



First choice in case
of Keratoconus

S P E C T R U M
I N T E R N A T I O N A L

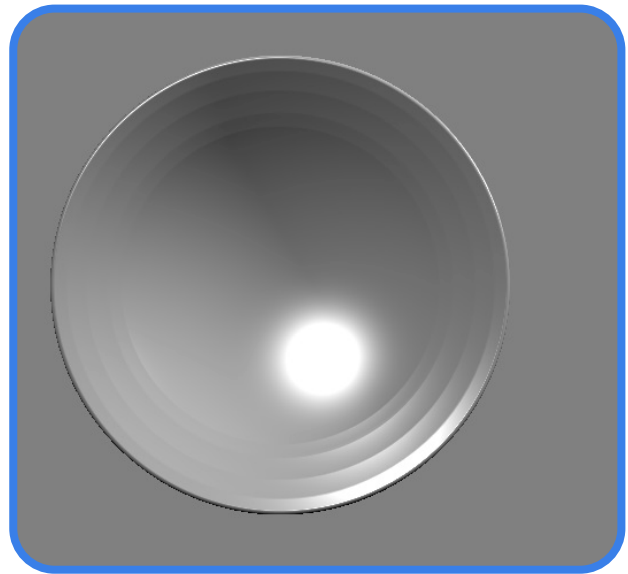
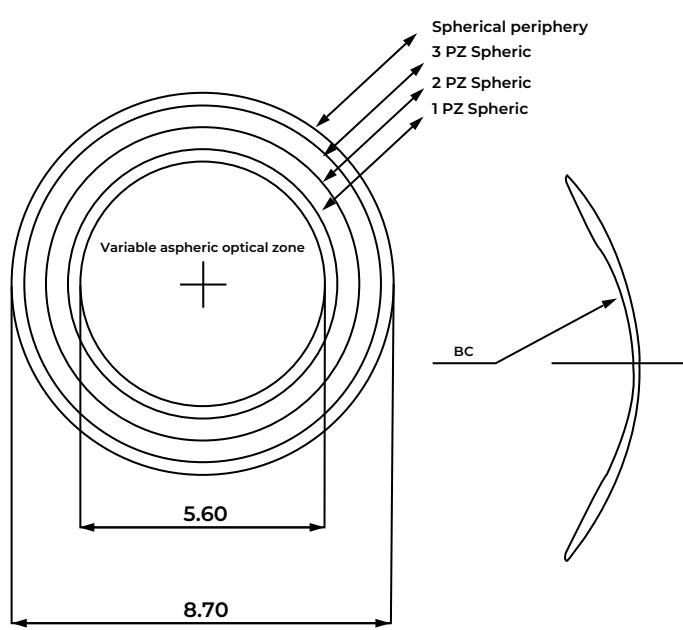
Pie International
Medical

Rigid Gas Permeable Corneal Contact Lens for Nipple Keratoconus. Coaxial pentacurve geometry with aspherical optical zone of variable diameter proportionally to the base radius. Thanks to the modular periphery it is simple to fit and to manage in problem solving. Available in the versions: Symmetrical, Frontoric, Internal Toric and Asymmetrical, it adapts to all the needs of the fitter while maintaining a very high level of comfort of use even in very advanced stages of ectasia.

DESIGNS

Apikal KE	Apikal KE IC	Apikal KE 2	Apikal KE PG	Apikal KE NC
-----------	--------------	-------------	--------------	--------------

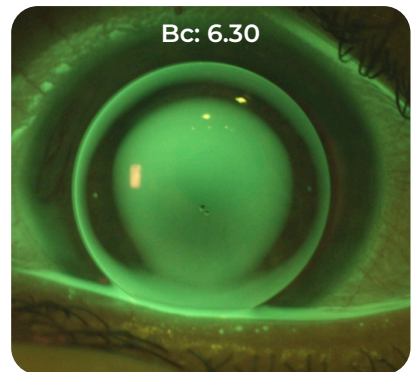
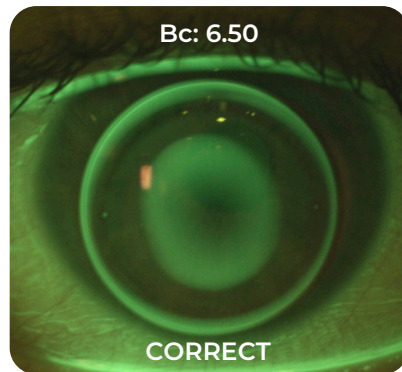
INDICATIONS	ALL TYPES OF KERATOCONUS	ALL STADIATION
DESIGN TYPE	BOZD VARIABLE	ASPHERIC ABERRATION CONTROL
GEOMETRY	COAXIAL SPHERO-ASFERICAL	5 CURVES
MATERIALS	ALL AVIABLE	BEST IS 184 DK
BASE CURVE RANGE	FROM 4.50 TO 8.30 mm*	Step: 0,05 mm
TOTAL DIAMETER RANGE	FROM 8.00 TO 9.6 mm*	Step: 0,10 mm STANDARD 8.70 mm
SPHERICAL POWER RANGE	FROM Sf. +20 TO Sf. -30 Dt	Step: 0,25 Dt
CYLINDRICAL POWER RANGE	FROM Cil. -0,50 TO Cil. -8,00 Dt	step: 0,25 Dt
AXIS RANGE	ALL	Step: 1°
PERIPHERY	MODULAR	FROM -2 A +2 Step 0.5 (30 Micron EVERY 0.5)



SIMPLE TO FIT

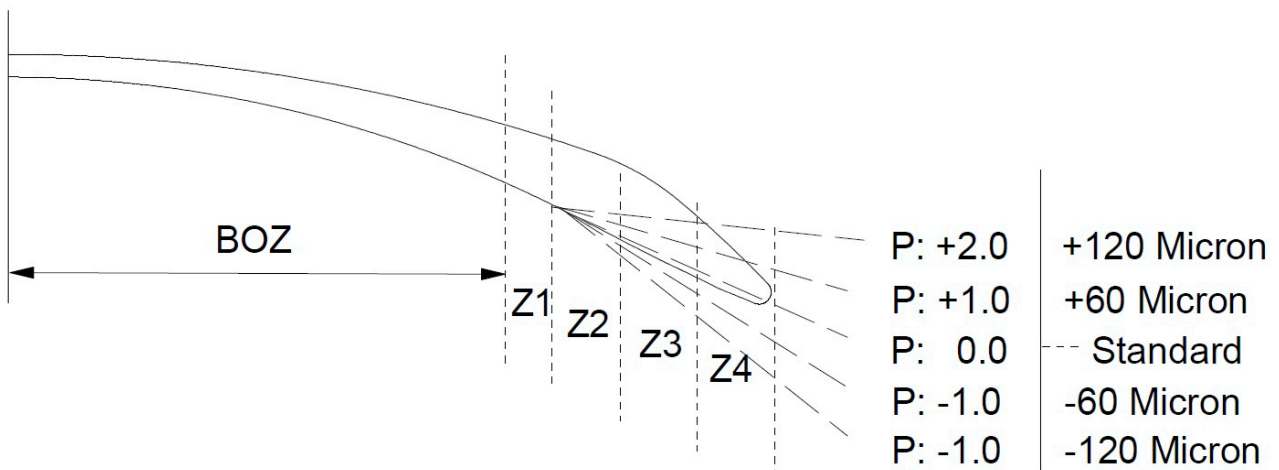
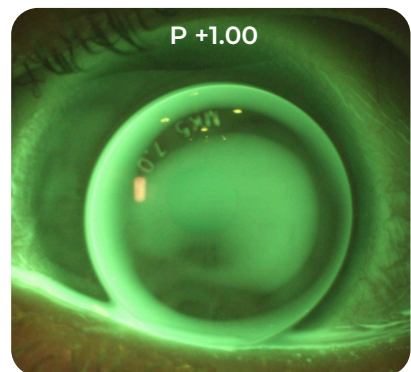
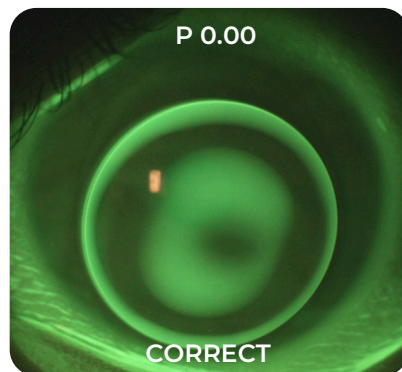
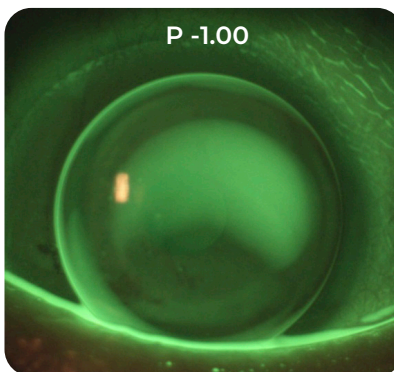
1. APICAL CLERANCE MANAGING

Modifying the Base Curve affects only the central support of the lens. This allows the precise choice of the apical lift, guaranteeing safety of use and avoiding excessive pressure



2. PERIPHERY LIFT MODULATION

Changing the periphery affects the last three periphery curves. The STANDARD periphery can be varied from -2 to +2 step 0.50 which is equivalent to 30 microns of peripheral lift variation. This modification allows easy and immediate management of the peripheral application without interfering with the central.



FITTING PROTOCOL

The MED **Apikal KE** is designed for the "THREE POINTS OF CONTACT" application technique. It is indicated for apical lifting. The application must start from the choice of the right base radius which offers a correct sagittal depth and therefore the right central lift.

1A: FIRST LENS SELECTION FROM TRIAL SET

BC = K Medium SIM K

1B: FIRST LENS SELECTION FROM SIMULATED FLUORESCINE AT TOPOGRAPHER:

Simulate and identify the BC which in simulation shows an apical clearance of 30 microns once centered on the corneal apex.

2: PERIPHERAL LIFT SELECTION:

Once the lens of the diagnostic set has been chosen and applied, proceed with the evaluation of the periphery. Here the lens should show a peripheral ring of fluorescein at least 0.5 mm wide. In the event that the peripheral junction is inadequate, order a lens with the same BC but a higher P value.

“PAY ATTENTION: **Apikal KE** geometry is a geometry with no link between center and periphery”. The base curve and center are completely independent from the periphery. Meaning, if you chance the center you will not affect the periphery.

3: TOTAL DIAMETER SELECTION:

The standard diameter is different according to the BC to be used, it varies from 8.50 to 8.90 mm according to the radius. Small modifications of the total diameter are allowed to improve centering and dynamics of the contact lens.

Larger diameters can be used successfully to facilitate eyelid hookup and improve centering or to increase the peripheral field of vision, in all cases it is recommended not to use diameters greater than 9.20 mm.

3: FLUORESCINE PATTERN EVALUATION:

The stance must show a regular stance in 360° combined with a central apical lift. After 30 minutes from the first application, the lens must show a dynamic of 1.00 mm when blinking. Greater dynamics indicate the need to TIGHTEN or TORICISE the periphery of the lens, Reduced dynamics and signs of indentation indicate the need to open the periphery (P) of the lens. Decentralization at the bottom combined with excessive lifting at 6 o'clock indicate the need to sectorally CURVE the lower portion of the lens using the MK5 Asymm version.

SUGGESTION ON PROBLEM SOLVING:

Follow-up visits should be performed after a usage time of at least 5 hours. The biomicroscopic examination must show DYNAMICS preserved upon blinking and no alteration of the epithelium in the APICAL area with the exception of slight VORTEX staining typical of some corneas affected by keratoconus. In topography with the lens removed, slight changes in the topographic picture due to the possible remodeling of the central cornea can be considered acceptable. If the impression effect should be too evident, it is necessary to reduce the sagittal depth of the lens by flattening the base curve and opening the periphery by one step. In case of apical abrasions, make the following geometric changes:


STEEPENING **BC to 0.20 mmT**

TRIAL SET

BASE CURVE	POWER	DIAMETER
5.00	-25.00	8.20
5.20	-23.75	8.20
5.40	-21.25	8.30
5.60	-19.00	8.40
5.80	-17.00	8.50
6.00	-15.00	8.50
6.10	-14.25	8.50
6.20	-13.25	8.50
6.30	-12.50	8.70
6.40	-11.50	8.70
6.50	-10.75	8.70
6.60	-10.00	8.70
6.70	-9.25	8.70
6.80	-8.50	8.70
6.90	-8.00	8.70
7.00	-7.00	8.90
7.20	-5.75	8.90
7.40	-4.50	8.90
7.60	-3.50	8.90
7.80	-2.50	9.10
8.00	-1.50	9.10



S P E C T R U M
I N T E R N A T I O N A L

 +1 (470) 208-7030

 sales@spctinternational.com

**Pie International
Medical**

**+90 (532) 419-35 15
satis@piemedikal.com**

www.spctinternational.com



[/spctinternational](#)
[/piemedikal](#)