

**Professional
Fitting and Information
Guide**

**Focus[®]
DAILIES[®] Progressives
(nelfilcon A) ONE-DAY CONTACT LENSES**

Rx only

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INTRODUCTION

Congratulations and thank you for choosing Focus® DAILIES® Progressives (nelfilcon A) ONE-DAY CONTACT LENSES for your patients. Focus DAILIES Progressives lenses have been designed to provide you an easy to fit approach for your presbyopic patients. This lens offers clear, single, comfortable binocular vision at all viewing distances.

The Focus DAILIES Progressives (nelfilcon A) ONE-DAY CONTACT LENSES lens is a progressive aspheric simultaneous vision soft contact lens. The lens design incorporates a constant near power profile into each lens across the full range of distance powers. This has greatly simplified the fitting procedure by eliminating add powers as a separate variable. For each lens the near and intermediate powers are concentrated primarily in the central portion of the optical zone while the surrounding portion is weighted towards distance. The continuous changes in power across the surface of the lens allow patients requiring a reading addition of up to +3.00D to see clearly at far, intermediate and near distances.

Daily Disposability: A New Standard in Daily Wear Contact Lenses

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. Focus DAILIES (nelfilcon A) Progressives ONE-DAY CONTACT LENSES now offer you the opportunity to provide all these benefits to your presbyopic soft lens patients.

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

All Focus 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 excellent comfort, handling, and visual acuity. The use of process automation, precision quartz molds, and photolithographic edge forming help ensure every lens has the same crisp optics, smooth surface finish and consistent edge quality. Focus 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 Progressives (nelfilcon A) ONE-DAY CONTACT LENSES is easy and predictable. This guide contains important information regarding fitting procedures and aftercare of the Focus DAILIES Progressives patient.

PRODUCT DESCRIPTION

Focus DAILIES Progressives (nelfilcon A) Soft (hydrophilic) ONE-DAY CONTACT LENSES are available in a multifocal lens design. The lenses are to be prescribed for single daily disposable wear. The lens material is 69% water and 31% nelfilcon A polymer (poly vinyl alcohol partially acetalized with N-formylmethyl acrylamide). The colour additive copper phthalocyanine is added to the lens material to create a light blue edge to edge tint to make them easier to see when handling.

CURRENTLY AVAILABLE LENS PARAMETERS

Focus DAILIES Progressives ONE-DAY CONTACT LENSES are available in the following dimensions:

- Base Curve: 8.6 mm
- Diameter: 13.8mm
- Power Range: -6.00D to +5.00D (0.25D Steps)
Single Progressive Add,
Effective Range up to +3.00D
- Center Thickness: 0.10 mm at -3.00D (varies with power)
- Optic Zone Diameter: 7.6 to 8.0 mm (varies with power)

LENS PROPERTIES

- Specific Gravity 1.06
- Refractive Index (hydrated): 1.38
- Light transmittance: Visitint® 96% (approx.)
- 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

HOW SUPPLIED

Focus DAILIES Progressives ONE-DAY CONTACT LENSES are supplied sterile in strips of five foil sealed blister packs containing isotonic buffered saline solution. The package storage saline may also contain up to 0.02% Poloxamer 108. Five 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 strip of five containers.

REPLACEMENT AND WEAR SCHEDULE

Focus DAILIES (nelfilcon A) Progressives 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. The eye care professional should stress the importance of adhering to the initial maximum wearing schedule. Studies have not been conducted to show that Focus DAILIES Progressives lenses are safe to wear during sleep.

INDICATIONS

Focus DAILIES (nelfilcon A) progressives ONE-DAY CONTACT LENSES are indicated for daily wear for the optical correction of refractive ametropia (myopia or hyperopia) and/or presbyopia in not aphakic persons with non-diseased eyes who require a reading addition of +3.00 diopters (D) or less and who may have 2.00 diopters (D) or less of astigmatism that does not interfere with visual acuity.

The lenses are to be prescribed for single use daily disposable wear. Focus DAILIES Progressives lenses are not intended to be cleaned or disinfected and should be discarded after a single use.

CONTRAINDICATIONS, WARNINGS & PRECAUTIONS

For additional important prescribing and safety information, refer to the Package Insert which is printed in the back of this guide.

FITTING GUIDELINES

1. PATIENT SELECTION

The practitioner should weigh several factors when considering patient selection for a Focus DAILIES Progressives soft contact lens fitting. When fitting a lens intended to correct for presbyopia, it is especially important to evaluate the particular visual needs, objectives, lifestyle and expectations of the individual patient. Prospective candidates may include current contact lens wearers, former wearers, and persons with no previous wear history. For former wearers it is important to determine the cause for discontinuation. Good success has been achieved with Focus DAILIES Progressives in all three wearing groups.

There are two general categories of candidates based on anticipated usage: those who seek to wear their lenses as their principal means of vision correction, and those who wish to integrate the use of their contact lenses with spectacles. The integrative user often seeks to wear their lenses for sports or other occasional activities while reverting to spectacles under poor lightening or otherwise demanding vision conditions. In general, even the part-time user does not require more than a few moments re-adaptation time following an interval of no lens wear.

To summarize patient selection, the characteristics of “ideal candidates” and those that may be more “difficult to fit” are listed below:

Ideal Candidates

- Refractive cylinder ≤ 1.00 D.
- Near add $> +0.75$ D.
- Attainable visual demands that do not depend upon resolving very fine (smaller than 20/20 letters) details at both distance and near for extended periods.
- Emphasis on tasks where it is advantageous to have objects simultaneously in focus over a large range of viewing distances.
- Expectations consistent with actual everyday visual demands.
- Motivated to wear lenses and understands that vision may not always be as sharp as with spectacles for some distances or lighting conditions.

Less Than Ideal Candidates

- Critical or very fine visual demands at both distance and near.
- Emerging presbyopia with plano or very low distance powers.
- Refractive cylinder 1.50 D (any axis) in one or both eyes or against-the-rule refractive cylinder > 1.00 D in one or both eyes.
- Monocular distance acuities poorer than 20/20 with spherical equivalent refractive correction.
- Myopic anisometropia where the refractive error for one of the two eyes is low (<-1.50 D) and has not been habitually corrected.
- Pupil size larger than norm for presbyopic population (> 4mm) under natural illumination conditions.
- Abnormal binocular sensory function (e.g., amblyopia or strabismus).
- Expectation to discard and never use spectacles again, even for special tasks or viewing conditions.
- Highly satisfied monovision wearers.
- Any other contraindications to successful contact lens wear such as tear abnormality or lid margin disease.

The following procedures should be followed when fitting Focus DAILIES Progressives. For additional tips on fitting the monovision patient refer to the section *Monovision Fitting Guidelines* at the end of this guide.

2. PRE-FITTING EXAMINATION

A pre-fitting examination is necessary to:

- determine whether a patient is a suitable candidate for Focus DAILIES Progressive contact lenses
- 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
- detailed assessment of patient's individual visual demands
- understanding of patient's objectives for lens wear and expectations
- a distance spherocylindrical refraction, near add determination and measurement of pupil diameter
- keratometry
- tear film assessment
- biomicroscopy

3. TRIAL LENS EVALUATION

Focus DAILIES Progressives lenses are available in a single base curve/diameter combination of 8.6/13.8 mm.

Note: A careful spherocylindrical maximum plus to best visual acuity refraction (M+BVA) and nearpoint add determination should be conducted prior to selecting trial lenses. Autorefractometer findings should be refined manually to rule out effects of instrument myopia and ensure proper control of residual accommodation.

A. Initial Lens Power Selection

The Focus DAILIES Progressives lens design makes selecting the initial lens power easy. You need only manipulate the distance power. The optimum starting point is with a power that is *more plus or less minus* than the vertex corrected spherical equivalent spectacle refraction. Using the Power Selection Table provided on the following pages will simplify the process of initial lens selection.

Step 1. Convert the spectacle Rx to a spherical equivalent.

Spherical Equivalent = Sphere power + $\frac{1}{2}$ (Cylinder Power)

Step 2. In the Power Selection Table locate the spherical equivalent from step 1 on the vertical axis. There is no need to correct for vertex distance. The table compensates for a 13 mm vertex distance.

Step 3. Locate the spectacle add power on the horizontal axis.

Step 4. The intersection of these 2 boxes is the initial trial lens power.

Example:	Spectacle Rx:	-6.00D -1.00 x 090 Add +1.75
	Spherical Equivalent:	-6.50D
	Initial trial lens:	-5.00D

FOCUS DAILIES Progressives Power Selection Table

Select the initial power from the table by matching the spherical equivalent spectacle refraction on the vertical scale with the add requirement on the horizontal scale.

***Table values compensated for vertex distance. No vertex conversion necessary.**

		ADD			
		1.00 to 1.25	1.50	1.75 to 2.25	2.50 to 3.00
Equivalent Sphere Spectacle Refraction*	0.00	+0.50	+0.75	+1.00	+1.25
	+0.25	+0.75	+1.00	+1.25	+1.50
	+0.50	+1.00	+1.25	+1.50	+1.75
	+0.75	+1.25	+1.50	+1.75	+2.00
	+1.00	+1.50	+1.75	+2.00	+2.25
	+1.25	+1.75	+2.00	+2.25	+2.50
	+1.50	+2.00	+2.25	+2.50	+2.75
	+1.75	+2.25	+2.50	+2.75	+3.00
	+2.00	+2.50	+2.75	+3.00	+3.25
	+2.25	+2.75	+3.00	+3.25	+3.50
	+2.50	+3.00	+3.25	+3.50	+3.75
	+2.75	+3.25	+3.50	+3.75	+4.00
	+3.00	+3.50	+3.75	+4.00	+4.25
	+3.25	+4.00	+4.25	+4.50	+4.75
	+3.50	+4.25	+4.50	+4.75	+5.00
	+3.75	+4.50	+4.75	+5.00	+5.00
	+4.00	+4.75	+5.00	+5.25	+5.50
+4.25	+5.00	+5.25	+5.50	+5.75	
+4.50	+5.25	+5.50	+5.75	+6.00	

***Table values compensated for 13mm vertex distance. No vertex conversion necessary.**

Shaded boxes indicate powers not currently available in Focus DAILIES Progressives.

ADD

	1.00 to 1.25	1.50	1.75 to 2.25	2.50 to 3.00
0.00	+0.50	+0.75	+1.00	+1.25
-0.25	+0.25	+0.50	+0.75	+1.00
-0.50	0.00	+0.25	+0.50	+0.75
-0.75	-0.25	0.00	+0.25	+0.50
-1.00	-0.50	-0.25	0.00	+0.25
-1.25	-0.75	-0.50	-0.25	0.00
-1.50	-1.00	-0.75	-0.50	-0.25
-1.75	-1.25	-1.00	-0.75	-0.50
-2.00	-1.50	-1.25	-1.00	-0.75
-2.25	-1.75	-1.50	-1.25	-1.00
-2.50	-2.00	-1.75	-1.50	-1.25
-2.75	-2.25	-2.00	-1.75	-1.50
-3.00	-2.50	-2.25	-2.00	-1.75
-3.25	-2.75	-2.50	-2.25	-2.00
-3.50	-3.00	-2.75	-2.50	-2.25
-3.75	-3.25	-3.00	-2.75	-2.50
-4.00	-3.50	-3.25	-3.00	-2.75
-4.25	-3.50	-3.25	-3.00	-2.75
-4.50	-3.75	-3.50	-3.25	-3.00
-4.75	-4.00	-3.75	-3.50	-3.25
-5.00	-4.25	-4.00	-3.75	-3.50
-5.25	-4.50	-4.25	-4.00	-3.75
-5.50	-4.50	-4.25	-4.00	-3.75
-5.75	-4.75	-4.50	-4.25	-4.00
-6.00	-5.00	-4.75	-4.50	-4.25
-6.25	-5.25	-5.00	-4.75	-4.50
-6.50	-5.50	-5.25	-5.00	-4.75
-6.75	-5.75	-5.50	-5.25	-5.00
-7.00	-6.00	-5.50	-5.50	-5.25
-7.25	-6.00	-5.75	-5.50	-5.25
-7.50	-6.50	-6.00	-5.75	-5.50
-7.75	-6.75	-6.50	-6.00	-5.75
-8.00	-7.00	-6.75	-6.50	-6.00
-8.25	-7.25	-7.00	-6.75	-6.50

Equivalent Sphere Spectacle Refraction*

*Table values compensated for 13mm vertex distance. No vertex conversion necessary.

As an alternative to the Table, the following simple calculations can be made:

Initial Lens Power = Vertex corrected spherical equivalent + 1/2 (Spectacle Add Power)

Note: if either plane of the spherocylindrical spectacle Rx is greater than ± 4.00D, a vertex distance correction is necessary to determine the lens distance power required at the corneal plane (see *Vertex Distance Conversion Chart* in the back of this booklet).

Example 1:	Spectacle Rx:	+4.50 -0.50 x 090 Add +1.00
	Spherical equivalent:	+4.25 D
	Vertex corrected Rx:	+4.50 D
	Initial trial lens:	+4.50 + (+1.00/2) = +5.00 D
Example 2:	Spectacle Rx:	-6.00 -1.00 x 090 Add +2.00
	Spherical equivalent:	-6.50 D
	Vertex corrected Rx:	-6.00 D
	Initial trial lens:	-6.00 + (+2.00/2) = -5.00 D

B. Lens Fit Assessment

Focus DAILIES Progressives 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.** If this occurs, remove the lens and replace it with a new one.

Lens fit should be assessed within the first five minutes following insertion. Clinical studies¹ 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 Focus DAILIES Progressives 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 you 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 the blink in primary or upgaze

¹ Data on file

- **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 the given eye. If the criteria for a well fitted lens cannot be achieved do not dispense.

C. Initial Lens Visual Evaluation

Once an acceptable fit has been achieved, the visual performance of the lenses may be evaluated. Visual acuity is tested first at distance. A spherical over-refraction should be performed using a trial frame or hand held lenses rather than a phoropter. This technique is essential when fitting multifocal lenses because it allows the patient to maintain the head posture and direction of gaze (relationship between eye and head) that he or she would naturally use during everyday tasks. This ensures that the visual performance of the lens is being assessed under conditions where the on-eye positioning matches that which will occur when the lens is being used, for example, for near work activities. In addition, pupil size will not be artificially decreases by the reduction in light associated with looking through the apertures of the phoropter, or by proximal cues associated with the nearness of the instrument.

D. Fitting Procedure

- Step 1:** After the trial lenses have settled for 5 minutes, measure distance acuity while the patient is viewing the chart binocularly (i.e., simultaneously with both eyes). Using hand-held trial lenses, add +0.25 D simultaneously to each eye or alternatively one at a time to achieve best distance vision. Note whether or not this reduces the measured binocular distance acuity. If it does not, then there will be some extra tolerance for increasing the amount of plus for one or both eyes in the event that near vision is less than optimal.
- Step 2:** Evaluate the patient's subjective impression of the near vision when trying to read typical everyday material (e.g., a newspaper, magazine, numbers on a watch). Lighting and reading distance should be what is normal for the patient.
- Step 3:** Allowing the patient to assume a natural reading position, measure binocular activity at 40 cm (16 in.) under good lighting conditions.
- Step 4:** The results of steps 2 and 3 will determine whether the patient requires an increment in plus power for nearwork activities. If the subjective quality of near vision is less than optimal, then use hand-held trial lenses to determine whether additional plus power will improve performance at near. Binocular viewing must be maintained throughout this assessment.

Improved vision at near may be achieved by adding plus to one or both eyes. If the testing performed in Step 1 indicated some tolerance for plus, determine whether the additional plus power for each eye will produce the necessary improvement in near vision.

If the patient cannot tolerate an additional plus power for each eye when viewing at distance or if this does not produce the required improvement in near vision, then try adding plus power to just one eye. Determine which eye will accept the added power for near with the least reduction in distance vision.

Important note: +0.25 D may have a significant impact on visual acuity and/or subjective vision.

Place a plus power hand-held trial 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 at both distance and near with the extra plus power for the right eye or for the left eye. Although as much as +0.75 D may be added to one eye, visual performance and patient satisfaction with the lenses are more likely to be optimal if the amount of plus power added to one eye is +0.50 D or less.

There are some patients for whom adding a small amount of plus power to improve vision at near will significantly disrupt distance vision. In such cases, success may be achieved with unioocular (one eye only) Focus DAILIES Progressive lens (see *Special Fitting Considerations* in the next section).

Step 5: With the final over-refraction in place, evaluate the patient's subjective range of clear vision for tasks requiring near and intermediate viewing distances. Using a near vision acuity chart, ask the patient to find the lowest line he or she can read comfortably (i.e., without a great deal of extra effort). Then direct the patient's attention to letters in the row two lines up (i.e., larger) than the one previously selected. Have the patient slowly move the card closer until the first detectable but definite blur is experienced for these letters. Repeat, this time moving the card slowly further away.

This range of subjectively clear vision should be fairly well balanced about the specific patient's habitual near viewing distance that the patient uses for nearwork tasks in everyday life. If, for example, the patient's typical working distance falls near the extreme of the range of subjectivity clear vision, try adding a small amount (i.e., 0.25 to 0.50 D) of plus or minus to one or both eyes.

E. Special Fitting Considerations

There are circumstances where optimal performance will be achieved by using only one Focus DAILIES Progressives contact lens. Some examples where a unioocular Focus DAILIES Progressives lens might be recommended are indicated below.

- A patient for whom the standard fitting procedures described above do not result in acceptable vision at both distance and near. This might occur with an individual who has very critical (very fine) visual demands at both distance and near, or with an emmetropic patient who is entering presbyopia but has never worn any form of visual correction at either distance or near. Fitting one eye with a Focus DAILIES Progressives lens and the other eye with a single vision lens (or possibly, no lens) maintains a greater degree of binocular function than would be the case when using two single vision lenses in a monovision format (one eye biased for distance and one eye biased for near).

- Unilateral astigmat:

- a) Emmetropic in one eye, astigmatic in the other

Spectacle Rx

O.D. Plano
O.S. -1.00 -1.00 x 090
Add: +1.50 D, OD non-dominant eye

Potential Contact Lens Rx

+0.75 Focus DAILIES Progressive lens (Near)
-1.00 -0.75 x 090 Focus DAILIES Toric lens

- b) Myopic in one eye, astigmatic in the other

Spectacle Rx

O.D. -1.50
O.S. -2.00 -1.75 x 090
Add: +2.00 D, OD non-dominant eye

Potential Contact Lens Rx

-0.50 Focus DAILIES Progressive lens (Near)
-2.00 -1.50 x 090 Focus DAILIES Toric lens

It is important to understand that in any case where a Focus DAILIES Progressives lens is worn on only one eye, best results will be obtained where careful assessment and optimization of the fit is carried out.

- If a patient is *not* a unilateral astigmat:
A choice must be made regarding on which of the two eyes the Focus DAILIES Progressives lens will be worn. The best way to determine this is to allow the patient to walk around for several minutes while wearing the multifocal lens, for example, on the right eye, and wearing the single vision lens (if any) normally predicted from the distance spectacle Rx on the left eye. Print and various objects should be observed at a variety of distances. After a few minutes, reverse the assignment of lenses to eyes so that the left eye receives the multifocal while the right eye receives the single vision lens (if any) that would be normally predicted from the spectacle Rx. If the patient indicates that one of the two trials seemed to result in vision being acceptable over a greater range, or vision that seemed “more natural”, then lenses should be assigned to eyes accordingly.
- When the particular eye that will wear the Focus DAILIES Progressives lens has been determined (either from the patient’s spectacle Rx if a unilateral astigmat, or from the trials performed above in part a), then additional testing to optimize the power of the lens (if any) selected for each eye should still be performed. Follow procedures detailed previously for optimizing the Focus DAILIES Progressives lens. It is common that the final lens powers selected may be slightly different (more plus or less minus) for the eye wearing the multifocal lens and/or for the eye wearing the spherical or toric lens than would be predicted from the patient’s spectacle Rx.

3. 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 poor compliance 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* below.

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 over wear 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. Specific Instructions for Presbyopic Patients

Specific instructions, explanations and demonstrations are important for optimizing patient success with multifocal contact lenses. The following information and instructions have proven useful in advising patients who wear Focus DAILIES Progressives soft contact lenses.

1. A contact lens that contains different powers for distance and near involves greater technological and optical complexity than does a bifocal or multifocal spectacle lens. This is because the contact lens moves *with the eye*, rather than having the eye move up and down while the lens remains suspended in a frame. While the contact lens therefore gives an unobstructed field of view and greater freedom regarding where to look, these advantages may mean that the sharpness of vision may not always be exactly the same as what would be experienced with spectacles.
2. Although many individuals use Focus DAILIES Progressives contact lenses for full-time wear, it is not unusual to find that there may be some activities where one prefers to wear spectacles, or where the disadvantages associated with spectacles are outweighed by other issues. This is an entirely normal and natural response to the challenges presented by presbyopia.
3. Situations where vision with multifocal contact lenses may be less sharp or otherwise "different" than what is experienced with spectacles often involve low illumination (e.g., a semi-dark room), reduced visibility (e.g., outdoor conditions of fog or heavy rain), or isolated sources of very bright light (e.g., headlights of an oncoming vehicle on a narrow country road).
4. Patients should be aware that it might be advisable to refrain from wearing their lenses while driving, flying an airplane or operating heavy machinery under these conditions until they gain some experience with the lenses in a similar visual environment.
5. Small changes in lens power can often make an enormous difference in the quality of the vision experienced with multifocal contact lenses. Such changes can be best tailored to individual needs only after the lenses have been worn during the tasks and environmental conditions that the patient will personally encounter on a day-to-day basis. Confidence and assurance that such refinements, if needed, can be achieved is important for patient motivation during the initial period of lens wear.

E. Additional Instructions

- Provide the patient with a copy of CIBA VISION's Patient Instruction Booklet for Focus DAILIES Progressives lenses. Review the contents with the patient so that he or she has a clear understanding of the prescribed Wearing and Replacement schedule. You can obtain copies of the instruction book by contacting a customer service representative in Canada at 1-800-268-3968.
- Review the Package Insert for Focus DAILIES Progressives lenses and provide the patient with all relevant information and precautions on proper use of their lenses.
- 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.

4. 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 refraction 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.

SUMMARY OF FITTING PROCEDURE

1. Carefully assess patient's needs and expectations
2. Assess ocular health including adequacy of the lacrimal system
3. Perform a maximum plus spherocylindrical spectacle refraction and determine the spectacle add
4. Assess the fit of the 8.6 mm base curve
5. Select trial lens power from the Power Selection Table or the vertex corrected **"Spherical Equivalent Plus 1/2 the Add"** rule
6. Over-refract to full plus that allows good distance acuity using hand held lenses and trial frame
7. Assess near vision binocularly
8. Fine tune power as necessary
9. Verify physical fit and dispense lenses
10. Explain lens handling and care procedures
11. Perform first follow-up at 3-5 days following dispensing; modify power if necessary based on patient's real-world experience

LENS HANDLING HINTS

Removal of Lenses From Package

Focus DAILIES Progressives are supplied in strips of five 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 pour the contents of the blister pack 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. If the lens becomes damaged it should not be used.

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. 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 Focus DAILIES Progressives lenses, examination of the lens profile may be misleading since edge flare may not occur when the lens is inverted.
- 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 packaging labeling. 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.

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.
- Focus DAILIES lenses are for disposable wear only and should be discarded after a single use.

GENERAL EMERGENCIES/EMERGENCY LENS CARE

See **Package Insert** for information regarding general emergencies and advice on emergency lens care.

ADVERSE REACTION REPORTING

If a patient experiences any serious adverse effects associated with the use of Focus DAILIES Progressives, eye care professionals please notify:

CIBA VISION Corporation Technical Consultation at 1-800-241-7468

TECHNICAL CONSULTATION AND ORDERING INFORMATION

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

To order Focus DAILIES Progressives call CIBA VISION toll-free in Canada at 1-800-268-3968.

MONOVISION FITTING GUIDLINES

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 (greater than 1 diopter) 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.

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 for near with the least reduction in distance 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 anisometric 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 person who places copy to the left side of the desk will usually function best with the near lens on the left eye.

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 left 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.

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 patients' 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 few minutes or for several weeks. The longer these symptoms persist, the poorer the chance 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 is recommended that patients 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 only drive 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 driver's 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 Focus DAILIES *Patient Instruction Booklet*.



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™ (nelfilcon A) ONE-DAY CONTACT LENSES are available in a spherical lens design.
- Focus® DAILIES® PROGRESSIVES (nelfilcon A) ONE-DAY CONTACT LENSES are available in a multifocal lens design.
- Focus® DAILIES® Toric (nelfilcon 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% nelfilcon 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.

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 also contain a small amount of Poloxamer. 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 and 90 packs - model # FD90.
- Focus® DAILIES® PROGRESSIVES lens models are available in: 30 packs - model # FDP 30.
- Focus® DAILIES® Toric lens models are available in: 30 packs - model # FDT 30.
- DAILIES® AquaComfort Plus™ lens models are available in: 30 packs - model # ACP30 and 90 packs - model # ACP90.

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

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D7328D

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

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