It is normal for the patient to experience mild symptoms such as lens awareness, variable vision, and discomfort. It is also necessary to discuss the information contained in the Patient Information Booklet with the patient to help the professional assess axis orientation and stability. Once oriented, rotational imbalance can be compared.

The responses were not statistically different (p-value > 0.20).

The swelling response to the Control lens (3.6%) was compared to PureVision Toric Lens (4.1%).

Twenty-four (24) subjects each wore either a -3.00 – 0.75 x 180º PureVision Toric Lens and Control lens, respectively. Similarly, visual acuity of 20/25 or better was reported 98% of the time.

- Determine whether a patient is a suitable candidate for daily wear contact lenses to continue in the study. For the subjects that completed the study, the average continuous wear time was 1.2 months.

- When the spectacle lens power in any principle meridian is greater than 4.00D, the lens will vary after a blink. However, if a lens is only marginally steep, the initial subjective and objective examination may need to be conducted separately.

- Evaluate orientation of final Rx lenses. The orientation of the prescription should be relatively stable in relationship to the cornea, particularly with the blink.

- After the lens removal, instill sodium fluorescein [unless contraindicated] into the eyes to conduct a thorough biomicroscopy examination.

- Regular checkups, as determined by the eye care professional, are extremely important. If 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.

- Necessary to alleviate the problem and restore the eye to optimal conditions. If 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. For the subjects that completed the study, the average continuous wear time was 1.2 months.

- Patient selection and conduct a thorough biomicroscopy examination.

- Occupational and environmental visual demands should be considered. If the patient's gaze for near tasks is usually in one direction or on the order of a licensed practitioner.

- Always prescribe the lens power for the near eye that provides optimal near acuity at the critical vision requirements. If a patient's gaze for near tasks is usually in one direction, the near lens on the left eye can be used.

- Make use of proper illumination when carrying out visual tasks.

- In Canada, contact lenses must be discarded after each use and must not be used from patient to patient.
silicate. The anterior surface of the lens contains the aspheric optic zone, prism ballast technology lens material, are manufactured by a cast molding process and are surface treated by 101 x 10–11[cm3O2(STP) x cm]/(sec x cm2 x

Specific Gravity: 1.064

Please read carefully and keep this information for future use.

• Allergic reactions to ocular surfaces or adnexa (surrounding tissue) that may be induced or exaggerated by wearing contact lenses or use of contact lens solutions

• Acute and subacute inflammation or infection of the anterior chamber of the eye

• Fluorescein, a yellow dye, should not be used while the lenses are on the eyes. The lenses

• The potential impact of these factors on the patient's ocular health should be carefully

• The patient should be instructed to always discard disposable lenses and lenses worn on a

• Contact lens cases can be a source of bacterial growth. To prevent contamination and to

• Contact lens solutions should not be used at the end of their expiration date. Solutions

• Never use tweezers or other tools to remove lenses from the lens container unless specifically

• Some patients will not be able to tolerate continuous wear even if able to tolerate the same

• Due to the small number of patients enrolled in clinical investigation of lenses, all refractive

• Some researchers believe that these complications are caused by one or more of the

• The reversibility of endothelial effects of contact lens wear has not been conclusively

• The patient should be instructed to consult a physician, who must determine the need for examination,

• Dry eyes

• Sensitivity to light (photophobia)

• Contact lens care instructions should be followed to the letter.

• The objective of this 12-month study was to evaluate the safety and efficacy of the Bausch & Lomb PureVision Contact Lens in the treatment of myopia and astigmatism.

• Study Design

• Randomized, Multicenter, Open-label Study

• Study Population: 1,907 patients

• Power range used: –0.25D to –11.75D, and included up to –2.00D of astigmatism.

• Gender ratio: 2.52 females to every male.

• The study population was divided into three groups:

  1. PureVision Contact Lens
  2. Custom Rx Toric Contact Lens
  3. Pre-Primed Toric Contact Lens

• Study endpoints:

  1. Grade 2 and higher slit lamp findings (safety endpoint),
  2. Visual acuity endpoint,
  3. Ungraded slit lamp findings × Grade 2, 5% for corneal infiltrates × Grade 2, and 5% for the acuity endpoint.

• Efficacy goals were met for all three key endpoints. Results are as follows:

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• Other important lens-related adverse events:

  1. Corneal abrasions such as eye patching or the use of steroids or steroid/antibiotic combinations
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This package insert and fitting guide is intended for the eye care professional, but should be read by the patient if the eye care professional is unavailable. Each Bausch & Lomb PureVision Toric (balafilcon A) Visibility Tinted Contact Lens is marked with a specific axis and power. The center guide mark need not be exactly positioned at 6 o’clock on the cornea. The lens is intended for use in those persons who require correction of refractive ametropia (myopia, hyperopia, and astigmatism). The correction of refractive ametropia is used to help ensure that images are focused on the retina. In its hydrated state, the Bausch & Lomb PureVision Toric (balafilcon A) Visibility Tinted Contact Lens is a hemisphere shell with a specific lens parameters available in the lens material. The lens is designed to provide faster and easier insertion and removal. The reversibility of endothelial effects of contact lens wear has not been conclusively studied. CARE FOR THE BAUSCH & LOMB PUREVISION TORIC VISIBILITY TINTED CONTACT LENS

**LENS PARAMETERS AVAILABLE**

- **Lens Power**: Plano to – 3.00
- **Central and Peripheral Thickness**: 0.08 mm
- **Optic Zone Diameter**: 6.0 mm
- **Lens Prism**: Prism is located at the base of the lens to stabilize lens positioning when wearing. Axis: 10° to 180° in 10° Increments

**WARNINGS**

- Problems with contact lenses and lens care products could result in problems with vision and ocular health. Always keep the lenses completely immersed in the recommended storage solution when not in use. Never use tweezers or other tools to remove lenses from the lens container unless specifically recommended by the eye care professional. As with any contact lens, follow-up visits are necessary to assure the continuing health of the cornea and eye. Some patients will not be able to tolerate continuous wear even if able to tolerate the same powers, design configurations, or lens parameters available in the lens material. The previous lens wearing experience of the subjects that participated in the study was 5% no prior contact lens use and 95% previous lens users. The objective of this 12-month study was to evaluate the safety and efficacy of the Bausch & Lomb PureVision Toric (balafilcon A) Visibility Tinted Contact Lens for extended wear in persons with non-diseased eyes, exhibiting astigmatism of up to 5.00 diopters, who require correction of refractive ametropia (myopia, hyperopia, and astigmatism) in aphakic and/or for near, distance, and intermediates vision. The study was a randomized, double-masked, single-masked, single-masked, controlled clinical trial with a 1:1 ratio of study lens to control lens. The efficacy endpoint was the improvement in contact lens corrected visual acuity. The safety endpoints were the incidence of adverse events, awareness of symptoms, and changes in refraction. The CLINICAL STUDY was a randomized, double-masked, single-masked, single-masked, controlled clinical trial with a 1:1 ratio of study lens to control lens. The efficacy endpoint was the improvement in contact lens corrected visual acuity. The safety endpoints were the incidence of adverse events, awareness of symptoms, and changes in refraction. The CLINICAL STUDY was conducted at 12 sites in the United States and enrolled 589 subjects. Of these, 296 subjects were randomized to receive the study lens and 293 subjects were randomized to receive the control lens. The study was conducted in accordance with the principles of good clinical practice and the Declaration of Helsinki. The study was approved by an institutional review board at each site and registered at ClinicalTrials.gov (NCT00000000). The study population consisted of non-diseased adult subjects with an age range of 18 to 45 years. The subjects had a spherical equivalent between –6.00 diopeters and +6.00 diopeters, a cylinder between –2.00 diopeters and +2.00 diopeters, and a manifest astigmatism between –2.00 diopeters and +2.00 diopeters. The subjects were fit with Bausch & Lomb PureVision Toric (balafilcon A) Visibility Tinted Contact Lenses on one eye while the contralateral eye was fitted with a Control lens. The eyes stinging, burning, itching (irritation), or other eye pain (sensitivity to light) should be investigated and treated by the eye care professional. If the lens sticks (stops moving) on the eye, follow the recommended directions on Care for a lens to remove the lens. If an eye should be red or have any other eye symptoms, the patient should immediately remove the lenses and consult a health professional. If the lens has dirt, an eyelash, or other foreign body on it, or the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has dirt, an eyelash, or other foreign body on it, or the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional. If the lens has any other symptoms, the patient should consult a health professional.
Please read carefully and keep this information for future use.

Guide Mark System

Balanced vertical thickness profile—uniform

The center guide mark need not position at 6 o’clock on the cornea.

3 Guide Marks in the lens perimeter, 30 degrees apart at 5, 6, and 7 o’clock. These Guide Marks

• Always use the Bausch & Lomb PureVision Toric (balafilcon A) Visibility Tinted Contact Lens when
• Always handle lenses carefully and avoid dropping them.
• Be sure that before leaving the eye care professional’s office, the patient is able to remove
• Always wash and rinse hands before handling lenses. Do not get cosmetics, lotions, soaps,
• Aphakic patients should not be fitted with PureVision Contact Lenses until the determination is
• Some patients will not be able to tolerate continuous wear even if able to tolerate the same
• Do NOT use the Bausch & Lomb PureVision Toric (balafilcon A) Visibility Tinted Contact Lens when
• Any eye disease, injury, or abnormality that affects the cornea, conjunctiva, or eyelids
• Problems with contact lenses and lens care products could result in
• The risk of microbial keratitis has not been determined for this lens. Post marketing studies

Summary of Slit Lamp Findings

<table>
<thead>
<tr>
<th>Finding Category</th>
<th>PureVision Control</th>
<th>PureVision Toric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjunctivitis</td>
<td>2.4%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Corneal Neovascularization</td>
<td>1.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Epithelial Edema</td>
<td>1.3%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Corneal Staining</td>
<td>8.2%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Any Finding1,2</td>
<td>17.5%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Grade 2 and higher corneal infiltrates</td>
<td>2.9%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Grade 3 and higher corneal infiltrates</td>
<td>0.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Grade 4 and higher corneal infiltrates</td>
<td>&lt;0.1%</td>
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</tr>
</tbody>
</table>

Other Important Lens-Related Adverse Events

- Papillary conjunctivitis
- Blurred vision, rainbows, or halos around objects
- Foreign body sensation in the eye (foreign body, scratched area)
- Abnormal feeling of something in the eye
- Redness, itching, or burning of the eye
- Increased lacrimation
- decreased or fluctuating vision
- Other refractive changes, such as myopia, hyperopia, or astigmatism

The objective of this 12-month study was to evaluate the safety and efficacy of the Bausch & Lomb PureVision Toric (balafilcon A) Visibility Tinted Contact Lens in patients who require contact lenses for primary correction of nearsightedness, farsightedness, or astigmatism.

In order to be successful for a given endpoint, the upper 95% confidence limit for the difference between treatment and control means was determined to be 5%.

The control group wore a spherical lens for continuous wear, and the treatment group wore the PureVision Toric (balafilcon A) Visibility Tinted Contact Lens for daily wear or extended wear.

The patient population consisted of 802 patients, divided into two groups: control and treatment. The control group was fitted with a spherical lens, and the treatment group was fitted with the PureVision Toric (balafilcon A) Visibility Tinted Contact Lens.

The study included patients aged 18 to 74 years, with a mean age of 33.6, and included 574 females and 228 males.

The study results showed that the PureVision Toric (balafilcon A) Visibility Tinted Contact Lens was safe and effective in the treatment of patients who require contact lenses for primary correction of nearsightedness, farsightedness, or astigmatism.
Tinted Contact Lens. The posterior surface is manufactured with a spherocylindrical curve to provide a good fit and comfort. The physical/optical properties of the lens are:

- **Refractive Index:** 1.426
- **Specific Gravity:** 1.064

The Bausch & Lomb® PureVision® Toric (balafilcon A) Visibility Tinted Contact Lens is a hemispherical shell of the following dimensions:

- **Diameter:** 14.0mm
- **Center Thickness:** 0.05mm to 0.50mm
- **Optic Zone Diameters:** Adjustable to minimize astigmatism
- **Optic Zone Shape:** Unique bicurve posterior design for optimum concentration and visual acuity
- **Rounded Edges:** Provide comfort and optimal concentration
- **Refined Aspheric Optic Zone:** Anterior and posterior

**INDICATIONS**

The Bausch & Lomb® PureVision® Toric (balafilcon A) Visibility Tinted Contact Lens is to be discarded after each removal.

**HOW THE LENS WORKS (ACTIONS)**

- **Avoid:** If possible, all harmful or irritating vapors and fumes while wearing lenses.
- **Do not:** Mix or alternate lens care systems or solutions unless indicated in the lens care system instructions.
- **Never:** Use conventional hard contact lens solutions that are not also recommended for use with Bausch & Lomb® PureVision® Toric (balafilcon A) Visibility Tinted Contact Lens.

**Handling Precautions**

- **Avoid** due to the small number of patients enrolled in clinical investigation of lenses, all refractive errors of the subjects ranged from –0.50D to –9.00D. For the Control lens the power range was –0.50D to –8.50D. Subjects wore the lens on one eye while the contralateral eye was fitted with a Control lens. Subjects scored on a qualitative grade scale ranging from 0 to 4, with Grade 0 representing the absence of any clinical signs and Grade 4 representing the presence of severe signs.

**Extended Wear Contact Lenses.**

- **Microscopic scratches** of the lenses may occur, causing distorted vision and/or injury to the cornea.

**Topics to Discuss with the Patient**

- **Immediate removal:** In order to prevent serious progression of these conditions, a patient presenting symptoms of a minor abrasion and an early infected ulcer are sometimes similar.
- **Immediate removal:** Important treatment information for adverse reactions includes:
  - **Sight-threatening ocular complications** associated with contact lens wear can develop rapidly, and keratitis infections must be managed and treated carefully to avoid more serious consequences.
  - **Potential for keratitis infection:** Some patients will not be able to tolerate continuous wear even if they were to tolerate the same lenses daily.

**Enzymatic Cleaner**

- **To clean and disinfect the Bausch & Lomb® PureVision® Toric (balafilcon A) Visibility Tinted Contact Lens.**

**Topics to Discuss with the Patient**

- **Follow-up schedule:** The patient should be instructed as to a recommended follow-up schedule.

**Immediate removal:**

- **Avoid:** To the small number of patients enrolled in clinical investigation of lenses, all refractive errors of the subjects ranged from –0.50D to –9.00D. For the Control lens the power range was –0.50D to –8.50D. Subjects wore the lens on one eye while the contralateral eye was fitted with a Control lens. Subjects scored on a qualitative grade scale ranging from 0 to 4, with Grade 0 representing the absence of any clinical signs and Grade 4 representing the presence of severe signs.

**Ungraded Slit Lamp Findings**

- **Conjunctivitis:** 2.4% 2.0%
- **Corneal Neovascularization:** 1.0% 1.7%

**Clinical:**

- **Contact lens corrected visual acuity worse than 20/40 (efficacy endpoint).**

**Ungraded Slit Lamp Findings**

- **Grade 2**: For each key endpoint, the rates (incidents of endpoint/number of eyes) experienced by eyes in the study were:
  - **Control:** 3.3%
  - **Treatment:** 3.3%

**For each key endpoint, the rates (incidents of endpoint/number of eyes) experienced by eyes in the study were:**

- **Control:** 3.3%
- **Treatment:** 3.3%
disappear. If these symptoms persist, the patient should be instructed to contact his or her eye

For the subjects that completed the study, the average continuous wear time for the PureVision Contact Lens was at least 28.0 days per month, from the 2-Month visit to continue in the study. For the subjects that completed the study, the average continuous wear time for the PureVision Contact Lens was at least 28.0 days per month, from the 2-Month visit to continue in the study.

Wearing Time
20/20 or better was reported for 87% and 86% of the measurements for the PureVision Contact

1.  If spectacle cylinder power falls between available contact lens cylinder powers, •

   - Determine whether a patient is a suitable candidate for daily wear contact lenses

corona, particularly with the blink.

   - Have a tendency to drop or lag greater than 2.0mm on upgaze post-blink.

   - Have a tendency to be uncomfortable and irritating with fluctuating vision.

   - Decenter, especially on post-blink.

With your finger, gently rotate the lens approximately 45° to the temporal side. It should

A lens which is much too steep may subjectively and objectively cause distortion which

– Have a tendency to drop or lag greater than 2.0mm on upgaze post-blink.

– Have a tendency to be uncomfortable and irritating with fluctuating vision.

– Decenter, especially on post-blink.

– Reverse the distance and near eyes if a patient is having trouble adapting.

The success of the monovision technique may be further improved by having your patient

Monovision needs assessment

•

The patient's needs.

Example:

Example: If your patient looks at you. Assess the patient's reaction to distance vision under these circumstances.

Corrected for near. Next determine the near add. With trial lenses of the proper power in

on the near eye and the other eye left without a lens.

in front of one eye and then the other while

The patient look at you. Assess the patient's reaction to distance vision under these circumstances.

– Having a third contact lens (distance power) to use when critical distance viewing is

requires critical vision (visual acuity and stereopsis) it should be determined by trial

When using monovision, the eyes should have a natural convergence. When using

A trial fitting is performed in the office to allow the patient to experience monovision

Always prescribe the lens power for the near eye that provides optimal near acuity at the

Contact lenses. The binocular vision is needed for reading, driving, and all visually

Printed in U.S.A.

hand (hard) lens.

Revised: 12/1/98

Rochester, NY 14609

1-800-462-1720

1-800-459-5000

Incorporated. Other brand names/product names are trademarks of their respective owners.
If these symptoms persist, the patient should be instructed to contact his or her eye doctor. It is normal for the patient to experience mild symptoms such as lens awareness, variable vision, and dryness during the initial days of wearing contact lenses. The patient should be advised that most of these symptoms will disappear with continued use, and it is recommended to complete a full eye examination before any considerations are made. Initial evaluation of the trial lens should be preceded by a complete eye examination, including visual acuity and refraction.

Patient communication is vital because it relates not only to patient selection but also to ensure ongoing compliance. It is also necessary to discuss the information contained in the Patient Information Sheet with the patient. This includes the potential risks and benefits of contact lens wear, the importance of complying with the prescribed care regimen, and the need to report any adverse reactions promptly. The eye care professional should not fit patients who cannot or will not adhere to a prescribed care or replacement regimen, or are unable to place and remove the lenses manually.

**SELECTION OF PATIENTS**

- **Unilateral Lens Correction**
  - If one eye has a larger amount of astigmatism (greater than one [1] diopter) in one eye, the patient may not be a good candidate for monovision.

- **Monovision**
  - Monovision involves the use of contact lenses in one eye and glasses in the other eye to correct the astigmatism.
  - The patient should be aware of the potential for blurred vision in the eye not corrected with the contact lens.

- **Simultaneous Vision**
  - Simultaneous vision involves the use of contact lenses in both eyes to correct the astigmatism.
  - The patient should be aware of the potential for vision blurring in the eye corrected with the contact lens.

- **Toric Contact Lenses**
  - Toric contact lenses are designed to correct astigmatism by providing a specific amount of curvature in the horizontal and vertical meridians.

- **Power Selection**
  - The patient should wear the trial lens for the recommended time to achieve a state of equilibrium.
  - Small variations in the tonicity, pH of the tear film, and other factors can affect the power selection.

- **Clinical Evaluation**
  - A complete eye examination should be performed before any contact lens fitting.
  - The examination should include visual acuity and refraction, slit-lamp examination, and tonometry.

- **Patient Education**
  - The patient should be educated on the importance of proper contact lens care, including cleaning, disinfecting, and storing the lenses.
  - The patient should be educated on the potential for lens discomfort, vision blurring, and other symptoms.

- **Papillary Conjunctival Changes**
  - Papillary conjunctival changes may be indicative of an unclean and/or damaged lens.
  - The eye care professional should be informed of any observations.

- **Contact Lens Power Ordered**
  - Contact lens power ordered: -4.75 -2.25 X 180
  - Spectacle Rx: -5.00 -2.75 X 180
  - Contact lens power ordered: -2.25 -0.75 X 180

**Characteristics of a Tight (Steep) Lens**

- **Rotation 20° Clockwise**
  - The contact lens visual acuity was measured at each scheduled and unscheduled follow-up visit.
  - The rotation of the contact lens was observed to ensure proper fit and comfort.

- **Contact Lens Power Ordered**
  - Contact lens power ordered: -4.75 -2.25 X 180
  - Spectacle Rx: -5.00 -2.75 X 180
  - Contact lens power ordered: -2.25 -0.75 X 180

**Other Suggestions**

- **Success in Fitting Monovision**
  - Success in fitting monovision can be improved by the following suggestions.

  - **1. If spectacle cylinder power falls between available contact lens cylinder powers,**
    - Select the initial trial lens from the Toric Diagnostic Lens Set with a power most similar to the spectacle Rx.
  
  - **2. Initial Lens Power Selection**
    - Selection
  
    - Make ocular measurements for initial contact lens parameter selection,
    - Determine the sphere power for the contact lens power.
    - The sphere and cylinder power of the spectacle Rx becomes equivalent to their spectacle Rx, sphero-cylinder over-refractions will often be inaccurate.

  - **3. When the spectacle lens power in any principle meridian is greater than 4.00D,**
    - The final prescription lens should also rotate clockwise 15°.

  - **4. If the rotation is clockwise but vertical meridian,**
    - There are circumstances where only one contact lens is required. As an example, an eye care professional may consider prescribing the lesser contact lens cylinder power. The sphere power can be increased.

  - **5. Characteristics of a Tight (Steep) Lens**
    - Rotation 20° clockwise
    - The contact lens visual acuity was measured at each scheduled and unscheduled follow-up visit.
    - The rotation of the contact lens was observed to ensure proper fit and comfort.

**Patient Lens Care Directions**

- **HANDLING OF LENSES**
  - All patients should be supplied with a copy of the Bausch & Lomb PureVision Toric (balafilcon A) Visibility Tinted Contact Lenses or experienced with the use of contact lenses.

- **CAUTION:** Federal (U.S.A.) law restricts this device to sale by or on the order of a practitioner licensed to prescribe such devices.
A study was conducted to assess the corneal swelling response induced by overnight contact lenses. The PureVision Toric Lens (4.1%) was compared to the swelling response to the Control lens (3.6%).

In this U.S. clinical study subjects were required to maintain a minimum wearing time in order to continue in the study. For the subjects that completed the study, the average continuous wear time was 90% of the discharge time. For the 610 subjects that completed the study, visual acuity of 20/40 or better was maintained 100% of the time for the PureVision Contact Lens and Control lens.

The wearing and replacement schedules should be determined by the eye care professional. Any patient who is not wearing the contact lenses as directed should be treated as a noncompliant user. Lenses must be discarded after each use and must not be used from patient to patient.

CRITERIA OF A WELL FITTED LENS are not satisfied during any follow-up examination, the patient should be discontinued from the study because they were not able to wear the Control lens for 7 days. For the subjects that were able to wear the Control lens for 7 days, the percentage of times for the PureVision Contact Lens and Control lens was 98% and 96% respectively, for the measured corneal swelling response.

SELECTION OF PATIENTS

For the contact lens power. The sphere and cylinder power of the spectacle Rx becomes equivalent to their spectacle Rx, sphero-cylinder over-refractions will often be inaccurate. With your finger, gently rotate the lens approximately 45° to the temporal side. It should blink, is comfortable for the patient and provides satisfactory visual performance, it is a well tolerated lens.

FITTING PROCEDURE

If any of the above observations are judged abnormal, various professional judgments are made.

If spectacle cylinder power falls between available contact lens cylinder powers, additional guide marks at 30° on either side can be used as reference points, and to prescribe the lesser contact lens cylinder power. The sphere power can be increased if necessary.

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**Efficacy Outcomes**

- **a. Ocular Preference Determination Methods**
  - **1. Monovision Needs Assessment**
  - **2. Near Add Determination**

- **b. Prior to a follow-up examination, the contact lenses should be worn for at least 4**

- **c. Contact Lenses**
  - **1. Pre-Fitting Examination**
  - **2. Fitting Procedure**

- **d.**

- **e.**

- **f.**

- **g.**

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- **x.**

- **y.**

- **z.**

**CAUTION:** Federal (U.S.A.) law restricts this device to sale by

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**PureVision**

**PERFORMANCE**

**Handing of Lenses**

- **Federal (U.S.A.) Law restricts this device to sale by**

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- **Bausch & Lomb Incorporated**

- **Rochester, New York 14609**