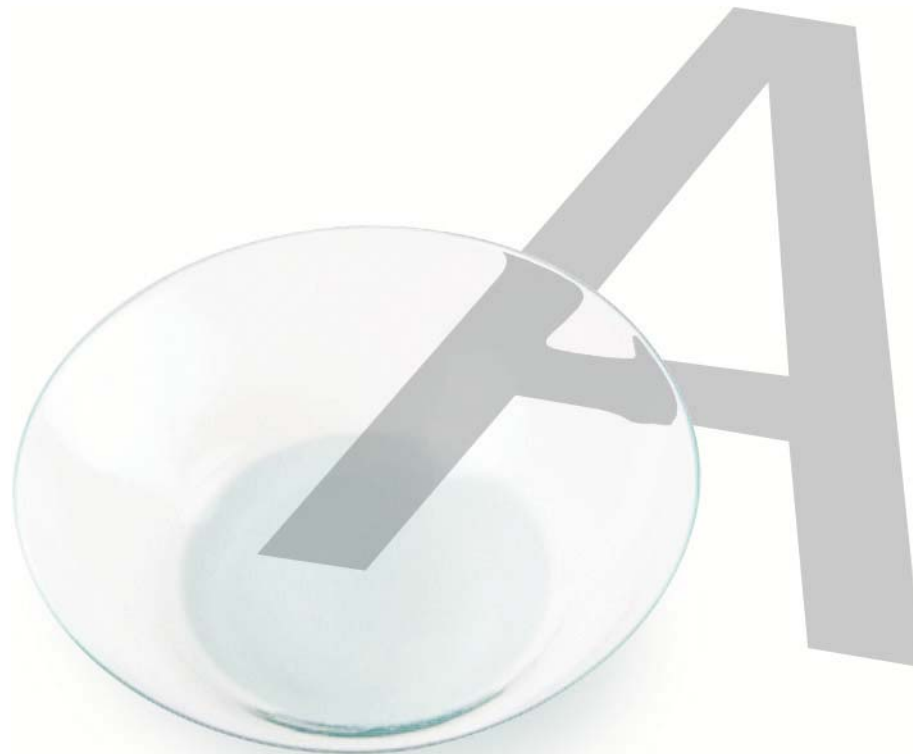




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# **SynergEyes<sup>®</sup> A Practitioner Training**

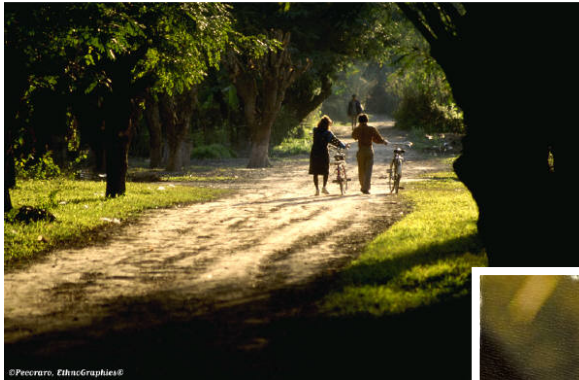


# Certification Objectives



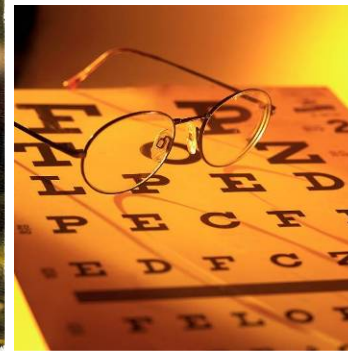
Begin offering your patients  
the very best in technological advancement!

# The Vision – Hybrid Contact Lens Technology



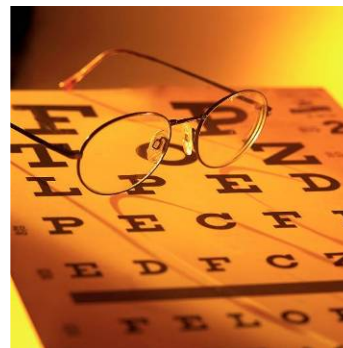
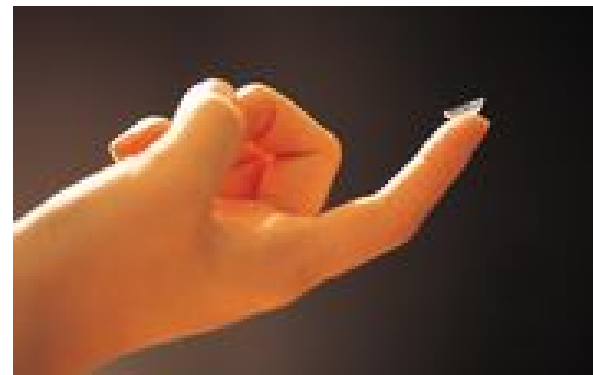
## For the Patient

- Best Vision
- Centration
- All-Day Comfort



Patients enjoy the benefits, without the disadvantages, of both soft and rigid gas permeable contact lenses.

# The Vision – Hybrid Contact Lens Technology



## For the Practice

- Differentiation
- Patient Satisfaction and Loyalty
- Referrals

Grow your practice by offering the latest technology and unique products to your patients.

# Hybrid Lens Technology Then and Now



- Low Dk
- Fragile
- Problematic fitting
- Limited indications



- Hyper Dk
- Durable
- Easy to fit
- Full continuum of indications

# SynergEyes Hybrid Contact Lens Designs



## Irregular Cornea Products

synerg**eyes**<sup>®</sup>**A**  
Emerging Irregular  
Corneas

**ClearKone**<sup>®</sup>  
hybrid contact lenses for keratoconus



Keratoconus and Other Irregular  
Corneas

synerg**eyes**<sup>®</sup>**PS**

Oblate Corneas,  
Post-Surgical

## Normal Cornea Products

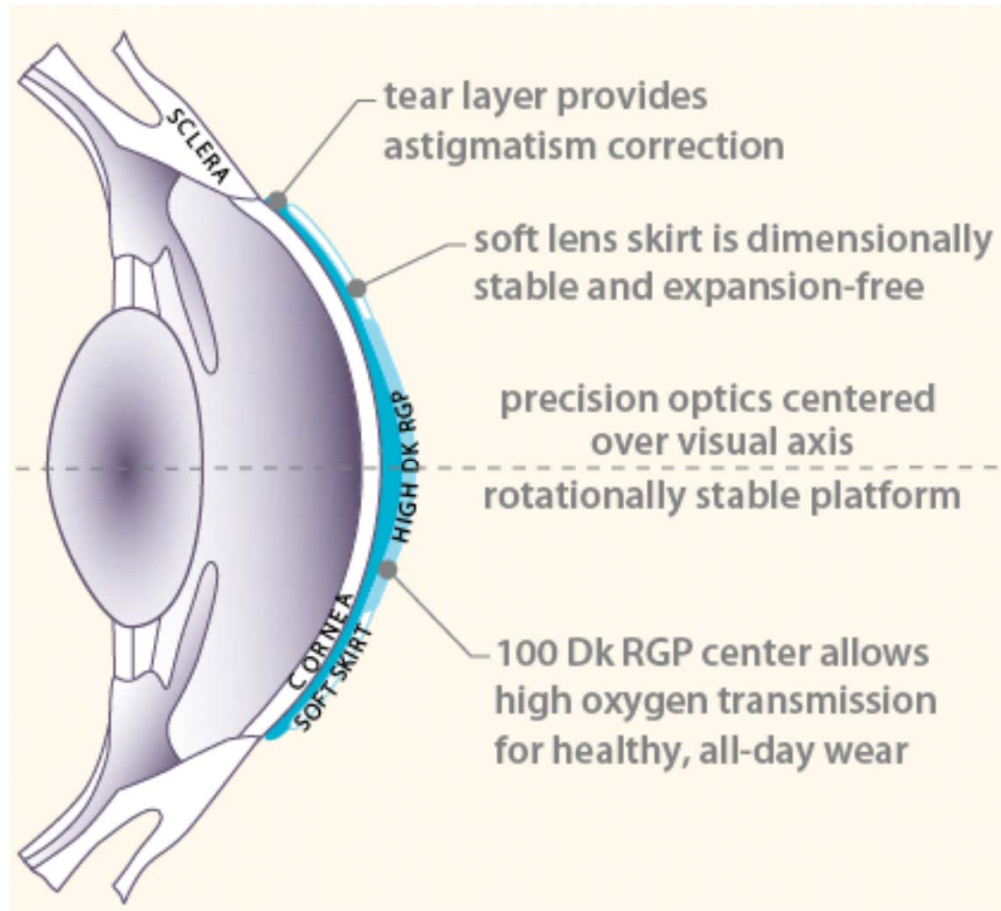
 **Duette**<sup>™</sup>  
hybrid contact lenses for astigmatism

Astigmatism, Myopia,  
Hyperopia

 synerg**eyes**<sup>®</sup>  
multifocal  
ageless vision near and far<sup>™</sup>

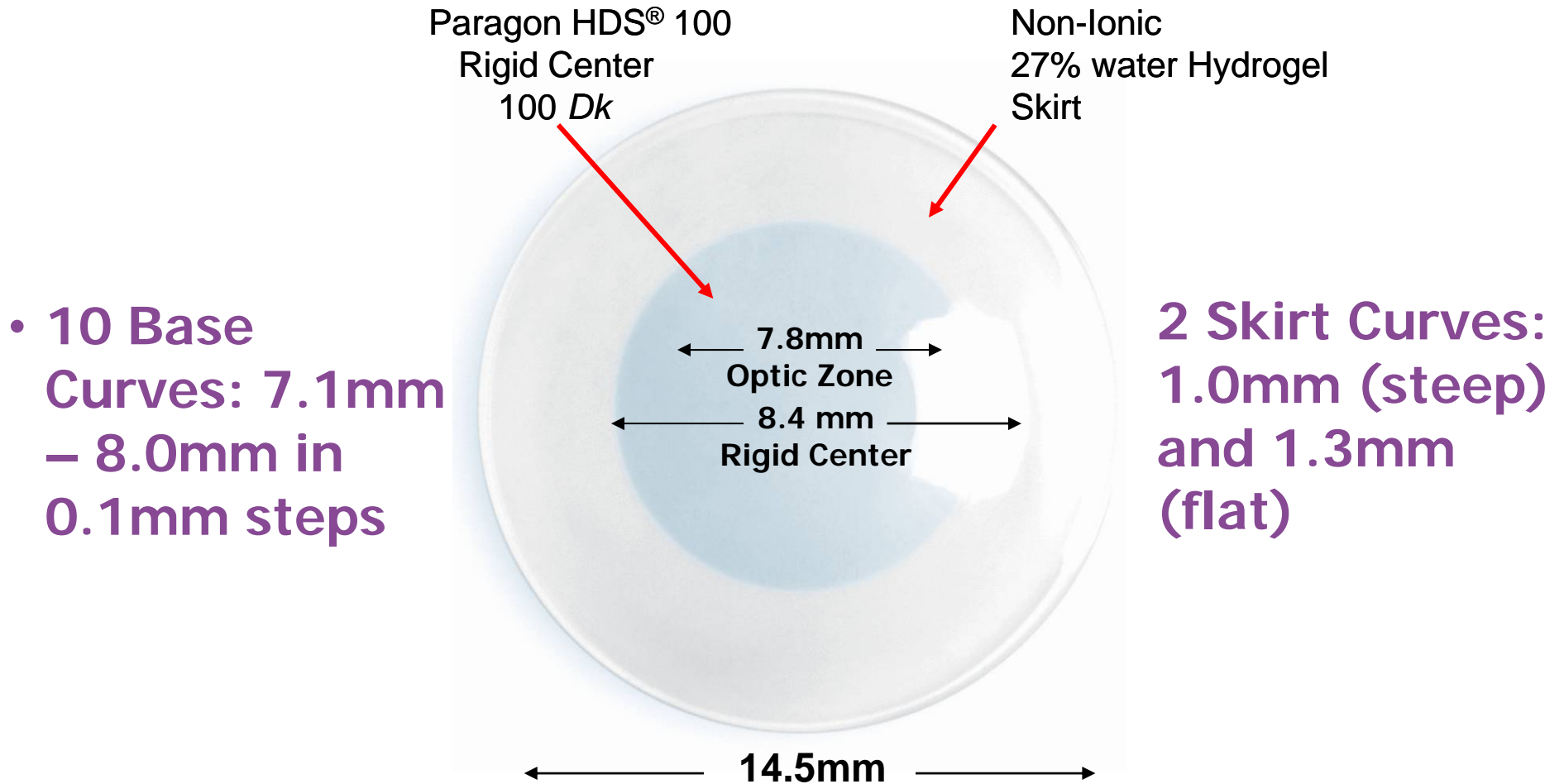
Presbyopia

# The SynergEyes<sup>®</sup> A Lens



Ideal lens design for patients mild cases of irregular corneal astigmatism

# Technical Specifications



Sphere Powers from +20.00D to -20.00D



# Design Features and Benefits



Exclusive patented HyperBond™ junction solves the problem of hybrid junction separation

Exclusive HydrolEyes™ surface science allows for outstanding in vivo wetting and all-day comfort

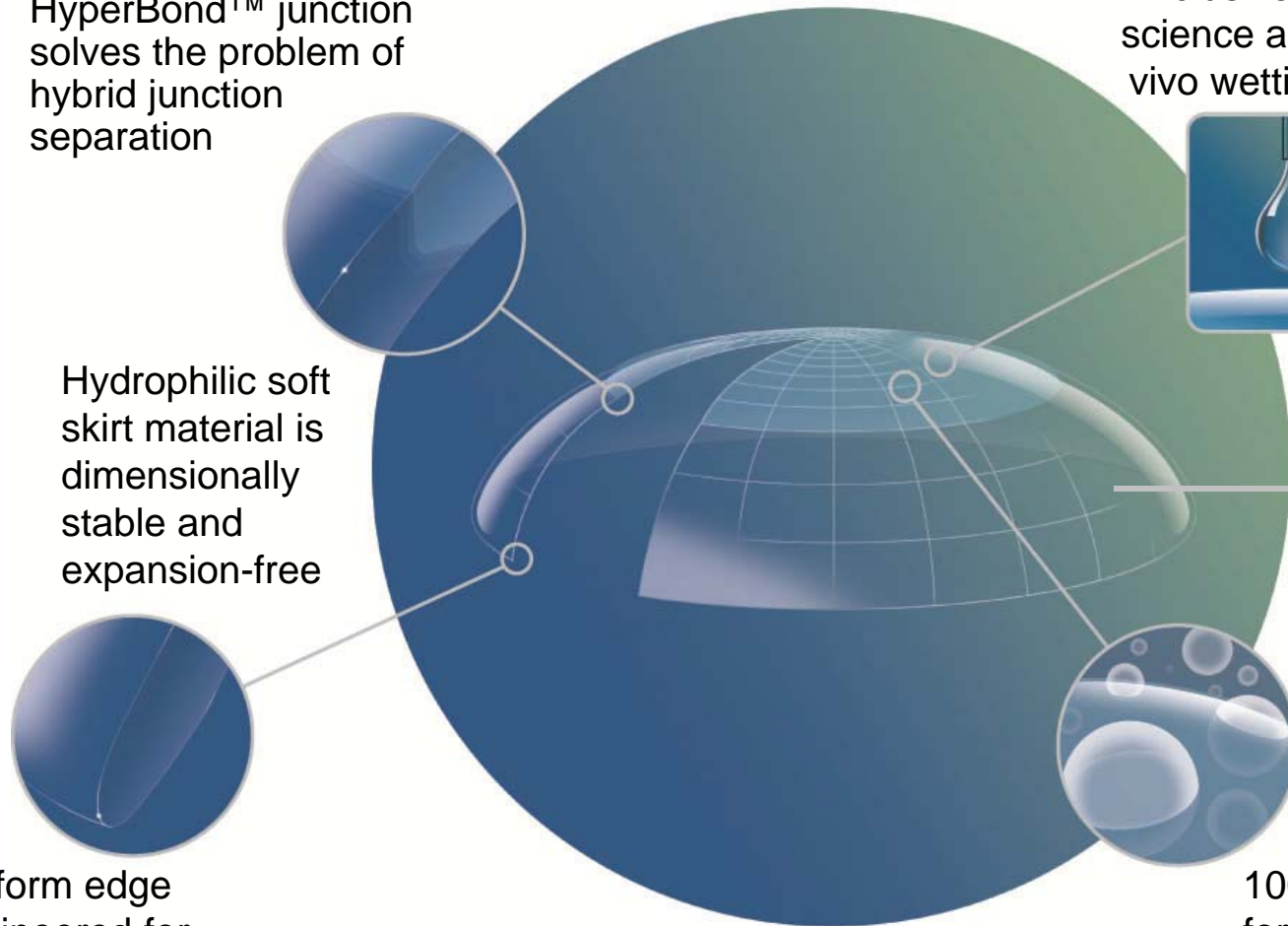


Hydrophilic soft skirt material is dimensionally stable and expansion-free

Rotationally stable, providing consistent correction of irregular astigmatism

Uniform edge engineered for maximum comfort across full power range

100 Dk RGP center for proven, high Dk performance and excellent vision



# Candidates for the *SynergEyes*<sup>®</sup> A Lens



*SynergEyes*<sup>®</sup> A is ideal for patients with irregular astigmatism looking for consistent, crisp, clear vision and all-day comfort

- Patients with mild to moderate amounts of irregular corneal astigmatism
  - Early stages of keratoconus
  - Mildly oblate corneas



# Fitting SynergEyes<sup>®</sup> A



# SynergEyes Lens Design Selection



Choose appropriate SynergEyes lens design based on corneal shape, not patient history or diagnosis.

## ***SynergEyes***<sup>®</sup> A

- Emerging or moderate central cones
- Flattest K readings of 46D or less
- Mildly oblate corneas with flat Ks of 38D or steeper
- Irregular corneas with mixed topography or undefined shape factor



# SynergEyes Lens Design Selection (Con't)



Choose appropriate SynergEyes lens design based on corneal shape, not patient history or diagnosis.

## ***SynergEyes<sup>®</sup> KC and SynergEyes ClearKone<sup>™</sup>***

- If emerging to moderate peripheral cones or advanced central cones, begin with *SynergEyes<sup>®</sup> KC or SynergEyes ClearKone<sup>™</sup>*
- When apical clearance can not be achieved with a *SynergEyes<sup>®</sup> A* lens
- Post-LASIK induced ectasia
- Significant ectasia and high eccentricity
- Flattest K readings of 46D or more



# SynergEyes Lens Design Selection (Con't)



Choose appropriate SynergEyes lens design based on corneal shape, not patient history or diagnosis.

## **SynergEyes<sup>®</sup> PS**

- Oblate corneas – flat in the center with steeper peripheral curvature
- Sunken grafts or grafts with elevated corneal tissues at graft/host interface
- Peripheral corneal scars
- Intacs<sup>®</sup>
- Pellucid Marginal Degeneration



# The Diagnostic System



Diagnostic lenses reduce total chair time by minimizing the number of exchanges while allowing patients to experience the lens before placing an order.

- 20 Diagnostic Lenses
- 10 base curves 7.10 – 8.00mm in 0.1mm steps
- Both skirt curve options in each base curve
- Diagnostic lens sphere power: -3.00D
- High molecular weight fluorescein
- Lens pick



# Laser Mark



**A** = Lens Type - **SynergEyes® A**

**79** = 7.90 mm **Base Curve**

**92** = 9.20 **Skirt Curve Radius**



# Fitting Philosophy – Irregular Corneas



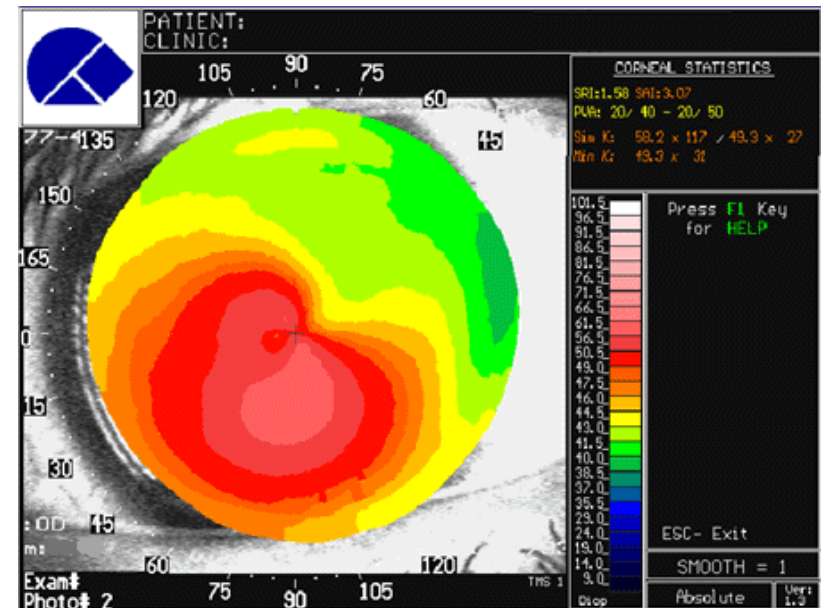
- Empirical fitting using the *SynergEyes*® A lens slide rule or calculator is **not possible** for irregular corneas and will not result in a proper fit
- **Diagnostic set is required to evaluate proper fit**
- Use of high molecular weight **Fluorescein is absolutely necessary**

Central clearance is the goal; touch between the back surface of the lens and front surface of cornea should be minimized

# Diagnostic Lens Selection



- Use topography to determine steepest area on the cornea
- Select an initial Base Curve closest to steepest corneal radius
- In the absence of topography, choose the initial diagnostic lens closest to “Steep K” to vault over the entire irregularity.



# Insert Diagnostic Lenses



To insert diagnostic lenses, use the following technique:

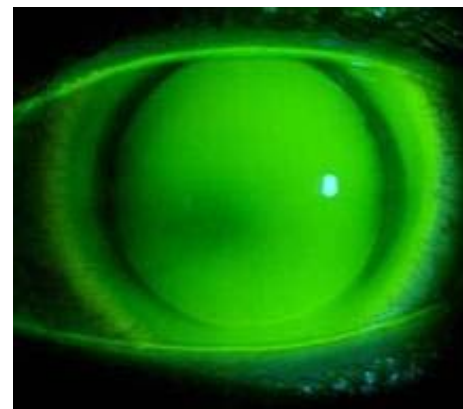
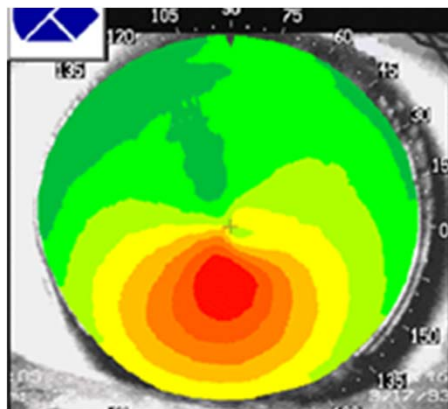
1. Stabilizing the lens between the index and middle finger (see photo), instill 1 drop of high molecule Fluorescein (i.e. FluoreSoft<sup>®</sup>) into the bowl of the lens and fill the rest of the bowl with saline.
2. Ask patient to lean forward and tuck their chin to chest. Nose should be pointing toward the floor.
3. Have the patient pull one lid back while you retract the other and insert the lens.
4. If using fluorescein, allow excess to dissipate (15-30 seconds).



# Fluorescein Evaluation



- Proper insertion technique critical to alleviate insertion bubbles and to properly evaluate the fit.
- Allow excess fluorescein to dissipate (15-30 seconds).
- Observe fluorescein pattern and evaluate lens/cornea fitting relationship.

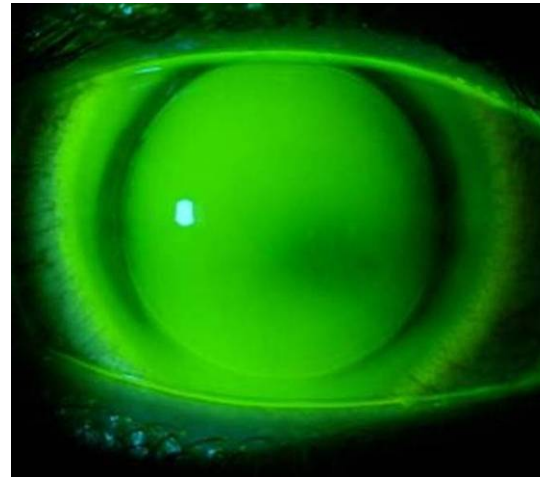
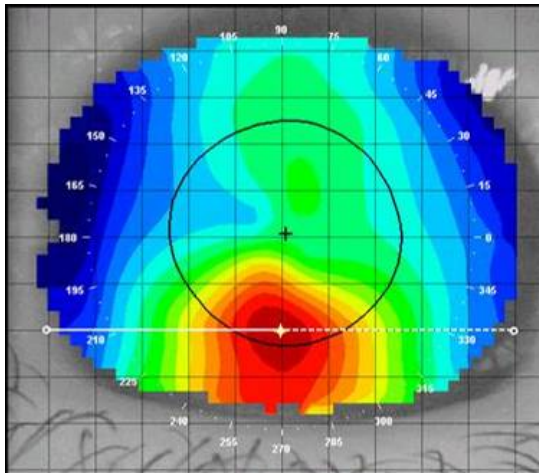


# SynergEyes<sup>®</sup> A for Prolate Corneas

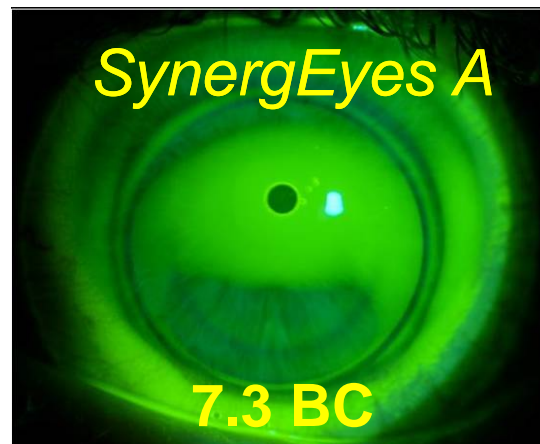


## Assessing the Fit

**SynergEyes<sup>®</sup> A for  
emerging or  
moderate central  
cones**



**Acceptable fit =**  
central clearance with  
minimal touch



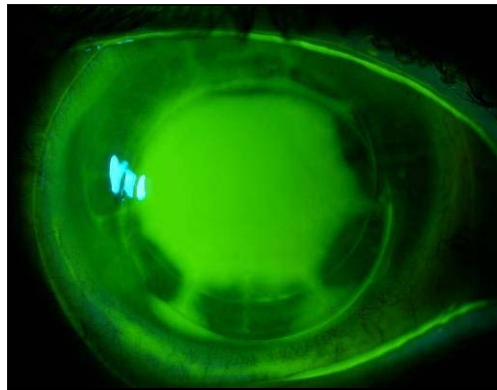
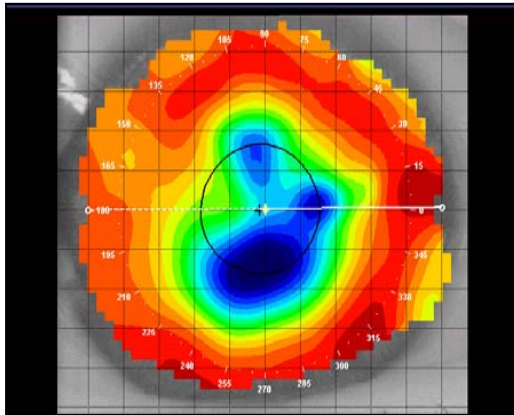
**Unacceptable fit =**  
Bubbles *and* touch –  
consider *SynergEyes  
ClearKone<sup>™</sup>* lens design

# SynergEyes<sup>®</sup> A for Oblate Corneas

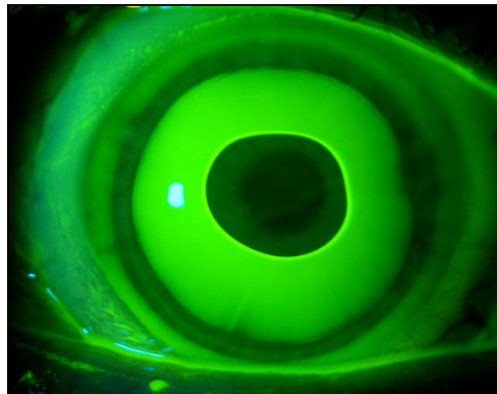


## Assessing the Fit

**SynergEyes<sup>®</sup> A for mildly oblate corneas**



**Acceptable Fit =**  
Fluorescein pooling  
without bubble

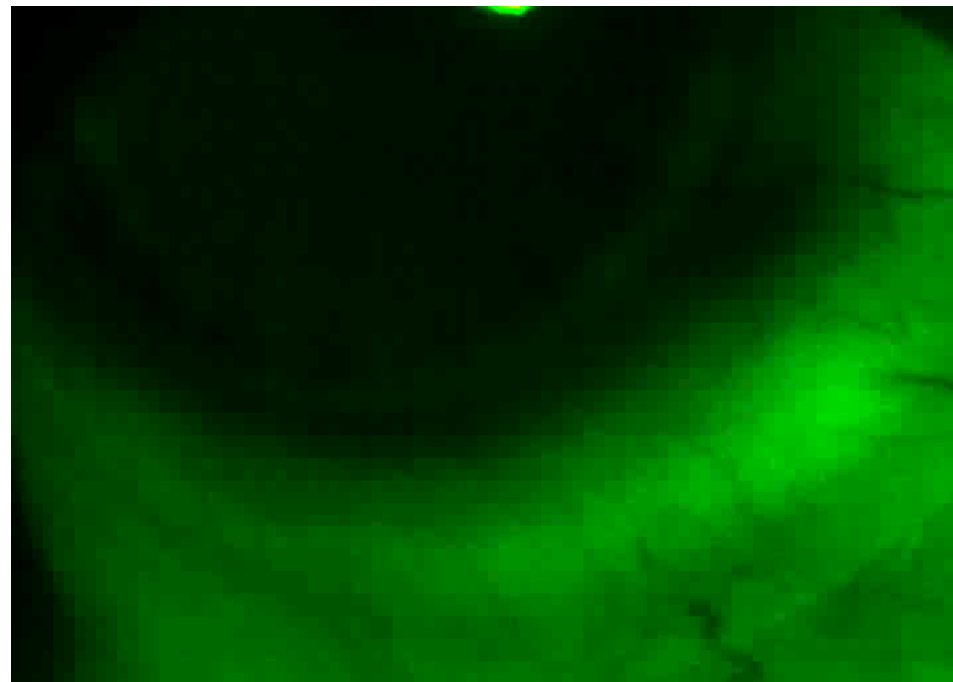


**Unacceptable Fit =**  
Persistent central  
bubble – consider  
*SynergEyes PS lens  
design*

# Lens Movement



- SynergEyes lenses do not always exhibit significant movement - lens should be free to move on blink or “push up”



*Ideal Lens Movement*

# Lens Movement

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- Fitting may seem counter-intuitive:
  - Lenses with little or no movement that appear tight may indicate that the lens is touching too much of the cornea- **Steepen Base Curve**
  - Lens with excessive movement – **Flatten Base Curve**
- For each 0.10mm change in BC, a 0.50D power adjustment will be necessary. Employ the SAM/FAP (steeper add minus/flatter add plus) rule.



# Determine Final Lens Power



- When ideal fluorescein pattern is achieved, over-refract to determine final lens power





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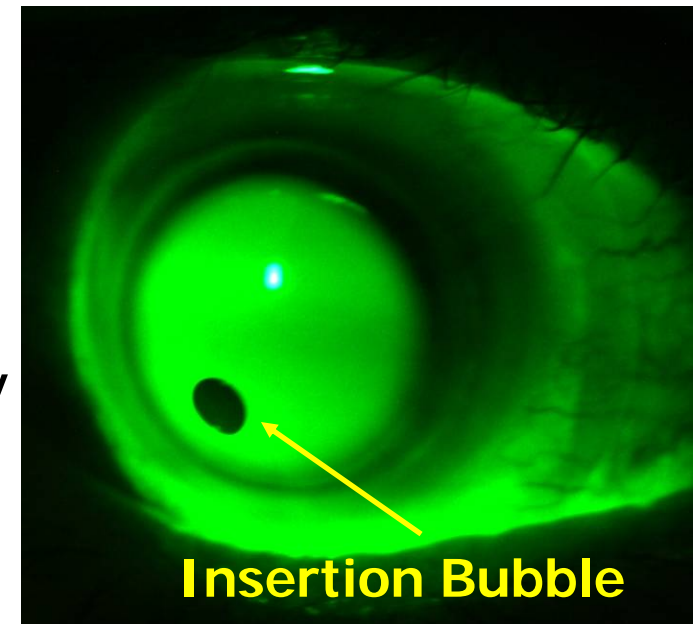
# Troubleshooting and Tips for Achieving Success



# Bubbles



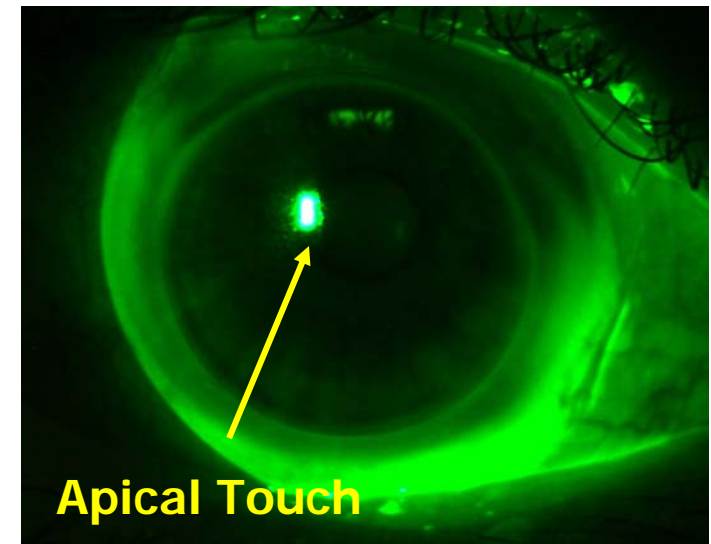
- Bubbles are almost always representative of an insertion error – NOT a fitting error.
  - Remove the lens and re-insert making certain the bowl of the lens is filled with solution.
  - Bubbles cannot be displaced by lens manipulation.
  - Bubbles are less likely to occur if patient maintains fixated gaze straight to the floor throughout the insertion process.



# Base Curve Changes



- Consider steepening the base curve when:
  - Fluorescein evaluation shows apical touch
  - Lens does not exhibit movement on blink or push up
  - Patient complains of initial discomfort or discomfort after wearing the lenses for a period of time

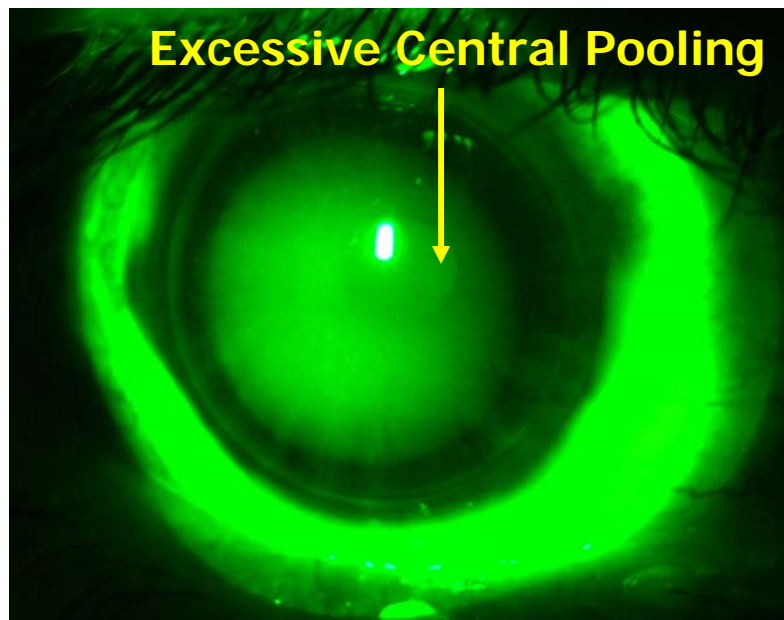


Base curve too flat – steepen  
base curve  
(Ex. 7.7mm BC → 7.6mm BC)

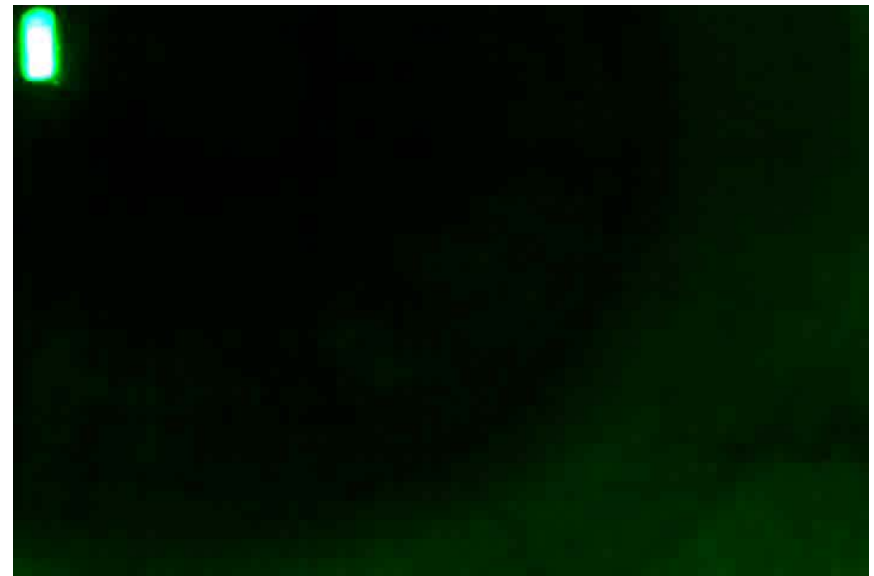
# Base Curve Changes, continued



- Consider flattening the base curve when:
  - Lens shows excessive amounts of movement
  - Fluorescein evaluation shows excessive central pooling



Base curve too steep – flatten base curve  
(Ex. 7.6mm BC → 7.7mm BC)

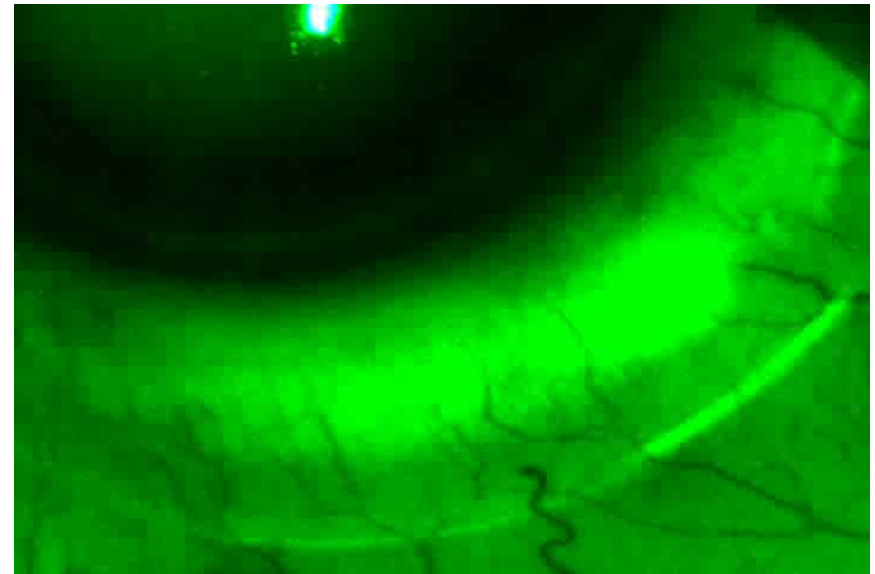


Excessive Movement

# Skirt Curve Changes



- Consider using a flatter skirt curve when:
  - Patient reports discomfort and edge impingement is observed
- Consider using a steeper skirt curve when:
  - Patient complains of discomfort initially or after a few hours of wear time, and steepening the base curve does not improve comfort
  - Lens does not exhibit movement on blink or push up and the use of a steeper base curve does not adequately increase lens movement

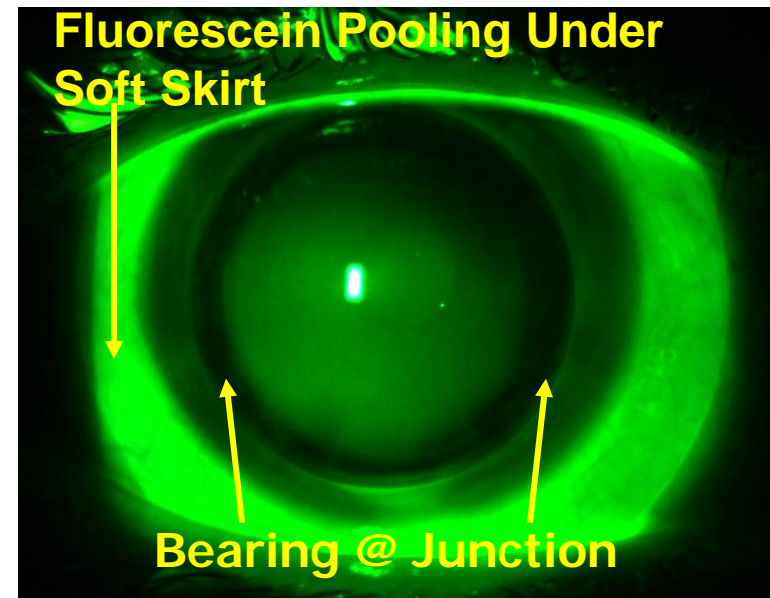


**Insufficient Lens Movement**

# Skirt Curve Changes, continued



- A steeper skirt curve may also be used when:
  - Edge fluting is observed
  - Fluorescein evaluation shows a dark heavy ring of bearing at the junction of the rigid center and soft skirt.
  - Fluorescein evaluation shows pooling under the periphery of the soft skirt



**Skirt curve too flat – steepen skirt curve  
(Ex. 1.3mm SC → 1.0mm SC)**

# Peripheral Blend



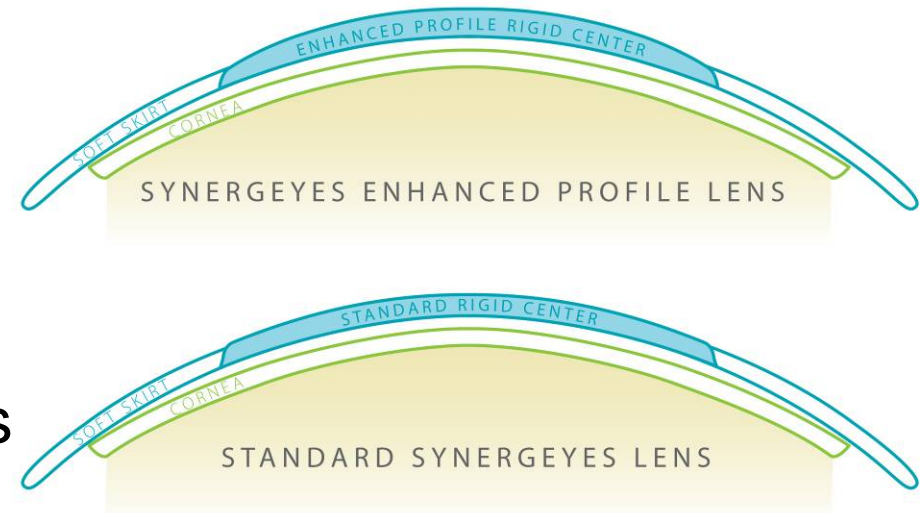
- If a patient is already wearing the steep skirt and reports discomfort, order the “Peripheral blend” design
  - Slight flattening of the lens at the RGP periphery and the soft skirt
  - Creates a less pronounced landing zone
  - Can improve movement, tear exchange and lens removal for some patients
- Candidates for “peripheral blend”
  - Patients with small corneas or high eccentricity values
  - Any patient experiencing discomfort, tightness, or removal issues when all other parameters are optimized



# Enhanced Profile for *SynergEyes*<sup>®</sup> A



- Thicker enhanced profile design available
- Required when patient's full corneal astigmatism is not completely corrected
- Over-refraction on top of lens yields spherocylindrical Rx consistent with lens flexure
- Keratometry or topography with lens on eye produces cylindrical reading
- If lens flexure  $>0.50D$ , patient will experience improved vision with enhanced profile option



Consider EP design when corneal astigmatism is greater than 2.00D

# Lens Care



Based on clinical study results, SynergEyes highly recommends:

CIBA VISION's Clear Care®

AMO's Oxysept® UltraCare®



Patients *must* digitally clean their lenses daily.



The recommended replacement schedule is every six months.

# Lens Removal



1. Wash and dry hands.
2. Hands must be completely dry for successful removal.

3. Do not use lubricating drops prior to removal.
4. Make the "OK" sign with the thumb and forefinger.



# Lens Removal



5. Look straight ahead.
6. Grasp the lens at the 6 o'clock position.
7. Allow air underneath the soft skirt of the lens.
8. Lift lens away from eye.

Every patient should view  
the insertion & removal  
video at

[www.synergeyes.com](http://www.synergeyes.com)

# Why Prescribe SynergEyes?



SynergEyes is Good for the Patient but also Good for the Practice

- SynergEyes lenses offers technologically advanced features that are not available in any other contact lens
- SynergEyes lenses are prescribed by independent eyecare professionals, which allows you to create a profitable annuity business.
- SynergEyes lenses will differentiate you from your competition.



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synerg<sup>eyes</sup><sup>®</sup>  
see.change.enjoy vision.™

**Please contact our Consultation  
Department with any questions.  
877.733.2012 Option 2**

