Proclear 1 Day Multifocal Fitting Guide

Introduction

Successfully fitting patients with multifocal contact lenses can be one of the most rewarding—and challenging—skills in optometric practice. The **Proclear 1 Day Multifocal** daily disposable lens from CooperVision has become a trusted option for practitioners seeking a comfortable, high-performing solution for presbyopic patients. However, achieving optimal vision and patient satisfaction requires a systematic approach. This comprehensive fitting guide will walk you through the essential steps, key considerations, and practical tips to master the Proclear 1 Day Multifocal fitting process.

Understanding Presbyopia and the Need for Multifocal Lenses

Presbyopia is a natural age-related condition that typically begins around age 40, affecting the eye's ability to focus on near objects. Traditional reading glasses, bifocals, or progressive spectacles offer solutions, but many patients prefer contact lenses for lifestyle or cosmetic reasons. Multifocal contact lenses, such as the Proclear 1 Day Multifocal, provide simultaneous vision correction for distance, intermediate, and near distances. They work by incorporating multiple zones of different optical powers across the lens surface, allowing the brain to learn to prioritize the appropriate image for the desired viewing distance.

Overview of the Proclear 1 Day Multifocal Lens

The Proclear 1 Day Multifocal is a daily disposable silicone hydrogel lens. Its key features include:

- **Material:** omafilcon A (a high-water-content silicone hydrogel) for excellent oxygen transmissibility and comfort.
- **Water content:** 60% helps maintain comfort throughout the day, particularly for patients prone to dryness.
- **Design:** Balanced Progressive Technology™, which provides a smooth transition between distance, intermediate, and near zones for most presbyopic eyes.
- **UV blocking:** Class 1 UV blocking for additional protection.
- **Daily disposable format:** Promotes eye health and eliminates the need for lens care solutions.

This lens is available in a range of powers (sphere and add) to accommodate different presbyopic demands. Understanding the available parameters is the first step in any fitting guide.

Pre-Fitting Assessment: Patient Selection and Evaluation

Not every presbyopic patient is an ideal candidate for the Proclear 1 Day Multifocal. A thorough pre-fitting assessment helps ensure success.

Patient History

- Age and stage of presbyopia (early vs. advanced)
- Previous contact lens experience (especially with multifocals)
- Lifestyle needs (e.g., computer use, reading, driving at night)
- Any history of dry eye, allergies, or ocular surface disease
- Motivation and expectations—realistic understanding of adaptation period

Ocular and Corneal Assessment

- Slit lamp examination for corneal health, lid health, and tear film quality
- Corneal topography if indicated (e.g., prior irregular astigmatism)
- Current spectacle prescription and near add requirement
- Pupil size under typical lighting conditions (affects multifocal performance)
- Assessment of binocular vision and vergence

Tip: Patients with very small pupils (<2.5 mm) or very large pupils (>5.5 mm in dim light) may require special consideration, as the lens design depends on pupil size to some extent.

The Fitting Process: Step by Step

The Proclear 1 Day Multifocal Fitting Guide typically follows a protocol that can be adapted based on clinical judgment. Below is a standard approach.

Step 1: Initial Lens Selection

Use the patient's most recent spectacle refraction and determine the required add power. The Proclear 1 Day Multifocal is available in sphere powers from +6.00 D to -10.00 D (in 0.25 D steps) and add powers: Low (+1.00 D), Medium (+1.50 D), High (+2.00 D), and Very High (+2.50 D). Select the add based on the patient's age and near need:

- **Low (+1.00 D):** For early presbyopes (around 40–44 years) with minimal near demands.
- **Medium (+1.50 D):** For patients aged 45–48 with moderate near demands.
- **High (+2.00 D):** For typical presbyopes aged 49–55.
- **Very High (+2.50 D):** For advanced presbyopes (55+) or those requiring very strong near correction.

For the initial trial, start with the dominant eye corrected for distance (full distance Rx) and the non-dominant eye with a near-centered lens (some practitioners use a modified monovision or balanced approach). However, CooperVision’s recommendation is to start with both eyes using the same add power based on the patient’s near demand, then refine. Always consult the lens parameter chart provided by the manufacturer.

Step 2: Lens Insertion and Fit Evaluation

After inserting the diagnostic lenses, allow 10–15 minutes for lens settling. Evaluate:

- **Centration:** The lens should be centered on the cornea with minimal movement. Slight movement (0.2–0.4 mm) with blink is acceptable.
- **Coverage:** The lens should cover the entire cornea.
- **Comfort:** The patient should report no foreign body sensation.
- **Visual clarity:** Check distance and near acuity (allow for natural adaptation).

Key note: Because of the multifocal design, the lens may appear slightly different on each eye. Avoid over-refracting prematurely—neural adaptation can take several minutes.

Step 3: Visual Acuity and Over-Refraction

After settling, measure monocular and binocular visual acuity at distance (6 meters), intermediate (arm’s length, ~60 cm), and near (40 cm). If acuity is suboptimal, perform an over-refraction:

- Start with binocular balance.
- If distance vision is blurred, add sphere power (usually minus) to both eyes equally, or as needed. Avoid large changes; often +0.25 D adjustment can improve near without sacrificing distance.
- If near vision is significantly poor, consider changing the add power in one or both eyes.
- For patients who struggle with intermediate vision, sometimes a small plus over the non-dominant eye helps.

Remember: The multifocal design creates a trade-off; perfect distance and near simultaneously may not be achievable immediately. The goal is functional vision for the patient's lifestyle.

Step 4: Binocular Vision Assessment and Adaptation

Once lens powers are refined, check for any binocular vision issues such as suppression or overlap. Use a Worth 4-dot test or simply ask the patient to compare vision with both eyes open. Some patients experience visual “ghosting” or “shadowing” initially—this often resolves with adaptation over days to weeks. Provide realistic expectations and consider a short trial (1–2 weeks) before finalizing the prescription.

Troubleshooting Common Challenges

No fitting guide is complete without addressing common problems and solutions.

Patient Complaints of Unclear Vision

- **Distance blur:** Check for over-minusing. Try reducing minus power or adjust sphere equally in both eyes. Also ensure lens centration—poor centration can reduce optical zone overlap.
- **Near blur:** Increase add power (try medium instead of low) or adjust the non-dominant eye’s near performance. Consider using a +0.25 D or +0.50 D addition to the near eye.
- **Intermittent blur:** Often due to lens surface dryness. Reassess tear break-up time; consider rewetting drops or switching to a different silicone hydrogel if dryness persists.

Patient Reports Ghosting or Halos

This is common with multifocals due to simultaneous focus. Usually, adaptation helps. If severe, check pupil size—patients with very large pupils may experience more overlap. Try a different add power (lower add may reduce ghosting). Ensure both lenses are properly fitted; sometimes a small change in base curve (the Proclear 1 Day has one base curve: 8.7 mm) or diameter (14.2 mm) is needed. If consistent, consider a different multifocal design.

Patient Reports Excessive Lens Movement or Discomfort

Check for improper insertion (e.g., lens flipped inside out). Evaluate for corneal staining or dry spots. The Proclear 1 Day has good comfort but if dryness persists, consider a silicone hydrogel with higher moisture content or add artificial tears.

Tips for Successful Fitting

- **Start with diagnostic lenses:** Always use trial lenses from the fitting set. Do not rely solely on calculator recommendations.
- **Use the Coopervision Fitting Calculator:** CooperVision provides an online tool that suggests starting parameters based on refraction, add, and pupil size. Use it as a guide, not a rule.
- **Schedule a follow-up:** After one week, reassess vision, comfort, and adaptation. Many patients need a second visit to fine-tune.
- **Educate the patient:** Explain that multifocal contact lenses require a period of neuro-adaptation. Provide a “multifocal adaptation card” or verbal instructions: “Your brain will learn to focus on the right image. It may take a week or more.”
- **Consider a modified monovision approach:** For some patients, using a distance lens in the dominant eye and a near-centered multifocal in the non-dominant eye provides better near vision while maintaining distance. However, this can reduce intermediate clarity.
- **Help patients practice:** Encourage them to use the lenses in varied lighting conditions (daytime, indoor lighting) for the first few days. Driving at night should be avoided until adaptation is confirmed.

Patient Education and Expectations

Setting clear expectations is crucial for patient satisfaction. Cover these points during the fitting:

- The Proclear 1 Day Multifocal is a single-use lens; discard after one day of wear.
- Proper insertion and removal technique (hands washed, lens checked for tears).
- No solution care needed, but always wash hands before handling.
- Contact lens hygiene: do not sleep in the lens unless prescribed for extended wear (Proclear 1 Day is not indicated for extended wear).
- Possible side effects: mild dryness, slight blur when switching between distances (improves with time).
- When to contact the practitioner: persistent pain, redness, or vision loss.
- Encourage a positive attitude: Most patients adapt within two weeks and enjoy freedom from reading glasses.

Advanced Considerations in Fitting

Managing Astigmatism

The Proclear 1 Day Multifocal does not have a toric option. For patients with >0.75 D of corneal astigmatism, consider a different multifocal toric lens or use a spherical equivalent (if astigmatism is low). Alternatively, fit with a toric multifocal daily disposable from another manufacturer. However, many patients with mild astigmatism can achieve acceptable vision with the spherical multifocal, especially if the cylinder axis aligns appropriately. Always evaluate on the eye.

Combining with Monovision

Sometimes called “modified monovision,” this strategy uses a full distance multifocal in the dominant eye and a near-enhanced multifocal in the non-dominant eye. This can improve near acuity while retaining reasonable stereopsis. It’s a viable option for patients who struggle with standard binocular multifocal fitting. Be cautious with night driving—some patients may lose depth perception.

Long-term Management

Once the final prescription is determined, write the order including lens name, power, add, base curve, and quantity (e.g., 90 lenses for a 3-month supply). Advise patients to maintain regular eye exams (annually) as prescription changes with age. The add power may need to increase over years.

Conclusion

The Proclear 1 Day Multifocal Fitting Guide is not a one-size-fits-all

