -3.25 LOW** (no addition is made to BS and non dominant eye has LOW Add)  
**Left eye -2.75 LOW** (no addition is made to BS and dominant eye has LOW Add)