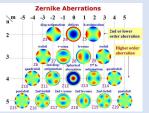
Case Series: Visual Performance of Impression-based Scleral **Contact Lenses with Wavefront-Guided Optics**

Andres Guevara, PhD¹, Nicolas Brown¹, David Slater², Christine Sindt, OD FAAO^{2,3}

1. OVITZ Corporation. Rochester NY 2. EvePrint Prosthetics. Lakewood CO 3. University of Iowa Carver College of Medicine. Iowa City. IA

Introduction

High order aberrations (HOAs) reduce vision performance and cannot be corrected with a traditional spherocylindrical approach. Wavefront-guided contact lenses can correct for HOAs, but a stable platform is also desirable to provide adequate correction. Here we use a highly-stable scleral contact lens in combination with wavefront-guided optics. There is limited documentation on the ocular conditions where a wavefront-guided (HOA) lens are recommended for a high-success rate. This case series reports the outcome with wavefront guided lenses on cases with keratoconus, high pathological myopia, pinguecula, central serous retinopathy and apical scarring.



Individual ocular aberrations represented by Zernike polynomials

Methods

An OVITZ® xwave system measured the wavefront aberrations and design wavefront-guided lens profiles. These design profiles were used to create wavefront-guided scleral lenses on an EyePrint Pro lens. Visual performance of the wavefront-guided lens was compared to the baseline scleral lens and the patient's habitual correction ..



Fig 2. Step-by-step process of wavefront-guided lens creation

EvePrint)) Technologies used: **OVITZ** wave



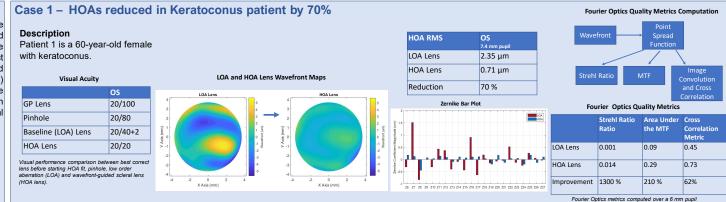


OVITZ xwave system used for aberrometry measurement and wavefront-guided lens design

Baseline scleral lens with index marks used as an intermediary for fitting wavefront-guided lens

Conclusion

All patients in this case series subjectively preferred the wavefront-guided correction over the conventional correction. Across all patients we saw an average reduction in HOA RMS of 56%. This combined technology can significantly enhance visual performance while maintaining a low number of lens fits



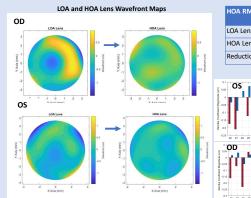


Description

Patient 2 is a 38-year-old male with high pathological myopia, posterior retinal staphyloma, detachment, nystagmus and anisometropia. This patient had a refraction of -19 D OD and -14 D OS.

Visual Acuity					
	OD	OS			
Habitual Scleral	20/30-2	20/25-2			
Pinhole	20/30	20/30			
Baseline (LOA) Lens	20/25	20/25-2			
HOA Lens	20/25	20/25			

Visual performance comparison between best correct lens before starting HOA fit, pinhole, low order aberration (LOA, and wavefront-quided scleral lens (HOA lens).



6.3 mm pupi 7.3 mm pup IOA Lens 0.43 um 0.36 um HOA Lens 0.2 um 0.15 um 44 % Reduction 65 % Zernike Bar Plots

Fourier Optics Quality Metrics

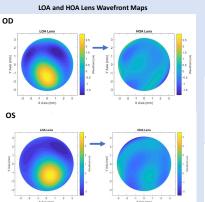
	OD	Strehl Ratio Ratio	Area Under the MTF	Cross Correlation Metric
	LOA Lens	0.033	0.36	0.77
	HOA Lens	0.038	0.61	0.86
	Improvement	15%	69%	11%
51				
54 L	os	Strehl Ratio	Area Under	Cross
4		Ratio		Correlation Metric
	LOA Lens		the MTF	Correlation
1		Ratio	the MTF 0.54	Correlation Metric
227 227	LOA Lens	Ratio 0.035 0.058	the MTF 0.54 0.68	Correlation Metric 0.81

Case 3 – HOAs reduced in patient with Keratoconus, pinguecula, central serous retinopathy and apical scarring by 57% OS and 42% OS LOA and HOA Lens Wavefront Maps HOARMS OD os

Description

Patient 3 is a 65-year-old male with keratoconus, pinguecula, a history of central serous retinopathy and apical scarring in both eyes.

Visual Acuity					
OD	OS				
	20/50				
	20/40				
20/30+1	20/25-2				
20/20-2	20/25				
20/20-2	20/25				
20/20	20/20-2				
	OD 20/30+1 20/20-2 20/20-2				



LOA Lens 0.89 um 0.98 um HOA Lens 0.38 µm 0.57 µm Reduction 57% 42 % Zernike Bar Plots OD LON

Fourier Optics Quality Metrics						
OD	Strehl Ratio Ratio		Cross Correlation Metric			
LOA Lens	0.005	0.20	0.61			
HOA Lens	0.017	0.38	0.75			
Improvement	240%	90%	23%			
OS	Strehl Ratio	Area Under	Cross			
OS	Strehl Ratio Ratio	Area Under the MTF	Cross Correlation Metric			
OS LOA Lens			Correlation			
	Ratio	the MTF	Correlation Metric			
LOA Lens	Ratio 0.004 0.008	the MTF 0.17	Correlation Metric 0.60			

1. Sabesan et al. Optometry and Vision Science 90, p.314-323 (2013) 2. Kim et al. J Cataract Refract Surg 37, 1305-1312 (2011)