ICD™ is Exclusively Manufactured In

FAMILY OF LENS DESIGNS

FITTING GUIDE
### Step 1

**Select Initial Diagnostic Lens:**

<table>
<thead>
<tr>
<th>Identify the Corneal Condition</th>
<th>Corneal Diameter Greater than 11.5mm</th>
<th>Corneal Diameter 11.5mm or Smaller</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Normal Depth Eyes</strong></td>
<td>Start with the ICD™ 16.5 4200µm Sag</td>
<td>Start with the ICD™ 14.5 Mini 3400µm Sag</td>
</tr>
<tr>
<td>- Normal Shapes</td>
<td></td>
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<tr>
<td>- Median Flat K-Reading</td>
<td></td>
<td></td>
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<tr>
<td>- Ocular Surface Disease</td>
<td></td>
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<tr>
<td>- Post Refractive Surgery</td>
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</tr>
<tr>
<td><strong>Median Depth Eyes</strong></td>
<td>Start with the ICD™ 16.5 4500µm Sag</td>
<td>Start with the ICD™ 14.5 Mini 3700µm Sag</td>
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<tr>
<td>- Keratoconus</td>
<td></td>
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<tr>
<td>- Pellucid Marginal Degeneration</td>
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<td></td>
</tr>
<tr>
<td>- Low Depth Corneal Transplants</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>High Depth Eyes</strong></td>
<td>Start with the ICD™ 16.5 4800µm Sag</td>
<td>Start with the ICD™ 16.5 4800µm Sag</td>
</tr>
<tr>
<td>- High Depth Corneal Transplants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Step 2

**ICD™ Lens Application: Must Be Applied Without A Bubble**

- With a towel on the patient’s lap or counter, have them lean forward with their head parallel to the ground.
- Ask the patient to pull back on both upper and lower lids using both hands.
- With the bowl of the ICD™ lens full of preservative free saline (and fluorescein), the practitioner can apply the lens using two fingers, and the thumb, if needed for enhanced stability.
- If a bubble exists, remove the ICD™ lens with the DMV®45 lens removal device and re-insert without a bubble.

Images courtesy of Patrick Caroline, FAAO, FCLSA, FOAA Associate Professor, Pacific University, College of Optometry.
Step 3
Evaluate Central Corneal Zone for full clearance
(area inside dashed line)

Acceptable Initial Appearance

Unacceptable corneal touch
Try on the next deeper lens

Step 4
Evaluate for full corneal clearance and measurement of vault

Slit Lamp Exam:

Acceptable Initial Appearance

Vault is too shallow at apex.
Try on next deeper lens.

Vault is too deep.
Try on shallower lens.
- Ensure a minimum of 300 microns of corneal vault to allow for lens settling over time.
- Verify the Scleral Landing Zone (SLZ) is aligning with the conjunctiva, 360 degrees around the sclera.
- If significant edge lift is present, select an ICD™ diagnostic lens with increased sagittal depth.
- Once you achieve an acceptable CCZ and SLZ, it is recommended the lens “settle” on the eye for a minimum of 60 minutes before further assessment. During this time, the lens will sink into the sponge-like conjunctiva which may produce a different fluorescein pattern and physiological response than it would on initial application. Given the length of time required for settling and accurate assessment, the initial diagnostic lens selection is very key to an efficient diagnostic session. The more accurate your determination of sagittal depth of the eye, the more accurate your initial diagnostic lens selection will be.

**Step 5**

**Slit Lamp Exam**

**60 Minutes Post Application of the ICD™ Diagnostic Lens**

**Central Clearance Zone (CCZ)**
The diagnostic lens should completely vault the central cornea. Fit higher or lower sagittal depth diagnostic lenses to increase or decrease the central corneal clearance.

**Limbal Clearance Zone (LCZ)**
The diagnostic lens should completely vault the limbus. To observe clearance in this area, use white light to assess the fluorescein “bleed” from the cornea through the limbus and out to the sclera (A). Order a modified LCZ if the peripheral cornea and/or limbal depth is inadequate.
**Step 6**

**Lens Power:**

Perform a spherical equivalent over-refraction to determine the final lens power.

Call your Authorized Laboratory to place your ICD™ order. Depending on the patient’s ability to adequately see with the diagnostic lens, you may choose to allow the patient to wear the diagnostic lens until the ICD order is received and dispensed.
Note the Axis

Position and stability of the rotation markers
An important observation that needs to be made with the ICD Toric is to locate the two flat meridian markers. First, are they rotationally stable and appear to be in the same position over time? Secondly, record the axis of the markers (between 0 and 180 degrees) which needs to be communicated to your ICD distributor.

Note the axis of the toric markings after 2-3 minutes of lens settling and perform a spherocylindrical over-refraction and order the proper lens from your authorized laboratory.

Specifications Required to Order the ICD Toric from your Lab

The symmetrical ICD and ICD Toric require the same information to place an order.

Unless the ICD Toric diagnostic requires additional LCZ/SLZ toricity, the only additional specification to record is the axis of the rotational marker.
**Proper Identification of Each “Zone”**

**Central Clearance Zone (CCZ)**

**Limbal Clearance Zone (LCZ)**

**Scleral Landing Zone (SLZ)**

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**Example of Initial ICD™ 16.5 Lens Application**

- **Minor air bubble. Remove, fill bowl with solution and reapply.**
- **Major air bubble. Remove, fill bowl with solution and reapply.**
- **Properly applied lens.**

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**Example of Three Different ICD™ 16.5 Lenses with Sagittal Depth Variances Fit on the Same Eye**

- **4500µm Sag:** Significant corneal bearing. Increase Sag.
- **4600µm Sag:** Corneal bearing still present. Increase Sag.
- **4700µm Sag:** Proper Central Corneal Clearance. Correct Sag.

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**Example of Limbal Clearance, Alignment and Edge**

- Fluorescein bleeds from the cornea through the limbus to the sclera indicating appropriate clearance.
- Restriction of blood vessels and blanching. Lens is too tight with seal off.
- Blood vessels travel from the periphery past the edge and Scleral Landing Zone without restriction.

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**Examples showing Toric Eye Globe**

- Spherical lens that lands at 12 o’clock
- Spherical lens vaulting at 3-9 o’clock
- Spherical lens that lands at 6 o’clock

Images courtesy of Patrick Caroline, FAAO, FCLSA, FOAA, Associate Professor, Pacific University, College of Optometry.

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