

# MYAH Guide



Set up your MYAH to export and follow the instructions on Youtube "[Scotlens Topography Myah](#)"

Order Nocturnal lenses at Scotlens.com by completing the order form in the Practitioner Area and upload the exported maps. Or email to [support@scotlens.com](mailto:support@scotlens.com) for help with assessment or the process.

## Baseline Data

Consider the treatment zone formed with orthok to be a distance centre multifocal, with an ADD the value of the baseline spec Rx. The maximum power and the position the TZ is in relation to the visual axis can affect the quality of the correction. The metrics below can indicate candidacy. Rx correction beyond -5.00 need optimum values for each metric.

### Baseline Spec Rx

Optimum correction is up to -5.00DS.

Residual Rx (rRx) can be anticipated for higher values and for the cyl component of the Baseline Rx. (eg Rx: -3.00/-0.75 x 180 would expect to correct to rRx: -0.00/-0.75 x 180, some reduction of the cyl can occur but anticipate the result you would expect with spherical soft contact lenses)

### Baseline Map Assessment

The capture area shown by colour contours should be as large as possible. Ensure you have 3 maps for each eye that are comparable all with similar metric values discussed below.

### Keratometry

As shown by K1 and K2. Normal values are 7.3mm to 8.3mm, flatter values can limit the amount of power correction possible. The CYL value should be similar to the spectacle cyl.

### Corneal Decentration

The treatment zone will generally form this measurement (*i.e.* OD 0.46mm) away from the visual axis. For low Rx corrections up to 0.8mm will not affect VA, for higher Rx values below 0.2mm are needed.

### HVID (shown Diameter)

Any value >11.4mm is suitable for an 11.0mm diameter lens suitable. Below specify a 10.5mm lens.

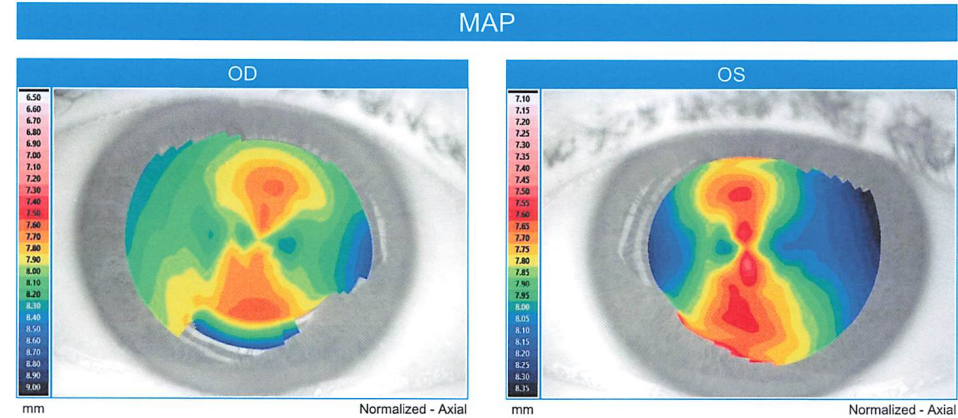
### Eccentricity (shown by Asph.)

The orthok process sphericises the cornea in the TZ. Low values can limit the maximum correction possible.



TOPCON MYAH

Patient Information	
Patient	Gender
Patient ID	Exam Date
Date of Birth	



Sim-K			Sim-K		
K1	K2	CYL	K1	K2	CYL
8.18 @ 167°	7.69 @ 77°	-2.63D ax167°	8.00 @ 2°	7.61 @ 92°	-2.13D ax2°

Cornea Data			Cornea Data		
Cornea Decentration	H=	V=	Cornea Decentration	H=	V=
Diameter	-0.46 mm	0.00 mm	Diameter	0.42 mm	-0.22 mm
Photopic pupil decentration	12.37 mm		Photopic pupil decentration	12.42 mm	
Photopic pupil diameter	H= -0.23 mm	V= 0.36 mm	Photopic pupil diameter	H= 0.15 mm	V= 0.20 mm
Ave. Pupillar Power	3.99 mm		Photopic pupil diameter	3.88 mm	
	4.5mm: 42.66 D / 3mm: 42.71 D		Ave. Pupillar Power	4.5mm: 43.36 D / 3mm: 43.45 D	

Keratoconus Screening				Keratoconus Screening			
AK	AGC	SI	Kpi	AK	AGC	SI	Kpi
46.69 D	1.96 D/mm	0.43 D	9%	44.83 D	1.14 D/mm	0.47 D	0%
Topography not compatible with keratoconus				Topography not compatible with keratoconus			
A	D	Ro - Teta	Rnd	A	D	Ro - Teta	Rnd

Keratrefractive Indexes				Keratrefractive Indexes			
SD	SAI	Asph.	Kc	SD	SAI	Asph.	Kc
SD = 0.83 D	SAI = 0.66 D	e = 0.33	42.59	SD = 0.60 D	SAI = 0.60 D	e = 0.45	43.73

Notes



Subtractive Assessment

The TZ is analysed with the Differential map. It shows where the lens has been located in the closed eye. This should be done at every review. Assess the TZ for amount of power change (shown AK), the appearance of regularity, and the position.

Use the *COMP* comparison function to identify the topography result, looking at TZ location and regularity over pupil.

**TZ Power**

The power change *AK* is the power change on the visual axis. It should match the baseline Rx. If myopia is stable and lens parameters have not changed this value should be the same year to year. If the Rx is not fully corrected, resulting in either residual Rx or glare, assess the TZ for irregularity (green arrow), shown by irregular colour contours.

**TZ Position (blue arrow)**

The position of the TZ is expected to be located where the *Corneal Decentration* position indicated on the baseline map.

Up to 0.5mm of TZ decentration (TZD) is 'bullseye', 0.5mm to 0.75 will usually be well tolerated with Tx up to -3.00. -3.00 to -5.00 this may usually cause some rRx or glare.

Information on topography assessment is included in the Nocturnal Accreditation in the Practitioner Area at [scotlens.com](http://scotlens.com).

Adjustments to Nocturnal lenses are made in the Members login. Adjustment forms have instructions to help you identify topography outcomes.

If you need help with interpretation please use the Support form in the Members login including images of baseline maps and subtractive maps as shown on this form.

Your topographer supplier will be able to instruct you on how to get the above information from your topographer.

