

air optix mf fitting guide

Air Optix MF Fitting Guide: A Comprehensive Guide for Eye Care Professionals

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Introduction: This comprehensive air optix mf fitting guide provides eye care professionals with detailed information and methodologies for successfully fitting Alcon's Air Optix Aqua Multifocal contact lenses. This guide covers patient selection, pre-fitting evaluation, lens selection, fitting techniques, troubleshooting common issues, and post-fitting care instructions. Mastering the techniques detailed in this air optix mf fitting guide will enhance your ability to provide patients with comfortable, clear vision with these popular multifocal lenses.

1. Patient Selection for Air Optix MF:

The success of any multifocal contact lens fitting, including the air optix mf fitting guide, hinges on appropriate patient selection. Ideal candidates for Air Optix MF include patients with presbyopia who exhibit:

Stable refractive error: Minimal fluctuation in refractive power over several months.

Healthy corneal surface: Absence of significant corneal irregularities, scarring, or disease.

Adequate tear film: Sufficient tear production to maintain lens hydration and

comfort.

Good manual dexterity: Ability to handle and insert contact lenses independently.

Motivation and compliance: Willingness to follow post-fitting care instructions and attend follow-up appointments.

Patients with certain conditions, such as significant dry eye, keratoconus, or fluctuating refractive errors, may not be suitable candidates for Air Optix MF. A thorough pre-fitting evaluation is crucial in determining suitability.

1. Pre-Fitting Evaluation:

A comprehensive pre-fitting evaluation is the cornerstone of a successful air optix mf fitting guide. This should include:

Detailed case history: Assessing patient's visual needs, lifestyle, and previous contact lens experience.

Refraction: Determining the patient's refractive error under cycloplegia, if necessary.

Keratometry: Measuring the curvature of the cornea to determine appropriate lens base curve.

Corneal topography: Provides a detailed map of the corneal surface, helpful in identifying irregularities that may affect lens fit.

Pupillometry: Measuring pupil size in different lighting conditions to optimize add power selection.

Tear film assessment: Evaluating tear quantity and quality using tests like tear break-up time (TBUT) and Schirmer's test.

Biomicroscopy: Examining the eyelids, conjunctiva, and cornea for any abnormalities.

This thorough evaluation helps in choosing the correct lens parameters for optimal comfort and vision.

1. Lens Selection and Parameters:

The air optix mf fitting guide emphasizes the importance of careful lens parameter selection. Key parameters include:

Base Curve (BC): Chosen based on keratometry readings and corneal topography. A slightly flatter base curve may be preferred for initial fits.

Diameter (DIA): Selected to ensure adequate lens coverage and centration.

Power (SPH/CYL/ADD): Determined by refraction and patient's presbyopic needs. Multiple add powers may be trialled.

Material: Air Optix MF's silicone hydrogel material offers high oxygen permeability, crucial for healthy lens wear.

1. Fitting Techniques:

The air optix mf fitting guide outlines several fitting techniques, including:

Over-refraction: Used to fine-tune the lens power after initial fitting.

Trial lens fitting: Using different lens parameters to determine the best fit and vision.

Monovision fitting: Fitting one eye for distance and the other for near vision, a simpler alternative for some patients.

Simultaneous vision fitting: Both eyes utilize a multifocal lens design for near and distance vision.

1. Troubleshooting Common Issues:

Even with careful fitting, some issues might arise. The air optix mf fitting guide addresses common problems and their solutions:

Blurred vision: May indicate incorrect lens power, poor centration, or inadequate add power. Adjustments to lens parameters or fitting technique may be needed.

Discomfort: Could be due to dry eye, lens material incompatibility, or incorrect lens fit. Treating dry eye or changing lens parameters may alleviate discomfort.

Decentration: Lens not properly centered on the cornea, affecting vision. Adjusting the base curve or diameter might resolve the issue.

1. Post-Fitting Care and Follow-up:

The air optix mf fitting guide highlights the importance of patient education on proper lens care and follow-up appointments. This includes:

Proper lens handling and insertion/removal techniques.

Daily cleaning and disinfection procedures.

Importance of compliance with the prescribed wearing schedule.

Scheduling regular follow-up appointments to monitor lens fit and comfort.

1. Advanced Fitting Techniques:

For complex cases, advanced fitting techniques may be necessary. The air optix mf fitting guide may also include information on:

Using diagnostic tools such as aberrometry and wavefront analysis.

Managing specific conditions that may affect lens fitting, such as dry eye or corneal irregularities.

Utilizing specialized lens designs.

1. Documenting the Fitting Process:

Meticulous documentation is essential. The air optix mf fitting guide advises maintaining a detailed record of all pre-fitting evaluations, lens parameters chosen, fitting results, patient feedback, and follow-up appointments. This ensures appropriate continuity of care and facilitates future adjustments.

Conclusion:

Successful fitting of Air Optix MF contact lenses requires a thorough understanding of the patient's needs, a comprehensive pre-fitting evaluation, careful lens selection, and appropriate fitting techniques. This air optix mf fitting guide provides a comprehensive framework for eye care professionals to master these skills and provide their patients with optimal vision and comfort. Following the steps outlined in this guide will significantly enhance the success rate of Air Optix MF fittings and contribute to improved patient satisfaction.

FAQs:

1. What is the difference between Air Optix Aqua and Air Optix MF? Air Optix Aqua is a single-vision lens, while Air Optix MF is a multifocal lens designed for presbyopic patients.
1. Can I use Air Optix MF lenses overnight? Air Optix MF lenses are intended for daily wear but are approved for extended wear with careful patient selection and monitoring. Consult Alcon's guidelines.
1. What if my patient experiences blurry vision with Air Optix MF? Blurry vision could be due to incorrect power, poor centration, or inadequate add power. Re-evaluation and potential adjustments to lens parameters are necessary.
1. How often should I schedule follow-up appointments for Air Optix MF wearers? Follow-up appointments are typically scheduled 1-2 weeks after the initial fitting and then every 3-6 months thereafter, depending on the patient's needs and stability.
1. Are there specific cleaning solutions recommended for Air Optix MF? Consult Alcon's guidelines for approved cleaning and disinfecting solutions for Air Optix MF lenses.
1. What are the potential complications associated with Air Optix MF use? Potential complications include discomfort, dryness, infection, and

allergic reactions. Proper hygiene and regular follow-up appointments are vital to minimize risks.

1. What if my patient has dry eyes? Patients with dry eyes may not be suitable candidates for extended wear. Careful assessment of tear film and consideration of dry eye treatment are necessary.
1. Can I use Air Optix MF lenses if I have astigmatism? While Air Optix MF doesn't specifically address astigmatism, it's possible to fit them on some patients with mild astigmatism. Careful evaluation and fitting are required.
1. How do I choose the correct add power for Air Optix MF? The correct add power is determined through trial lens fitting and considering factors such as the patient's age and near visual needs. Pupillometry may also be helpful.

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Schizophrenia is a chronic, severe, and disabling psychosis, which is an impairment of thinking in which the interpretation of reality is abnormal. Psychosis is a symptom of a disordered brain. Approximately One percent of the population worldwide develops schizophrenia during their lifetime. Although schizophrenia affects men and women with equal frequency, the disorder often appears earlier in men, usually in the late teens or early twenties, than in women, who are generally affected in the twenties to early thirties. People with schizophrenia often suffer symptoms such as hearing internal voices not heard by others, or believing that other people are reading their minds, controlling their thoughts, or plotting to harm them. The current evidence concerning the causes of schizophrenia are many. It is quite clear that multiple factors are involved. These include changes in the chemistry of the brain, changes in the structure of the brain, and genetic factors. Viral infections and head injuries may also play a role. New molecular tools and modern statistical analyses allow focusing in on particular genes that might make people more susceptible to schizophrenia by affecting, for example, brain development or neurotransmitter systems governing brain functioning. State-of-the-art imaging techniques are being used to study the living brain. They have recently revealed specific, subtle abnormalities in the structure and function of the brains of patients with schizophrenia. In other imaging studies, early biochemical changes that may precede the onset of disease symptoms have been noted, prompting examination of the neural circuits that are most likely to be involved in producing those symptoms. This book presents new and important research in the field.

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