DRLH & DRL® Near: When to OPTIMIZE?

- **After at least 10 nights**
- **After the first night only if:**

- $\emptyset_T$ **much too small** (decentring assured)
- $\emptyset_T$ **much too large** (remodeling impossible if the lens protrudes beyond limbus)

REQUIRED

The wearer must come with his or her solutions care and case.

HALOS

Unavoidable at the beginning of wear, these discomforts are the consequence of the aberrations induced by the remodelling of the cornea
> It is necessary to be patient, as this discomfort can persist for up to 3 months

In use:

> Check all protocols

At annual renewal:

> Check all protocols
> Renew with the same protocol

PROTOCOLS TO CHECK:

- Lenses not worn with eyes open
- Fitting
- Removal
- Lens care products
- Lens application product

MANAGING POOR VISUAL ACUITY (improved or not by complementary refraction)

During adaptation (after a minimum of 10 nights):

> Optimize the adaptation (see reverse)

In use:

> Check all protocols

At annual renewal:

> Check all protocols
> Renew with the same protocol and check after 10 nights to confirm that the discomfort has disappeared

MANAGING MECHANICAL DISCOMFORT

During fitting:
Common in any new wearer, the discomfort should disappear with the eyes closed and diminish over time. If the discomfort persists:

> Check the integrity of the anterior segment of the cornea
> Check the integrity of the eyelids
> Check the integrity of the lens
> Check lens ØT/ corneal Ø
> Optimize the fitting (see the reverse)

During use:

> Check the integrity of the lens
> Check the integrity of the anterior segment of the cornea
> Check the integrity of the eyelids
> Check all protocols

At annual renewal:

> Check the integrity of the lens
> Check the integrity of the anterior segment of the cornea
> Check the integrity of the eyelids
> Check all protocols
> Renew and check after 10 nights to validate that- the complaint has disappeared

Precilens
TAILOR–MADE VISUAL INNOVATION

DRLH & DRL NEAR OPTIMIZATION

WITH FOCUSED TREATMENT AND COMPLEMENTARY REFRACTION

Before adjustment, check the $\emptyset_T$ of the lens (too large or too small?)

BULL'S EYES		Modification of H	Insufficient effect: Increase H Overcorrected wearer: decrease H
		Modification of P	The P can also be flattened for greater effect
Central ISLAND			If $\emptyset_T$ too large: Reduce by 2 steps minimum Otherwise : Flatten K and P by at least 10/100 according to the blue island

If DV or NV complaints in DRL Near

If treatment is centred and the fluorescent image is aligned in the centre and periphery: binocular checks (trial glasses)

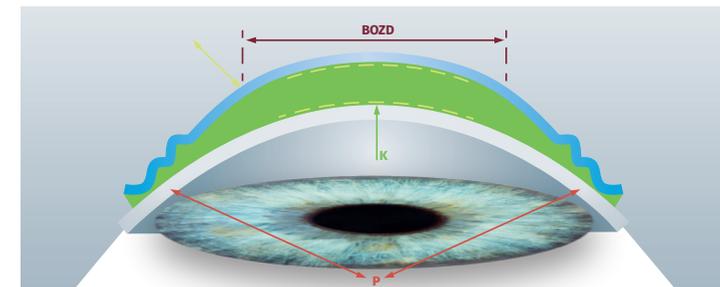| DV to be optimized	NV to be optimized
Add –0,25 or –0,50 on preferred distance vision eye ↓	Add +0,25 or +0,50 on preferred near vision eye ↓
Check NV	Check DV
If insufficient, add –0,25 or–0,50 on both eyes ↓	If insufficient, add +0,25 or +0,50 on both eyes ↓
Check NV	Check DV
Apply the complementary refraction on H parameter	

IN THE CASE OF DECENTRALIZATION

STOP WEARING LENSES for at least 4 days

- **Do not apply the full complementary refraction**
- **Before adjustment, check:**
  - Are lenses worn with eyes open?
  - Alignment of the periphery   `Recommended fluorescent image`
  - Is lens $\emptyset_T$ too small?
  - Are corneal eccentricities symmetrical in each quadrant?
  - Is corneal apex off-centered?

- **DRLH tolerates:**
  - A smaller diameter than DRLM
  - A periphery that tends to be flat

Upper decentering	Often linked to a too flat lens	Adjusting the $\emptyset_T$ and/or tighten K and P
Lower decentering	Often linked to a too tight lens	Adjusting the $\emptyset_T$ and/or flatten
Oblique decentering	The lens periphery is not aligned or the lens geometry is not adapted	Adjusting the $\emptyset_T$ and analyse fluorescent image*

* See video "How to do a good fluorescent picture" on www.contactlensatnight.com

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