Rose K2

Rose K2™
Rose K2 NC™
Rose K2 IC™
Rose K2 PG™

ROSE K™
INTERNATIONAL LTD

A COMFORTABLE CONTACT LENS

- Flexible edge lift system.
- Thin lens construction.
- Excellent vision.

...FOR EVERY CORNEA

- Asymmetric corneal technology.
- Randtoric periphery.
- Inner toric.
- Outer toric.
- Bitoric.

The unique aberration correction in the Rose K2 contact lenses guarantees particularly sharp day and night vision. Rose K2 contact lenses are available in the most extreme radii and diameters. That's why the Rose K2 is easily adaptable to almost any cornea.

UCO
CONTACTLENZEN
HOLLANDS AMBACHT

Bausch&Lomb
Boston

◉ *Spheric* ◉ *Toric* ◉ *Semi-Scleral*

RGP

Parameters

	Rose K2	Rose K2 IC	Rose K2 NC	Rose K2 PG
BCR	4.20 - 8.80 mm	5.30 - 10.00 mm	4.00 - 8.10 mm	5.20 - 11.60 mm
POWER LENS	+/- 40.00 dpt.	+/- 40.00 dpt.	-40.00 / +15.00 dpt.	+/- 40.00 dpt.
DIAMETER	7.50 - 11.00 mm	9.00 - 12.50 mm	7.60 - 9.00 mm	9.00 - 12.50 mm
EDGELIFT	-1.30 / +3.00	+/-3.00	-1.50 / +3.00	+/- 3.00

FIRST FIT	Oval keratocone, nipple cone.	PMD (Pellucid Marginal degeneration), keratoglobus, lasik and PostGraft.	Average and steep nipple cone.	For patients who have undergone keratoplastic surgery.
RE-ADJUSTMENT	Starting PMD (Pellucid Marginal Degeneration).	Oval keratocone.	All nipple cones.	Oval cones, nipple cones and lasik.
ADAPTATIONS	1- Toric periphery 2- Asymmetric Cornea Technology 3- Inner toric, outer toric and bitoric.		*These fitting options will soon be available for Rose K2 NC.*	
TRIALSET	26 contact lenses: BCR 5.10 - 7.60 mm, Diameter 8.50 - 9.20 mm	14 contact lenses: BCR 6.60 - 7.20 mm, Diameter 11.50 mm	25 contact lenses: BCR 4.60 - 7.40 mm, Diameter 8.10 – 8.90 mm	20 contact lenses: BCR 6.00 - 8.60 mm, Diameter 10.40 mm

FLEXIBLE LIFT SYSTEM

When adjusting a Rose K2 contact lens, the right edgelift is crucial. Fortunately, our trialset makes it easy for you to quickly and securely apply the right edgelift. All contact lenses in the trialset have a standard edgelift. It is usually sufficient to order an 'increased' (flatter) or 'decreased' (deeper) edgelift based on the trialset. We make sure that a change in edgelift does not affect the central fitting of the final contact lens. In practice, with 85% of your customers, you can achieve a perfect peripheral fit with the standard edgelift, the 'increased' edgelift or the 'decreased' edgelift. If this does not work, you can order a detailed edgelift between -1.3 (deep) and 3.0 (flat) in steps of 0.5. See figure D1 for details.

Figure A *An optimal edgelift gives a fluorescein image of 0.50 to 0.70 with a not too large lift or peripheral closure at any other place.*

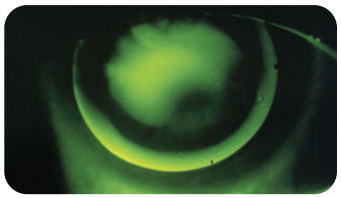


Figure B *If the fluorescein image shows a value greater than 0.5-0.7, the default decreased edgelift is recommended.*

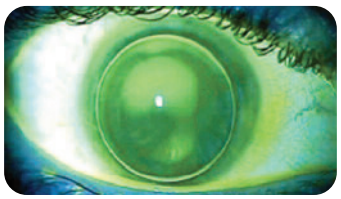


Figure C *If the fluorescein image shows edgelift smaller than 0.5 to 0.7, then the default increased is recommended.*

AVAILABILITY

The Rose K2 NC contact lens (Nipple Cone) has a fast ascending, progressive flattening. Even with this contact lens, you can achieve a perfect peripheral fit for 85% of your customers with the standard edgelift, the "increased" edgelift or the "decreased" edgelift. If this does not work, you can order a detailed edgelift between -1.5 (deep) and 3.0 (flat) in steps of 0.5. See figure D2 for details. The Rose K2 IC (Irregular Cornea) and the Rose K2 PG (PostGraft) are available in 5 edgelift values, namely double decreased, decreased, standard, increased and double increased. See figure D3 for details.

Figure D1

ROSE K2

In 85% of the cases you can use the standard, increased or decreased edgelift.

Elevator values :

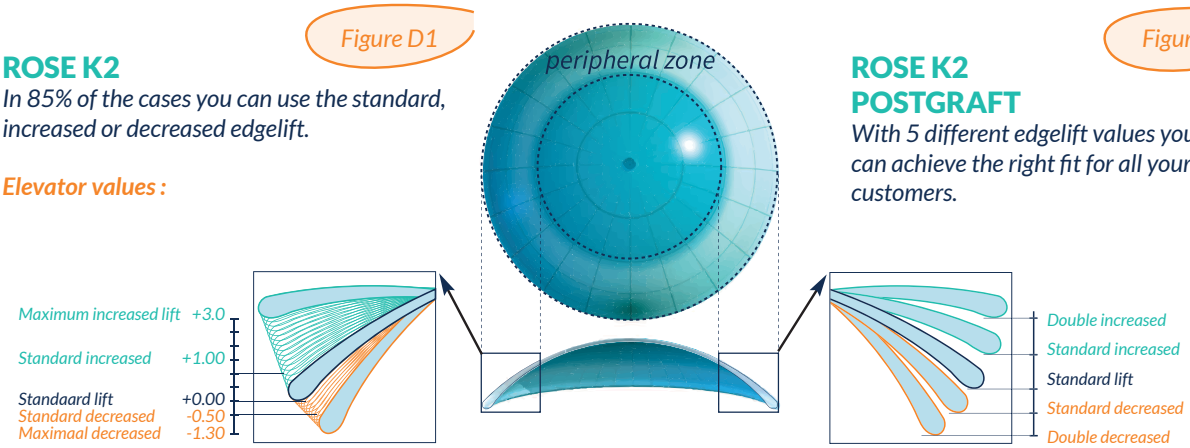


Figure D3

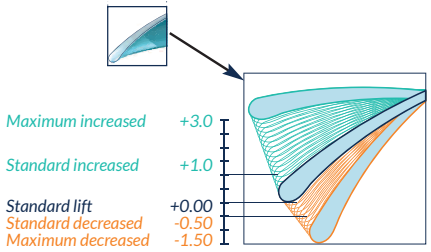
ROSE K2 POSTGRAFT

With 5 different edgelift values you can achieve the right fit for all your customers.

Figure D2

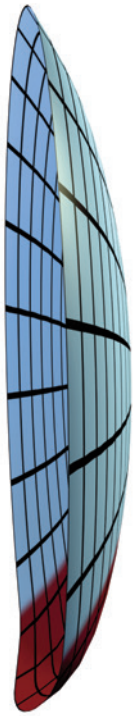
ROSE K2 NC

In 85% of cases, the standard is sufficient, increased or decreased edgelift.



ASYMMETRIC CORNEAL TECHNOLOGY (ACT)

A cornea with keratocone is usually asymmetrical. The cornea is much deeper at the bottom then at the top. A symmetrical contact lens usually gives a considerable lift-off on such a cornea at 6 o'clock. You can see that clearly in figure E. Rose K2 contact lenses are manufactured using asymmetric corneal technology (ACT) in such a way that they respond to this asymmetry. A deeper fitting at 6 o'clock makes the contact lens more comfortable and stable and often gives this contact lens a better vision. See figure F. When using asymmetric corneal technology, the edgelift and BCR of your choice are retained. ACT is not available for the Rose K2 NC contact lens.



ACT is quadrant specific and allows a steep quadrant of only the inferior.

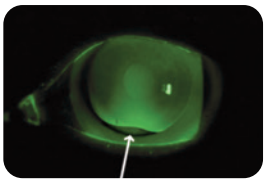


***Figure E:** A standard Rose-K contact lens is adapted to this asymmetrical keratocone cornea. The contact lens fits well at 3, 9 and 12 hours, but gives a lift-off at 6 hours.*

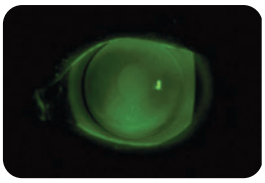
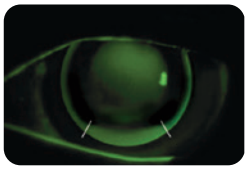
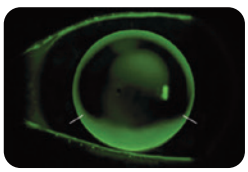


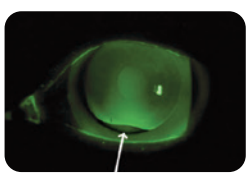
***Figure F**: Application of asymmetric corneal technology greatly improves the fit. The contact lens is more stable, more comfortable and also gives a better vision.*



ACT GRADATION 1 (0.7 mm.)
Small edgelift with pooling between 5 and 7 hours.
▸ *In this case, order ACT 1.*



ACT GRADATION 2 (1.00 mm.)
Average edgelift with pooling and possibly an air bubble between 4 and 8 o'clock. The tear-meniscus may break when flashing.
▸ *In this case, order ACT 2.*



ACT GRADATION 3 (1.30 mm.)
Very large edgelift. The Tear meniscus breaks around 6:00.
▸ *In this case, order ACT 3.*

TORIC PERIPHERY

Often the central cornea allows a spherical adaptation but the periphery has to be finished torical.

With keratocone, when using a spherical periphery, one usually sees an adjacent periphery horizontally and , on the contrary, an adjacent periphery vertically. With PMD (Pellucid Marginal Degeneration) one often sees the opposite image. In both cases, the use of a toric periphery has a strong positive effect on the fit, stability, comfort, vision and wearing time.

All Rose K2 contact lenses, except the Rose K2 NC contact lens, can be equipped with a toric periphery (TP).

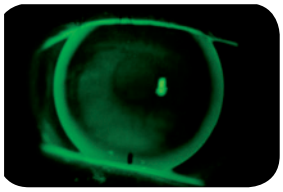


***Figure G:** Keratocone, with toric periphery.*

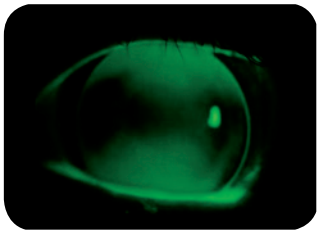
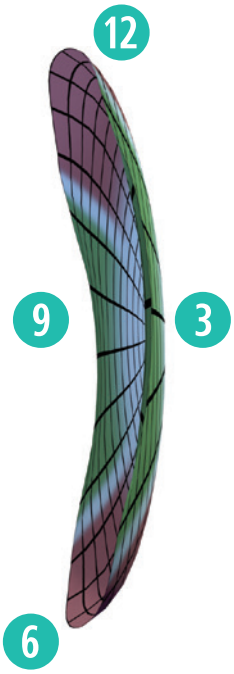


***Figure H**: Keratocone, hout toric periphery.*

AVAILABILITY

The meridians at 3 and 9 o'clock are flatter while the meridians are just deeper at 6 and 12 o'clock. A standard peripheral toroidal periphery gives a difference in depth of 0.8 mm.



ADJUSTMENT OF PINK K2 CONTACT LENSES

RECOMMENDATIONS

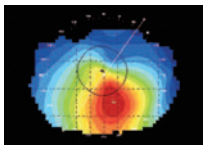
It is absolutely necessary to measure Rose K2 contact lenses with the help of the fitting lenses. Without the trialset it is almost impossible to achieve the correct fit and power. All Rose K2 contact lenses, except the Rose K2 NC contact lens, can be equipped with a toric or asymmetric periphery.

FL **First lens**
K **K(mm)**
NC **Nipple cone**

	Rose K2	Rose K2 NC *Nipple Cone*	Rose K2 IC *Irregular Cornea*	Rose K2 PG *PostGraft*
1 **INDICATION**	Oval keratocone and nipple ceratocone.	Medium to steep nipple cone.	PMD (Pellucid Marginal Degeneration), keratoglobus, Lasik and PostGraft.	For patients who have undergone keratoplastic surgery.
	FIRST MEASURE THE AVERAGE K-VALUE WITH THE KERATO METER. K up to 6.00 mm. FL average K-value + 0.40 mm K 6.00–7.00 mm FL average K-value K 7.00 mm. and higher FL average K-value – 0.2 mm	**MEDIUM TO STEEP NIPPLE CONE.** NC serious K up to 5.00 mm FL average K-value + 3.00 mm NC Advanced K 5.00–6.00 mm FL average K-value NC Light to medium K 6.10 mm en higher FL average K-value – 0.2 mm	**PMD AND KERATOGLOBUS** FL Smallest K-value+ 0.30 mm **LASIK AND POSTGRAFT** FL average K-value - 0.30 mm	FL Average K-value -0.30 mm
	Use these values as indicative starting values. The final value to be applied may differ because the keratometer only measures the central part, with a diameter of 3 mm, of the cornea.			
2 **CENTRAL FITTING**	**Do not yet notice the peripheral fit and look at the fluorescein images on the next page for examples.**			
	a. Judge the central pass-- The lens is not in the middle of the picture, but is in the middle of the picture. b. A very light touch on the apex of the cone is desired.	a.Judge the central pass-- The lens is not in the middle of the picture, but is in the middle of the picture. b.Ideally, the tangent to the cone is equal to or slightly larger than with a normal Rose K2 fit.	a.Judge the central pass-- The lens is not in the middle of the picture, but is in the middle of the picture. b.PMD and keratoglobus should have a very light contact with the apex. c.For Lasik and beginning PostGraft a central pole with a diameter of 0.20 mm to 0.30 mm must be present. d.In the case of more sophisticated PostGraft, a parallel fit should be sought by measuring the contact lens at a maximum of 0.10 mm flatter.	a. Judge the central pass-- The lens is not in the middle of the picture, but is in the middle of the picture. b.For starting PostGraft there should be a central pole with a diameter of 0.20 mm to 0.30 mm are present. c.In more developed Post-Grafts, a parallel fit should be sought through the contact lens at maximum. 0.10 mm flatter.
3 **PERIPHERAL FITTING**	Ideally, an even band of 0.5 - 0.7 mm wide should be used. If necessary, order an increased (flatter) or decreased (deeper) periphery. Apply a toric periphery if the edgelift is significantly more at 12 and 6 o'clock than at 3 and 9 o'clock. In case of other irregularities in the periphery, consider the use of Asymmetric Cornea Technology (ACT).			
4 **DETERMINE THE DIAMETER**	For very deep cones, a small diameter is sufficient. A starting cone often requires a larger diameter. Through this-- the contact lens gets higher. The contact lens must hang from the upper eyelid and must not touch the limbus.	Small and deep cones often require a small diameter. Consider a diameter of about 8.30 mm. The flatter the cone is, the larger the slide meter usually has to be. There must be ± 1.00 to 1.50 mm of movement in the contact lens.	The standard diameter of this contact lens is 11.50 mm. The lens position can sometimes be improved by choosing a larger diameter, but make sure that the contact lens does not touch the sclera.	The standard diameter of this contact lens is 10.40 mm. The lens position can sometimes be improved by choosing a larger diameter, but make sure that the contact lens does not touch the sclera.
5 **DETERMINE THE POWER**	Measure the overrefraction with sufficient light. Use steps of ± 1.00 dpt. and proceed to 0.50 and 0.25 dpt.			
6 **REST ASTIGMATISM**	It's best to compensate for a small residual stigmatism in a spherical way. It is rare for residual stigmatism to be significant. If it is necessary to correct a restastigmatism, consider extraneous, inner-corner or bitoral contact lenses.			

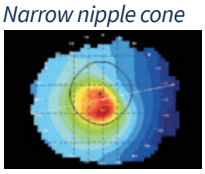
CORNEAL TOPOGRAPHY

In order to determine the properties of the deformed cornea, corneal topography is invaluable. The following is an example of a number of corneal arc images that are accompanied by the recommended Rose K2 applications.



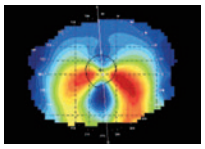
ROSE K2
ROSE K2 PostGraft

Narrow nipple cone



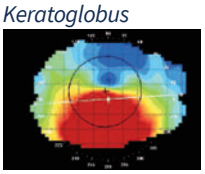
ROSE K2NC

PMD



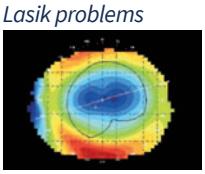
ROSE K2 IC
ROSE K2 PostGraft

Keratoglobus



ROSE K2 IC
ROSE K2 PostGraft

Lasik problems

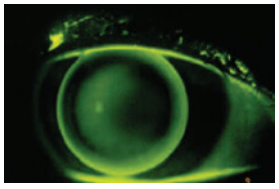


ROSE K2 IC
ROSE K2 PostGraft

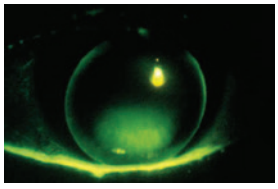
FLUORESCEIN IMAGE

Below you can see a number of accompanying comments as an illustration.

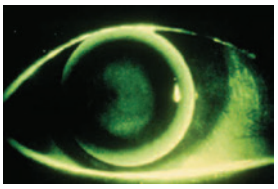
ROSE K2



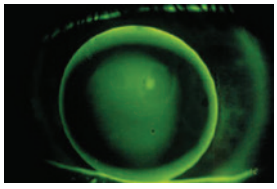
Images are taken immediately after the flashing to ensure an optimal fit.



Do not judge the downward position for the first few seconds after the flashing.

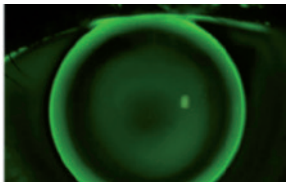


The central fit is good but the contact lens is still too loose in the periphery.

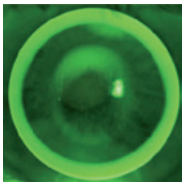


Peripherally the contact lens is good but centrally the contact lens is too steep.

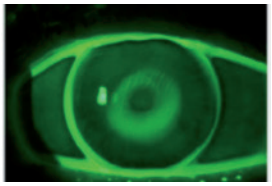
ROSE K2 NC



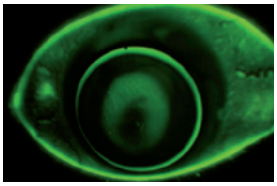
A good fit with a nipple cone.



With this nipple cone, there's too much edgelift.

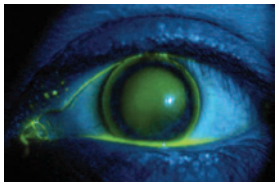


With this nipple cone, there's not enough edgelift.

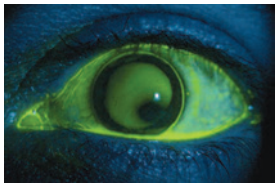


With this nipple cone, the lens position is too low.

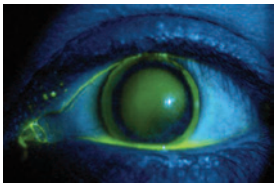
ROSE K2 IC



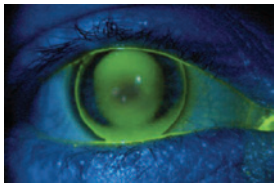
PMD. The lens with a diameter of 11.20 mm has a good central touch and sufficient edgelift.



PMD. The lens with a diameter of 11.20 mm has a good central touch but not enough edgelift.

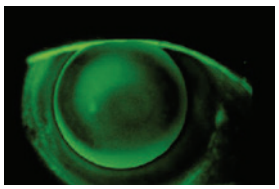


PMD. The lens with a diameter of 11.20 mm has a good central touch but too much edgelift.

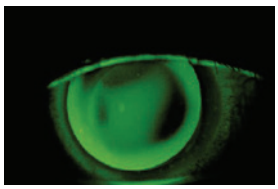


The lens on this nipple cone has too much edgelift at 6 o'clock. This is a candidate for ACT type 1.

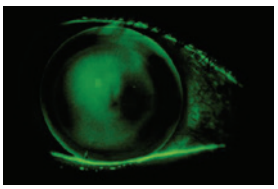
ROSE K2 POSTGRAFT



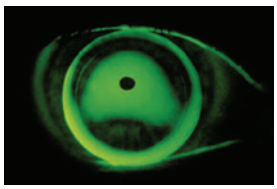
Good fit.



Starting PostGraft. The central fit is good but there is too much edgelift.



StartingPostGraft. The central fit is good, but there is not enough edgelift.



Starting PostGraft. The lens has too much edgelift and is centrally too deep.