



DISPENSING CASES

Let me look into that

In CPD Part 2 (*Dispensing Optics* February 2020) Alex Webster explored the concept of writing up dispensing patient encounters as a form of reflection, or for discussion. In this article, Fiona Anderson presents a dispensing case that turned out to be more challenging than anticipated. Readers may wish to use it to reflect upon (or discuss) whether they would have followed a similar approach or done things differently.

DISPENSING HISTORY

Forgive me for feeling a little smug when a new patient entered the practice mid-morning asking for me by name, explaining that I had been recommended to him for his spectacles dispensing. He said he had always been seen privately by a local ophthalmologist due to being diagnosed with glaucoma some 15 years previously. Well, they say that pride comes before a fall...

We sat down to chat about his needs; he said he would like progressive lenses if possible but that he had "had a go" before but had "never really got on with them". I asked to see a copy of his prescription, and he presented me with the following:

Distance Rx

RE: +1.25DS/ -1.50 DC x 25 7Δ Base Down
LE: +2.00DS/ -1.75 DC x 170 3Δ Base Out

Near Rx

RE: +3.25DS/ -1.50 DC x 25 9Δ Base Down
LE: +4.00DS/ -1.75 DC x 170 1Δ Base In

Talk about a 'heart sinking moment'. With all the tact and decorum I could muster, I set about uncovering *all* of his needs.

Occupation: retired university lecturer.

Lifestyle and hobbies: travel, reading, walking, volunteers part-time with a charity and spends two to three days a week researching, preparing presentations and delivering them around the country for the charity.

History: The patient had previously tried progressive power lenses (PPLs) but had always found the reading area too small. Visual acuities (VAs) had never been that good, and he had suffered neck pain from having to tilt his head to see his computer screen. He was currently wearing distance single vision lenses with a separate prescription for near. This was not really adequate for

computer work, and he found having to swap spectacles irritating.

After a long discussion, we decided that the most pressing problem for him was his intermediate and near distance as he was spending a large amount of time on computers – including a desktop at home, a laptop for presentations and a tablet and smartphone whilst travelling.

Also, the patient had some reservations about his prescription, as the ophthalmologist had said there had been a change in the prism. Having not seen this patient before, I asked him to allow me to check his prescription in the trial frame in the consulting room, and outside for distance. He said it felt fairly comfortable; he had no diplopia, near was comfortable and his VAs were binocular 6/6 +2 N5.

I had no intermediate add noted on the prescription copy, so after discussing working distance, screen size and font size, we decided on an intermediate add of +1.00DS. He had a good range with this (45-80cm).

DISPENSE 1: AT CLOSE RANGE



FIGURE 1: WOLF EYEWEAR 4049

Frame: Wolf 4049 Grey 47 x 21 (Figure 1).

Lenses: Norville Versatile Office 1.6 Transitions Xtractive lenses in grey with a reflection free coating. The patient had a large picture window to the side of his home office desk, hence ordering Xtractive lenses.

The frame was a really good fit on the patient's bridge. The crest sat very well and the boxed centre distance (BCD) at $47 + 21 = 68$ was exactly the pupillary distance (PD) for near. This would ensure no decentration and minimum substance to the lenses.

The lenses were ordered for the near prescription with full prismatic correction and degression specified, in this case -1.00. The full near add was prescribed as

+2.00DS, and we worked out the near add was +1.00 in the consulting room when I checked his VA. I also specified monocular fitting heights.

Because the patient required both horizontal and vertical prism, I wanted the ocular centre (OC) heights to be exact. So I fitted the frame before taking measurements and sending off for glazing. It was paramount that the patient would have the best possible VA with his spectacles.

DISPENSE 2: FROM A DISTANCE



FIGURE 2: WALTER & HERBERT DAVISON

Frame: Walter & Herbert Davison Nude 49 x 18 (**Figure 2**).
Lenses: Essilor Transitions 1.5 Xtractive grey with Sapphire coating for distance.

The lenses were ordered to the distance prescription with monocular centres and monocular heights. Again, due to the fact the patient required both horizontal and vertical prism, I wanted the OCs to be exact. Therefore, I fitted the frame before taking measurements and sending them off for glazing.

The patient returned about a fortnight later to collect his two pairs of spectacles. On trying on the distance pair and checking his VAs in the test room, he could see very well: 6/6+3 binocular. Initially, on trying the 'office' lenses he could see well.

After a slight adjustment and checking that the OCs and heights were in the required position, he could comfortably see N5 at 30cm and had a range of up to 100cm. At the latter distance, he could see N12 comfortably, which he was delighted with.

On collection, I went over the care of the spectacles, warranty on distance lenses and that, of course, the distance ones were for general wear and driving – and the others were for office and home use only. They were not for driving or walking around in.

About six weeks later, the patient returned. Sensing a pensive look on my face, he quickly reassured me that all was well, but that he was still experiencing a few problems when presenting from his laptop. If he had on his distance prescription, the audience were clear but not his screen or notes – and if he wore his 'office' spectacles, the screen and notes were great but he couldn't really see his audience.

So his request was: could he get a distance/intermediate pair of spectacles that weren't bifocals.

This very astute gentleman had obviously been consulting Dr Google...

We again discussed the main issue and agreed that distance and mid range were the main areas he needed clarity in. When presenting, there would often be a Q&A session and he needed to see if delegates had their hand raised to ask a question. Could I get him a PPL with intermediate? He really wasn't too bothered about near as he would only use these for presenting. I asked him to 'let me look into it' – meaning, of course, I really had no clue what I could offer him in PPL.

I did think – perhaps naively – that with the advent of freeform technology my quest might be easy. However, with a different prism for distance and near, and the actual amount of prism required, my choice would be quite restrictive.

Initially, my thoughts led me to one of the PPL lenses specifically weighted towards the intermediate zone, such as the plethora of driving lenses on the market (Essilor Road Pilot, Hoya En Route, Zeiss Drivewear), however, the prismatic correction was a problem being over six dioptries.

After speaking directly with Essilor, we decided to go with a compromise prescription, i.e. to only order the distance prism and to not incorporate the different prism for near as this would be impossible to do.

In the end, after more discussions with the patient we decided on a slight compromise: we would make the distance and intermediate zones of the lens the priority. If he was working at the computer, he would use his 'office' spectacles.

DISPENSE 3: PROGRESSING FORWARDS



FIGURE 3: MONCLER ML 5057

Frame: Moncler ML 5057 005 50 x 18 (**Figure 3**).
Lenses: Essilor Varilux Exceptio 1.67 Transitions 8 Grey with Sapphire.

As with all PPL dispensings, I fitted the frame prior to taking mono OCs and mono heights. The Exceptio lens is a 'special order' lens from Essilor that's manufactured in France and I was quoted up to four weeks for delivery. This lens is suitable for a high prescription and high prism so was ideal.

Once the spectacles arrived, I triple checked them on the focimeter and advised the patient they were here

and ready to collect. A collection appointment was duly made, but sadly on a Friday when I was not in practice. I spoke with the patient and advised him that I was happy for him to collect them anyway, as I had already fitted the frame and was confident in all the measurements I had taken.

However, I also pointed out that in the transit and fitting of the lenses, the final fit might be slightly different. Therefore, I was happy for him to collect them in my absence – but only on the understanding that he try them over the weekend and see me on the Monday to have everything checked.

He was again advised that his distance and intermediate vision should be good while reading might be less so, as we didn't have the full prismatic correction. So for prolonged tasks, his eyes may be fatigued. I also suggested that driving might best be left until I had checked VAs.

On Monday morning at 10am, he bounded into the practice, grinning from ear to ear. He told me that he hadn't taken the spectacles off since Friday and they were "fab". A very slight adjustment to the length-to-bend on the left side was required and then we were good to go.

You might think that was the end of the story. Well, no it wasn't actually. By way of a postscript, I was sitting on a flight from Heathrow to Aberdeen after attending a meeting in London and who should be sitting in the row beside me but the gentleman and his wife. They were

returning from a week in London visiting family and celebrating his 62nd birthday. And how did they celebrate? By buying a beautiful spectacle frame from a very trendy opticians in the city. He asked if I could fit them with his distance prescription for sunspecs.

DISPENSE 4: FUN IN THE SUN



FIGURE 4: TAVAT SOUPCAN PANTOS C8

Frame: Tavat Soupcan Pantos C8 Brown Havana 46 x 26 (Figure 4).

Lenses: Norville NuPolar Brown 15 per cent LTF with Reflection Free.

As before, I fitted the frame and specified mono OCs for horizontal and vertical to ensure centration was accurate. The frame size again was very good and the box centre distance (BCD) matched the distance PD of 72mm. Ensuring the BCD and PD match, or are close, means no or little decentration. This, in turn, means that the lens thickness and weight can be minimised which means better comfort and aesthetics for the patient.

On collection, the patient was delighted. He was hoping to go to walk part of the Camino de Santiago in Spain later in the year, and would be in need of effective sun protection.

It would be all too easy to shy away from a prescription such as this but as dispensing opticians this is where we excel and show our talents. None of us know everything and it is essential to have a good relationship with suppliers – both frame companies and lens laboratories – to ensure we investigate and source all possible solutions to suit our patients' needs. Often a phone call is all it takes. Hence the title, 'Let me look into that'.

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Visit the Professional Development Toolbox area of the ABDO website in the CPD/CET pages for CPD resources, including writing up dispensing cases for review or reflection. Previous CPD articles in this series are also available there, to assist with understanding reflection and other CPD areas.

As ABDO head of CET, Alex Webster, suggests: "Reviewing cases with your practice team and other peers is a fantastic way for all to learn, but it may be you also want to consider sharing those unusual and challenging cases with the wider membership and submit a case to *Dispensing Optics* for consideration."

Email Alex Webster at awebster@abdo.org.uk for further information and guidance on submitting cases.

Coming up next in our CPD series, we will be exploring reflection and peer review of low vision patient encounters. As more and more of our everyday patients require advice, support and optical appliance and dispensing solutions to help with low vision issues, it is more important than ever that we are confident in applying our skills in this area and keeping up-to-date with what is available.