

Professional Fitting and Information Guide

Focus®

DAILIES®

and

Focus®

DAILIES®



and

DAILIES®

AquaComfort Plus™

(nelfilcon A) ONE-DAY CONTACT LENSES

Rx only

CIBA  **VISION™**

Shared Passion for Healthy Vision and Better Life

BLANK PAGE

Table of Contents

Introduction	4
Product Description	5
Lens Material and Design	5
Lens Properties	5
Available Lens Parameters	5
How Supplied.....	6
Intended Use	6
Replacement and Wear Schedule	6
Contraindications (Reasons not to Use)	7
Warnings (Important Information).....	7
Other Important Patient Information.....	8
Possible Problems	8
What to Do If a Problem Occurs	9
Adverse Effect Reporting	9
Fitting Guidelines	9
Spherical	9
Pre-fitting Examination	9
Trial Lens Evaluation	10
Final Power Determination	11
Toric	12
Pre-fitting Examination	12
Fitting Methods.....	12
Trial Lens Evaluation	13
Initial Lens Orientation Evaluation	16
Final Lens Power Determination	18
Monovision.....	18
Lens Dispensing Examination	21
Verification of Lens Fit	21
Hygiene & Lens Handling Instructions	21
Recommended Wearing & Replacement Schedule.....	21
Additional Instructions	21
Follow-Up Examinations	22
Lens Handling Hints	23
General Emergencies.....	24
Additional Information.....	24
Vertex Distance Conversion Chart	25
Patient Leaflet.....	26
Patient Instructions for the Monovision Wearer	28

INTRODUCTION

Congratulations and thank you for choosing Focus DAILIES®, Focus DAILIES® Toric, and/or DAILIES® AquaComfort Plus™ (nelfilcon A) ONE-DAY CONTACT LENSES for your patients. CIBA VISION® has combined the benefits of a biocompatible lens material with a patented, state of the art manufacturing process to make DAILIES® ONE-DAY CONTACT LENSES the most desirable daily wear option for your spherical and astigmatic soft lens patients.

The advantages of Daily Disposability:

By eliminating the need for lens care, daily disposable lenses offer your patients a major advancement in wearing convenience. The next time you prescribe lenses, consider the health and comfort benefits of beginning each wearing period with a new pair of fresh, sterile lenses that are worn once and then discarded. DAILIES® ONE-DAY CONTACT LENSES offer you the opportunity to provide all these benefits to your spherical and astigmatic soft lens patients.

LightStream™ Technology: What it Means to You and Your Patients

All DAILIES® ONE-DAY CONTACT LENSES are made from the proprietary patented material nelfilcon A with a water content of 69% by weight. The unique properties of this material have made it possible to produce a thin design for optimum comfort while maintaining excellent handling and visual acuity. The use of process automation, precision glass and quartz molds, and photolithographic edge formation helps ensure every lens has the same crisp optics, smooth surface finish and consistent edge quality. DAILIES® lenses are produced under strictly controlled process conditions and inspected to exacting quality tolerances. As a result, you can be confident your patients will experience consistent vision, comfort, and ease of handling every day. Fitting DAILIES® ONE-DAY CONTACT LENSES is easy and predictable. This guide contains important information regarding fitting procedures and aftercare of the DAILIES® patient.

PRODUCT DESCRIPTION

- **Lens Material and Design**

Focus® DAILIES® (nelfilcon A) Soft (hydrophilic) ONE-DAY

CONTACT LENSES are available in spherical and toric lens designs.

DAILIES® AquaComfort Plus™ (nelfilcon A) soft (hydrophilic) ONE-DAY

CONTACT LENSES are available in a spherical lens design. The lenses are to be prescribed for single use Daily Disposable Wear. The lens material is 69% water and 31% nelfilcon A polymer (poly vinyl alcohol partially acetalized with N-formylmethyl acrylamide).

- **Lens Properties**

- Specific gravity: 1.06
- Refractive index (hydrated): 1.38
- Light transmittance: $\geq 97\%$
- Oxygen permeability (Dk): 26×10^{-11} (cm²/sec)(ml O₂/ml x mm Hg) measured at 35°C (Fatt corrected)
- Water content: 69% by weight in normal saline

- **AVAILABLE LENS PARAMETERS¹**

Focus® DAILIES® spherical lenses are available in the following dimensions:

- Base Curve: 8.6 mm
- Diameter: 13.8 mm
- Power Range: -0.50D to -6.00D (0.25D steps); -6.50D to -10.00D (0.50D steps) +0.50D to +6.00D (0.25D steps)
- Center Thickness: 0.10 mm at -3.00 D; 0.15 mm at +3.00D (varies with power)
- Optic zone diameter: 7.0 to 8.0 mm (varies with power); 7.8 mm at -3.00D)

Focus® DAILIES® Toric lenses are available in the following dimensions:

- Base Curve: 8.6 mm
- Diameter: 14.2 mm
- Power Range: +4.00D to -6.00D (0.25D steps)
-6.50D to -8.00D (0.50D steps)
includes plano
Cylinder: -0.75D, -1.50D
Axis: 20°, 70°, 90°, 110°, 160°, 180°)
- Center Thickness: 0.10 mm at -3.00D; 0.18 mm at +3.00D (varies with power)
- Optic Zone Diameter: 7.5 to 8.5 mm (varies with power)

¹ Check for actual product availability as additional parameters may be introduced over time.

DAILIES® AquaComfort Plus™ spherical lenses are available in the following dimensions:

- Base Curve: 8.7 mm
- Diameter: 14.0 mm
- Powers Range¹: -0.50D to -6.00D (0.25D steps);
-6.50D to -10.00D (0.50D steps)
+0.50D to +6.00D (0.25D steps)
- Center Thickness: 0.10 mm at -3.00D;
0.15 mm at +3.00D
(varies with power)
- Optic Zone Diameter: 7.1 to 8.1 mm
(varies with power)

Hereafter, Focus® DAILIES®, Focus® DAILIES® Toric, and DAILIES® AquaComfort Plus™ (nelfilcon A) ONE-DAY CONTACT LENSES will be referred to as DAILIES® ONE-DAY CONTACT LENSES unless product distinction is necessary.

HOW SUPPLIED

DAILIES® ONE-DAY CONTACT LENSES are supplied sterile in strips of foil sealed blister packs containing isotonic phosphate-acetate buffered saline solution. The package storage saline may also contain up to 0.05% Poloxamer. In addition, the package storage saline for DAILIES® AquaComfort Plus™ lenses contains polyethylene glycol (PEG) and hydroxypropyl methylcellulose (HPMC). These blister pack containers are attached to form a single strip. The base curve, lens power, lot number and expiration date are marked on the foil seal of each individual container. The diameter is marked on the rightmost container of each blister pack strip.

INTENDED USE

DAILIES® ONE-DAY CONTACT LENSES are intended for on eye use for the optical correction of refractive ametropia (myopia, hyperopia and astigmatism) in non-aphakic persons with non-diseased eyes.

The lenses should be prescribed for single use daily disposable wear.

DAILIES® ONE-DAY CONTACT LENSES are not intended to be cleaned or disinfected and should be discarded after a single use.

REPLACEMENT AND WEAR SCHEDULE

DAILIES® ONE-DAY CONTACT LENSES are intended to be worn once and then discarded at the end of each wearing period. The patient should be instructed to begin the next wearing period with a fresh new lens.

The maximum daily wearing time should be determined by the eye care professional based upon the patient's physiological eye condition because individual responses to contact lenses vary. Normal daily wear of lenses assumes a minimum of 6 hours of non-lens wear per 24 hour period. The eye care professional should stress the importance of adhering to the initial maximum wearing schedule. Studies have not been conducted to show that DAILIES® ONE-DAY CONTACT LENSES are safe to wear during sleep.

SEASONAL ALLERGY WEARERS

A one-month subjective trial of contact lens wearers with a history of seasonal allergic conjunctivitis was conducted during a month of expected high pollen count in various US cities. Information was collected about allergy related symptoms, wear time and comfort during lens wear.

¹ Check for actual product availability as additional parameters may be introduced over time.

Study results found that these contact lens wearers experienced fewer days of burning and redness when wearing Focus® DAILIES® as compared to a new pair of their usual lenses. The effects of allergy medications that may have been used during the study were not assessed.

ALL DAY COMFORT

A one month study of 188 subjects was conducted for the purpose of evaluating comfort and wearing time for Focus® DAILIES® soft contact lenses. End of day comfort was measured using a 0 to 10 scale where 0 was unacceptable and 10 was excellent. Wearing time was also recorded in hours of wear per day.

Baseline values for end of day comfort and average wearing time with the subject's pre-study lenses were 6.9 out of 10 and 13.5 hours, respectively. Study results found that the average end of day comfort for Focus® DAILIES® were statistically different compared to the baseline values collected from the pre-study lenses. As in this study, individual results may vary.

Reference: Bauman, E. (1997). Daily Disposables Versus Other Soft Lens Modalities. Optician 214: 33-35, 37.

CONTRAINDICATIONS (REASONS NOT TO USE).

Contact lenses are not recommended when any of the following conditions exist:

- Allergy, inflammation, infection or irritation on or around the eye or eyelids
- The use of some medications, including ocular medications
- Systemic diseases that may be affected by or impact lens wear
- Certain types of allergic conditions
- Inadequate tear film (dry eyes)
- Water sports without use of goggles
- If eyes become red or irritated

WARNINGS (IMPORTANT INFORMATION)

Patients should be advised of the following warnings pertaining to contact lens wear:

- Possible problems with contact lenses and lens care products could result in serious injury to the eye. It is essential that patients follow their eye care professional's directions and all labeling instructions for proper use of lenses and lens care products, including a lens case. Eye problems, including corneal ulcers, can develop rapidly and lead to loss of vision.
- Daily wear lenses are not indicated for overnight wear and patients should be instructed not to wear lenses while sleeping. Clinical study results have shown that the risk of serious adverse reactions is increased when lenses are worn overnight.
- Studies² have shown that contact lens wearers who are smokers have a higher incidence of adverse reactions than nonsmokers.
- Tap water, distilled water, or homemade saline solution should NOT be used as a substitute for any component in the lens care process. The use of tap and distilled water has been associated with Acanthamoeba keratitis, a corneal infection that is resistant to treatment and cure.

²The England Journal of Medicine, September 21, 1989; 321 (12), pp. 773 to 783

If a patient experiences eye discomfort, excessive tearing, vision changes, or redness of the eye the patient should be instructed to immediately remove lenses and promptly contact their eye care professional.

OTHER IMPORTANT PATIENT INFORMATION

For additional important prescribing and safety information, refer to the Patient Leaflet that is printed in the back of this guide.

Special precautions for the eye care professional:

- Clinical studies have shown that contact lenses made from the nelfilcon A material are safe and effective for their intended use. However, the clinical studies may not have included all design configurations or lens parameters that are currently available. Consequently, when selecting an appropriate lens design and parameters, the eye care professional should consider all characteristics of the lens that can affect lens performance and ocular health. The continuing ocular health of the patient and lens performance on eye should be carefully monitored.
- Fluorescein, a yellow dye, should not be used while the lenses are on the eyes. The lenses absorb this dye and become discolored. Whenever fluorescein is used, the eyes should be flushed thoroughly with sterile saline solution that is recommended for in eye use prior to inserting lenses. Do not dispense saline from an aerosol can directly into the eye.
- Before leaving the eye care professional's office, the patient should be able to promptly remove their lenses or should have someone else available who can remove their lenses for them.
- Eye care professionals should instruct the patient to remove the lenses immediately if the eye becomes red or irritated.
- Routine eye examinations are necessary to help assure the continuing health of the patient's eyes. Eye care professionals should make arrangements with the patient for appropriate follow-up visits. CIBA VISION recommends that patients see their eye care professional once each year or as recommended by the eye care professional.
- Visual changes or changes in lens tolerance may occur during pregnancy or use of oral contraceptives. Caution patients accordingly.

POSSIBLE PROBLEMS

While wearing contact lenses the eyes should look well, feel comfortable and vision should be clear.

Although contact lenses provide many benefits to the wearer, it is possible that problems can occur and may be first noticed as one or more of the following conditions:

- Feeling of something in the eye
- Uncomfortable lens
- Eye redness
- Sensitivity to light
- Burning, stinging or itching or watery eyes
- Reduced sharpness of vision
- Rainbows or halos around lights
- Increased eye secretions
- Severe or persistent dry eyes

WHAT TO DO IF A PROBLEM OCCURS

If any of the above symptoms occur, advise patients to **IMMEDIATELY REMOVE THE LENS(ES)**.

- **If the discomfort or problem stops, a fresh new lens may be inserted**
- **If the discomfort or problem persists after removal or after inserting a new lens, advise patients to IMMEDIATELY and promptly remove the lens(es) and consult their eye care professional.**

A serious condition such as infection, corneal ulcer (ulcerative keratitis), corneal vascularization, or iritis may be present. These conditions could progress rapidly and if left untreated, may lead to permanent loss of vision. Less serious reactions such as abrasions, infiltrates, and bacterial conjunctivitis must be managed and treated carefully to avoid more serious complications. Professional identification of the problem and prompt treatment are necessary to avoid serious ocular complications.

ADVERSE EFFECT REPORTING

If a patient experiences any serious adverse effects associated with the use of DAILIES® ONE-DAY CONTACT LENSES, please notify CIBA VISION Corporation, Technical Consultation at 1-800-241-7468.

FITTING GUIDELINES

Please see the appropriate sections of this booklet for spherical, toric and monovision fitting guidelines.

SPHERICAL FITTING GUIDELINES

PATIENT SELECTION

The patient characteristics necessary to achieve success with DAILIES® ONE-DAY CONTACT LENSES are similar to those for other spherical soft contact lenses. A thorough pre-fitting examination should be conducted to ensure the patient is a suitable candidate for soft contact lens wear.

The following procedures should be followed when fitting Focus® DAILIES® (8.6 mm base curve/13.8 mm diameter) and DAILIES® AquaComfort Plus™ (8.7 mm base curve/14.0 mm diameter) ONE-DAY CONTACT LENSES. For additional tips on fitting the monovision patient refer to the section Monovision Fitting Guidelines at the end of this guide.

1. Pre-fitting Examination

A pre-fitting examination is necessary to:

- assess the patient's motivation, physical state and willingness to comply with instructions regarding hygiene and wear schedule
- make ocular measurements for initial contact lens parameter selection
- collect baseline clinical information to which post-fitting examination results can be compared

The pre-fitting examination should include:

- a thorough case history
- a spherocylindrical refraction
- keratometry
- tear film assessment
- biomicroscopy

2. Trial Lens Evaluation

Following initial power selection, a trial lens should be placed on the eye for assessment of lens fit and comfort, and final power verification.

A. Initial Lens Power Selection

Select an initial lens power as close as possible to the patient's spherical equivalent refraction.

The spherical equivalent refraction is determined as follows:

Spherical Equivalent = Sphere power + Cylinder Power/2

Example: **Spectacle Rx:** **-3.00D -1.00 x 180**
 Spherical Equivalent: **-3.00D + -0.50D = -3.50D**

Remember: If the spherical equivalent is greater than $\pm 4.00D$, a vertex distance correction is necessary to determine the correct lens power at the corneal plane.

B. Lens Fit Assessment

DAILIES® ONE-DAY CONTACT LENSES should be comfortable immediately upon placement on the eye. Care should be taken to ensure the lens is free of foreign particles such as lint, and is not inverted prior to placement on the eye. **Reflex tearing due to an uncomfortable lens may cause the lens to stop moving and give the appearance of a tight fit.**

Lens fit should be assessed within the first five minutes following insertion. Clinical studies³ have shown lens movement at 5 minutes following insertion to be the best predictor of movement after 8 hours. Assessment of fit between 10 and 30 minutes following insertion may lead to an underestimate of the true movement characteristics.

Criteria of a Well-Fitted Lens

A properly fit DAILIES® ONE-DAY CONTACT LENS has the following characteristics:

- **Good centration with full corneal coverage** in all fields of gaze
- **Sufficient movement to allow tear exchange** under the lens during the blink; 0.1 to 0.5 mm is generally considered optimal.
- **Satisfactory Push-Up Test**
 - This test is a reliable indicator of a good fit. With the patient looking straight ahead, place your index finger on the patient's lower lid margin and gently nudge the edge of the lens upward.
 - **A well-fitted lens will move freely when pushed upward with fingertip pressure and return quickly to its original position.**
- **Good comfort and stable visual response (with over-refraction)**

³Data on File

Characteristics of a Tight Lens

A tight lens fit would display some or all of the following characteristics:

- **Insufficient or no lens movement** during the blink in primary or upgaze
- **Unsatisfactory Push-Up Test**
 - **A tight fitting lens will resist movement.** If successfully nudged upward, the lens may remain decentered or return slowly to its original position
- **Good centration**
- **Good comfort**
- **Fluctuating vision** between blinks

Characteristics of a Loose Lens

A loose lens fit would display some or all of the following characteristics:

- **Reduced comfort**, usually accompanied by lower lid sensation
- **Poor centration** with limbal exposure on exaggerated eye movement
- **Lens edge standoff**
- **Excessive lens movement** during the blink in primary or upgaze
- **Unsatisfactory Push-Up Test**
 - **A loose fitting lens will move** easily but may remain decentered or slip under the upper lid
- **Vision may be blurred** after the blink

An inverted lens will mimic the characteristics of a loose lens. If any of the above signs occur remove the lens and check to make sure it is not inverted.

General Fitting Tips

- While helpful for monitoring corneal stability over time, keratometry is not a reliable predictor of base curve/fit relationship. Trial fitting of the individual eye is strongly recommended.
- A well fitting lens will show less movement than generally thought, 0.1 to 0.5 mm is considered optimal.
- A flat base curve/cornea relationship may actually show limited movement. Decentration and excessive lid sensation accompanied by limited movement often indicates the lens is too flat for that given eye.

If the criteria for a well fitted lens cannot be achieved do not dispense.

3. Final Lens Power Determination

When you are satisfied that the lens is well-fitted, determine the final power by over-refraction through the trial lenses. This is done by adding the spherical equivalent of the over-refraction to the power of the trial lens on the eye.

Example:

Trial lens:	-2.00 D
Over-refraction:	+0.50 -0.50 X 15
Spherical Equivalent:	+0.25 D
Final Lens Power:	-1.75 D

Use a fresh, new pair of lenses for each trial fitting. Do not attempt to disinfect and re-use trial lenses.

TORIC FITTING GUIDELINES

The geometry of a Focus® DAILIES® Toric ONE-DAY CONTACT LENS is a double thin zone design. The back surface tri-curve toric design is available in one base curve and fits a wide variety of eyes, reducing fitting time and inventory requirements. The Focus® DAILIES® Toric ONE-DAY CONTACT LENS design has a constant thickness difference between the vertical, thin zones and a horizontal thicker zone, resulting in consistent and excellent stabilization over the power range.

To aid the fitting process, Focus® DAILIES® Toric ONE-DAY CONTACT LENSES feature scribe lines on the front lens surface to enable assessment of the lens orientation. These lines are at 3 and 9 o'clock positions approximately 1.0 mm in from the lens edge. The vertical line of the "K" on the "OK" inversion mark might be used for the assessment of the lens orientation as well. The lens orientation findings are then used for calculation of axis compensations.

Patient Selection

The patient characteristics necessary to achieve success with Focus® DAILIES® Toric ONE-DAY CONTACT LENSES are similar to those for spherical lenses. A thorough pre-fitting examination should be conducted to ensure the astigmatic patient is a suitable candidate for soft contact lens wear.

The following procedures should be followed when fitting Focus® DAILIES® Toric ONE-DAY CONTACT LENSES. For additional tips on fitting the monovision patient refer to the section Monovision Fitting Guidelines.

1. Pre-fitting Examination

A pre-fitting examination is necessary to:

- determine whether a patient is a suitable candidate for contact lenses in general
- determine whether a patient is astigmatic to a degree requiring a toric visual correction
- make ocular measurements for initial contact lens parameter selection
- collect baseline clinical information to which post-fitting examination results can be compared

A pre-fitting examination should include:

- a thorough case history
- a spherocylindrical refraction
- keratometry
- tear film assessment
- biomicroscopy

2. Fitting Methods

The following method is recommended for fitting Focus® DAILIES® Toric ONE-DAY CONTACT LENSES to maximize success. This method allows for an extended trial period outside the office which will help the eye care professional to minimize chair time, reduce trial lens usage and inventories, as well as increase the accuracy of final lens orientation and the final multipack prescription.

Trial Period Method

- a) Determine the appropriate sphere power.
- b) Based on the patient's vertex corrected refraction, select a lens with -0.75 or -1.50 cylinder power.
- c) Select cylinder axis (20°, 70°, 90°, 110°, 160° or 180°) based on spectacle prescription.
- d) Place trial lens on the eye. Order trial lens if it is not in office inventory - having the correct lens allows the patient to experience good vision during the trial period.
- e) Evaluate lens orientation, fit, and vision.
- f) Dispense lens if characteristics of a **Well-Fitted Lens** are satisfied.
- g) **Reevaluate lens orientation, fit, and vision at the end of the trial period (typically one day to a week).**
- h) Order multipack after power and/or orientation adjustments, if any, are made to satisfy the characteristics of a **Well-Fitted Lens**.

The following alternatives are offered to describe the more traditional methods of fitting lenses. While these methods are adequate to use, they can lead to an increase in chair time, trial lens usage, and multipack purchases as the fit and vision of the lens are refined.

In Office Trial Lens Fitting Method

- a) Select diagnostic lens with similar sphere, -0.75 or -1.50 cylinder power and axis (20°, 70°, 90°, 110°, 160° or 180°) based on vertex corrected spectacle Rx.
- b) Evaluate lens orientation, fit, vision and over-refraction.
- c) Order multipack if characteristics of a **Well-Fitted Lens** are satisfied.
- d) Reorder multipack if further adjustments are necessary.

NOTE: For information on fitting the monovision wearer with toric lenses, please refer to the monovision fitting guidelines.

3. Trial Lens Evaluation

Focus® DAILIES® Toric ONE-DAY CONTACT LENSES are available in a single base curve/diameter combination of 8.6 /14.2 mm. A **well-fitted Lens** provides **good movement, centration, and comfort.**

A. Initial Lens Power Selection

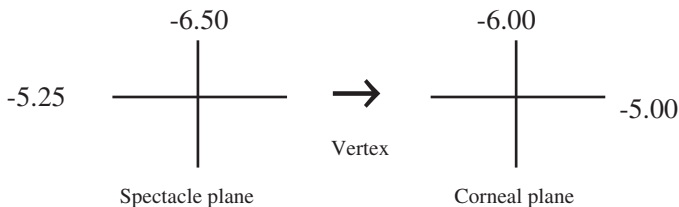
Spherical Lens Power:

- To determine the initial lens spherical power, use the spherical component of the spectacle Rx in minus cylinder form.
- If this spherical component is greater than $\pm 4.00D$, a vertex distance correction is necessary. This will determine the spherical lens power required at the corneal plane.

Cylinder Lens Power:

Two cylinder powers are available for Focus® DAILIES® Toric ONE-DAY CONTACT LENSES. The -0.75 cylinder power will normally allow correction of -0.75 to -1.25 diopters of astigmatism. The -1.50 cylinder power will normally allow correction of -1.50 to -2.25 diopters of astigmatism.

- **Note:** If the combination of sphere power and cylinder power is greater than $\pm 4.00D$, vertex distance compensation must be performed for each power meridian.



Example:

Spectacle Rx: -5.25 -1.25 X 180

(vertex distance = 12 mm)

Corneal Plane Rx: -5.00 -1.00 X 180

Focus® DAILIES® Toric

ONE-DAY CONTACT LENSES Rx: -5.00 -0.75 X 180

- When the difference between the cylinder correction at the corneal plane and the selected cylinder to fit the patient differs by 0.50D or more, it may be necessary to make a compensation to the spherical component using the following formula:

$$\frac{\text{Corneal plane cylinder} - \text{Available cylinder}}{2} = \text{Spherical Compensation}$$

Example:

Spectacle Rx:	-4.50 -1.50 X 180
Corneal Plane Rx:	-4.25 -1.25 X 180
Selected cylinder power:	-0.75D
Spherical equivalent =	$(-1.25 - (-0.75)) / 2 = -0.25$
Focus® DAILIES® Toric:	-4.50 -0.75 X 180

B. Lens Fit Assessment

Focus® DAILIES® Toric ONE-DAY CONTACT LENSES should be comfortable immediately upon placement on the eye. Care should be taken to ensure the lens is free of foreign particles such as lint, and is not inverted prior to placement on the eye. Reflex tearing due to an uncomfortable lens may cause the lens to stop moving and give the appearance of a tight fit.

Lens fit should be assessed within the first five minutes following insertion. Clinical studies³ have shown lens movement at 5 minutes following insertion to be the best predictor of movement after 8 hours. Assessment of fit between 10 and 30 minutes following insertion may lead to an underestimate of the true movement characteristics.

³ Data on File

Criteria of a Well-Fitted Lens

A properly fit Focus® DAILIES® Toric ONE-DAY CONTACT LENS has the following characteristics:

- **Good centration with full corneal coverage** in all fields of gaze.
- **Sufficient movement to allow tear exchange** under the lens during the blink: 0.1 to 0.5mm is generally considered optimal.
- **Satisfactory Push-Up Test**
 - This test is a reliable indicator of a good fit. With the patient looking straight ahead, place your index finger on the patient's lower lid margin and gently nudge the edge of the lens upward.
 - A well-fitted lens will move freely when pushed upward with fingertip pressure and return quickly to its original position.
- **Good comfort and stable visual response** (with over-refraction).

Characteristics of a Tight Lens

A tight lens fit would display some or all of the following characteristics:

- **Insufficient or no lens movement** during a blink in primary or upgaze
- **Unsatisfactory Push-Up Test:**
 - **A tight fitting lens will resist movement.** If successfully nudged upward, the lens may remain decentered or return slowly to its original position.
- **Good centration**
- **Good comfort**
- **Fluctuating vision** between blinks

Characteristics of a Loose Lens

A loose lens would display some or all of the following characteristics:

- **Reduced comfort**, usually accompanied by lower lid sensation
- **Poor centration** with limbal exposure on exaggerated eye movement
- **Lens edge standoff**
- **Excessive lens movement** during a blink in primary or upgaze
- **Unsatisfactory Push-Up Test:**
 - **A loose fitting lens will move easily**, but may remain decentered or slip under the upper lid.
- **Vision may be blurred** after the blink

General Fitting Tips

- While helpful for monitoring corneal stability over time, keratometry is not a reliable predictor of base curve/fit relationship. Trial fitting of the individual eye is strongly recommended.
- A well fitting lens will show less movement than generally thought, 0.1 to 0.5 mm is considered optimal.
- A flat base curve/cornea relationship may actually show limited movement. Decentration and excessive lid sensation accompanied by limited movement often indicates the lens is too flat for that given eye.

If the criteria for a well fitted lens cannot be achieved do not dispense.

C. Initial Lens Orientation Evaluation

No Rotation

When the scribe lines orient horizontally, **the cylinder axis of the lens that is dispensed or ordered should be the same as the spectacle refractive axis** - not the trial lens axis.

Contact lens cylinder axis	=	Spectacle refractive axis
-----------------------------------	----------	----------------------------------

Clockwise Rotation

When the scribe lines rotate clockwise as observed looking at the patient, (i.e., temporally for the right eye, nasally for the left eye), **add the degree of rotation to the spectacle refractive axis** - not the trial lens axis.

Spectacle refractive axis + Trial lens rotation	=	Axis to order
--	----------	----------------------

Example:

Spectacle Rx:	-2.50 -0.75 x 150
Diagnostic Lens:	-2.00 -0.75 x 160
Over-refraction:	-0.50 sphere
Orientation:	10 degrees clockwise (add) (150 + 10)
Final power to order:	-2.50 -0.75 x 160

Counterclockwise Rotation

When the scribe lines rotate counterclockwise, **subtract the degree of rotation from the spectacle refractive axis** - not the trial lens axis.

Spectacle refractive axis - Trial lens rotation	=	Axis to order
--	----------	----------------------

Example:

Spectacle Rx: -2.75 -0.75 x 180
Diagnostic Lens: -2.00 -0.75 x 180
Over-refraction: -0.75 sphere
Orientation: 10 degrees counterclockwise (subtract)
(180 - 10)
Final power to order: -2.75 -0.75 x 170 (not available, therefore
either 180 or 160)

- **NOTE:** Occasionally when a cylinder axis compensation is made for orientation, the result may fall outside the traditional range of 0 to 180 degrees. In this case, the axis in accepted notation will be the difference between the **absolute value** determined and 180 degrees.

Example 1:

Spectacle Rx cylinder: x 180
Orientation: 20 degrees clockwise
Axis calculation: 180 + 20 = 200
(the 200 degrees is outside the traditional axis range)
Difference: 200 - 180 = 20
Axis to order: x 020

Example 2:

Spectacle Rx cylinder: x 010
Orientation: 10 degrees counterclockwise
Axis calculation: 10 - 10 = 0
Difference: 180 - |0| = 180
Axis to order: x 180

- **NOTE:** Scribe marks on dispensed lenses must be at the same orientation as the trial lenses. Record rotation compensation as part of the final Rx.

D. Final Lens Power Determination

When you are satisfied that the lens fit is satisfactory, determine the final power by spherical over-refraction through the trial lenses. This is done by adding the over-refraction to the power of the trial lens on the eye.

Example:

Diagnostic Lens:	-2.00 -0.75 x 180
Over-refraction:	-0.50 sphere
Final Power to Order:	-2.50 -0.75 x 180

MONOVISION FITTING GUIDELINES

1. Patient Selection

A. Monovision Needs Assessment

For a good prognosis, the patient should have adequately corrected distance and near visual acuity in each eye. The amblyopic patient or the patient with significant astigmatism in one eye, may not be a good candidate for monovision.

Occupational and environmental visual demands should be considered. If the patient requires critical vision (visual acuity and stereopsis), it must be determined by trial whether this patient can function adequately with monovision.

Monovision contact lens wear may not be optimal for such activities as:

1. Visually demanding situations such as operating an aircraft or potentially dangerous machinery or performing other potentially hazardous activities; and
2. Driving automobiles (e.g., driving at night). Patients who cannot pass their state driver's license requirements with monovision correction should be advised to not drive with this correction, or, may require that additional over-correction be prescribed.

B. Patient Education

All patients do not function equally well with monovision correction. Patients may not perform as well for certain tasks with this correction as they have with bifocal reading glasses. Each patient must understand that monovision, as well as other presbyopic contact lenses, or other alternatives, can create a vision compromise that may reduce visual acuity and depth perception for distance and near tasks. During the fitting process it is necessary for the patient to realize the advantages as well as the disadvantages of clear near vision in straight ahead and upward gaze that monovision contact lenses provide.

2. Eye Selection

Generally, the non-dominant eye is corrected for near vision. The following test for eye dominance can be used:

A) Ocular Preference Determination Methods

- Method 1 - Determine which eye is the "sight eye". Have the patient point to an object at the far end of the room. Cover one eye. If the patient is still pointing directly at the object, the eye being used is the dominant (sighting) eye.
- Method 2 - Determine which eye will accept the added power with the least reduction in vision. Place a trial spectacle near add lens in front of one eye and then the other while the distance refractive error correction is in place for both eyes. Determine whether the patient functions best with the near add lens over the right or left eye.

B) Refractive Error Method

- For anisometropic corrections, it is generally best to fit the more hyperopic (less myopic) eye for distance and the more myopic (less hyperopic) eye for near.

C) Visual Demands Method

- Consider the patient's occupation during the eye selection process to determine the critical vision requirements. If a patient's gaze for near tasks is usually in one direction, correct the eye on that side for near.

Example: A secretary who places copy to the left side of the desk will usually function best with the near lens on the left eye.

3. Special Fitting Considerations

Unilateral Lens Correction

There are circumstances where only one contact lens is required. As an example, an emmetropic patient would only require a near lens while a bilateral myope may require only a distance lens.

Examples:

- **Emmetrope:** A presbyopic emmetropic patient who requires a +1.75 diopter add would have a +1.75 lens on the near eye and the other eye without a lens.
- **Bilateral myope:** A presbyopic patient requiring a +1.50 diopter add who is -2.50 diopters myopic in the right eye and -1.50 diopters myopic in the left eye may have the right eye corrected for distance and the left uncorrected for near.

Amblyopia

The amblyopic patient may not be a good candidate for monovision.

Near Add Determination

Prescribe the lens power for the near eye that provides optimal acuity at the midpoint of the patient's habitual reading distance. However, when more than one power provides optimal reading performance, prescribe the least plus (most minus) of the powers.

4. Trial Lens Fitting

A trial lens fitting is performed in the office to allow the patient to experience monovision correction. Lenses are fit according to the directions in the fitting guidelines described earlier in the guide.

Case history and standard clinical evaluation procedures should be used to determine the prognosis. Determine which eye is to be corrected for distance and which eye is to be corrected for near. Next determine the near add. With trial lenses of the proper power, observe the patient's reaction at various distances and lighting conditions.

Once the correct power lenses are in place, walk across the room and have the patient look at you. Assess the patient's reaction to distance vision under these circumstances. Then have the patient look at familiar near objects such as a watch face or fingernails. Continue to observe the patient's reaction as he/she gazes around the room at objects of various sizes and distances. Only after these vision tasks are completed should the patient be asked to read print. Evaluate the patient's reaction to large print (e.g., typewritten copy) at first and then graduate to news print and finally smaller type sizes.

Following assessment of the patient's performance under the above conditions, tests of visual acuity and reading ability under conditions of moderately dim illumination should be attempted.

An initial unfavorable response in the office, while indicative of a guarded prognosis, should not immediately rule out a more extensive trial under the usual conditions in which a patient functions.

Adaptation

Visually demanding situations should be avoided during the initial wearing period. A patient may at first experience some mild blurred vision, dizziness, headaches, and a feeling of slight imbalance. You should explain the adaptational symptoms to the patient. These symptoms may last for a brief minute or for several weeks. The longer these symptoms persist, the poorer the prognosis for successful adaptation.

To help in the adaptation process, the patient can be advised to first use the lenses in a comfortable, familiar environment such as in the home.

Some patients feel that automobile driving performance may not be optimal during the adaptation process. This is particularly true when driving at night. Before driving a motor vehicle, it may be recommended that the patient be a passenger first to make sure that their vision is satisfactory for operating an automobile. During the first several weeks of wear (when adaptation is occurring), it may be advisable for the patient to drive only under optimal driving conditions. After adaptation, and success with these activities, the patient should be able to drive under other conditions with caution.

Other Suggestions

The success of the monovision technique may be further improved by having your patient follow the suggestions below:

- Have a third contact lens (distance power) to use when critical distance viewing is needed.
- Have a third contact lens (near power) to use when critical near viewing is needed.
- Have supplemental spectacles to wear over the monovision contact lenses for specific visual tasks. This is particularly applicable for those patients who cannot meet state licensing requirements with a monovision correction.
- Make use of proper illumination when carrying out visual tasks.

Success in fitting monovision can be improved by the following suggestions:

- Reverse the distance and near eyes if a patient is having trouble adapting.
- Refine the lens powers if there is trouble with adaptation. Accurate lens power is critical for presbyopic patients.
- Emphasize the benefits of the clear near vision in straight ahead and upward gaze with monovision.

The decision to fit a patient with a monovision correction is most appropriately left to the eye care professional in conjunction with the patient after carefully considering the patient's needs. All patients should be supplied with a copy of the **Patient Instructions for the Monovision Wearer**, which appears at the back of this booklet.

5. Lens Dispensing Examination

To help ensure patient success the following steps should be conducted with each patient, even if they have previously worn contact lenses. Even experienced wearers are prone to develop bad habits over time.

A. Verification of Lens Fit

Evaluate lens fit and visual response with the lens on the eye. The criteria of a well-fitted lens should be met and the patient's visual acuity should be acceptable. If not, the patient should be refitted with a more appropriate lens.

B. Hygiene and Lens Handling Instructions

Good hygiene and proper lens handling are important factors in achieving safe, comfortable lens wear. Instruct each patient about proper hygiene and handling of the lenses. Patients who are unable to place and remove lenses should not be provided with them. See *Lens Handling Hints* which follows.

C. Recommended Wearing and Replacement Schedule

Prescribe and explain the recommended daily wear schedule. Also explain that the lenses are to be discarded after each wearing period. Determine the maximum suggested daily wearing period based upon the patient's physiological eye condition. There may be a tendency for the patient to overwear their lenses initially. Therefore, the importance of adhering to a proper initial daily wearing schedule should be stressed to these patients. It may be advisable for patients who have never worn contact lenses previously to be given a wearing schedule that allows for a gradual increase in wearing time.

D. Additional Instructions

Provide the DAILIES® ONE-DAY CONTACT LENSES Patient leaflet
Provide the patient with relevant information and precautions on the proper use of the lenses that are prescribed. Give the patient a copy of CIBA VISION's Patient leaflet for DAILIES® ONE-DAY CONTACT LENSES. Review the content so the patient clearly understands the prescribed lens wear and daily replacement schedule. You can obtain copies of the leaflet by contacting a customer service representative at 1-800-268-3968.

Discuss the importance of periodic, routine eye examinations to assure the continuing health of the patient's eyes. Eye care professionals should make arrangements with the patient for appropriate follow-up visits. CIBA VISION recommends that patients see their eye care professional once each year or as recommended by the eye care professional.

6. Follow-Up Examinations

Follow-up care is necessary to ensure continued successful contact lens wear. Follow-up examinations should include:

- Case history, including questions to identify any problems related to contact lens wear
- Management of specific problems, if any, and
- A review with the patient of the lens wear and replacement schedule, proper lens handling procedures, and ensure sufficient supply of spare lenses.

Follow-Up Examination Procedures

- Prior to a follow-up examination, the contact lenses should be worn for at least four continuous hours
- Record patient's symptoms, if any.
- Measure visual acuity monocularly and binocularly with the contact lenses in place.
- Perform an over-refraction to check for residual refractive error.
- With lenses in place, evaluate the fitting performance of the lenses to assure the criteria of a well fitted lens continue to be satisfied. Examine the lenses closely for surface deposition and/or damage.
- Remove the lenses and conduct a thorough biomicroscopy examination
- Periodically perform keratometry and spectacle refractions and compare the results with the initial measurements.
- If any observations are abnormal, use professional judgment to manage the problem and restore the eye to optimal conditions. If visual requirements or the criteria of a well-fitted lens are not satisfied during any follow-up examination, the patient should be re-fitted with a more appropriate lens.

LENS HANDLING HINTS

Removal of Lenses From Package

DAILIES® ONE-DAY CONTACT LENSES are supplied in strips of easy-to-open blister pack containers designed to maintain sterility of the lens and saline solution. Separate a single blister pack for each eye by tearing along the perforation in the foil label. To open, shake the blister pack gently, then grasp the tapered end of the plastic base between thumb and forefinger and peel back the foil. Carefully remove the lens from its container by pouring the lens into the palm of your clean hand. Do not use tweezers or other tools to remove the lens from the package, as this could damage the lens.

Lens Placement

- When about to place the lens on the eye, make sure the lens sits up on the placement finger. Make sure the finger is dry so surface tension does not cause the lens to adhere to the finger.
- Be sure the lens is right side out. With the spherical lenses, this is best done with the “taco test” by placing the lens in a skin crease in the palm of the hand and gently closing the hand. When correct side out the lens edges will fold in like a taco, when inverted the lens edges will flare out. Due to the thin design of DAILIES® ONE-DAY CONTACT LENSES, examination of the lens profile may be misleading since edge flare may not occur when the lens is inverted. With the toric lenses, the “OK” inversion mark should be legible from the outside of the lens when the lens is right side out.
- Place the lens directly onto the cornea (placing it on the lower sclera can lead to the lens folding after a blink). While continuing to hold both lids in place, the patient should look down to seat the lens. The lids may then be released.

Lens Removal

- To remove the lens from the cornea, assure that the fingers are clean and dry.
- Slide the lens off the cornea (down or to the side) onto the sclera. This produces a fold in the lens which assists in removal. With the index finger and thumb, gently pinch the lens off the eye.

Care for a Sticking or Torn Lens

- If the lens sticks (stops moving) or begins to dry on the eye, instruct the patient to apply several drops of a recommended lubricating or rewetting solution in accordance with package labeling. CIBA VISION recommends AQUify® Lens Drops. The patient should blink forcefully several times, then while looking up slide the lens down onto the white part of the eye and remove the lens by pinching it between the thumb and forefinger. If the lens continues to stick, the patient should immediately consult the eye care professional.

- If a lens tears in the eye it will feel uncomfortable. Advise patients it is not possible to lose a contact lens or part of a contact lens behind the eye and that they should calmly remove the pieces by carefully pinching them as they would for normal lens removal. If lens pieces do not seem to remove easily the eye may be rinsed with sterile saline. Excessive pinching should be avoided. If rinsing with saline does not help, instruct patients to contact the eye care professional for assistance. Lenses can be easily located by the eye care professional using fluorescein.

In Office Care of Trial Lenses

Eye care professionals should understand and educate contact lens technicians concerning proper use of trial lenses.

- Each contact lens is shipped sterile in a sealed blister pack containing isotonic phosphate-acetate buffered saline. Hands should be thoroughly washed and rinsed and dried with a lint free towel prior to handling a lens. In order to insure sterility, the blister pack should not be opened until immediately prior to use.
- DAILIES® ONE-DAY CONTACT LENSES are for disposable wear only and should be discarded after a single use.

General Emergencies

If chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into the eyes patients should be advised to:

- FLUSH EYES IMMEDIATELY WITH FRESH SALINE SOLUTION OR TAP WATER.
- REMOVE AND DISCARD THE LENS, AND IMMEDIATELY CONTACT THE EYE CARE PROFESSIONAL OR VISIT A HOSPITAL EMERGENCY ROOM WITHOUT DELAY.

ADDITIONAL INFORMATION

CIBA VISION is pleased to assist with fitting or clinical questions regarding DAILIES® ONE-DAY CONTACT LENSES. Readers having questions or problems should contact the CIBA VISION Technical Consultation department at 1-800-241-7468.

To order DAILIES® ONE-DAY CONTACT LENSES call CIBA VISION Customer Service toll-free at 1-800-268-3968.

Vertex Distance Conversion Chart

For minus lenses, read left to right; for plus lenses, read right to left.
(12 mm Vertex Distance)

-	+	-	+	-	+	-	+
4.00	3.87	7.50	6.87	12.00	10.37	19.00	15.50
4.25	4.00	7.62	7.00	12.50	10.75	19.25	15.62
4.50	4.25	7.75	7.12	12.75	11.00	19.25	15.75
4.75	4.50	7.87	7.25	13.00	11.25	19.75	16.00
5.00	4.75	8.00	7.37	13.50	11.50	20.00	16.12
5.12	4.87	8.12	7.50	13.75	11.75	20.25	16.25
5.37	5.00	8.25	7.62	14.00	12.00	20.50	16.50
5.50	5.12	8.50	7.75	14.25	12.25	20.75	16.62
5.62	5.25	8.75	8.00	14.75	12.50	21.00	16.75
5.75	5.37	9.00	8.25	15.00	12.75	21.25	17.00
5.87	5.50	9.25	8.37	15.50	12.75	21.75	17.25
6.00	5.62	9.50	8.62	15.75	13.25	22.25	17.50
6.12	5.75	9.75	8.75	16.25	13.50	22.50	17.75
6.37	5.87	10.00	9.00	16.75	13.75	23.00	18.00
6.50	6.00	10.25	9.12	17.00	14.00	23.50	18.25
6.62	6.12	10.50	9.25	17.25	14.25	23.75	18.50
6.75	6.25	10.75	9.37	17.62	14.37	24.25	18.75
6.87	6.37	11.00	9.62	18.00	14.50	24.75	19.00
7.00	6.50	11.25	9.75	18.12	14.75	25.00	19.25
7.12	6.62	11.50	10.00	18.50	15.00	25.50	19.50
7.37	6.75	11.75	10.25	18.75	15.25	26.00	19.75

INSTRUCTIONS FOR USE (Canada) – This leaflet contains important product use and safety information. Please read carefully and retain for future reference. Contact lenses are made of different materials and dimensions and should always be fitted by an eye care professional. It is essential that contact lens wearers see their eye care professional regularly, and follow their directions and all labeling instructions for proper use of contact lenses and lens care products.



PRODUCT NAME(s)

Focus® DAILIES®
 Focus® DAILIES® PROGRESSIVES
 Focus® DAILIES® Toric
 DAILIES® AquaComfort Plus™

DESCRIPTION

The lenses are available in various lens designs that are used for different types of vision correction.

- Focus® DAILIES® and DAILIES® AquaComfort Plus™ (nelficon A) ONE-DAY CONTACT LENSES are available in a spherical lens design.
- Focus® DAILIES® PROGRESSIVES (nelficon A) ONE-DAY CONTACT LENSES are available in a multifocal lens design.
- Focus® DAILIES® Toric (nelficon A) ONE-DAY CONTACT LENSES are available in a toric design.

Each of the lens designs are available in a range of dimensions and prescriptive powers. The eye care professional will prescribe the appropriate lens design and prescriptive power (Rx) that's needed to correct vision in your right and left eye.

When placed on the cornea, the lenses act to correct vision by refocusing light rays on the retina.

The lens material is 69% water and 31% nelficon A polymer (polyvinyl alcohol partially acetalized with N-formylmethyl acrylamide). For VISITINT® lenses, the colour additive copper phthalocyanine is added to the lens material to create a light blue edge to edge colour to make them easier to see when handling. Print marks on Focus® DAILIES® Toric lenses contain the colour additive phthalocyanine green.

Lenses are packaged in strips of five foil sealed blister packs containing isotonic phosphate-acetate buffered saline solution and are steam sterilized. These blister pack containers are attached to form a single strip. The package storage saline may contain up to 0.05% Poloxamer. In addition, the package storage saline for DAILIES® AquaComfort Plus™ lenses contains polyethylene glycol (PEG) and hydroxypropyl methylcellulose (HPMC). The base curve, lens power, lot number and expiration date are marked on the foil seal of each individual container. The diameter is marked on the rightmost container of each blister pack strip.

- Focus® DAILIES® lens models are available in: 30 packs - model # FD30, 90 packs - model # FD90, and 5 pack trials - model # FDS.
- Focus® DAILIES® PROGRESSIVES lens models are available in: 30 packs - model # FDP30 and 5 pack trials - model # FDP5.
- Focus® DAILIES® Toric lens models are available in: 30 packs - model # FDT30, 90 packs - model # FDT90, and 5 pack trials - model # FDT5.
- DAILIES® AquaComfort Plus™ lens models are available in: 30 packs - model # ACP30, 90 packs - model # ACP90, and 5 pack trials - model # ACP5.

Hereafter, Focus® DAILIES®, Focus® DAILIES® Progressives, Focus® DAILIES® Toric, and DAILIES® Aqua Comfort Plus™ will be referred to as DAILIES® unless product distinction is necessary.

INTENDED USE:

Use the lenses to improve the vision of non-diseased eyes. Spherical, toric, and multifocal lenses are available for persons who are nearsighted or farsighted, have astigmatism (irregular, oval shaped cornea) or presbyopia (age related loss of ability to focus on near tasks, such as reading).

All DAILIES® ONE-DAY CONTACT LENSES are for single use, daily disposable wear only.

RECOMMENDED WEAR AND REPLACEMENT SCHEDULE

Lenses are for single use, daily disposable wear only. Wearers should start each day with a fresh pair of lenses that are discarded at the end of that daily wearing period. Normal daily wear of lenses assumes a minimum of 6 hours of non-lens wear per 24-hour period. Optimum individual wearing schedule will vary.

In the interest of maintaining eye health, the wearing schedule should be determined by the eye care professional.

WHEN NOT TO WEAR LENSES

DO NOT USE DAILIES® ONE-DAY CONTACT LENSES if any of the following conditions exist:

- Allergy, inflammation, infection, redness or irritation on or around the eye or eyelids.

- The use of some medications, including eye medications. Always consult your eye care professional before using any medicines in your eyes.
- Systemic diseases that may be affected by or impact lens wear.
- Have certain types of allergic conditions.
- Excessively dry or dusty environments that make contact lens wear uncomfortable.
- Water sports without use of goggles.
- Inadequate tear film (dry eyes).
- If eyes become red or irritated.

Consult with the eye care professional specifically regarding these or other conditions.

IMPORTANT THINGS FOR WEARERS TO REMEMBER

- DO NOT WEAR DAILIES® ONE-DAY CONTACT LENSES while sleeping. Overnight wear of contact lenses has been shown to increase the risk of serious ocular complications and smoking increases these risks.
- It is essential that contact lens wearers see their eye care professional regularly. It is recommended contact lens wearers see their eye care professional once each year, or more frequently, if directed.
- Do not use lenses past the expiration date.
- Always carry spare lenses with you.
- Keep a note of the correct lens power for each eye. Before insertion, check that the lens power on each foil pack is correct for that eye.
- Cosmetics, lotions, soaps, creams or deodorants can all cause irritation if they come in contact with your lenses and should be used carefully.
- Remove lenses when exposed to harmful or irritating sprays, vapors and fumes.
- Consult your eye care professional about wearing lenses during sporting and water related activities. DO NOT USE saliva, tap water, distilled water, or homemade saline solutions to care for or when handling your lenses.
- The use of tap and distilled water and/or exposure to nonsterile water while wearing contact lenses during water activities such as swimming, water skiing and hot tubs has been associated with Acanthamoeba keratitis, a corneal infection that is resistant to treatment and cure, and may increase the risk of:
 - Damage to the lenses by chemicals in the water
 - Loss of lenses
- Inform an employer that you wear contact lenses, especially if your job involves using eye protection equipment.

POSSIBLE PROBLEMS

While wearing contact lenses the eyes should look well, feel comfortable and vision should be clear.

Although contact lenses provide many benefits to the wearer, it is possible that problems can occur and may be first noticed as one or more of the following conditions:

- Feeling of something in the eye
- Uncomfortable lens
- Eye redness
- Sensitivity to light
- Burning, stinging, itching or watery eyes
- Reduced sharpness of vision
- Rainbows or halos around lights
- Increased eye secretions
- Severe or persistent dry eyes

WHAT TO DO IF A PROBLEM OCCURS

If any of the above symptoms occur **IMMEDIATELY REMOVE THE LENS(ES)** if the discomfort or problem stops, insert a fresh new lens.

- If the lens is in any way damaged, DO NOT put the lens(es) back on the eye. Replace with a new lens or consult the eye care professional.
- If the discomfort or problem persists after removal or after inserting a new lens, IMMEDIATELY and promptly remove lenses and consult the eye care professional.

A serious condition such as infection, corneal ulcer (ulcerative keratitis), corneal neovascularization, or iritis may be present. **These conditions could progress rapidly and, if left untreated, may lead to permanent loss of vision.** Less serious reactions such as abrasions, epithelial staining and bacterial conjunctivitis must be managed and treated properly to avoid complications. Professional identification of the problem and prompt treatment are necessary to avoid serious ocular complications.

SEASONAL ALLERGY WEARERS

Consult with the eye care professional regarding use of contact lenses and ocular allergies. A one-month subjective trial of contact lens wearers with a history of seasonal allergic conjunctivitis was conducted during a month of

expected high pollen count in various US cities. Information was collected about allergy related symptoms, wear time and comfort during lens wear.

Study results found that these contact lens wearers experienced fewer days of burning and redness when wearing Focus® DAILIES® as compared to a new pair of their usual lenses. The effects of allergy medications that may have been used during the study were not assessed.

ALL DAY COMFORT

A one month study of 188 subjects was conducted for the purpose of evaluating comfort and wearing time for Focus® DAILIES® soft contact lenses. End of day comfort was measured using a 0 to 10 scale where 0 was unacceptable and 10 was excellent. Wearing time was also recorded in hours of wear per day.

Baseline values for end of day comfort and average wearing time with the subject's pre-study lenses were 6.9 out of 10 and 13.5 hours, respectively. Study results found that the average end of day comfort for Focus® DAILIES® were statistically different compared to the baseline values collected from the pre-study lenses. As in this study, individual results may vary.

Reference: Bauman, E. (1997). Daily Disposables Versus Other Soft Lens Modalities. Optician 214: 33-35, 37.

HANDLING LENSES

The eye care professional should provide wearers with detailed contact lens wear, lens care, insertion and removal instructions.

- Always wash and dry hands before handling. Ensure the lens is right side out and that the correct lens for each eye is available. Inspect lenses prior to insertion. Do not insert lenses if damaged.
- Shake the blister pack gently prior to opening. Remove the lens from the blister pack by carefully pouring the lens onto the palm of your clean hand. Never use tweezers, sharp objects or fingernails to move, insert or remove lenses.
- To insert lenses:
 - Place a lens on the tip of your clean and dry right or left index finger and place the middle finger of the same hand close to your lower eyelashes and pull down the lower eyelid.
 - Use the fingers of the other hand to lift the upper right eyelid.
 - Place the lens directly on the eye (cornea) and gently roll your finger away from the lens.
 - Look down and slowly remove your right hand, releasing the lower lid.
 - Look straight ahead and slowly remove your left hand, releasing the upper lid.
 - Blink gently.
- If a lens de-centers on the eye, close eye and gently massage the eyelid to return the lens to the central position. If the problem persists, consult the eye care professional.
- When removing lenses, make sure hands are completely dry. Blink fully several times, then while looking up, slide the lens down onto the white part of the eye. Remove the lens by gently pinching between the thumb and forefinger.
- Never use tweezers, sharp objects or fingernails to move, insert or remove lenses.

EMERGENCY LENS CARE

Cleaning and disinfection of the lens for reuse is not recommended. Wearers should be reminded to have replacement lenses or back-up spectacles available at all times.

CARE FOR A DEHYDRATED LENS

If a DAILIES® ONE-DAY CONTACT LENS is exposed to air while off the eye it may become dry, brittle and permanently damaged. If this should occur, the lens should be discarded and replaced with a new one to avoid possible irritation or injury to the eye.

CARE FOR A STICKING OR TORN LENS

If a lens sticks (stops moving) or cannot be removed from the eye, apply 1 to 2 drops of a recommended lubricating or rewetting solution in accordance with package labeling. CIBA VISION recommends AQuify® Long-Lasting Comfort Drops. Blink forcefully several times, then while looking up slide the lens down onto the white part of the eye and remove the lens by pinching it between the thumb and forefinger. If the lens continues to stick, immediately consult the eye care professional.

If a lens tears in the eye it will feel uncomfortable. It is not possible to lose a contact lens or part of a contact lens behind the eye. Remove the pieces carefully by gently pinching them as you would do for normal lens removal. If the lens pieces do not seem to remove easily, do not pinch the eye tissue excessively. Rinse the eye thoroughly with sterile saline solution. If this does not help, contact your eye care professional for assistance. Your eye care professional can easily find and remove the lens.

GENERAL EMERGENCIES

If chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into the eyes:

- FLUSH EYES IMMEDIATELY WITH FRESH SALINE SOLUTION OR TAP WATER
- REMOVE AND DISCARD THE LENS, AND IMMEDIATELY CONTACT THE EYE CARE PROFESSIONAL OR VISIT A HOSPITAL EMERGENCY ROOM WITHOUT DELAY.

Additional information regarding emergency treatment may be provided on the product container label.



CIBA VISION Corporation
11460 Johns Creek Parkway
Duluth, GA USA 30097

CIBA VISION Canada, Inc.
2150 Torquay Mews
Mississauga, Ontario,
L5N 2M6 Canada

© 2009 CIBA VISION
A Novartis Company

Print Date: 3/2009
Printed in Canada

D7328F

Patient Instructions for the Monovision Wearer

- You should be aware that as with any type of lens correction, there are advantages and compromises to monovision contact lens therapy. The benefit of clear near vision in straight ahead and upward gaze that is available with monovision may be accompanied by a vision compromise that may reduce your distance visual acuity and depth perception for distance and near tasks. Some patients have experienced difficulty adapting to it. Symptoms, such as mild blurred vision, dizziness, headaches and a feeling of slight imbalance, may last for a brief minute or for several weeks as adaptation takes place. The longer these symptoms persist, the poorer your prognosis for successful adaptation. You should avoid visually demanding situations during the initial adaptation period. It is recommended that you first wear these contact lenses in familiar situations, which are not visually demanding. For example, it might be better to be a passenger, rather than a driver of an automobile, during the first few days of lens wear. It is recommended that you drive with monovision correction only if you pass the driver's license requirements with your monovision correction.
- Some monovision patients will never be fully comfortable functioning under low levels of illumination, such as driving at night. If this happens, you may want to discuss with your eye care professional having additional contact lenses prescribed so that both eyes are corrected for distance when sharp distance binocular vision is required.
- If you require very sharp near vision during prolonged close work, you may want to have additional lenses prescribed so that both eyes are corrected for near when sharp near vision binocular vision is required.
- Some monovision patients require supplemental spectacles to wear over the monovision contact lens correction to provide the clearest vision for critical tasks. You should discuss this with your eye care professional.
- It is important that you follow your eye care professional's suggestions for adaptation to monovision contact lens therapy. You should discuss any concerns that you may have during and after the adaptation period.
- The decision to be fit with a monovision correction is most appropriately left to the eye care professional in conjunction with you, after carefully considering and discussing your needs.

BLANK PAGE

BLANK PAGE

BLANK PAGE



CIBA VISION Corporation
11460 Johns Creek Parkway
Duluth, Georgia 30097 U.S.A.

CIBA VISION Canada, Inc.
2150 Torquay Mews
Mississauga, Ontario L5N 2M6

© 2009 CIBA VISION

Printed in Canada
Print Date 3/2009
Part No: D7394E / C001022