Proclear Multifocal Toric is a monthly disposable toric soft lens developed for the ever-increasing number of presbyopic astigmats. It is an extension to the already well established Proclear Multifocal lens, utilising both the patented Balanced Progressive Technology and the PC technology behind the omafilcon A material. The Proclear material resists dehydration, thus making it an ideal choice for the presbyopic patient.

Applications
A recent study by Young et al, who analysed over 11,000 spectacle prescriptions, found that the prevalence of patients with one eye having astigmatism of 0.75 or more was 47 per cent, or both eyes having astigmatism of 0.75 or more 31 per cent. These figures indicate that almost one in three of our soft lens patients, at least, should be wearing a toric, and indeed when we look at the number of toric soft lenses fitted in the single-vision format, it is approaching 30 per cent.

So the question to be asked is why are there so few toric multifocals? A toric soft single-vision lens, with a power range of +8.00D to -10.00D, with four clys 10° around the clock, requires over 4,500 SKUs (stock keeping units). If we now multiply that by four, because we would require it in four reading additions, the inventory of lenses would be huge, approaching several thousand lenses. This type of financial investment far exceeds the return a company would get from the sale of lenses, which is the main reason it does not make financial sense to keep an inventory of disposable toric soft multifocals.

The FIPS manufacturing technique developed by CooperVision at its Scotsville facility in the US manages to address this problem. Producing over 2.2 million lenses a year allows the lens to be delivered in less than a week.

Technical features
The Proclear Multifocal Toric front surface is lathe cut, enabling both the spherical power and reading addition to be worked to individual requirements, while the pre-moulded back surface carries the cylinder correction at the appropriate axis. All toric soft lenses have to be stabilised and the lens incorporates two methods of reducing lens rotation; firstly, this is generated by the back surface toricity; and additionally, the front surface has a dual slab-off creating thin zones both inferiorly and superiorly.

When fitting a patient in soft contact lenses, the practitioner not only needs to choose the correct power, base curve and diameter but also needs to give serious consideration to the material. By their very nature, multifocal soft lenses will be fitted on a more mature patient age group. Many will have a compromised tear film with a somewhat unstable lipid layer; these patients are often asymptomatic until we apply a contact lens.

We know that the very act of placing a contact lens on the eye will disrupt the sensitive balance between polar and nonpolar lipids in the tear film, pushing the patient into becoming symptomatic. This will often manifest itself as a contact lens-induced evaporative dry eye, where patients get symptoms of dryness only when wearing lenses.

The Proclear material has a tendency to resist dehydration and in fact remains the only material that the US Food and Drug Administration approves for patients who have contact lens-induced dry eye. This material can resist dehydration because it contains phosphorylcholine (PC), a phosphorylated alcohol that is present in mammalian cell membranes and provides a biocompatibility that mimics a cellular interface.

Based on the polar nature of the
With low cyls, check the keratometry readings to establish that the spectacle astigmatism is corneal. Without this you are relying on just the dual slab-off to stop the lens rotating.

Try to ensure you have the maximum positive power by completing the refraction with a binocular balance ie Humphris.

With low reading adds (+1.00D to +1.50D), try using a D/D combination.

With higher reading adds try increasing the distance power by +0.50D in the N lens as opposed to increasing the reading addition.

Choosing the axis
Once the orientation of the lens has been noted, assessment needs to be made of rotational movement with the blink; a good tip here is to relate the laser markings to the numbers on a clock, with the normal horizontal position being across the 9 to 3 o’clock position. It must be remembered that if the lens moves from the horizontal to the 10 to 4 o’clock position, it will have moved 30°, which is somewhat excessive and the corresponding vision would be quite poor.

Getting the prescription right
The design this multifocal utilises is what CooperVision calls Balanced Progressive Technology. This technology consists of two front-surface designs: a ‘D’ (distance or dominant) lens and an ‘N’ (near or non dominant) lens (Figure 2). This approach has a monovision aspect, but the effect is all multifocal.

The D lens design features distance correction at its centre, surrounded by a progressive intermediate, which is encircled by a spherical near correction. The N lens design follows an opposite pattern with near correction at the centre, surrounded by a negative progressive zone and spherical distance zone.

Although you choose one eye for the D lens and the other for the N lens, both lenses are multifocal and it is common for patients to have good monocular acuities in either or both eyes. The D and N designation is important to note when fitting and ordering lenses.

Getting the Ds and Ns correct
To achieve maximum success with the lens it is vital that the ocular dominance is determined accurately. It has now become well established that finger pointing, or sighting dominance is an unreliable method of managing dominance. Today, the blur suppression test offers greater accuracy and consistency, and is easy to carry out. Simply hold the patient’s reading addition over each eye, and note the eye that creates most blur; this will be the dominant eye and requires the D lens.

Conclusions
Fitting presbyopes with contact lenses can be very satisfying as these patients have reached that stage in their lives where they rely on the services of their eye care practitioner. They are also more aware of the benefits of a regular eye examination. With the Proclear Multifocal Toric we can extend the benefits of contact lens correction to a wider range of presbyopes, and also improve vision in astigmats who have been wearing non-toric lenses.

Those with high visual demands may want the flexibility of being able to wear progressive spectacles at work, and then wear Proclear Multifocal Torics for leisure. Patients with fewer demands at near wearing Proclear Multifocal Torics full time will have freedom from spectacles. You will find that many of these patients will not be aware that they are suitable for contact lenses and that fitting them is a terrific practice builder.

References
1 Akerman DA. 40 is the New 20/20 – presbyopia equals opportunity. Contact Lens Spectrum, 2010;25:3.

Optometrist Jonathan Walker is clinical consultant to global professional services at CooperVision and practises in the West Midlands.