TOTAL® Multifocal Contact Lens Fitting Guide An easy fit in 2 steps





STEP 1: Initial Lens Fit

- Start with a same-day spectacle Rx for all new and refit patients.
- Add +0.25D to the most plus vertex-corrected, spherical equivalent Rx for each eye.
- Determine the lowest acceptable ADD for functional vision, then select the contact lens ADD (LO, MED, HI) using this chart.

ADD SELECTION	
Lowest Acceptable ADD	BOTH EYES
Up to +1.25D	LO
+1.50D to +2.00D	MED
+2.25D to +2.50D	HI

ALLOW FOR 5-10 MINUTES of real-world exposure (outside the exam room) before assessing visual performance.

DISTANCE

Have patient look at an object across the street



NEAR
Have patient read
from their phone





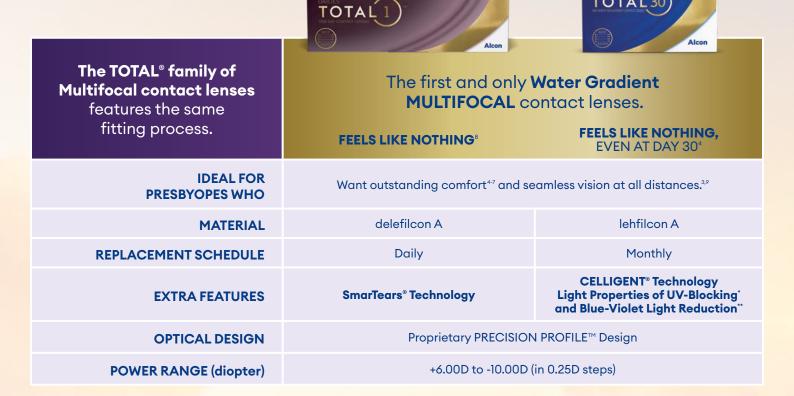
STEP 2: Distance Over-Refraction

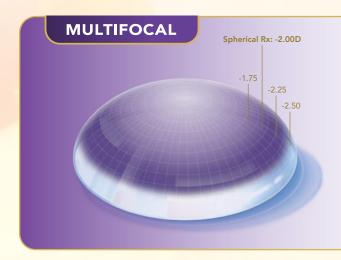
- With both eyes open, use hand-held lenses on each eye separately, by adding plus in
 0.25D steps until the patient reports a decline in distance vision.
- Verify over-refraction **binocularly** by having the patient look at distance and near objects through the hand-held lenses.
- · Keeping the ADD the same, apply new trial lenses based on the over-refraction results.

If the patient's vision is functional, dispense trial lenses for 5-7 days and schedule a **follow-up** visit.



Proven fit success¹⁻³ and TOTAL comfort⁴⁻⁷ for your presbyopic patients





THE INNOVATIVE PROVEN PRECISION PROFILE™ DESIGN®

In order to have a smooth power profile to minimize aberrations, this design continues to add minus power in the periphery of the optic zone.10

To compensate for the additional minus, these two steps from the fit guide will help maximize first fit success:

- 1.) Add +0.25D to the Rx for initial trial selection
- 2.) Always start distance over refraction by adding plus in +0.25D steps to maximize plus acceptance.

Recommend the TOTAL® Multifocal contact lenses that FEEL LIKE NOTHING.4,8

*UV-absorbing contact lenses are NOT substitutes for protective UV-absorbing eyewear, such as UV-absorbing goggles or sunglasses because they do not completely cover the eye and surrounding area. The patient should continue to use UV-absorbing eyewear as directed.
*There is no demonstrated clinical benefit from reduction in blue-violet light wavelength (380-450 nm).

References: 1. Merchea M, Evans D, Kannarr S, Miller J, Kaplan M, Nixon L. Assessing a modified fitting approach for improved multifocal contact lens fitting success. Paper presented at Optometry's Meeting, the 121st Congress of the American Optometric Association; June 20-24, 2018; Denver, CO. 2. Bauman E, Lemp J, Kern J. Material effect on multifocal contact lens fitting guide. Poster presented at: British Contact Lens Association Clinical Conference & Exhibition; June 9-11, 2017; Liverpool, UK. 3. Alcon data on file, 2022.

4. In a clinical study wherein patients used CLEAR CARE* solution for nightly cleaning, disinfecting, and storing; Alcon data on file, 2021. 5. Merchea M, Evans D, Kannarr S, et al. Patient and ECP Satisfaction in the United States with a Novel Water Gradient Daily Disposable Multifocal Contact Lens. Presented at the American Optometric Association Annual Meeting, June 20-24, 2018. Denver, CO. 6. Alcon data on file, 2017. 7. Alcon data on file, 2013. 8. Perez-Gomez I, Giles T. European survey of contact lens wearers and eye care professionals on satisfaction with a new water gradient daily disposable contact lens. Clin Optom. 2014;6:17-23. 9. Lemp J, Kern J. Alcon multifocal contact lenses for presbyopia correction. Paper presented at the Canadian Association of Optometrists Congress; June 28-30, 2017; Ottawa, ON. 10. Alcon data on file, 2016.





 $^{^{\}dagger}\mbox{With two lenses}$ or less, at the initial fitting visit.