

From The Mind Of:

Dr. Lisa Heuer, O.D. A NaturalVue Multifocal Case Report



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Case Report: From Monovision to "Wow-Vision"

History:

JP is a 52-year-old Caucasian female who is a moderately high myope. She works in a distribution warehouse doing clerical tasks, spending approximately 10 hours per day on the computer. She has not been entirely happy with her contact lenses since becoming presbyopic, and over the years she has tried multiple monthly designs and daily disposable lenses. Monovision has worked "okay, but not great." Add in the occasional dryness with her monthly replacement lenses with a need for supplemental reading glasses, and it's no wonder that she hasn't been fully satisfied as a presbyopic contact lens wearer. Despite their prior shortcomings, she has still preferred contact lenses over her glasses due to the high Rx. She presented for her most recent exam while wearing glasses because she had run out of contacts.

Habitual Lenses:

Proclear 1-day sphere 8.7/14.2/-6.00 OU

Subjective Refraction:

Distance and near acuity are 20/20 in both eyes with her full spectacle correction.

OD -6.75 sphere

OS -8.25-0.50x088

Add +2.25

Initial trial lenses for NaturalVue Multifocal:

-6.25 NaturalVue Multifocal OD

-7.00 NaturalVue Multifocal OS

Since JP was accustomed to reduced stereo acuity with her monovision Rx, I accounted for that by leaving her left eye slightly under-corrected with the initial set of lenses. The intention was to increase power in the left eye after her visual system had a

chance to overcome the visual compromise created by monovision in her habitual CL Rx.

The initial subjective reaction was favorable, but I decided to add -0.25 in both eyes based on the over-refraction and 20/25 vision in each eye. The lenses dispensed at the initial appointment were -6.50 OD and -7.25 OS. Stereoacuity was 140 sec using the Randot test, an indication that she had been suppressing centrally due to the monovision.

When JP returned for her follow-up after one week, she reported excellent distance vision but stated that she was slightly struggling with near tasks, still reaching for readers occasionally. After reducing the power in the left eye from -7.25 to -7.00, she reported significant improvement. Stereoacuity had improved to 60 sec with Randot, a sign that her vision was recovering from the monovision suppression.

One week later, she told me, "Wow, I love them! I think we should stop here." Distance and near were both 20/20. JP was ecstatic that she no longer needs to carry reading glasses around at work to function in her job. Stereoacuity held steady at 60 sec with Randot even though the left eye is still slightly under-corrected in her final Rx.

Final prescription

-6.50 NaturalVue Multifocal OD
-7.00 NaturalVue Multifocal OS

It surprised me that we did not end with a power closer to -8.00 for the left eye. JP's case illustrated to me that patients who were previously accustomed to monovision may need some extra coaching during the fitting process for multifocal contact lenses. We are trained to discuss ghost images and varied light conditions, but we might not remember to consider the rehabilitation needed for those patients who have not enjoyed binocularity while wearing monovision contact lenses. As the visual system adapts, our patients will more fully appreciate the benefits of multifocal contact lenses.

Dr. Lisa Heuer is the owner of a private practice in Woodland, CA. She has a special interest in complex contact lens fittings and anterior segment pathology. Dr. Heuer completed her optometry education at UC Berkeley in 2009, and she also has a degree in biomedical engineering from Northwestern University. She is a member of the California Optometric Association and the American Optometric Association.
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