



PROFESSIONAL FITTING GUIDE

KERATOCONUS LENSES
KERACON & KORB



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KERATOCONUS

RGP LENS

Keratoconus is a cone-like protrusion of the cornea. It is estimated that the incidence of keratoconus is one in 10,000.

The advent in computer assisted photokeratoscopy over the past few years has increased the number of reported sub-clinical keratoconus.

Although patients have a clinical diagnosis of keratoconus, patients with these topographical corneas often do not present with visual problems. Patients with keratoconus report a loss of clear vision.

Spectacles are not an option for the keratoconic patient. Soft lenses may be an option for the early keratoconic patient but this is not recommended, as a rigid lens will be needed if the condition advances. Changing a patient from a soft lens to an RGP lens is often difficult to do. It is recommended that an RGP lens always be fitted for the keratoconic patient.



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RGP LENS FITTING

KERACon & KORB LENS

There are two fitting sets for the Keratoconic patient:

1. Keracon
2. Korb K1 and K2

Keracon

The Keracon lens is designed with steep central optical portion and a flatter peripheral portion. The base becomes steeper and the back optic diameter becomes smaller. As a rule of thumb, the back optic diameter is identical to the base curve of the lens.

The Keracon lens is the recommended lens to fit a low to mid keratoconic patient. The desired fitting for this lens is a '3 point touch' fitting. With this, the aim of the fitting is to have slight touch or lens bearing centrally, an area at the periphery of the cornea where the majority of the lens bearing takes place and an edge lift at the periphery of the lens.

Korb K1 & K2

The Korb lens was developed by Donald Korb from Boston. The lens is designed to fit the 'apical cap' of the cone. This is suitable for a patient with an extreme cone. Therefore, it is recommended to fit the lens to the cone with an alignment fitting.

As advanced cones tend to be de-centered down and nasally, it is recommended that the lens overall diameter be at least 8.60mm to allow for adequate pupil coverage of the optic portion of the lens. The Korb 2 lens has a flatter peripheral curve than the Korb 1 lens. It is sometimes not possible to fit an advanced keratoconic eye with a Keracon or a Korb lens. A Scleral lens is the only option for these patients. Keratoconic Scleral diagnostic lenses are available to evaluate the best visual benefits and the correct lens for the patient.

RECOMMENDED FITTING ROUTINE

1. If a Keratometric reading is possible, a starting lens is the one taking the mean of the readings.
2. If Keratometer readings are not possible, a lens of a steeper base curve is trialled. If the lens gives a central bubble, then use lenses of a progressively flatter base curve until there is a slight central touch.
3. Use this lens and measure the over Rx. If a precise over Rx with a good visual result is not possible, then the lens fitting is too steep. Trial the patient with a flatter base curve.
4. It is sometimes found that whilst the central fitting gives the required central touch, the lens periphery may need to be steeper or flatter. If this is the case, the lens fitting is in two sections:
 - a. Find the correct lens central fitting.
 - b. Evaluate the best peripheral lens fitting.

Order the lens with central fitting from lens **(a)** with the peripheral fitting from lens **(b)**.

Note: The lens over Rx must be taken with the lens that gives the correct central base fitting.

For additional fitting tips, tutorials, and more information on our extensive range available, visit www.gelflex.com