

Instructions for patients



Activities during adaptation period: During this period, avoid engaging in active sports and, for older patients, do not drive any vehicle.



Long-Term wear: After adaptation, the patient should wear the glasses permanently (except during sleep and active sports).



Checking position: Patient and parents should check the frame's position daily to ensure proper fit.



Regular visits: Attend regular optometrist appointments (frame adjustments, prescription review, myopia progression monitoring, and treatment adjustments).



Environmental factors: Control environmental factors such as spending at least 2 hours outdoors, taking regular breaks for near tasks, using proper lighting and correct working distance, etc.



MyoLess Myopia Management Solution

“ Revolutionizing myopia management lenses for your children ”



Myo
Free-form



Superior
Aesthetics

Myopia Management Solution

Adaptation period

Easy adaptation period, usually between 1-3 days.

97% of wearers say they feel **VERY SATISFIED** with the lens performance in distance, intermediate and near

95% of wearers reported **EXCELLENT COMFORT**

100% of wearers reported **GOOD SHARPNESS** while wearing the lens



MyoLess

Myopia Management Solution

MyoLess lenses were designed to give children the best possible visual experience while simultaneously treating their myopia progression.

They are not only extremely effective in **slowing down the rate of increase in myopia; they combat ocular elongation growth** thanks to their unique Myo Free-Form Technology, which adapts to the nasal and temporal asymmetry of the retina.

- Slower progression of childhood myopia by reducing the growth of eye elongation
- Perfect vision in the clear vision area
- Enhanced comfort, similar to a regular Single Vision lens
- Superior aesthetics-treatment is undetectable on the lens surface, with no visible marks or lines
- Remarkably thinner lenses for a slim and visually pleasing appearance, by allowing production in any desired material

Ground breaking technology



Myo
Free-Form

↓ **39%**

Ocular elongation growth was lower (-39%) after 12 months in wearers of this lens compared to a standard single vision lens

Asymmetric positive defocus on the back surface of the lens.

“Take your children’s myopia management to the next level”

Myo Free-Form technology is based on the hyperopic defocus theory. Standard negative lenses cause light to focus behind the peripheral retinal plane. This can stimulate the eye to elongate further and worsen the myopia over time. By contrast, a lens with positive power at the periphery enables light to focus correctly on the retinal plane.

MyoLess effectively slows down the progression of axial elongation in children’s eyes. It achieves this by incorporating asymmetric positive defocus on the back surface of the lens, which is calibrated to the natural asymmetry of the retina. This ensures that all light is focused on the retinal plane, effectively combating ocular elongation, and slowing down the progression of myopia.

MyoLess includes two zones. In the center is a clear visual zone, 7 mm wide, with an ovoidal shape that improves vision on the vertical axis.

Surrounding this first zone, there is the myopia treatment zone with asymmetric peripheral defocus, strategically calibrated with +1.8D and +1.5D (temporal and nasal areas) and +2.0D at the bottom of the lens.



Superior
Aesthetics

Unbeatable combination of aesthetics and lightness.

“A slim lens design with no visible marks, for a natural look”

Optimizes the aesthetic appearance of the lens by utilizing the optimal base curves and thickness optimization. Our technology ensures a sleek and modern aesthetic for the wearer.

The treatment is also undetectable on the lens surface, with no visible marks or lines.



Target

In a recent worldwide survey, eye care practitioners said that children as young as 6 years old with a refractive error of -0.50D to -1.00D are suitable candidates for myopia management eyeglass lenses.

73% of children wearing MyoLess lenses saw no significant increase in myopia after 12 months.

Some predictive factors of myopia:

- Physical inactivity with high visual demand
- Myopia in both parents or high myopia in one parent
- Cycloplegic spherical equivalent less than +0.75D in children under 6 years
- Difference between temporal and nasal off-axis refraction ($20-30^\circ$) $> 0.5D$ in spherical equivalent
- Axial length over 23.5 mm with an eye refraction of +1.00D
- Others: Ratio Axial Length / Corneal Radius > 3 , AC/A ratio $> 4 \Delta/D$, Pseudomyopia or/and Heterophoria $> 4 \Delta$

