

What blended vision is

Your dominant eye is corrected for distance and the other left, or made, slightly short-sighted for closer work. The brain attends to whichever eye gives the clearer image and suppresses the blur from the other. In most people that happens within days to weeks. In some it never happens.

Three ways we provide it

Laser monovision, adjustable later with further laser. Laser blended vision, known as PRESBYOND on the ZEISS platform, which additionally extends the depth of focus of each eye through a controlled increase in an optical property called spherical aberration, so the two ranges overlap and less difference between the eyes is needed. That is what distinguishes it from conventional monovision. Or lens surgery with monofocal implants, one eye for distance and one for near, which gives excellent optical quality but is far harder to reverse.

Tolerance is the whole question

Everything that goes wrong with blended vision goes wrong for the same reason: the patient could not adapt to the difference between their eyes. Symptoms are unstable vision, difficulty judging distance, eye strain and headache. No scan predicts who will adapt, so tolerance is tested rather than assumed.

How we test it

- Your dominant eye is determined by more than one method.
- The intended difference is simulated, usually with contact lenses.
- You live with it for at least one to two weeks, not an afternoon.
- The trial must include driving, including at night if you drive at night, plus screen work, reading and your job.

If you finish a proper trial feeling it was tolerable but not comfortable, that is a reason not to proceed, or to proceed with a smaller difference. Blended vision that is merely bearable in a trial rarely becomes delightful once permanent.

If you already wear monovision contact lenses

That is stronger evidence than any test we could devise, and formal tolerance testing is usually unnecessary. We will still ask how long you wore them, whether you were genuinely comfortable or merely coping, which eye was used for near, how much difference you wore, and whether you still wear them.

Why we are cautious in cataract surgery

A cataract degrades the image, so a tolerance test performed through one does not simulate the post-operative result and can mislead in either direction. Blended vision is therefore generally avoided in cataract surgery unless you have already tolerated monovision. Otherwise the safer route is to target both eyes for distance, let vision settle, then test tolerance properly before planning the second eye.

Someone else doing well is not a reason

Almost everyone who asks for blended vision knows someone delighted with it. That tells you it works well for some people. It tells you nothing about whether it will work for you. Adaptation to anisometropia varies enormously and cannot be inferred from a friend or relative. The reason to have it is that you have tried it and liked it.

Who is not suitable

Anyone who has tried monovision and disliked it. Patients with a squint, a tendency for the eyes to drift, or amblyopia. Those whose occupation or licence requires high-grade depth perception, or whose main demands are night driving or fine stereoscopic work. Anyone unable to commit to a proper trial. Being unsuitable usually means both eyes for distance plus reading glasses, an excellent result.

What it cannot do

It cannot guarantee freedom from glasses: most still use them for prolonged reading, very small print or poor light. It cannot give both eyes crisp distance vision at once, because that is the opposite

of the design. Some reduction in fine depth perception is inherent rather than a complication.

Driving

Most patients drive comfortably and meet the legal standard, but depth perception is reduced and glare and halos at night can be more noticeable. Night driving is most likely to reveal intolerance, which is why the trial must include it. Tell us if you hold a vocational licence, fly, or work to a formal visual standard.

Main risks

Failure to adapt, the principal risk and the reason testing exists. Reduced fine depth perception. Reduced night vision quality, more so with larger differences between the eyes. Double vision, rarely, and more likely with a pre-existing tendency to drift. Need for refinement to reach the target. With laser, reading benefit may reduce over the years as presbyopia progresses.

If you cannot get used to it

Even after a successful trial, mild awareness of the difference between the eyes usually settles over days to weeks. Symptoms that persist, or that resemble an unsuccessful tolerance trial, need reassessment rather than perseverance. Where intolerance persists, laser treatment can usually be adjusted with further laser. After lens surgery the options are glasses, a contact lens over the near eye, or lens exchange, which is a further operation inside the eye. That asymmetry is why selection is stricter before lens surgery.

Costs

Blended vision is a way of planning a procedure rather than a separate one, so it is not charged separately: you pay for the laser or lens surgery you have. Consultation and diagnostic assessment: £500, prepaid separately. Tolerance testing and procedure pricing are published in [our published price list](#), and refinement is covered under the [enhancement policy](#) where applicable.

This page is a summary, not a consent document

It does not replace the full Blended Vision patient information booklet, or the leaflet for the laser or lens procedure used to deliver it, which together contain the complete information on suitability, tolerance testing, alternatives and risks, and which forms part of your informed consent alongside your discussion with your surgeon and your consent form. Please read the full booklet before your appointment. In full:

[The Blue Fin Vision® Advantage](#)