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**CUSTOM CONTACT LENS  
SPECIALISTS**



# **Post Graft/ Post Lasik Design**

**Fitting Guide**



# Post Graft/ Post Lasik

## Fitting Guide



### LENS DESIGN

- **This design will work under many varied situations.**
  - The key point to this design is that it can fit over many problems on the surface of the cornea. It fits from the outer portion of the cornea and can bridge over problem areas, such as: the graft margins of a penetrating keratoplasty, the edge of a lasik optical zone, or even a scar on the cornea.

### INITIAL LENS SELECTION

- **Initial lens selection is aided by topography, although topography is not essential to achieve a good fit.**
  - With topography, you initially will choose a lens from the trial set that is approximately the same curve as the topographical map shows at the third ring out temporally. This is the part of the cornea that has been least affected by any of the surgical procedures.
  - Without topography, the lens is chosen from the k readings taken before surgery, from the old lenses that were worn prior to surgery, from the curve of the opposing eye if it has not had surgery, or failing all of these, by starting in the middle of the trial set and evaluating with fluorescein.
  - Look at the trial lens centrally at first. See if there is any bearing indicating a too flat situation, or any excessive vaulting of the base curve indicating a lens that is too steep.
    - If the look is excessively steep or flat, move steeper or flatter several lenses in the set to try to bracket in on the correct curvature.
  - Once you have the correct central curvature, look at the edge and see if you need to use a steeper or flatter peripheral curve system when you order the final lens. The lens is designed with a specified edge lift that changes with the base curve to compensate for the difference in the saggital depth of the steeper or flatter base.
    - If you need to move the edge lift, the correct first amount to change it is by .02mm. The edge lift can be more or less, but the standard is chosen for its best rate of success in the most varied situations.
  - Make sure and do an over-refract to establish the final lens power.
  - For post-graft patients, start with an 10.5 diameter, for post-lasik patients use a 10.0 diameter.