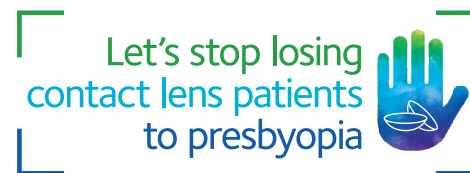


Practical success with multifocal soft contact lenses.

This document consolidates current evidence-based principles for fitting – from initial patient counselling to final power refinement – highlighting simple, actionable steps that may optimise wearer satisfaction and practice success.



1 Patient selection

Motivation is key.¹⁻³

- Best practice is to establish patients' needs from the start.²
 - A wish to remain spectacle independent¹⁻³ (emmetropes and existing contact lens wearers).
 - Early presbyopes, multi taskers, active people and those frustrated with spectacle options.^{4,5}
- Patients willing to accept some visual balance are more likely to be successful.¹

2 Patient advice

- Under promise and over deliver for a better perception of success.⁴
- Expect an 80% level of overall performance satisfaction.^{1,3-5}
- Expect some adaption time.^{1,4,5}
- Occasionally certain tasks may benefit from a boost to near vision using over readers.^{1,4,5}

3 Lens selection

Material.

- Prevalence of dry eye and meibomian gland dysfunction increase with age, choose material carefully for optimal compatibility and comfort.³
- Consider the importance of oxygen transmission & maintaining endothelial cell integrity in the ageing eye.⁶

Prescription.

- Start with best vision sphere.
- Higher astigmats (greater than 1.00 DC)⁴, consider toric multifocals.^{1,4}



4 Structured fitting protocol

- Ocular dominance – use sensory dominance when fitting soft multifocals.^{3,4} With both eyes open and best corrected, alternately place a handheld trial lens, (+1.00) over each eye to determine visual preference.³
- Use an accurate up to date refraction pushing for maximum plus in distance and minimum add for near, to minimise adaption issues from too high an add.³⁻⁵
- Follow the correct manufacturer's fitting guide, **precisely** – avoid intuitive tweaking.³⁻⁵
- Ensure minimal movement and good centration – for optimum vision, light must pass accurately through the optic zones.^{3,5}

5 The theory

- For the best chance of success, ensure any trial period occurs with the most accurate prescription on eye rather than the closest available from the trial set on the day.⁷
- Allow patients to experience wearing the lenses outside of the consulting room.⁴
- 6/ happy, N-happy.⁵ Use subjective vision scoring, using real world objects rather than just chart based measures.¹⁻⁵
- Investigate power refinements with +/-0.25D flippers/twirls, or hand held lenses, with both eyes open in ambient lighting.³

6 The theatre

Use analogies the patient will understand to explain:

Simultaneous vision.

- This will be new, let the brain do its job and filter out what it wants to see,¹ like ignoring background noise, a spot on the car windscreen.

Neural adaption, is absolutely normal.^{1,5,7}

- Period of time where the vision will improve as patients shift from initial awareness of aberrations to appreciating the visual and lifestyle benefits of wearing lenses and being spectacle free.^{1,3,5}

Positive language.

- Focus on what they enable, not what they hinder.
- How they can improve daily function, quality of life and decrease dependency on spectacles.^{1,3,5}

Proactive support.

- Patients expect lens supply without multiple return visits.⁸ Keep adjustments and changes to a minimum.⁴
- A follow up phone call between trial and end of trial can resolve many concerns by reassuring adaption is normal⁴ and increase the chance of success.^{9,10}

For Illustration Purposes Only. **1.** Brooke M. Messer, Stephanie L. Woo and Edward S Bennett, Presbyopic Lens Patient Management and Troubleshooting, Strengthen your skills in fitting this currently underserved segment of the market, Contact Lens Spectrum, March 1, 2015. **2.** Morgan, P.B. et al. BCLA CLEAR Presbyopia: Management with contact lenses and spectacles. Contact Lens and Anterior Eye, 2024 47(4), p.102158. **3.** R Hiscox and L Madden. Essential contact lens practice 10 – Managing the presbyope Optician, 2020 (12). **4.** Potter R, Pal S, Stiegemeier M.J. Avoiding the Soft Multifocal Failure. Contact Lens Spectrum. 2016 Mar;31:22-25. **5.** Kitzman et al. FINE-TUNE YOUR MULTIFOCAL LENS FITTING. Contact Lens Spectrum. (2018) Vol 33, Page(s): 20-23, 25-27. <https://clspectrum.com/issues/2018/june/fine-tune-your-multifocal-lens-fitting/> accessed March 2026. **6.** Aljaberi, H.A., Rahmani, S. and Muhammad, G.A. Effect of soft contact lens wear on corneal endothelial cell characteristics. Contact Lens and Anterior Eye, 2025 p.102441. **7.** Lazon de la Jara et al. Multifocal contact lens success predictability, 2024, Contact Lens and Anterior Eye 47 (2024) 102105. **8.** CVI data on file Verve Consumer Fresh Thinking Survey September 2023 N=250 (n=168) Patients considering trialling contact lenses 38% selected I would consider buying contact lenses online, 19% selected I would go elsewhere, 10% selected I would discontinue the trial process **9.** Morgan, Sulley. Challenges to the new soft lens wearer. CLAE 46(2023) 101827. **10.** Cooney E, Morgan P. The impact on retention figures of the introduction of a comfort call. CLAE, 415 (2018) 566.



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