

ACCESS PROSTHETIC

A soft prosthetic lens.

Available Parameters:

Indications: Partial or total leucoma
Iris coloboma or aniridia
Leukocoria (white pupil)
Heterochromia
Zavalia

**DISINFECTION IS ONLY
PERFORMED WITH HYDROGEN
PEROXIDE SYSTEMS.
(especially concerning the lenses
with an internal white layer)**

Base curves: 7.80 - 9.60 in 0.10 mm (usual 8.60)
Diameters: 13.0mm -15.50 in 0.50 mm (usual 14.50)
Sphere: -25.00 to +20.00 D
Cylinder: -0.50 up to -7.00 D in 0.25 D
Iris Diameters: 11.0 – 13.50 in 0.50 mm
Pupil Diameters 3, 5, 7 mm
(transparent or black)
Colour: according to digital photo
Eye colour masking: opaque white behind the lens's color

CASE CLASSIFICATION ACCORDING TO THE REHABILITATION ROLE OF THE LENS

COSMETIC: In cases where there is no functional vision

FUNCTIONAL: In cases where the lens is required for cosmetic purposes and can at the same time improve visual acuity.

PROSTHETIC CONTACT LENS TYPE SELECTION

In certain cases the soft lenses are not effective because the ideal solution for the user would be a scleral lens. The particularities that define the lens type should be clear to the fitter and the user.

SOFT CONTACT LENS Corneal position (When its position is symmetrical to the fellow eye, thus there is no strabismus
INDICATIONS: present). The cases of a strabismus can be handled with a lens with a displaced iris position according to each case (maximum displacement 1.50 mm).

eyeball volume (When there is absence of phthisis)

Refraction (When with any refraction, and in certain cases with the use of pinhole correction, the visual acuity of the eye is improved).

SCLERAL CONTACT LENS eyeball volume (When there is considerable phthisis present)

INDICATIONS: Vision (When there is no functional vision)

Lens handling (When the handling of the soft lens will result in frequent lens damage)

Explaining the potential of prosthetic restoration:

A prosthetic and/or functional restoration is rarely successful unless the user's needs, targets, subjective satisfaction and the potential of each solution are thoroughly discussed.

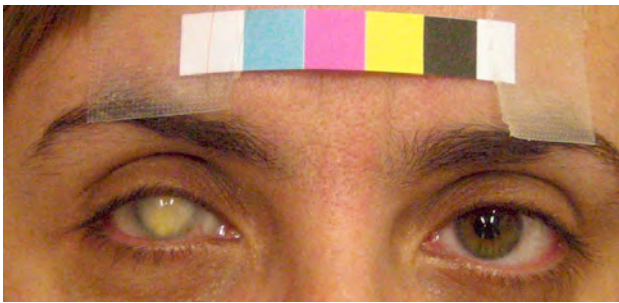
Important points that should be analyzed:

The colour in soft prosthetic lenses is on the surface. This fact brings about some differences concerning the final cosmetic result. The natural iris is a three dimensional folded tissue. This effect is magnified by the cornea-aqueous system, which act as a magnifying lens. Therefore, even in a case of a perfect color matching, there are some differences.

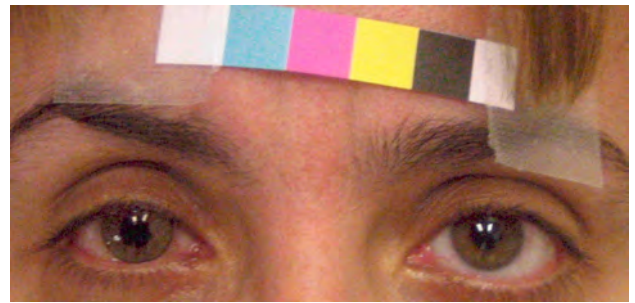
All soft prosthetic lenses manufactured by EYEART are made to order. This means that the color matching is performed in multiple layers and is absolutely customized. This is the reason why it is extremely difficult to manufacture two absolutely identical lenses.

The Access lens replacement depends on the use and the tear film characteristics. The usual replacement is between 12 and 18 months.

Read the Access fitting manual carefully before the fitting, to achieve maximum outcome.



BEFORE fitting ACCESS example



AFTER fitting ACCESS example



BEFORE fitting ACCESS example



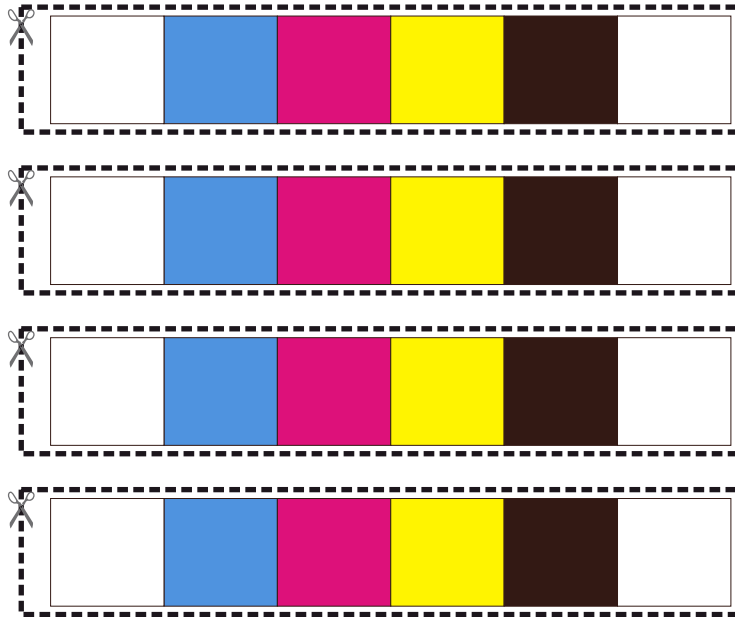
AFTER fitting ACCESS example

ACCESS PROSTHETIC BASIC FITTING INSTRUCTIONS

1. Measure the eye's corneal curvatures. In the cases which it is not feasible, measure the curvatures of the fellow eye.
2. Note the main problem that requires rehabilitation: cosmetics, photophobia, double-vision, diminished visual acuity due to iris, coloboma, etc
3. Note the medical anamnesis of the eye. (In certain cases a good fitting requires a customized design of the lens)
4. Measure the iris diameter of the healthy eye with a ruler.
5. Measure the photopic and mesopic pupil of the healthy eye.
6. Discuss if the patient mainly moves in areas with intense lighting or not, in order to decide upon the size of the pupil of the ACCESS lens.
7. Use any digital camera and photograph both eyes together from a 35-50cm distance using flash.
8. Having printed next page in your printer, cut out the bottom part (fig. 1) with the color strips. Cut out a strip with all the colors and tape it to the patient's forehead.
9. The photo shoot of the eye should be taken with flash, given that the iris is clearly shown and not affected by the eyelids' shadow.
10. Email the photographs and the rest of the information.



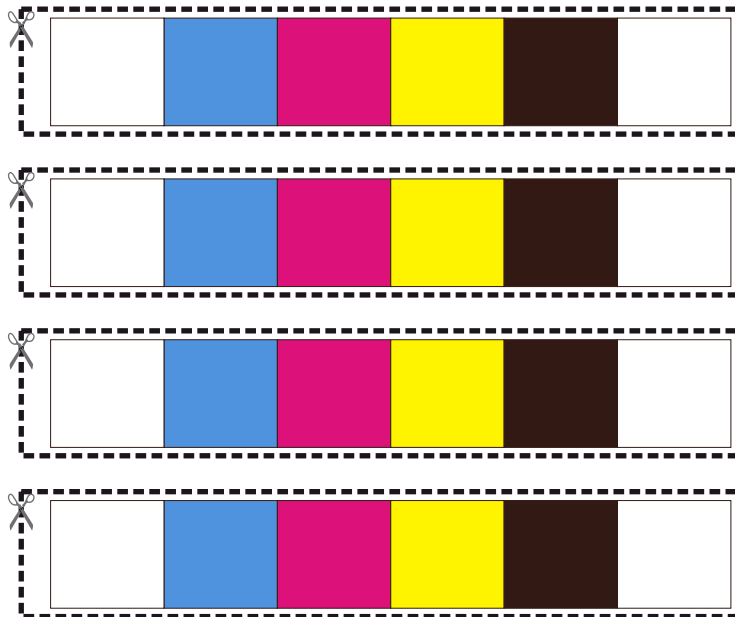
Print and cut out a coloring strip



(figure 1)



Print and cut out a coloring strip



(figure 1)