

Nocturnal Comparison Assessment

Px Name:

Date:

Time:

RFV: D1 W2 M1 M6 Y

Lenses Removed:

Consec. Nights Worn: Hours Slept:

Typical result today: Y / N

Comment:

Current lens age:

RIGHT

LEFT

BASELINE INFO PRE-WEAR

SPH	CYL	AXIS	VA	Baseline Rx	SPH	CYL	AXIS	VA
HVID:	Power	VA	BVS Rx	Power	VA	HVID:		
SA:		Anticipated TZD		SA:				

COMPARISON INFO

Vision	OR(BVS)	VA	VISION	Vision	OR(BVS)	VA	
20/Happy Y / N			Comment	20/Happy Y / N			
SPH	CYL	AXIS	rRx Cyl may equal baseline	SPH	CYL	AXIS	VA
			SA ($\Delta > 0.8$ in MM)				
			Apical Stain				
TANGENTIAL POWER SUBTRACTION (SCALE D \pm TARGET RX)							
			TZD Decentration				
AXIAL POWER SUBTRACTION (SCALE D \pm TARGET RX)							
			TZ Regularity				
			TZ Power				

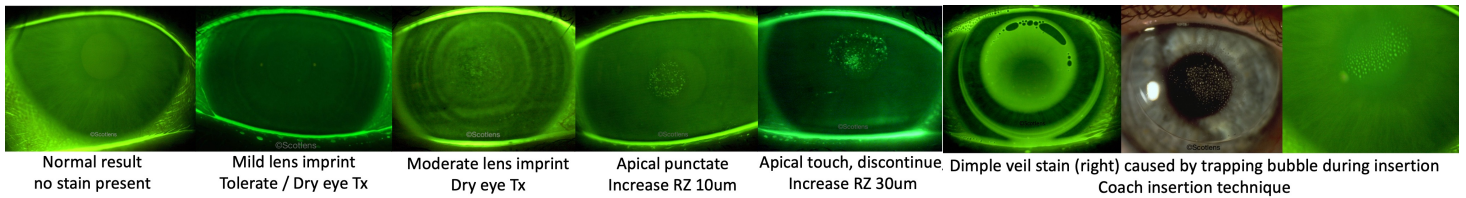
OUTCOME	Optimum / Acceptable result, Px happy with vision, replacement lenses unchanged, Review in							
Power	RZ	AZ	Other	Adjust	Power	RZ	AZ	Other

Order adjustments using the relevant Nocturnal Adjustment Form in Scotlens members section
For support or advice send this completed form with a screen shot of tangential and axial topography images to
support@scotlens.com.

Comparison Assessment

Time	Note the time of the appointment and the time lenses removed. Regression during the day will be stable after 21 days wear. During adaption try and schedule appointments early in the day.
Consec. Nights Worn	If patients have regular nights off it can impact on the stability of their vision. If an under-correction is present ensure patients are wearing lenses every night.
Hours Slept	Generally nightly wear with 5 hours sleep will provide a stable correction. High Rx corrections will be more sensitive to reduced sleep. After a month of wear having a night off can be valuable for the px to see what impact it has on vision.
Typical result today	Ensure the results are typical for the patient. If the results on the day of the exam are unusual re-schedule another day following consecutive nights lens wear.
Baseline Data	This information is essential when requesting support. Comparing this info with the comparison info can indicate what changes may be beneficial.
Comparison Info	
Vision	Note vision, what spherical OR is needed to give best DV acuity and the VA is results in.
Comment	Is the patient 20/happy with their vision, does it need improved at any time of day or in any environment. If the patient is aware of glare ensuring the full BVS correction is achieved is the first priority. See our Glare & rRx document for further advice.
Residual Refraction (rRx)	This is the full refraction. This may not be needed but is when VA is reduced. It is common for the residual astigmatism similar to baseline. Typical a px with Baseline Rx -3.00/-1.00 x 180 will be happiest with Plano/-1.00 x 180, rather than the BVS of +0.50/-1.00 x 180. Checking the BVS indicates this.
Spherical Aberration (SA)	An increase above baseline of 0.8 is beneficial in slowing axial length. Reducing the optic zone will increase SA. It can also reduce quality of vision.

Staining



Subtractive Topography - Axial Power
Assessing TZ power, position and power regularity

Subtractive Topography - Tangential Power
Used for 1st lens adjustment un TZD occurs. Shows lens position

Troubleshooting	
Glare	Glare improves significantly over the first 21 days of wear, then continues to improve until month 2. Ensuring the correction is as close to Plano as possible with BVS. Any residual cyl or monovision can be corrected with over specs when needed to reduce glare. Reducing the apical tear thickness may regularize the TZ and improve VA.
Induced rRx	If an induced Rx occurs this is typically due to TZ decentration. Confirm baseline measurements of Ks and anticipated TZD. Follow adjustment advice on the Nocturnal Lens Fit adjustment form.
TZ Decentration	If TZD was expected then adjust lens power for any residual BVS. If TZD does not correspond to baseline anticipated TZD then follow adjustment advice on the Nocturnal Lens Fit adjustment form.
Variable / Unusual result at review	Check with Px the result found is typical. Ensure consecutive nights wear with no sleep mask wear. Change solution to preservative free for insertion. Confirm outcome on a different day.
<p>For support or advice send this completed Nocturnal Clinical Support form with a screen shot of tangential and axial topography images. Or contact support@scotlens.com.</p>	