

Why it's important to have an experience of Monovision

- We highly encourage all patients to have a **first hand** trial of monovision with Contact Lenses, since a theoretical concept of monovision does not sound very attractive, and can be hard to grasp, but in reality the majority of patients adapt very well and find that living with monovision is very handy and preferable to needing to wear reading glasses.
- While most patients feel that they would be okay having to use reading glasses for computer and near reading, what they don't usually realize that ALL near tasks arm's length and closer will be affected. A short list of activities – such as personal grooming (shaving for men, makeup for women, nails etc), checking caller ID, texting on the go, reading menus – that we do without even thinking we are using our near vision may shock individuals after refractive surgery. So it helps to try monovision before surgery and be able to see how one can perform different everyday tasks with one eye corrected for distance and the other slightly undercorrected.
- It is important to note that there isn't an absolute correlation between eye dominance and which eye should be chosen for distance correction. So it is highly encouraged that we switch the eye dominance during the trial to confirm which eye the patient prefers for distance. The only exception may be if the patient is involved in certain recreational activities where a particular eye is preferred for distance, such as shooting, archery etc.
- The dilemma we face here at GEC is when we see patients for surgical workup (so the sx is booked the next day) and we have an unbiased informative discussion on monovision with them and suddenly they realize it may be a good option except it is too late to do a Contact Lens trial. So it is best that the patient TRIES monovision for themselves BEFORE surgery, and BEFORE they come to Gimbel Eye Centre for a surgical workup.

Benefits of monovision:

- By far the biggest benefit is to significantly reduce dependency on corrective glasses which is the reason why patients have chosen to have refractive surgery. We use our near/intermediate vision 60-70% of the day, therefore if the patient does not have monovision then they are basically going from full time glasses to dependency on corrective lenses 60-70% of their day.
- Most patients are generally very happy with their Distance and Near vision if they adapt well to monovision. They can certainly get glasses for specific tasks like driving glasses in bad weather or night driving or even prescription reading glasses for extended periods of near work
- Patients can also opt to occasionally use CL in the near eye for certain recreational activities like golf

Summary:

We really appreciate collaborating with optometrists in the process of screening and pre surgical workup of the refractive surgery patients. In keeping the patients best interests in mind, we humbly encourage optometrists, whenever possible, to perform monovision trial on potential surgery patients in their late 30s. This first hand experience with Contact Lenses by the patient is the best way to determine if they will adapt to Monovision and enjoy its benefits in the long term.

Furthermore it is worth noting that if after surgery the patient feels like they are not adapting to Monovision or don't like it anymore, then the eye can be re-treated to remove the Monovision. However the reverse is not possible - that is, after treating both eyes for distance if the patient feels they are not happy with the loss of near vision or don't like how much they depend on their reading glasses, we are unable to give them their near vision back.