elara

Scleral Lens for Regular Corneas

ESSENTIAL HYDRATION + COMFORT + VISION

Visionary Optics

uniquely specialized contact lenses

(877) 533-1509 | www.Visionary-Optics.com

1325 Progress Drive | Front Royal, VA 22630

PATIENT INDICATIONS

1. Ocular Surface disease with or without a dry eye component
2. Patients who have failed with traditional GP or soft lenses,
   (e.g. astigmatic patients and those patients with higher refractive errors)

DESCRIPTION

The Elara™ Scleral lens is a mini-scleral lens that rests on the sclera and vaults over the cornea. The Elara™ Scleral design offers a prolate geometry and is designed to fit the regular cornea. An increased corneal zone design allows it to successfully vault small to large corneal diameters. The Elara's liquid reservoir is intended to continuously hydrate the corneal surface. The haptic section of the Elara™ Scleral lens is designed to rest evenly on most eyes without compression, but can be modified as necessary.

FEATURES

The Elara Scleral™ features are designed to provide:

ESSENTIAL HYDRATION
Providing relief with a liquid reservoir continuously hydrating the corneal surface.

CONTINUOUS COMFORT
Wears all day with complete comfort.

OPTIMIZED VISION
Provides clear, crisp vision of a GP lens.

PARAMETERS

ELARA SCLERAL PARAMETERS	
Base Curves	42.00D through 52.00D
Diameter	15.5mm
Sphere Power	Made to order
Cylinder (toric)	-0.25D to -15.00D in 0.25D steps
Axis (toric)	1° to 180° in 1° steps
Diagnostic Lenses	12 Pre-Designed lenses
Add Powers	+1.00D, +1.50D, +2.00D, +2.50D, +3.00D, +3.50D

OPTIMUM by Contamac®

We recommend Optimum GP materials by Contamac.

The Elara™ Scleral lens can be manufactured with front surface cylinder to correct residual astigmatism. Front surface toric lenses are stabilized with double slab-off prism.

All lenses are plasma treated to ensure surface weting and enhanced initial comfort.

VISIONARY OPTICS WARRANTY + GUARANTEE

- 90 Day Risk Free Warranty with Unlimited Exchanges.
- All lenses are manufactured to specification and designed to be free from defects.

12 LENS DIAGNOSTIC FITTING SET

6 Base Curves with a STANDARD Peripheral Curve

42.00D - S	44.00D - S	46.00D - S	48.00D - S	50.00D - S	52.00D - S

6 Base Curves with a FLAT Peripheral Curve

42.00D - F	44.00D - F	46.00D - F	48.00D - F	50.00D - F	52.00D - F

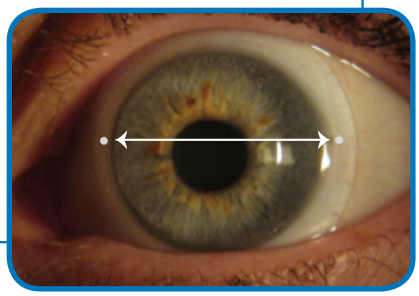
Diagnostic lenses are used to fit the Elara™ Scleral lens. Fitting sets include diagnostic lenses that vary in sagittal depth.

Increasing the dioptric value of the base curve increases the sagittal depth or vault of the lens. The top 6 lenses in the set have a standard haptic profile. The bottom 6 lenses have a relatively flatter haptic profile.

LENS MARKINGS

All Elara™ Scleral fitting lenses are laser marked with base curve for an easier fitting assessment and identification.

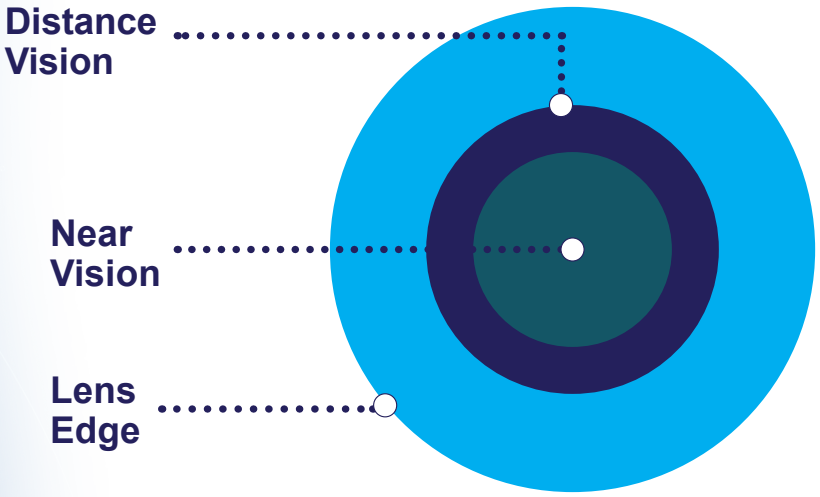
Elara Scleral Front Toric Rx lenses are laser marked at the 3 and 9 o'clock position to aid in lens rotation evaluation.



Visionary Optics
uniquely specialized contact lenses

Tel: (877) 533-1509 | www.Visionary-Optics.com

elara FOR PRESBYOPIA



For fitting of the **ELARA FOR PRESBYOPIA**, follow these fitting principles. The Elara for Presbyopia is a concentric bifocal with a near center front surface and the back surface is that of the Elara Scleral lens. With Elara for Presbyopia, the goal is to live focused…with distance and near vision.

Use the fitting principles listed in this fitting guide. Over refract the patient with a spherical component only. Attempt to achieve good visual acuity without over-minusing the patient. Simply record dominate eye, add power and the basic elements of the Elara fitting: central clearance, limbal clearance, and scleral alignment. For absolute presbyopes, it is recommended to start with a +2.00 add OU, and modify if necessary to a +2.00 dominate eye and +2.50 non-dominate eye.

PARAMETERS

Add Powers: +1.00D, +1.50D, +2.00D, +2.50D, +3.00D, +3.50D

2mm Near center zone: 1.0 to 3.5mm in increments of 0.5mm

Center distance available upon request

FITTING & EVALUATION PROCESS

The fitting philosophy of the Elara Scleral lens is to vault the cornea by 200 microns with the lens haptic aligning the sclera.

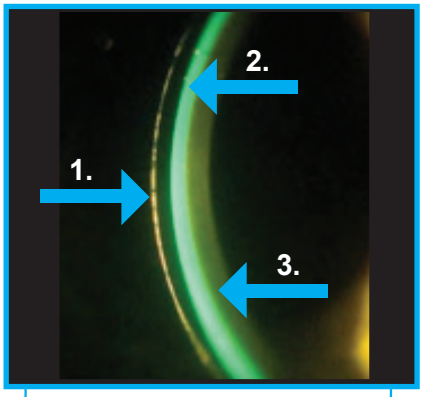


FIGURE 1.

1. Elara Scleral™ lens (40mm (400 microns) CT)
2. Clearance 300 microns (approximately 2/3 CT)
3. Cornea

1. The first step in the fitting process is to select an initial diagnostic lens. Start by placing the diagnostic lens with a 46.00D base curve-standard profile on the eye (refer to our patient care brochure at www.visionary-optics.com). Before application, fill the lens with non-preserved saline and stain it with a fluorescein strip for diagnostic lens evaluation.

2. Assess the amount of central corneal clearance of the diagnostic lens by comparing the thickness of the stained reservoir with the thickness of the lens by turning the slit lamp beam to a 45 degree angle to view the lens/reservoir/cornea in cross-section (Figure 1).

   All diagnostic lenses have a central lens thickness of 0.40mm (400 microns). Alternatively, you can use optical coherence tomography (OCT) to measure central corneal clearance.

   Scleral lenses settle approximately 200 microns, which will reduce the initial clearance after months of wear. With this in mind, over-vault the fit by 200 microns more than the desired vault. Example: If you want a final vault of 100 microns the central corneal clearance of the diagnostic lens should be 300 microns.

3. If the initial diagnostic lens is too steep or too flat, choose another diagnostic lens (either flatter or steeper) until you achieve the desired vault.

   Bracketing may indicate that the best lens is in between 2 diagnostic lenses. **Example: If the 46.00D Base Curve lens is too flat and the 48.00D Base Curve lens is too steep, the recommended lens to order would be the 47.00D Base Curve lens.**

4. Observe the lens fit with a diffuse cobalt light and Wratten filter. The lens should completely clear the cornea, including the limbus. Contact Visionary Optics' consultation team for assistance if complete limbal clearance is not achieved.

5. Use a diffuse white light to observe the haptic portion of the lens, which is resting on the sclera. The weight of the lens should be evenly distributed and should not blanch the blood vessels of the bulbar conjunctiva or have edge lift. If the lens has circumferential blanching and is difficult to remove, then apply the flat profile diagnostic lens. Choose the next steeper lens in series to compensate for loss of vault with the flatter haptic profile. **Example: If the 46.00D - Standard Profile diagnostic appears tight, remove it and apply a 48.00D -Flat Profile lens.** Contact Visionary Optics' consultation team for assistance if the best diagnostic lens is inadequately fitting the sclera. Observable edge lift may require a back surface haptic.

6. Perform a sphere-cylindrical over-refraction to determine the power of the lens. The power needs to be adjusted for vertex distance and base curve changes.

EVALUATION & TROUBLESHOOTING

DECENTRATION	• IF THE LENS IS DECENTERING • IF YOU CAN'T REDUCE THE DIAMETER	• REDUCE DIAMETER • CONSIDER A TORIC HAPTIC
LARGE BUBBLE	• TOO MUCH SALINE WAS LOST DURING INSERTION	• REINSERT THE LENS
LIMBAL BEARING	• IF YOU SEE SLIGHT BEARING IN THE SUPERIOR NASAL QUADRANT • FOR EXTRA LARGE DIAMETER CORNEAS • IF YOU CAN'T INCREASE THE DIAMETER	• THAT IS NORMAL AND NO CHANGE IS NECESSARY • INCREASE DIAMETER • STEEPEN THE BASE CURVE/ PC1
COMPRESSION AND BLANCHING	• IF YOU HAVE SLIGHT COMPRESSION IN SUPERIOR QUADRANT ONLY • IF YOU HAVE COMPRESSION 360°	• THAT IS NORMAL AND NO CHANGE IS NECESSARY • CHOOSE THE NEXT STEEPER DIAGNOSTIC LENS WITH THE FLATTER HAPTIC PROFILE. **EXAMPLE: IF THE 46.00D STANDARD PROFILE DIAGNOSTIC LENS APPEARS TIGHT, APPLY A 48.00D WITH A FLAT PROFILE.**
EDGE LIFT	• IF YOU HAVE EDGE LIFT 360° • IF YOU HAVE EDGE LIFT AT 12 & 6	• STEEPEN PC2 AND PC3 • CONSIDER A TORIC HAPTIC
FOGGY/DEBRIS BUILDUP	• EVALUATE HAPTIC ALIGNMENT WITH FLOURESCEIN	• IF BLEEDS IN AT 12 & 6, CONSIDER A TORIC HAPTIC
CONSISTENT BLUR	• PERFORM SPHERICAL CYLINDER OVER REFRACTION	• CONSIDER A FRONT SURFACE TORIC
FLUCTUATING VISION	• CHECK FOR BUBBLES IN THE CENTRAL ZONE • IF BUBBLES ARE NOT PRESENT, THE LENS COULD BE FLEXING	• IF BUBBLES PRESENT, REINSERT THE LENS • INCREASE CENTER THICKNESS BY .1MM
POOR WETTING	• WETTING PROBLEMS	• RUB GP CONDITIONER ON LENS FOR 30 SECONDS, THEN RINSE OFF AND APPLY SALINE

POST FIT EVALUATION

1. Have the patient come to appointment having worn the lenses at least 4 hours.
2. Ask the patient about comfort, vision, and any concerns they have with the lens(es).
3. Check the patient's visual acquity and perform a sphere-cylindrical over-refraction.
4. Complete an evaluation of the lenses with your slit lamp and/or OCT.
5. Remove the lens and do a comprehensive check of the patient's cornea.

FIGURE 1.

APPLICATION & REMOVAL TIPS

Application

1. Center the lens on a large scleral plunger. Alternatively; form a "tripod" with the thumb, index, and middle finger, with the lens positioned in the center. (FIGURE 1.)
2. Fill the lens with non-preserved saline solution.
3. The patient should lean forward with their head down, while opening the eyelids as widely as needed.
4. Apply the lens to the eye surface. (FIGURE 2.)

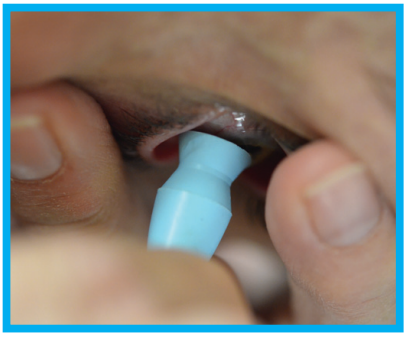


FIGURE 2.

Removal

1. Moisten a contact lens plunger with a few drops of saline.
2. Position the plunger on the lens near the edge so that the plunger is just inside the lens. Do not position the plunger on the center of the scleral lens, as the suction from the lens will cause difficulty with removal. (FIGURE 3.)
3. Lift the edge of the lens and remove the lens from the eye.

FIGURE 3.

Please visit the Scleral Lens Education Society (www.sclerallens.org) for a link to a 10-minute video on application, removal, and care of scleral contact lenses.