Lenstar Myopia

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For many years we have practiced myopia control without any means of accurately monitoring for treatment success except for change in refraction. In children, the 'target market' of myopia control, this can be grossly inaccurate, even with cycloplegia. In ortho-k practice, manifest refraction is an unreliable means for determining stability of myopia given the variability in corneal power. While refraction over the lenses can give some idea of the patient's current refractive status relative to baseline, this too can be inaccurate due to factors such as lens warpage.

Given this, the Lenstar Myopia has been a welcome addition to our myopia control practice. Its ease of operation means support staff are able to capture accurate measurements of axial length prior to the patient's appointment. The intuitive Lenstar software plots the axial elongation compared to expected norms, helping to give the practitioner (and the child's caregiver) confidence that the treatment goals are on the right track. Alternatively, if these goals are not being met, the current treatment can be modified accordingly. Given the mounting evidence on the improved efficacy of combination therapy, the Lenstar software's analysis is extremely useful in deciding when to add an additional treatment such as low dose atropine.

For new patients the software is able to plot the expected myopia progression based on variable risk factors if the child is left untreated, versus if different treatment modality was to be applied. This is an extremely useful tool in both educating the patient's caregiver of the need for myopia control, as well as selecting an appropriately tailored myopia control strategy.

In all I am extremely happy with our purchase of the Lenstar Myopia. I have no doubt that both our patients and our practice will continue to benefit as we more forward into the future.