Monovision

Monovision is the biasing of vision in one eye such that it sees well for distance whilst biasing the fellow eye to see well at close. Conversely this means that the distance eye cannot see to read and the close eye cannot see clearly in the distance. Monovision is attempted to try to eliminate or reduce the need to wear prescription glasses, for vanity and convenience reasons. Monovision becomes a consideration when correcting vision for those people who are presbyopic. (over 45 years of age). Unfortunately a lot of these patients are elderly and have a variety of other systemic problems which may affect their functioning.

Concerns with Monovision.

- Depth perception with walking, and ball sports, as well as judgment of distances when overtaking during driving. Try judging these tasks with one eye closed and compare your accuracy to both eyes together.
- Safety concerns with driving include depth perception as well as reduced acuity in one eye impairing reaction time and debilitating the driver if the distance eye needs to be closed or rubbed. As reactions may already be impaired by other systemic problems this has to be considered.
- Anisometropia problems of patients who don't cope with monovision are likely if the inaccuracy of the surgery creates greater than +1.50DS power variance between the eyes.
- A change in occupation may require binocular distance vision for effective functioning. A heavy goods vehicle license requires 6/12 in the worst eye. 6/12 is rarely achieved by an eye biased for close vision.

I have found monovision works around 50% of the time. Rarely it is better when the non dominant eye receives the distance correction. Generally due to our driving on the right hand side of the road I tend to try to give RE distance to allow effective use of side mirrors. Fortunately with contact lenses there is always the option to return to distance correction with reading glasses. Also the patient still benefits from binocular vision when wearing their glasses. I always trial monovision in the trial frame first and only if the reaction is reasonably favourable do I proceed with monovision contact lenses.

Therefore if monovision has proved effective with a contact lens trial and the patient has been counseled about the reduced stereopsis and possible difficulties with any ball sports, golf, bowls, cricket, and tennis and also counseled on safety problems e.g. work site etc then sure give monovision a whirl. Most patients are happy to wear reading glasses following cataract surgery, and many would opt away from monovision if the advantages of binocular vision were explained, rather than the *"Freedom from Glasses"* advice given at the surgeons rooms.

I am happy to fit one day disposable lenses to these patients on the understanding that these lenses only come in boxes of 30 with a minimum order of 2 boxes ie: $95.00 with no solution costs. If using a fortnightly or monthly disposable for one eye only requiring Contact lens correction then this can be done at $48.00 for the lenses plus solution costs. Whilst I understand that the contact lenses are unlikely to be worn for more than 1 month it is not possible to purchase these lenses in smaller volumes. I would recommend that monovision be trialed for a least a few weeks in varying situations to suit the patient's lifestyle to ensure full acceptance of monovision.