

RGP = Really Good Problem Solvers!

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Course Description:

Gas permeable lenses serve a vital role in managing a multitude of different patient needs and conditions. This course will be a case-based review of particular GP uses and indications. Other concepts reviewed will include the role of topography, lens design, and troubleshooting as it pertains to each case and condition.

Course Objectives:

1. Review the conditions that are helped with GPs
2. Describe how to achieve good fits
3. Explain the use of topography
4. Discuss the benefits for astigmatic patients
5. Describe how to be successful with multifocal GPs
6. Discuss keratoconic and other irregular fitting designs

- I. Where to start?
 - a. GP indications
 - i. Torics
 - 1. Greater than 2.50 D
 - 2. Unhappy with soft vision
 - ii. Multifocals
 - 1. Higher/advanced presbyopes
 - 2. Patients seeking better contrast
 - 3. Astigmats
 - iii. Irregular corneas
 - 1. Keratoconus/ectasia
 - 2. Post surgical
 - 3. Corneal scarring
- II. Toric GPs
 - a. Review designs
 - i. Front toric
 - ii. Back toric
 - iii. Bitoric
 - b. Explore case
 - i. Empirical design
 - ii. Ks and Rx
 - iii. Evaluation
 - c. Troubleshooting
 - i. Fluorescein patterns
 - ii. Over-refraction
- III. Multifocal GPs
 - a. Review designs
 - i. Aspheric
 - 1. Back surface vs front surface
 - 2. Center distance vs center near
 - ii. Translating
 - 1. Seg height
 - 2. Prism ballast
 - b. Explore case
 - i. What are the patient's needs/vision requirements?
 - ii. What are the patient's physiologic considerations?
 - 1. Keratometry
 - 2. Lid tonicity and position
 - 3. Pupil size
 - iii. Lens evaluation
 - 1. Position
 - 2. Fluorescein

3. Movement

- c. Troubleshooting
 - i. Improving translation
 - ii. Zone size
 - iii. Seg height and prism
- IV. Keratoconus
 - a. Topography
 - i. Axial vs tangential maps
 - ii. Selecting initial lens
 - b. Design options- small vs large
 - c. Case example
 - i. Initial design
 - ii. Evaluating fluorescein
 - d. Troubleshooting
 - i. Ideal pattern
 - ii. 3/9 staining
 - iii. Decentration
- V. Post surgical
 - a. Conditions
 - i. Refractive surgery
 - 1. LASIK
 - 2. PRK
 - ii. Post penetrating keratoplasty
 - b. Topography
 - i. Oblate vs prolate
 - ii. Zone size
 - c. Design
 - i. Reverse geometry
 - 1. Radii and widths
 - 2. Utilizing topography
 - d. Case example
 - i. How to get started fitting
 - ii. Fluorescein evaluation
 - e. Troubleshooting
 - i. What changes to make based on lens performance
 - ii. Fit concerns
 - 1. Graft host junction
 - 2. LASIK flap