

Professional Fitting and Information Guide



**O₂OPTIX[®], AIR OPTIX[™] AQUA, AIR OPTIX[™]
for ASTIGMATISM and AIR OPTIX[™] AQUA
MULTIFOCAL (Iotrafilcon B) Soft Contact Lenses For
Daily Wear and up to 6 Nights Extended Wear**

Rx only

CIBA VISION[™]

Shared Passion for Healthy Vision and Better Life

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INTRODUCTION

Thank you for prescribing CIBA VISION® O₂OPTIX®, AIR OPTIX™ AQUA, AIR OPTIX™ for ASTIGMATISM and AIR OPTIX™ AQUA MULTIFOCAL (Iotrafilcon B) soft contact lenses. The lenses may be worn for daily wear or overnight wear (extended wear, up to 6 continuous nights) with removal for disposal, or cleaning and disinfection and frequent replacement with a fresh new lens.

However, you will determine the wear and replacement schedule that is appropriate for each patient. Based on these schedules, you will also determine the number of lenses each patient requires, the frequency of follow-up care, and a dispensing schedule.

Fitting CIBA VISION (Iotrafilcon B) contact lenses is easy and predictable. This guide contains important information regarding fitting procedures and aftercare of patients wearing CIBA VISION (Iotrafilcon B) lenses.

PRODUCT DESCRIPTION

• *Lens Designs and Material*

O₂OPTIX and AIR OPTIX AQUA (Iotrafilcon B) lenses are available in a spherical design. AIR OPTIX for ASTIGMATISM¹ (Iotrafilcon B) lenses are available in a toric design. AIR OPTIX AQUA MULTIFOCAL (Iotrafilcon B) lenses are available in a multifocal design. The lens material is 33% water and 67% Iotrafilcon B, a fluoro-silicone containing hydrogel that is surface treated. This breakthrough lens material provides a high level of oxygen to the eyes and has been surface treated to wet with the tears. The color additive copper phthalocyanine is added to the lens material to create a light blue edge-to-edge color to make the lenses easier to see when handling.

• *Lens Properties*

- Oxygen Permeability (Dk): 110 x 10⁻¹¹ (cm²/sec)
(ml O₂/ml x mm Hg), measured at 35°C
(intrinsic Dk - Coulometric method)
- Refractive Index (hydrated): 1.42
- Light Transmittance: ≥ 96%
- Water Content: 33% by weight in normal saline

• *Available Lens Parameters²*

O₂OPTIX and AIR OPTIX AQUA (spherical)

- Chord Diameter: 14.2 mm
- Center Thickness: 0.080 mm @ -3.00D
(varies with power)
- Base Curve: 8.6 mm
- Powers: +6.00D to -10.00D
(0.25D steps to -8.00D;
0.50D steps from -8.50D to -10.00D)

AIR OPTIX for ASTIGMATISM

- Chord Diameter: 14.5 mm
- Center Thickness: 0.102 mm @ -3.00D
(varies with power)
- Base Curve: 8.7 mm
- Powers: Plano to -6.00D (0.25D steps)
Cylinder: -0.75, -1.25, -1.75, -2.25
Axis: Full Circle, 10° steps

AIR OPTIX AQUA MULTIFOCAL

- Chord Diameter: 14.2 mm
- Center Thickness: 0.08 mm @ -3.00D
(varies with power)
- Base Curve: 8.6 mm
- Powers: +6.00 to -10.00D (0.25D steps)
ADD Powers: LO, MED, HI

¹May also be labeled as O₂OPTIX® for Astigmatism.

²Check for actual product availability as additional parameters may be introduced over time.

INTENDED USE

- O₂OPTIX and AIR OPTIX AQUA (lotrafilcon B) spherical soft contact lenses are intended for on eye use for the optical correction of refractive ametropia (myopia and hyperopia) in phakic or aphakic persons with non-diseased eyes with up to approximately 1.50 diopters of astigmatism.
- AIR OPTIX for ASTIGMATISM (lotrafilcon B) soft contact lenses are intended for on eye use for the optical correction of refractive ametropia (myopia and hyperopia) in phakic or aphakic persons with non-diseased eyes with up to 6.00 diopters (D) or less of astigmatism.
- AIR OPTIX AQUA MULTIFOCAL (lotrafilcon B) soft contact lenses are indicated for the optical correction of refractive ametropia (myopia and hyperopia) and/or presbyopia in phakic or aphakic persons with non-diseased eyes who may require a reading addition of +3.00 diopters (D) or less and who may have up to approximately 1.50 diopters of astigmatism.

The lenses may be prescribed for daily wear and overnight wear (extended wear, up to 6 continuous nights) with removal for disposal, or cleaning and disinfection (chemical, not heat) prior to reinsertion, as recommended by the eye care professional.

See Warnings for information about the relationship between wearing schedule and corneal complications.

RECOMMENDED WEAR AND REPLACEMENT SCHEDULE

In the interest of maintaining the eye health and safety, the wear and replacement schedule should be determined by the eye care professional.

- Depending on individual patient needs, the eye care professional may prescribe daily wear (less than 24 hours per day, while awake), or periodic overnight wear (extended wear, up to 6 continuous nights).
- To start lens wear, the eye care professional may prescribe an hourly schedule of increasing wear time per day over a period of several days or weeks until the wearer has successfully adapted to contact lens wear.
- Normal daily wear of lenses assumes a minimum of 6 hours of non lens wear per 24 hour period, however individual wearing schedule will vary. The eye care professional should determine how many hours per day lenses may be worn.
- For overnight wear, the eye care professional may prescribe the lenses for up to 6 continuous nights. Once lenses are removed, the patient's eyes should have a rest without lens wear for at least one overnight. The eye care professional should advise patients how long to rest their eyes in between wearing periods.
- CIBA VISION recommends monthly replacement for lotrafilcon B lenses.

CONTRAINDICATIONS (REASONS NOT TO USE)

Contact lenses are not recommended when any of the following exists:

- Allergy, inflammation, infection or irritation on or around the eye or eyelids.
- The use of some medications, including eye medications.
- A systemic disease that may be affected by or impact contact 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 the lens case. Eye problems, including corneal ulcers, can develop rapidly and lead to loss of vision.
- Patients should be instructed not to wear lenses while sleeping unless you have prescribed lenses for overnight wear. Clinical study results³ have shown that the risk of serious adverse reactions is increased when lenses are worn overnight.
- Studies³ 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.
- Exposure to water while wearing contact lenses in activities such as swimming, water skiing and hot tubs may increase the risk of ocular infection, including but not limited to *Acanthamoeba* keratitis.

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. It is recommended contact lens wearers see their eye care professional twice each year or as recommended by the eye care professional.

OTHER IMPORTANT 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 lotrafilcon B 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 may 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 twice 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.

³New England Journal of Medicine, September 21, 1989; 321 (12), pp. 773 to 783

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, patients should be advised to:

• IMMEDIATELY REMOVE THE LENSES.

- **If the discomfort or problem stops, then look closely at the lens(es):**
 - If a lens is in any way damaged, DO NOT put the lens back on the eye. Replace with a new lens or consult the eye care professional.
 - If a lens has dirt, an eye lash or other foreign body on it, or the problem stops and the lens appears undamaged, thoroughly clean, rinse, and disinfect prior to reinsertion.
- **If the discomfort or problem continues after removing lens(es) or upon reinsertion, IMMEDIATELY remove the lens(es) and contact the eye care professional for identification of the problem and prompt treatment to avoid serious eye damage.**

A serious condition such as infection, corneal ulcer (ulcerative keratitis), corneal vascularization, or iritis may be present. These conditions could progress rapidly and 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 O₂OPTIX, AIR OPTIX AQUA, AIR OPTIX for ASTIGMATISM or AIR OPTIX AQUA MULTIFOCAL (lotrafilcon B) contact lenses, please notify CIBA VISION Corporation, **Technical Consultation at (800) 241-7468.**

FITTING GUIDELINES

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

FITTING GUIDELINES (Spherical Lenses)

1. Patient Selection

The patient characteristics necessary to achieve success with O₂OPTIX and AIR OPTIX AQUA 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 O₂OPTIX and AIR OPTIX AQUA lenses. For additional tips on fitting the monovision patient refer to the section *Monovision Fitting Guidelines*.

2. 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

A pre-fitting examination should include:

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

3. Trial Lens Evaluation

A. Base Curve Selection:

A well-fitted lens provides good movement, centration and comfort. This can be achieved for the majority of patients with the 8.6 mm base curve.

B. Initial Lens Power Selection

The initial power selection should be as close as possible to the patient's prescription after taking into account spherical equivalent and vertex calculations, if necessary.

Spherical Equivalent Calculation

To determine initial lens power, convert the spherocylindrical spectacle Rx to its spherical equivalent as follows:

Spherical Equivalent = Sphere power + 1/2 (Cylinder Power)

Example: **Spectacle Rx:** **-4.50D -1.00 x 180**
 Spherical equivalent : **-4.50D + (-0.50D) = -5.00D**

Vertex Distance Conversion

If the spherical equivalent is greater than $\pm 4.00D$, a vertex distance correction is necessary (*see Vertex Distance Conversion Chart*) to determine the lens power required at the corneal plane.

Example: **Spectacle Rx:** **-4.50D -1.00 x 180**
 Spherical equivalent: **-4.50D + (-0.50D) = -5.00D**
 Vertex compensation: **-4.75 (initial lens power)**

C. Lens Fit Assessment

Allow the lenses to settle on the eyes for approximately **5 to 10 minutes**. This allows time for the patient to adapt to the lenses and time for the lens to equilibrate.

Evaluate the fit and movement of the lenses on the eye. The **Push-up Test**, as described below, is an important part of the lens evaluation. The following guidelines will be helpful in fit evaluation:

Characteristics of a Well-fitted Lens

A well-fitted O₂OPTIX and AIR OPTIX AQUA (lotrafilcon B) contact lens satisfies the following criteria:

1. **Good centration and full corneal coverage** in all fields of gaze.
2. **Sufficient lens movement to allow tear exchange** under the lens during a blink in primary or upgaze.
3. **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 and nudge the edge of the lens upward while observing lens movement. Then pull the lid back down and observe the return of the lens.
 - A well fitted lens will move freely upward, stopping shortly after passing the limbus and then return freely to its original position.
4. **Good comfort and stable visual response** (with over refraction).

Characteristics of a Tight (Steep) Lens Fit

A tight or steep fit should not be dispensed. If a lens fit is judged to be too steep a flatter lens (larger base curve radius), if available, should be evaluated. A tight or steep lens fit would display some or all of the following characteristics:

1. Insufficient or no lens movement during a blink in primary or upgaze.
2. 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.
3. Good centration.
4. Good comfort.
5. Fluctuating vision between blinks.

Characteristics of a Loose (Flat) Lens Fit

If a lens fit is judged to be too flat, a steeper lens (smaller base curve radius), if available, should be evaluated. A loose lens fit would display some or all of the following characteristics:

1. Lens edge standoff. Even minor lifting of the edge indicates a loose fitting lens.
2. Reduced comfort. This finding is often the only signal of a loose fitting lens. If initial comfort doesn't improve quickly, try a steeper base curve, if available.
3. Excessive lens movement during the blink in primary or upgaze.
 - A loose fitting lens will move very easily, well beyond the limbus and possibly encroaching upon or going beyond the pupil. It will then return very quickly to its original position and often times return lower than its original position.
4. Poor centration with limbal exposure on exaggerated eye movement.
5. Vision may be blurred after the blink.

General Fitting Tips

- Trial fitting of the individual eye is strongly recommended.
- A well fitting lens will show movement of 0.1 to 0.5 mm.

D. Final Lens Power Determination

After the characteristics of a well fitted lens have been satisfied, conduct a **spherical over-refraction** to determine the proper lens power to be dispensed.

Example: Diagnostic lens:	-4.50
Over-refraction:	-0.25
Final lens power:	-4.75

FITTING GUIDELINES (Toric Lenses)

The geometry of an AIR OPTIX for ASTIGMATISM lens is a prism ballast design. The prism ballast design uses a toric geometry on one surface of the lens and spherical on the opposite. Stabilization is achieved by the prism at the vertical meridian on the front surface (dynamic stabilization) and with cylinder power parameters on the back surface.

To aid the fitting process, AIR OPTIX for ASTIGMATISM lenses feature scribe lines on the front lens surface to enable assessment of the lens orientation. These lines are at 3, 6 and 9 o'clock positions approximately 1.0mm in from the lens edge, with the 6 o'clock scribe line being slightly wider. The lens orientation findings are then used for calculation of axis compensations.

1. **Patient Selection**

The patient characteristics necessary to achieve success with AIR OPTIX for ASTIGMATISM lenses are similar to those for spherical 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 AIR OPTIX for ASTIGMATISM lenses. For additional tips on fitting the monovision patient refer to the section *Monovision Fitting Guidelines*.

2. **Pre-fitting Examination**

A pre-fitting examination is necessary to:

- determine whether a patient is a suitable candidate for contact lenses in general (see package insert, **Indications** and **Contraindications**)
- 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 assessment
- biomicroscopy

3. **Fitting Methods**

The following method is recommended for fitting AIR OPTIX for ASTIGMATISM 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) Make initial base curve selection if more than one available.
- b) Determine the appropriate sphere and cylinder power.
- c) Select cylinder axis based on spectacle prescription - assume no rotation.
- 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 fit, vision, and lens orientation.
- f) Dispense lens if characteristics of a **Well-fitted Lens** are satisfied.
- g) **Reevaluate fit, vision, and lens orientation at the end of the trial period (typically a few days to a week).**
- h) Order multipack after fitting 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.

Empirical Method

- a) Make initial base curve selection if more than one available.
- b) Determine the appropriate sphere and cylinder.
- c) Select the cylinder axis assuming zero rotation.
- d) Order multipack.
- e) Evaluate fit, vision, and lens orientation.
- f) Dispense lens if characteristics of a **Well-fitted Lens** are satisfied.
- g) Reorder multipacks if adjustments are made.

In Office Trial Lens Fitting Method

- a) Make base curve selection if more than one available.
- b) Select diagnostic lens with similar sphere, cylinder power and axis as spectacle prescription.
- c) Evaluate fit, vision, over-refraction, and lens orientation.
- d) Order multipack if characteristics of a **Well-fitted Lens** are satisfied.
- e) 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.

4. Base Curve Selection

- **A Well-fitted Lens provides good movement, centration, and comfort with the available 8.7 base curve.**

5. Initial Lens Power Selection

Spherical Lens Power:

- To determine the initial lens spherical power, use the spherical component of the spectacle prescription 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.

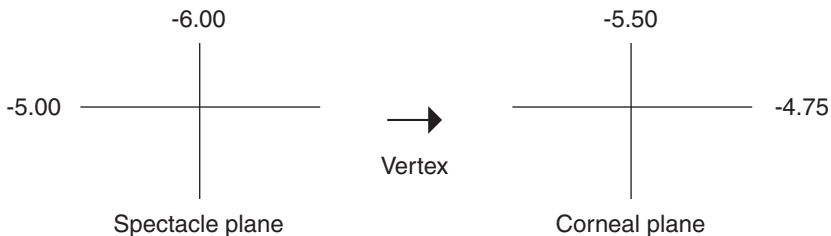
Cylinder Lens Power:

Up to four cylinder powers may be available for AIR OPTIX for ASTIGMATISM contact lenses. When available, these four powers will normally allow correction of -0.75 to -3.00 diopters of astigmatism.

Select AIR OPTIX for ASTIGMATISM cylinder power according to the chart below:

<u>Refraction Vertexed Cylinder Power</u>	<u>AIR OPTIX for ASTIGMATISM Cylinder Power</u>
-0.75	-0.75
-1.00	-0.75
-1.25	-1.25
-1.50	-1.25
-1.75	-1.75
-2.00	-1.75
-2.25	-2.25
-2.50	-2.25
-2.75	-2.25
-3.00	-2.25

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: -5.00 -1.00 x 180 (vertex distance = 12 mm)

Corneal Plane Rx: -4.75 -0.75 x 180

Toric Rx: -4.75 -0.75 x 180 (assuming no rotation)

- 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 is necessary to make a compensation to the spherical component using the following formula:

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

Example:

Spectacle Rx: -4.50 -1.50 x 180

Corneal Plane Rx: -4.25 -1.25 x 180

Selected cylinder power: -0.75D

Spherical adjustment needed: = $[-1.25 - (-0.75)] / 2 = -0.25$

Toric: -4.50 -0.75 x 180 (assuming no rotation)

6. *Lens Fit Evaluation*

- a) Allow the lenses to settle on the eyes for approximately **5 to 10 minutes**. This allows time for the patient to adapt to the lenses and time for the lens to equilibrate with the patient's tears, replacing the buffered, isotonic saline which was in the foil pack.
- b) AIR OPTIX for ASTIGMATISM lenses achieve rotational stability on the eye in just **30 seconds**.
- c) Evaluate the fit of the lenses on the eye. The **Push-up Test**, as described below is an important part of the lens evaluation. The following guidelines will be helpful in fit evaluation:

Characteristics of a Well-fitted Lens

A well-fitted AIR OPTIX for ASTIGMATISM (lotrafilcon B) contact lens satisfies the following criteria:

1. Full corneal coverage and good centration (no limbal exposure).
2. Sufficient lens movement to allow tear exchange under the lens during blink in primary or upgaze

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 and nudge the edge of the lens upward while observing lens movement. Then pull the lid back down and observe the return of the lens.**
 - **A well fitted lens will move freely upward, stopping shortly after passing the limbus and then return freely to its original position.**
3. Good comfort.
 4. Acceptable visual acuity with over-refraction.

Characteristics of a Tight (Steep) Lens Fit

A tight or steep fit should not be dispensed. If a lens fit is judged to be too steep a flatter lens (larger base curve radius), if available, should be evaluated. A tight or steep lens fit would display some or all of the following characteristics:

1. Good centration.
2. Insufficient or no lens movement during a blink in primary or upgaze.

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.**
3. Good comfort.
 4. Blurred vision between blinks.

Characteristics of a Loose (Flat) Lens Fit

If a lens fit is judged to be too flat a steeper lens (smaller base curve radius), if available, should be evaluated. A loose lens fit would display some or all of the following characteristics:

1. Decentration.
2. Excessive lens movement during a blink in primary or upgaze.

Push-up Test:

- **A loose fitting lens will move very easily, well beyond the limbus and possibly encroaching upon or going beyond the pupil. It will then return very quickly to its original position and often times return lower than its original position.**

3. Reduced comfort.
4. Lens edge standoff.
5. Blurred vision immediately after the blink.

7. Initial Lens Orientation Evaluation

A. No Rotation

When the scribe lines orient vertically, **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
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B. 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
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Example:

Spectacle Rx:	-2.50 -0.75 x 160
Diagnostic Lens:	-2.00 -0.75 x 170
Over-refraction:	-0.50 sphere
Orientation:	10 degrees clockwise (add) (160 + 10)
Final power to order:	-2.50 -0.75 x 170

C. *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 010

Over-refraction: -0.75 sphere

Orientation: 10 degrees counterclockwise (subtract) (180-10)

Final power to order: -2.75 -0.75 x 170

- **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 170

Orientation: 20 degrees clockwise

Axis calculation: $170 + 20 = 190$

(The 190 degrees is outside the traditional axis range)

Difference: $190 - 180 = 10$

Axis to order: x 010

Example 2:

Spectacle Rx cylinder: x 010

Orientation: 20 degrees counterclockwise

Axis calculation: $10 - 20 = -10$

Difference: $180 - |-10| = 170$

(The -10 degrees is outside the traditional axis range)

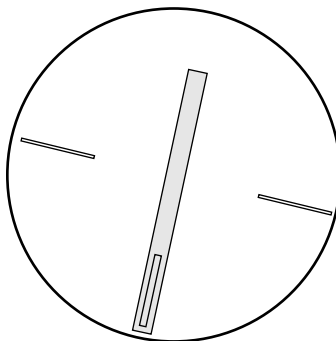
Axis to order: x 170

- **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. *Scribe Lines*

To view the scribe lines, the following tips may be helpful:

- The first step is to narrow the slit lamp beam to approximately 0.5 mm in a horizontal orientation. Focus the beam on the lens surface at the 6 o'clock position.
- Slowly move the beam in an up and down fashion. As the beam passes near and through the scribe marks it will be easy to see in retro illumination.
- Once the scribe line is located, rotate the light beam so it is parallel to the 6 o'clock scribe mark, ensure the light beam passes through the center of the pupil, and measure the amount of lens rotation. Scribe lines are also located at 3 and 9 o'clock.



8. *Initial Visual Evaluation*

The visual result is evaluated by first performing a spherical over-refraction and then measuring visual acuity. If visual acuity is acceptable, the determination of lens power required after the over-refraction will be uncomplicated.

Example:

Diagnostic lens: -2.00 -1.25 x 180

Over-refraction: -0.50 sphere

Final power to order: -2.50 -1.25 x _____ *

If the spherical over-refraction does not yield acceptable vision proceed to perform a spherocylindrical over-refraction. For the resultant lens power to order from this over-refraction call **Technical Consultation in the USA at (800) 241-7468, or visit www.virtualconsultant.cibavision.com**.

*Determination of final cylinder axis to order will be made after compensation for lens orientation.

FITTING GUIDELINES (MULTIFOCAL)

The CIBA VISION® AIR OPTIX™ AQUA MULTIFOCAL (lotrafilcon B) soft contact lens is a progressive aspheric simultaneous vision soft contact lens, available in three ADD powers; low (LO), medium (MED) and high (HI). For each lens the near and intermediate powers are concentrated primarily in the central portion of the optical zone while the distance power is contained in the surrounding portion. The continuous changes in power across the surface of the lens allow patients requiring a reading addition of up to +3.00 D to see clearly at far, intermediate, and near distances.

Achieving high success with AIR OPTIX AQUA MULTIFOCAL (lotrafilcon B) contact lenses is dependent on several factors, including the patient's motivation, expectations and visual wearing environment, as well as your skill in optimizing the lens powers to balance binocular performance at distance, intermediate and near. The information in this guide is designed to provide you with the tools to manage your presbyopic patients through each stage of the process from the initial case history to post-fitting follow-up.

1. *Pre-fitting Examination*

A pre-fitting examination is necessary to:

- determine whether a patient is a suitable candidate for AIR OPTIX AQUA MULTIFOCAL (lotrafilcon B) contact lenses
- 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
- detailed assessment of patient's individual visual demands
- understanding of patient's objectives for lens wear and expectations
- a distance spherocylindrical refraction and near ADD determination
- eye dominance determination and measurement of pupil diameter
- keratometry
- tear assessment
- biomicroscopy

2. *Patient Selection*

The eye care professional should weigh several factors when considering patient selection for an AIR OPTIX AQUA MULTIFOCAL (lotrafilcon B) 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 AIR OPTIX AQUA MULTIFOCAL 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 lighting or otherwise demanding vision conditions. In general, even the part-time user should not require more than a few moments re-adaptation time following an interval of no lens wear.

While candidates with greater than 1.00 diopter of refractive error have often been thought of as better candidates than those with low error or emmetropia, this is a generalization that often does not hold true for a given individual. Success is influenced by many factors and the eye care professional is encouraged to offer AIR OPTIX AQUA MULTIFOCAL (lotrafilcon B) lenses to all interested presbyopic patients who satisfy the standard requirements for soft contact lens wear.

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

Ideal Candidates

- Refractive cylinder $\leq 1.00D$.
- 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.
- Unable to adapt to monovision correction.

Less than Ideal Candidates

- Critical or very fine visual demands at both distance and near.
- Refractive cylinder $\geq 1.50D$ (any axis) in one or both eyes or against-the-rule refractive cylinder $> 1.00D$ 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 ($< -1.50D$) and has not been habitually corrected.
- Pupil size larger (> 4 mm) or smaller (< 3 mm) than norm for presbyopic population 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.

3. Initial Lens Selection

A. Initial Base Curve Selection

AIR OPTIX AQUA MULTIFOCAL is available in a single 8.6 mm base curve.

B. Initial Lens Power Selection

Note: A careful maximum plus spherocylindrical refraction should be conducted prior to selecting an AIR OPTIX AQUA MULTIFOCAL trial lens. Autorefractometer findings should be refined manually to rule out effects of instrument myopia and ensure proper control of residual accommodation.

The AIR OPTIX AQUA MULTIFOCAL lens design makes selecting the initial lens power easy. The optimum starting point is with a power that is most plus or least minus, vertex-corrected spherical equivalent spectacle refraction.

C. Initial ADD Power Selection

Note: A careful nearpoint ADD determination should be conducted prior to selecting an AIR OPTIX AQUA MULTIFOCAL trial lens. Additionally, eye dominance determination should be conducted prior to fitting.

The AIR OPTIX AQUA MULTIFOCAL 3 ADD SYSTEM allows personalized fitting for presbyopic patients. The table below makes initial ADD selection easy.

Eye	Spectacle ADD			
	Up to +1.00	+1.25 & +1.50	+1.75 & +2.00	+2.25 & +2.50
Dominant	LO	MED	MED	HI
Non-dominant	LO	MED	HI	HI

Example 1:	OD	OS
Spherical Rx:	-4.50 -0.75 x 90	-4.00D
Spherical equivalent (least minus):	-4.75D	-4.00D
Vertex corrected power:	-4.50D	-4.00D
Spectacle ADD:		+0.75D
Eye Dominance:		OD
Initial Trial Lens:	-4.50 LO	-4.00 LO

Example 2:	OD	OS
Spherical Rx:	+4.25 -0.25 x 180	+4.00 -0.50 x 180
Spherical equivalent (least minus):	+4.25D	+3.75D
Vertex corrected power:	+4.50D	+3.75D
Spectacle ADD:		+2.00D
Eye Dominance:		OS
Initial Trial Lens:	+4.50 HI	+3.75 MED

4. Initial Lens Fitting Evaluation

- Insert the lenses selected in Section 3 (above). If the exact power is not available, choose the next closest least minus/most plus lens power in your trial set.
- Allow the lenses to settle on the eyes for approximately **5 to 10 minutes**. This allows time for the patient to adapt to the lenses and time for the lens to equilibrate with the patient's tears.
- Evaluate the fit of the lenses on the eye. The **Push-up Test** as described below is an important part of the lens evaluation. The following guidelines will be helpful in evaluating the physical fit of the lens:

Characteristics of a Well-fitted Lens

A well-fitted AIR OPTIX AQUA MULTIFOCAL (lotrafilcon B) contact lens satisfies the following criteria:

- Full corneal coverage and good centration (no limbal exposure). A lens that is decentered > 1 mm, particularly temporal, is less likely to give adequate vision.
- Lens movement of 0.3 mm or less should be present to allow tear exchange under the lens during a blink in primary gaze or up-gaze.

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 and nudge the edge of the lens upward while observing lens movement. Then pull the lid back down and observe the return of the lens.**
- **A well fitted lens will move freely upward, stopping shortly after passing the limbus and then return freely to its original position.**

3. Good comfort.
4. Acceptable visual acuity with over-refraction.

Characteristics of a Tight (Steep) Lens Fit

A tight or steep fit should not be dispensed. If a lens fit is judged to be too steep a flatter lens (larger base curve), if available, should be evaluated. A tight or steep lens fit would display some or all of the following characteristics:

1. Good centration.
2. Insufficient or no lens movement during a blink in primary gaze or up-gaze.
3. Excessive conjunctival drag (visible movement of the conjunctival vessels when the lens moves during a blink or during the push-up test). Note: presbyopes often have loose conjunctiva, some conjunctival movement is occasionally seen and may not be a sign of a tight fit. See Push-up Test below.

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.**

4. Good comfort.
5. Blurred vision between blinks.

Characteristics of a Loose (Flat) Lens Fit

If a lens fit is judged to be too flat a steeper lens (smaller base curve), if available, should be evaluated. A loose lens fit would display some or all of the following characteristics:

1. Decentration.
2. Excessive lens movement during the blink in primary or upgaze.

Push-up Test:

- **A loose fitting lens will move very easily, well beyond the limbus and possibly encroaching upon or going beyond the pupil. It will then return very quickly to its original position and often times return lower than its original position.**

3. Reduced comfort.
4. Lens edge standoff.
5. Blurred vision immediately after the blink

5. Initial Lens Visual Evaluation

Once an acceptable fit has been achieved, the visual performance of the lenses may be evaluated. Visual acuity is tested at distance. If necessary, 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 decreased by the reduction in light associated with looking through the aperture of the phoropter cells, or by proximal cues associated with the nearness of the instrument.

6. Fitting Procedures

Step 1. After the trial lenses have settled for 5 to 10 minutes, measure distance acuity while the patient is viewing the chart binocularly (i.e., simultaneously with both eyes). Next, evaluate the patient's subjective impression of the near vision when trying to read typical everyday material (e.g., a newspaper, magazine, and cell phone). Lighting and reading distance should be what is normal for the patient.

Step 2. If distance or near vision is unsatisfactory, perform a **distance** over-refraction on each eye as follows. Use hand-held trial lenses and encourage plus. For example, if a Plano and +0.25D over-refraction yields the same results, use the +0.25D endpoint. Re-check visual acuity and visual quality as described in Step 1 above.

Step 3. If near vision is unsatisfactory, try Enhancement 1 in the table below.

		Unsatisfactory NEAR Vision			
		Spectacle ADD			
Enhancement	Eye	Up to +1.00	+1.25 & +1.50	+1.75 & +2.00	+2.25 & +2.50
1	Non-dominant	Add +0.50D to the lens for the non-dominant eye			
2	Dominant	LO	MED	MED	HI
	Non-dominant	MED	HI	MED <small>With Additional +0.75D</small>	MED
3	Dominant	MED	HI	HI HI	
	Non-dominant	MED	MED	MED HI	

Next, re-check visual acuity and visual quality as described in Step 1 above. If satisfactory, dispense new distance lens power for the non-dominant eye. If near vision is still unsatisfactory, proceed to Enhancement 2 and 3 (if necessary).

If distance vision is unsatisfactory, try Enhancement 1 in the table below.

		Unsatisfactory DISTANCE Vision			
		Spectacle ADD			
Enhancement	Eye	Up to +1.00	+1.25 & +1.50	+1.75 & +2.00	+2.25 & +2.50
1	Dominant		LO	MED	HI
	Non-dominant		MED	MED <small>With Additional +0.75D</small>	MED
2	Dominant		MED	MED	MED or MED
	Non-dominant		LO	MED	HI or MED <small>With Additional +0.75D</small>

Next, re-check visual acuity and visual quality as described in Step 1 above. If satisfactory, dispense lenses. If distance vision is still unsatisfactory, proceed to Enhancement 2.

Special Fitting Considerations

There are circumstances where optimal performance will be achieved by using only one AIR OPTIX AQUA MULTIFOCAL (lotrafilcon B) contact lens. An example where an unioocular AIR OPTIX AQUA MULTIFOCAL lens might be recommended is indicated below.

- Unilateral astigmat:
Myopic in one eye, astigmatic in the other

Spectacle Rx:	Potential Contact Lens Rx:
O.D. -1.50 DS	-1.50 MED AIR OPTIX AQUA MULTIFOCAL lens
O.S. -1.00 -1.00 x 090	-1.00 -0.75 x 090 AIR OPTIX for ASTIGMATISM lens
ADD: +1.25D	

It is important to understand that in any case where an AIR OPTIX AQUA MULTIFOCAL lens is worn on only one eye, best results will be obtained where careful assessment and optimization of the fit is carried out.

When the particular eye that will wear the AIR OPTIX AQUA MULTIFOCAL lens has been determined, then additional testing to optimize the power and/or ADD of the lens selected for each eye should still be performed. 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 toric (or even spherical) lens than would be predicted from the patient's spectacle prescription.

Dispensing Visit

AIR OPTIX AQUA MULTIFOCAL (Iotrafilcon B) contact lenses are supplied in multipack cartons with individual foil-sealed lens containers. Locate the opening flap on the multipack carton and pull up to break the seal.

The lenses are supplied in an easy-to-open foil container designed to maintain sterility of the lens and saline storage solution. To open an individual lens container peel back the lid and carefully remove the lens from its container. (Do not use tweezers or other tools to remove the lens from the package. This could damage the lens.)

Conduct the following steps with each patient, even if they have previously worn contact lenses:

1. Evaluation 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.

2. Lens Placement and Removal Directions

Instruct the patient on proper lens placement and removal procedures. Patients who are unable to place and remove lenses should not be provided with them.

3. 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 AIR OPTIX AQUA MULTIFOCAL (Iotrafilcon B) soft contact lenses.

- a. 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.

- b. Although many individuals use AIR OPTIX AQUA MULTIFOCAL 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.
- c. 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). ***Patients should be instructed to make use of good light when reading fine print.***
- d. 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.
- e. Small changes in lens power can often make a significant difference in the quality of the vision experienced with multifocal contact lenses. Such changes can be best tailored to individual needs 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.

FITTING GUIDELINES (MONOVISION)

Patient Selection

A) *Monovision Needs Assessment*

For a good prognosis, the patient should have adequately corrected distance and near visual acuity in each eye. Patients with reduced visual acuity, such as the amblyopic patient, 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 potentially dangerous machinery or performing other potentially hazardous activities; and
2. Driving automobiles (e.g., driving at night). Patients who cannot pass requirements for a driver's license with monovision correction should not drive with this correction. An additional over-correction can be prescribed to improve vision.

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 disadvantages as well as the advantages of clear near vision in straight-ahead and upward gaze that monovision contact lenses provide compared to spectacle bifocals.

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 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 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 would be 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.

• **Unilateral astigmat:**

- Emmetropic in one eye, astigmatic in the other

<u>Spectacle Rx</u>	<u>Potential Monovision Rx</u>
O.D. Plano	Uncorrected for distance
O.S. -1.00 -1.00 x 090	+0.50 -1.00 x 090 for near
ADD: +1.50	
- Myopic in one eye, astigmatic in the other

<u>Spectacle Rx</u>	<u>Potential Monovision Rx</u>
O.D. -1.50	Uncorrected for near
O.S. -2.00 -1.75 x 090	-2.00 -1.75 x 090 for distance

Amblyopia

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

Astigmatism

Patients with less than 1.50 diopters of astigmatism might be successfully fit in O₂OPTIX and AIR OPTIX AQUA spherical lenses.

Patients with ≥ 0.75 diopters of astigmatism might be good candidates for monovision using AIR OPTIX for ASTIGMATISM lenses (check available cylinder powers).

- Determine which eye to use for the near prescription (see Eye Selection, A-C, above)
- Add the appropriate near ADD power to the spherical component of the astigmatic prescription for that eye.
- Example:

<u>Spectacle Rx</u>	<u>Potential Monovision Rx</u>
O.D.: -2.50 -0.75 x 180	-2.50 -0.75 x 180 for distance
O.S.: -3.00 -1.75 x 165	-2.00 -1.75 x 165 for near
ADD: +1.00	
Dominant eye: O.D.	

Near ADD Determination

Always prescribe the lens power for the near eye that provides optimal near 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 General Fitting Guidelines and Base Curve Selection described earlier in the guide.

Case history and standard clinical evaluation procedures should be used to determine the suitability of monovision. 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 in place, observe the reaction to this mode of correction.

Immediately after 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. Again assess the reaction. As the patient continues to look around the room at both near and distance objects, observe the reactions. 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.

After evaluating 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 less favorable 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 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 **Patient Instructions for the Monovision Wearer**, which appears in the back of this booklet.

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.

O₂OPTIX, AIR OPTIX AQUA, AIR OPTIX for ASTIGMATISM and AIR OPTIX AQUA MULTIFOCAL lenses are supplied sterile in foil sealed blister pack containers. Open the foil pack by peeling back the foil lidding material and gently slide the lens out of the container with your finger, or pour the lens onto the palm of your clean hand.

Conduct the following steps with each patient, even if they have previously worn contact lenses:

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 the patient on hygiene and handling of lenses. Patients who are unable to place and remove lenses should not be provided with them.

C. *Lens Wear and Replacement Schedules (see Patient Leaflet)*

Prescribe and explain the patient's wearing and replacement schedules.

D. *Lens Care Directions (see Patient Leaflet)*

Recommend an appropriate cleaning, rinsing, and disinfecting system, and provide the patient with instructions for proper lens care, including the case.

E. *Additional Instructions*

Provide the O₂OPTIX, AIR OPTIX AQUA, AIR OPTIX for ASTIGMATISM and AIR OPTIX AQUA MULTIFOCAL Patient Leaflet.

Provide the patient with all 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 O₂OPTIX, AIR OPTIX AQUA, AIR OPTIX for ASTIGMATISM and AIR OPTIX AQUA MULTIFOCAL soft contact lenses. Review the contents so the patient clearly understands the prescribed lens wear, care, and replacement schedule. You can obtain copies of the leaflet by contacting a customer service representative, at (800) 268-3968.

FOLLOW-UP EXAMINATIONS

Follow-up care is extremely important for continued successful contact lens wear and for monitoring the patient's ocular response to lens wear. Follow-up care 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 wearing schedule, replacement schedule, and proper lens care and handling procedures.

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 a biomicroscope, evaluate lens fitting characteristics and examine the lens surface for deposits.
- Remove the lenses and conduct a thorough biomicroscopic examination with fluorescein. Rinse eyes with saline before re-inserting lenses.
- Evert upper lids to determine condition of tarsal conjunctiva.
- Periodically perform keratometry and spectacle refractions. These results should be recorded to compare to 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 are not satisfied during any follow-up examination, the patient should be re-fitted with a more appropriate lens.

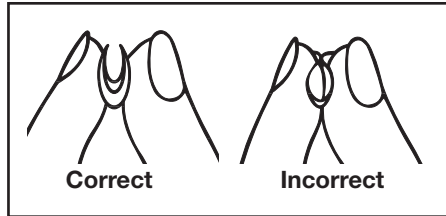
LENS HANDLING HINTS

Lens Insertion

- When about to place the lens on the eye, make sure the lens sits up on the placement finger. The finger should be dry so surface tension does not cause the lens to adhere to the finger.
- Check to see that the lens is right side out. A lens that is placed on the eye inside out may not feel comfortable or provide good vision.

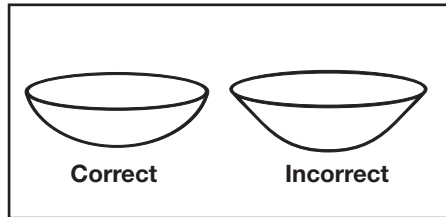
One way to do this is to place the lens between your thumb and index finger and squeeze the edges together gently.

- If the edges come together, the lens is right side out.
- If the edges turn outward, the lens is wrong side out. Carefully reverse it with your fingers.



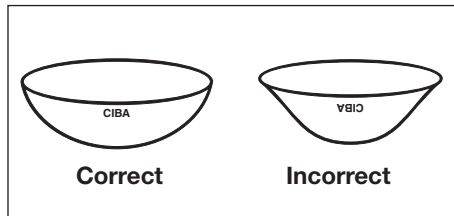
Another way is to place the lens on the tip of your index finger and check its shape.

- If the edge appear bowl-shaped, it is right side out.
- If the edge has a lip or flares outward, it is wrong side out and must be reversed.



A third way to tell if the lens is right side out is to look at the lens engravings at the edge of the lens.

- Place the lens on the tip of your index finger and hold it up against a light source.
- If the lens is right side out, you should be able to read "CIBA" at the edge of the lens. If the lens is inside out, the engravings will be reversed. Carefully turn the lens right side out with your fingers.



- 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.
- Remember to remove the same lens first (right or left), then the other lens. This helps avoid getting the lenses mixed up.
- It may be easier to remove your contact lenses if you use rewetting drops (approved for use with soft lenses) recommended by your eye care professional 10 to 15 minutes before lens removal. This will also help prevent lens tearing during the removal process.

Care for a Sticking 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 solution (used in accordance with package labeling). The patient should wait until the lens begins to move freely on the eye before attempting to remove it. 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 phosphate buffered saline with or without 1% Copolymer 845 additive. 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.
- For fitting and diagnostic purposes, the **lenses should be disposed of after a single use and not be re-used from patient to patient.**

ADDITIONAL INFORMATION

CIBA VISION is pleased to assist with fitting or clinical questions regarding O₂OPTIX, AIR OPTIX AQUA, AIR OPTIX for ASTIGMATISM and AIR OPTIX AQUA MULTIFOCAL contact lenses. Eye care professionals having questions or problems should contact the **CIBA VISION Technical Consultation department, at (800) 241-7468**. To order O₂OPTIX, AIR OPTIX AQUA, AIR OPTIX for ASTIGMATISM or AIR OPTIX AQUA MULTIFOCAL contact lenses contact your CIBA VISION sales representative or **call Customer Service, at (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



Package Insert - Patient Leaflet
 O₂OPTIX®, AIR OPTIX™ AQUA, AIR OPTIX™ for
 ASTIGMATISM and AIR OPTIX™ AQUA MULTIFOCAL
 (Iotrafilcon B) Soft Contact Lenses

D7411/C001043

⚠ 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)

O₂OPTIX®
 AIR OPTIX™ AQUA
 AIR OPTIX™ for ASTIGMATISM
 AIR OPTIX™ AQUA MULTIFOCAL

DESCRIPTION

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

- O₂OPTIX and AIR OPTIX AQUA (Iotrafilcon B) lenses are available in a spherical lens design.
- AIR OPTIX for ASTIGMATISM™ (Iotrafilcon B) lenses are available in a toric lens design.
- AIR OPTIX AQUA MULTIFOCAL (Iotrafilcon B) lenses are available in a multifocal lens 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 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 approximately 33% water and 67% Iotrafilcon B, a fluoro-silicone containing hydrogel which is surface treated. The color additive copper phthalocyanine is added to the lens material to create a light blue edge-to-edge color to make them easier to see when handling.

Each lens is packaged in a foil-sealed plastic container containing isotonic phosphate buffered saline with or without 1% Copolymer 845 and is steam sterilized. The package is marked with the base curve, diameter, dioptric power, manufacturing lot number and expiration date. The package may also contain the product code LFB 110. The table below provides a listing of Health Canada Device Identifier Codes.

Product Name	Additional Description	Device Identifier
O ₂ OPTIX™	Spherical, BC 8.6mm	CIBA X6
AIR OPTIX™ AQUA	Spherical, BC 8.6mm	CIBA X6U
AIR OPTIX™ for ASTIGMATISM	Toric, BC 8.7mm	CIBA B7
AIR OPTIX™ AQUA MULTIFOCAL	LO ADD, BC 8.6mm	CIBA PL
	MED ADD, BC 8.6mm	CIBA PM
	HI ADD, BC 8.6mm	CIBA PH

INTENDED USE

Use the lenses to improve the vision of non-diseased eyes. Spherical and toric lenses are available for persons who are nearsighted (myopia) or farsighted (hyperopia) and may have astigmatism (irregular, oval shaped cornea). Multifocal lenses are available for persons who are nearsighted (myopia) or farsighted (hyperopia) and require additional correction for near tasks such as reading (presbyopia).

CIBA VISION (Iotrafilcon B) lenses may be prescribed for daily wear and overnight wear (extended wear, up to 6 continuous nights) with removal for disposal, or cleaning and disinfection prior to reinsertion, as recommended by the eye care professional.

RECOMMENDED WEAR AND REPLACEMENT SCHEDULE

In the interest of maintaining the health and safety of your eyes, the wear and replacement schedule should be determined by your eye care professional.

- Depending on your individual needs your eye care professional may recommend daily wear (less than 24 hours per day, while awake), or periodic overnight wear (up to 6 continuous nights).
- To start lens wear, the eye care professional may prescribe an

hourly schedule of increasing wear time per day over a period of several days or weeks until the wearer has successfully adapted to contact lens wear.

- Normal daily wear of lenses assumes a minimum of 6 hours of non lens wear per 24 hour period, however individual wearing schedule will vary. The eye care professional should determine how many hours per day lenses may be worn.
- For overnight wear, O₂OPTIX, AIR OPTIX AQUA, AIR OPTIX for ASTIGMATISM and AIR OPTIX AQUA MULTIFOCAL lenses may be worn continuously for up to 6 nights. Once lenses are removed, your eyes should have a rest without lens wear for at least one overnight. Your eye care professional will tell you how long to rest your eyes in between wearing periods.
- CIBA VISION recommends monthly replacement for Iotrafilcon B lenses. Based on this recommendation, it is up to your eye care professional to determine the actual wear and replacement schedule that is best for you.

WHEN NOT TO WEAR LENSES

DO NOT USE O₂OPTIX, AIR OPTIX AQUA, AIR OPTIX for ASTIGMATISM or AIR OPTIX AQUA MULTIFOCAL (Iotrafilcon B) contact lenses when any of the following exists:

- Allergy, inflammation, infection 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.
- Have a systemic disease that may be affected by or impact contact lens wear.
- Have certain types of allergic conditions.
- Inadequate tear film (dry eyes).
- Water sports without use of goggles.
- 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 CIBA VISION (Iotrafilcon B) lenses while sleeping unless your eye care professional has prescribed the lenses for extended wear (overnight wear). The risk of serious complications is greater for daily wear users who wear their lenses overnight. In addition, the risks of serious complications is greater for extended wear than for daily wear 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 twice each year or as recommended by the eye care professional.
- Do not use lenses past the expiration date and only use fresh, unexpired lens care products.
- 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 activities, including swimming.
- Inform an employer that you wear contact lenses, especially if your job involves using eye protection equipment.
- Ask your eye care professional about the advantages and compromises of wearing multifocal lenses (for reading/close-up work) and/or being fit with contact lenses for monovision (one eye corrected for distance and the other for near). For example, distance or depth perception may be impacted and/or vision comprised under low light conditions.

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 LENSES.**
- **If the discomfort or problem stops, then look closely at the lens(es):**
 - If the lens(es) 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 lens(es) have dirt, an eye lash or other foreign body on it, or the problem stops and the lenses appear undamaged, thoroughly clean, rinse, and disinfect prior to reinsertion.
- **If the discomfort or problem continues after removing lens(es) or upon reinsertion, IMMEDIATELY remove the lens(es) and contact the eye care professional for identification of the problem and prompt treatment to avoid serious eye damage.**

A serious condition such as infection, corneal ulcer (ulcerative keratitis), corneal vascularization, or iritis may be present. These conditions could progress rapidly and 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.

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.
 - To insert lenses:
 - Place a lens on the tip of your clean and dry right or left index finger, 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 eyelid.
 - Place the lens directly on the eye (cornea) and gently roll your finger away from the lens.
 - Look down and slowly remove your hand, releasing the lower lid.
 - Look straight ahead and slowly remove your other hand, releasing the upper lid.
 - Blink gently.
 - To remove lenses:
 - Make sure hands are completely dry.
 - Blink fully several times.
 - While looking up, slide the lens down onto the white part of the eye.
 - Remove the lens by pinching gently between the thumb and forefinger.
- If a lens decenters 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.
- Never use tweezers, sharp objects or fingernails to move, insert or remove lenses.

TAKING CARE OF LENSES

- Good hygiene and correct care of lenses are essential.
- DISINFECT lenses each time they are removed to destroy harmful germs and to ensure safe and comfortable contact lens wear. Use a chemical, not heat, disinfection system.
- A separate CLEANING & RINSING step may be recommended by the eye care professional to remove contaminants from the lens

surface. In addition, lenses may also require periodic enzymatic cleaning to remove protein build-up.

- Remove one lens first (always the same lens first to avoid mix-ups) and place the lens into the correct chamber of the lens storage case. Repeat this procedure for the second lens.
- The eye care professional should recommend an appropriate lens care system. CIBA VISION recommends the following for use with O₂OPTIX, AIR OPTIX AQUA, AIR OPTIX for ASTIGMATISM and AIR OPTIX AQUA MULTIFOCAL lenses:
 - Hydrogen peroxide disinfecting system – Clear Care[®]
 - Chemical cleaning & disinfecting solution – SOLOCARE AQUA[®] All-In-One Solution
 - Cleaner – AOFLOW[®] Extra Strength Daily Cleaner
 - Protein Removal – Unizyme[®] Enzymatic Cleaner
 - Lubricating & rewetting drops – AQuify[®] Long-Lasting Comfort Drops
- To store lenses, clean, disinfect, neutralize, rinse, and leave them in the closed/unopened lens storage case until ready to wear. If the lenses have been stored in the unopened lens storage case for more than 24 hours, repeat the cleaning, disinfecting, neutralizing and rinsing procedures using fresh solutions prior to wearing the lenses.
- Contact lens cases require proper use, cleaning and replacement at regular intervals. To prevent contamination and avoid serious eye injury, follow the manufacturer's instructions for use and care of the lens case and replace the lens case according to the manufacturer's instructions, or as recommended by the eye care professional.

Important notes:

- 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 has been associated with Acanthamoeba keratitis, a corneal infection that is resistant to treatment and cure.
- DO NOT USE products designed only for hard or rigid gas permeable lenses.
- NEVER USE HEAT with lens care solutions or to disinfect lenses.
- Refer to the package inserts of each individual lens care product for important safety information and complete directions.

CARE FOR A DEHYDRATED LENS

If a (Iotraficon B) 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. Always keep the lenses completely immersed in the recommended storage solution when lenses are not being worn.

CARE FOR A STICKING LENS

A lens must move freely on the eye for the continued health of the eye. If the lens sticks (stops moving) on the eye, apply 2-3 drops of a sterile saline solution recommended for use in eyes. Wait until the lens begins to move on the eye before removing it. If non-movement of the lens continues, immediately consult the eye care professional.

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 YOUR EYE CARE PROFESSIONAL OR VISIT A HOSPITAL EMERGENCY ROOM WITHOUT DELAY.



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¹ May also be labeled as O₂OPTIX[®] for Astigmatism

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INSTRUCTIONS FOR THE PRESBYOPIC PATIENT (MULTIFOCAL or MONOVISION)

Two common methods of using contact lenses for presbyopic vision correction include multifocal or bifocal lenses, and monovision. Like bifocal, trifocal, or progressive addition spectacles, multifocal contact lenses have separate powers for distance and near vision in each lens. This allows the wearer to use both eyes for seeing at all distances. Monovision correction entails the use of contact lens with a distance powered lens being worn on one eye and a near powered lens on the other eye.

As with any type of vision correction, there are advantages and compromises with multifocal or monovision correction. The benefit of clear near vision in straight ahead and upward gaze that is available may be accompanied by reduced vision at certain distances or under certain lighting conditions. Some individuals, particularly those wearing monovision lenses may experience reduced depth perception. Some patients experience difficulty adapting to this. Symptoms such as mild blurring, dizziness, headaches and a feeling of slight imbalance, may last briefly or for several weeks as adaptation takes place. The longer these symptoms persist, the poorer your prognosis for successful adaptation.

During the adaptation period it is recommended that you wear these contact lenses only in familiar situations which are not visually demanding. For example, you should avoid driving an automobile until you are comfortable that your eyes have adjusted. It is recommended that you drive with multifocal or monovision correction only if you can pass the driver's license requirements with your lenses.

- Some patients will never be fully comfortable functioning in low light, 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 optimally for distance when sharp distance vision is required.
- If you perform prolonged close work requiring very sharp near vision you may need to wear spectacles over your lenses or have additional lenses prescribed specifically for this task. You should discuss your specific visual needs with your eye care professional.
- It is important that you follow your eye care professional's advice regarding adaptation to presbyopic vision correction. During the adaptation period you should make careful note of any specific situation where you feel unable to function effectively and safely, and discuss these concerns with your eye care professional.
- The decision to be fit with multifocal lenses or a monovision correction should be made in conjunction with your eye care professional only after carefully considering and discussing your needs.

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.

LENS CARE PRODUCT CHART FOR SOFT CONTACT LENSES

CLEAR CARE®

Hydrogen peroxide based solution for cleaning, disinfecting and protein removal

SOLOCARE AQUA®

All-In-One Solution

SOLOCARE AQUA All-In-One solution is ideal for cleaning, daily protein removal, rinsing, disinfecting and storing lenses, including silicone hydrogel lenses. SOLOCARE AQUA also offers a convenient 5 minute option to clean and disinfect lenses easily whenever needed.

Includes MICROBLOCK® Antibacterial Lens case

The MICROBLOCK lens case is made of a special plastic infused with an antibacterial agent throughout the lens case and lens cap. The MICROBLOCK lens case not only kills bacteria but also inhibits the growth of microorganisms in the lens case.

Other CIBA VISION® Lens Care Products

AQuify® Long-Lasting Comfort Drops

Lubricating and rewetting. Gentle relief from dryness and discomfort from contact lens wear.

AOSEPT® Plus

AOSEPT Cleaning and Disinfecting Solution plus lens cup and disc

SoftWear® Saline

Rinsing, storage and wetting

AOFLOW® Extra Strength Daily Cleaner

Cleaner

Unizyme® Enzymatic Cleaner

Enzymatic Cleaner for contact lens protein removal



Shared Passion for Healthy Vision and Better Life

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