

**Stenfilcon A**

**MyDay® (stenfilcon A)**

**SOFT (HYDROPHILIC) CONTACT LENSES**

**PATIENT INFORMATION BOOKLET**

**IMPORTANT:** This Patient Information Booklet contains important information and instructions. Please read carefully and keep this information for future use.

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**CAUTION:** Federal (U.S.A.) Law Restricts this Device to Sale on or by the Order of a Licensed Practitioner

## 1. INTRODUCTION

The MyDay stenfilcon A Soft (hydrophilic) Contact Lenses are soft lenses. They are made from a "water-loving" (hydrophilic) material that has the ability to absorb water, making the lens soft and flexible.

The MyDay stenfilcon A Soft (hydrophilic) lenses are indicated for single use daily disposable wear. As prescribed for single use daily disposable wear, once removed, they are to be discarded. They are not intended to be cleaned and disinfected. You should always have replacement lenses or glasses available.

The information and instructions contained in this booklet apply only to the MyDay (stenfilcon A) Asphere, MyDay (stenfilcon A) Energys, MyDay (stenfilcon A) Toric, and MyDay (stenfilcon A) Multifocal, and MyDay (stenfilcon A) Multifocal Toric soft (hydrophilic) contact lenses, referred to as your contact lenses. For your eye health, it is important to wear your lenses as prescribed by your eye care practitioner. It is also important to keep your eye care practitioner fully aware of your medical history. Your eye care practitioner will tailor a total program of care based on your specific needs. He or she will review with you all instructions for lens handling, including how to safely and easily open the package. You will receive instruction on how to properly insert and remove lenses. This booklet will reinforce those instructions. Discard and replace your contact lenses with a new sterile pair, as prescribed by your eye care practitioner.

Please refer to the Section 13, GLOSSARY OF TECHNICAL TERMS for definitions of medical/technical terms used in this booklet.

### 1.1. Benefits<sup>1</sup>

Contact lenses provide vision correction.

If you lead an active lifestyle, contacts can provide:

- close to natural vision
- excellent peripheral vision for sports and driving.
- advantages for athletes and those with an active lifestyle

If you work or play in an environment in which glasses are not an option, contact lenses are an alternative.

If you prefer the way you look without glasses, contact lenses can provide ease, and convenience.

### 1.2. Risks<sup>2</sup>

Wearing contact lenses puts you at risk of several serious conditions including eye infections and corneal ulcers. These conditions can develop very quickly and can be very serious. In rare cases, these conditions can cause blindness. Other risks of contact lenses include pink eye (conjunctivitis), corneal abrasions and eye irritation. For further detail, see Section 4, WARNINGS, and Section 6, ADVERSE REACTIONS.

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<sup>1</sup> Contact Lens Comfort, Contact Lens Council, <http://www.contactlenscouncil.org/scon-comfort.htm>

<sup>2</sup> US FDA CDRH Contact Lens Risks Page, <http://www.fda.gov/cdrh/contactlenses/risks.html>

## 2. WEARING RESTRICTIONS AND INDICATIONS

MyDay (stenfilcon A) ASPHERE Soft Contact lenses are indicated for the correction of ametropia (myopia and hyperopia) in aphakic and non-aphakic persons with non-diseased eyes in powers from -20.00D to +20.00D diopters. The lenses may be worn by persons who exhibit astigmatism of -2.00 diopters or less that does not interfere with visual acuity.

MyDay (stenfilcon A) Energys Soft Contact lenses are indicated for the correction of ametropia (myopia and hyperopia) in aphakic and non-aphakic persons with non-diseased eyes in powers from -20.00D to +20.00D diopters. The lenses may be worn by persons who exhibit astigmatism of -2.00 diopters or less that does not interfere with visual acuity.

Toric: MyDay (stenfilcon A) Toric Soft Contact lenses are indicated for the correction of ametropia (myopia or hyperopia with astigmatism) in aphakic and non-aphakic persons with non-diseased eyes in powers from -20.00 to +20.00 diopters and astigmatic corrections from -0.25 to -10.00 diopters.

Multifocal: MyDay (stenfilcon A) MULTIFOCAL Soft Contact lenses are indicated for the correction of refractive ametropia (myopia and hyperopia) and emmetropia with presbyopia in aphakic and non-aphakic persons with non-diseased eyes. The lenses may be worn by persons who exhibit astigmatism of -2.00 diopters or less that does not interfere with visual acuity.

Multifocal Toric: MyDay (stenfilcon A) MULTIFOCAL TORIC Soft Contact lenses are indicated for the optical correction of distance and near vision in presbyopic phakic or aphakic persons with non-diseased eyes who may have -10.00 diopters of astigmatism or less.

## 3. CONTRAINDICATIONS (REASONS NOT TO USE)

Do not use your contact lenses when any of the following conditions exist:

- Acute and subacute inflammation or infection of the anterior chamber of the eye.
- Any eye disease, injury, or abnormality that affects the cornea, conjunctiva, or eyelids.
- Severe dry eye.
- Reduced corneal sensitivity (corneal hypoesthesia).
- Any systemic disease that may affect the eye or be exaggerated by wearing contact lenses. For example Sjogren's syndrome, rheumatoid arthritis, lupus and collagen vascular diseases affect your ability to wear contact lenses.
- Allergic reactions of ocular surfaces or surrounding tissues (adnexa) that may be induced or exaggerated by wearing contact lenses or use of contact lens solutions.
- An allergic reaction can occur to any ingredient in contact lens solutions. Example: some people are allergic to the trace amounts of mercury or thimerosal included as active ingredient in some contact lens solutions.
- Any active corneal infection (bacterial, fungal, or viral).
- If eyes become red or irritated.
- If you are unable to follow lens care regimen or unable to obtain assistance to do so.

## 4. WARNINGS

### What You Should Know About Contact Lens Wear:

**UV-absorbing contact lenses are NOT substitutes for protective UV-absorbing eyewear, such as UV-absorbing goggles or sunglasses because they do not completely cover the eye and the surrounding area. You should continue to use UV-absorbing eyewear as directed.**

**Long term exposure to the UV radiation is one of the risk factors associated with cataracts. Exposure is based on a number of factors such as environmental conditions (altitude, geography,**

cloud cover) and personal factors (extent and nature of the outdoor activities). UV-absorbing contact lenses help provide protection against harmful UV radiation. However, clinical studies have not been done to demonstrate that wearing UV-absorbing contact lenses reduces the risk of developing cataracts or other eye disorders. Consult your eye care practitioner for more information.

**PROBLEMS WITH CONTACT LENSES AND LENS CARE PRODUCTS COULD RESULT IN SERIOUS INJURY TO THE EYE.** It is essential that patients follow eye care practitioner's directions and all labeling instructions for proper use of lenses. Eye problems, including corneal ulcers, can develop rapidly and lead to loss of vision. Daily wear lenses are not indicated for overnight wear, and patients should be instructed not to wear lens while sleeping. Clinical studies have shown that the risk of serious adverse reactions is increased when these lenses are worn overnight. Studies have shown that contact lens wearers who are smokers have a higher incidence of adverse reactions than nonsmokers. 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 his or her eye care practitioner.

The results of a study<sup>3</sup> indicate the following:

- a. The overall annual incidence of infected corneal ulcer (ulcerative keratitis) in daily wear contact lens users is estimated to be about 4.1 per 10,000 persons and about 20.9 per 10,000 persons in extended wear contact lens users.
- b. The risk of infected corneal ulcer (ulcerative keratitis) is 4 to 5 times greater for extended wear contact lens users than for daily wear users. When daily wear users who wear their lenses overnight and extended wear users who wear their lenses on a daily basis are excluded from the comparison, the risk among extended wear users are 10 to 15 times greater than among daily wear users.
- c. When daily users wear their lenses overnight (outside the approved indication), the risk of ulcerative keratitis is 9 times greater than among those who do not wear them overnight.
- d. The overall risk of infected corneal ulcer (ulcerative keratitis) may be reduced by carefully following directions for lens care, including cleaning the lens case.
- e. The risk of infected corneal ulcer (ulcerative keratitis) among contact lens users who smoke is estimated to be 3 to 8 times greater than among non-smokers.
- f. If you experience eye discomfort, excessive tearing, vision changes, redness of the eye or other problems, you should be instructed to immediately remove your lenses and promptly contact your Eye Care Practitioner. It is recommended that you see your Eye Care Practitioner routinely as directed.

## 5. PRECAUTIONS

### Handling Precautions:

- Do not use if the sterile blister package is opened or damaged.
- Always wash and rinse hands before handling lenses. Do not get cosmetics, lotions, soaps, creams, deodorant, or sprays in the eyes or on the lenses. It is best to put on lenses before putting on makeup. Water-based cosmetics are less likely to damage lenses than oil-based products.
- Lens damage may occur if you handle your lens with dirty hands.
- Carefully follow the handling, insertion, removal, cleaning, and wearing instructions prescribed by your eye care practitioner.
- Always handle lenses gently and avoid dropping them.
- Never use tweezers or other tools to remove lenses from the lens container. Pour the lens and packaging solution into your hand.

<sup>3</sup> New England Journal of Medicine, September 21, 1989;321 (12), pp.773-783

- Do not touch the lens with fingernails.

#### **Lens Wearing Precautions:**

- Never wear your lenses beyond the period recommended by your eye care practitioner.
- If aerosol products such as hairspray are used while wearing lenses, be careful and keep eyes closed until the spray has settled.
- Avoid all harmful or irritating vapors and fumes while wearing lenses.
- Ask your eye care practitioner about wearing the lenses during sporting activities.
- Always discard lenses following the recommended replacement schedule prescribed by your eye care practitioner.

#### **Who Should Know That You Are Wearing Contact Lenses:**

- Inform your doctor (health care practitioner) that you wear contact lenses.
- Always inform your employer that you wear contact lenses. Some jobs may require use of eye protection equipment or may restrict contact lens wear.
- Always contact your eye care practitioner before using any medicine in your eyes.

#### **Other Topics to Discuss with Your Eye Care Practitioner:**

- Follow-up visits are necessary to assure the continued health of your eyes. You should be instructed to a recommended follow-up schedule.

## **6. ADVERSE REACTIONS (PROBLEMS AND WHAT TO DO):**

Be aware that the following problems may occur when wearing contact lenses:

- Your eyes may burn, sting and/or itch or you may experience other eye pain.
- Comfort may be less than when the lens was first placed on the eye.
- There may be a feeling that something is in the eye such as a foreign body or a scratched area.
- There may be excessive watering (tearing), unusual eye secretions or redness of your eye.
- Reduced sharpness of vision (poor visual acuity).
- Blurred vision, rainbows, or halos around objects, sensitivity to light (photophobia) or dry eyes may also occur if your lenses are worn continuously or for too long a time.

If you notice any of the above, you should:

- **Immediately remove the lenses.**
- If the discomfort or the problem stops, then look closely at the lens.
  - If the lens is in some way damaged, do not put the lens back on the eye. You should discard the lens and insert a fresh lens on your eye.

If the problem continues, you should immediately **remove the lenses and consult your eye care practitioner**. You should **keep the lens off the eye and seek immediate** professional identification of the problem and prompt treatment to avoid serious eye damage. Your eye care practitioner will examine your eyes, to be certain that a serious condition such as infection, corneal ulcer, neovascularization, or swelling of the colored part of the eye (iritis) is not present.

## **7. INSTRUCTIONS FOR LENS HANDLING**

### **7.1. Preparing the Lens for Wearing**

It is essential that you learn and use good hygienic methods in the care and handling of your new lenses. Cleanliness is the first and most important aspect of proper contact lens care. In particular, your hands should be clean and free of any foreign substances when you handle your lenses. The procedures are:

- Always wash your hands thoroughly with a mild soap, rinse completely, and dry with a lint-free towel before touching your lenses.
- Avoid the use of soaps containing cold cream, lotion, or oily cosmetics before handling your lenses. These substances may contact the lenses and interfere with successful wearing.
- Handle your lenses with your fingertips. Be careful to avoid touching the lens with fingernails. It is helpful to keep your fingernails short and smooth.

Start correctly, always use proper hygienic procedures.

### **7.2. Lens Package**

The individual package is designed specifically to maintain sterility. The lens packages are individual.

To open an individual lens package, follow these simple steps:

- Shake the lens package and check to see that the lens is floating in the solution.
- Peel back the foil closure to reveal the lens. Stabilizing the lens package on the tabletop, will minimize the possibility of a sudden splash.

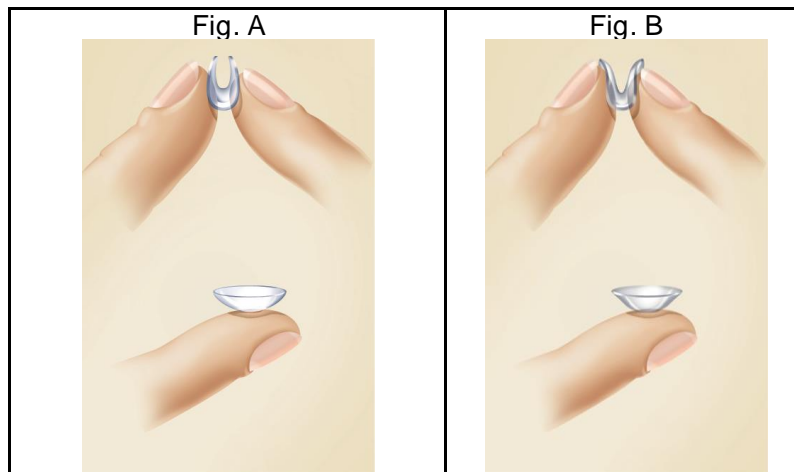
Occasionally on opening, a lens may adhere to the inside surface of the foil, or to the plastic package itself. This will not affect the sterility of the lens. It is still perfectly safe to use. Carefully remove and inspect the lens following the handling instructions.

### 7.3. Handling the Lenses

- Develop the habit of always working with the right lens first to avoid mix-ups.
- Remove the right lens from its storage case and examine it to be sure that it is moist, clean, clear, and free of any nicks or tears. If the lens appears damaged, do not use it. Use a new lens.

Verify that the lens is not turned inside out by placing it on your forefinger and checking its profile. The lens should assume a natural, curved, bowl-like shape (Fig. A). If the lens edges tend to point outward, the lens is inside out (Fig. B).

Another method is to gently squeeze the lens between the thumb and forefinger. The edges should turn inward (Fig A). If the lens is inside out, the edges will turn slightly outward (Fig. B).



### 7.4. Placing the Lens on the Eye

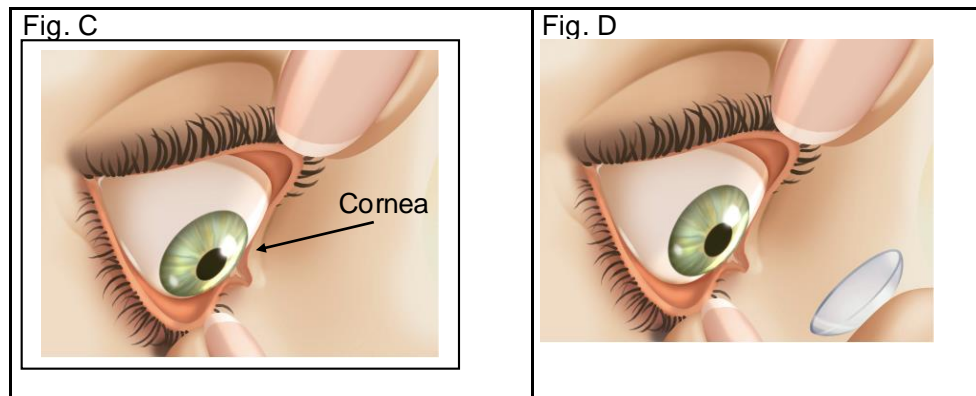
Start with your right eye.

Once you have opened the lens package, removed and examined the lens, follow these steps to apply the lens to your eye:

- a. Place the lens on the tip of your forefinger. **BE SURE THE LENS IS CORRECTLY ORIENTED** (see Section 7.3 "Handling the Lenses").
- b. Place the middle finger of the same hand close to your lower eyelashes and pull down the lower lid (Fig. C).
- c. Use the forefinger or middle finger of the other hand to lift the upper lid.
- d. Place the lens on the eye (Fig. D).
- e. Gently release the lids and blink. The lens will center automatically.
- f. Use the same technique when inserting the lens for your left eye.



There are other methods of lens placement. If the above method is difficult for you, your eye care practitioner will provide you with an alternate method.



**Note:** If after placement of the lens, your vision is blurred, check for the following:

- The lens not centered on the eye (see Section 7.5 "Centering the Lens").
- If the lens is centered, remove the lens (see Section 7.6 "Removing the Lens") and check for the following:
  - a. Cosmetics or oils on the lens. Clean the lens.
  - b. The lens is on the wrong eye.
  - c. The lens is inside out (it would also not be as comfortable as normal).

If you find your vision remains blurred, after checking the above possibilities, remove both lenses and consult your eye care practitioner.

After you have successfully inserted your lenses, you should ask yourself:

- How do the lenses feel in my eye?
- How do my eyes look?
- Do I see well?

If your examination shows any problems **IMMEDIATELY REMOVE YOUR LENSES AND CONTACT YOUR EYE CARE PRACTITIONER.**

## 7.5. Centering the Lens

A lens on the cornea (center of your eye), will rarely be displaced onto the white part of the eye during wear. This can occur if insertion or removal procedures are not properly performed. To center a lens, follow either of these procedures:

- a. Close your eyelids and gently massage the lens into place through the closed lids

**OR**

- b. Gently manipulate the off-centered lens onto the cornea while the eye is open, using finger pressure on the edge of the upper lid or lower lid.

## 7.6. Removing the Lens

**CAUTION:** Always be sure the lens is on the cornea before attempting to remove it. Determine this by covering the other eye. If vision is blurred, the lens is either on the white part of the eye or it is not on the eye at all. To locate the lens, inspect the upper area of the eye by looking down into a mirror while pulling the upper lid up. Then, inspect the lower area by pulling the lower lid down.

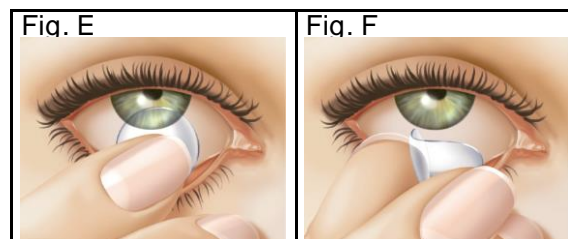
- a. Wash your hands thoroughly with a mild soap, rinse completely, and dry with a lint-free towel before touching your lenses.
- b. Remove the right lens first. There are two recommended methods of lens removal: the Pinch Method and the Forefinger and Thumb Method. You should follow the method that your eye care practitioner recommended.

### Pinch Method for removing lens:

**Step 1.** Look up; slide the lens to the lower part of the eye using the forefinger. (Fig. E)

**Step 2.** Gently pinch the lens between the thumb and forefinger. (Fig. F)

**Step 3.** Remove the lens.



### Forefinger and Thumb Method for removing lens:

**Step 1.** Place your hand or a towel under your eye to catch the lens.

**Step 2.** Place your forefinger on the center of the upper lid and your thumb on the center of the lower lid.

**Step 3.** Press in and force a blink. The lens should fall onto your hand.

Once you remove the lens, simply follow the lens care directions recommended by the Eye Care Practitioner.

**Note:** The lens may come out but remain on the eyelid, finger or thumb.

- c. Remove the other lens by following the same procedure.
- d. When prescribed for single use daily disposable wear, patients are instructed to dispose of the lens at each removal.

**Note:** If these methods of removing your lenses are difficult for you, your eye care practitioner will show you with an alternate method.

## 8. CARING FOR YOUR LENSES

### 8.1. Basic Instructions

The MyDay (stenfilcon A) Soft (Hydrophilic) Contact Lenses are indicated for daily wear single use only. The lenses are to be discarded upon removal; therefore, no cleaning or disinfection is required.

You should adhere to recommended care regimen. Failure to follow the regimen may result in development of serious ocular complications, as discussed in Section 4 Warnings.

If you require only vision correction but will not or cannot adhere to a recommended care regimen for your lenses or are unable to place and remove lenses or have someone available to place and remove them, you should not attempt to get and wear contact lenses.

As prescribed for single use daily disposable wear, once removed, they are to be discarded. They are not intended to be cleaned and disinfected. You should always have replacement lenses or glasses available.

For safe contact lens wear, you should know and always practice your lens care routine:

- Always wash your hands thoroughly with a mild soap. Rinse completely. Dry with a lint-free towel before touching your lenses.
- Avoid the use of soaps containing cold cream, lotion, or oily cosmetics before handling your lenses. These substances may contact the lenses and interfere with successful wearing.
- Handle your lenses with your fingertips. Be careful to avoid contact with fingernails. It is helpful to keep your fingernails short and smooth.
- Do not use saliva or anything other than the recommended solutions for lubricating or rewetting your lenses. Do not put lenses in your mouth.
- Lenses should be thrown away after the recommended wearing period prescribed by your eye care practitioner.
- Never rinse your lenses in water from the tap. There are two reasons for this:
  - a. Tap water contains many impurities that can contaminate or damage your lenses and may lead to eye infection or injury.
  - b. You might lose your lens down the drain.
- Since the lens material contains silicone, the ability of the lens to remain soft and flexible (wettability) may differ when different lens care products are used. Your eye care practitioner should recommend a care system that is appropriate for you. Each lens care product contains specific directions for use and important safety information, which you should read and carefully follow.

## **Lubricating/Rewetting**

Your eye care practitioner may recommend a lubrication or rewetting solution for your use. These solutions can be used to wet (lubricate) your lenses while you are wearing them to make lens wear more comfortable.

## **8.2. Care for a Sticking (Non-moving) Lens**

If a lens sticks (stops moving) on your eye, apply a few drops of the recommended lubricating solution. You should wait until the lens begins to move freely on the eye before removing it. If non-movement of the lens continues, you should **IMMEDIATELY** consult your eye care practitioner.

## **8.3. Care for a Dehydrated Lens**

If a soft, hydrophilic contact lens is exposed to air while off the eye, it may become dry and brittle. If this happens, dispose of the lens and use a fresh new one.

## **8.4. Emergencies**

If chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into your eyes: **FLUSH EYES IMMEDIATELY WITH WATER AND IMMEDIATELY CONTACT YOUR EYE CARE PRACTITIONER OR VISIT A HOSPITAL EMERGENCY ROOM WITHOUT DELAY.**

## 9. INSTRUCTIONS FOR THE PRESBYOPIC PATIENT (MULTIFOCAL OR MONOVISION WEARER)

**Two common methods of using contact lenses for presbyopic vision correction include multifocal and monovision.**

**Monovision:** a treatment technique often prescribed for people age 40 and over who have presbyopia. Presbyopia occurs as part of the natural aging process. The eye's crystalline lens loses its ability to bring close objects into clear focus. Monovision means wearing a contact lens for near vision on one eye and, if needed, a lens for distance vision on the other eye. (Ref: American Optometric Association)

**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.

- The decision to be fit with a monovision correction or multifocal contact lenses is made by careful consideration and discussion of your needs with your eye care practitioner.
- As with any type of vision correction, you should be aware that there are advantages and tradeoffs with multifocal or monovision contact lens correction. The benefit of clear near vision in straight ahead and upward gaze that is available may be accompanied by a reduction in your visual acuity and depth perception for distance and near tasks. Some patients experience difficulty adapting to monovision. 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 monovision lens wear. It is recommended that you only drive with monovision correction if you pass your state drivers license requirements with monovision correction.
- Some patients will never be fully comfortable functioning under low levels of lighting, such as driving at night. If this happens, you may want to discuss with your eye care practitioner having additional contact lenses prescribed so that both eyes are corrected optimally for distance when sharp distance binocular vision is required.

If you require very sharp near vision during prolonged close work, you may need to wear spectacles over your lenses or have additional contact lenses prescribed specifically for this task so that both eyes are corrected for near when sharp near binocular vision is required.

- Some monovision patients require supplemental glasses to wear over the monovision correction to provide the clearest vision for critical tasks. You should discuss this with your eye care practitioner.
- It is important that you follow your eye care practitioner's suggestions for adaptation to presbyopic contact lens therapy. During the adaptation period you should make careful note of any specific situation where you feel unable to function effectively and safely and discuss any concerns that you may have during and after the adaptation period.

## 10. POSSIBLE FAILURE MODES/TROUBLESHOOTING

Failure mode	Cause	Effect on patient	Remedy
Non Centered Lens	Displacement from rubbing of eye, improper insertion or removal	Uncomfortable and blurry vision	See below "Remedy for a Non Centered Lens"
Sticking Lens	Inadequate Blinking	Discomfort	See below "Remedy for a Sticking Lens"
Dried Lens	Lens stored without sufficient solution in lens case.	Lens is not wearable. Lens is dry and brittle.	See below "Dried Lens in Case"
Chemical/Foreign Objects in Lens	Accidentally foreign object or chemicals enter the lens	Sharp pain upon insertion	See below "Remedy for Chemical/Foreign Objects in Lens"
Lens Inside Out	Improper Insertion	Uncomfortable or Blurry Vision	Remove lens, rinse off, check per 7.3 and insert per 7.4
Lenses Not Clean	Cosmetics or oils on the lens	Blurry Vision	Remove lens, clean, disinfect and insert

### Remedy for a Non Centered Lens

A lens, which is on the cornea (center of your eye), will very rarely be displaced onto the white part of the eye during wear. This, however, can occur if insertion and removal procedures are not performed properly. To center a lens, follow either of these procedures:

- a. Close your eyelids and gently massage the lens into place through the closed lids

**OR**

- b. Gently manipulate the off-centered lens onto the cornea while the eye is opened, using finger pressure on the edge of the upper lid or lower lid.

### Remedy for a Sticking Lens

If a lens sticks (stops moving) on your eye, apply a few drops of the recommended lubricating solution. You should wait until the lens begins to move freely on the eye before removing it. If non-movement of the lens continues, you should **IMMEDIATELY** consult your eye care practitioner.

### Dried Lens in Case

If exposed to air while off the eye, a soft hydrophilic contact lens may become dry and brittle. If this happens, dispose of the lens and use a fresh new one.

## Remedy for Chemical/Foreign Objects in Lens

If chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into your eyes: FLUSH EYES IMMEDIATELY WITH TAP WATER AND IMMEDIATELY CONSULT YOUR EYE CARE PRACTITIONER.

## 11. WEARING AND APPOINTMENT SCHEDULES

Record here the number of hours your eye care practitioner recommends you wear the lenses each day during the adaption period. Typically, soft contact lens patients should be able to wear their lenses 6 hours the first day, 8 hours for the second day, 10 hours for the third day, 12 hours for the fourth day, 14 hours on the fifth day and to all waking hours on the sixth day. Build-up of wearing time is important and you must follow your eye care practitioner's directions.

### Prescribed Wearing Schedule for Adaptation to contact lenses

Day	Wearing Time (Hours) Recommended by Eyecare Practitioner
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

### Appointment Schedule

Your appointments are on: \_\_\_\_\_

(Use this space to record the days and times of your follow up appointments).

Minimum number of hours lenses to be worn at time of appointment: \_\_\_\_\_

## 12. EYE CARE PRACTITIONER INFORMATION

To aid your ability to reach your eye care practitioner, please record the contact details below.

Dr: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Use the table below to record the number of hours you wear your lenses each day during the adaptation period.

Day	Date	Hours Worn	Day	Date	Hours Worn
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		

**IMPORTANT:** In the event that you experience any difficulty wearing your lenses or you do not understand the instructions given to you, DO NOT WAIT for your next appointment. TELEPHONE YOUR EYE CARE PRACTITIONER IMMEDIATELY.

Notes \_\_\_\_\_

\_\_\_\_\_



### 13. GLOSSARY OF TECHNICAL TERMS

<b>Term</b>	<b>Definition</b>
Adnexa	Tissues surrounding the eyeball.
Ametropia	Abnormal vision requiring correction for proper focus.
Anterior chamber	Fluid-filled portion of the eye between the iris and innermost corneal surface.
Aphakic	An eye that does not have its natural lens (example: after cataract surgery).
Aspherical contact lens	A lens with a curve that is not round but has different shapes across its surface.
Astigmatism	A condition where the cornea is not equally curved in all parts of its surface. It is somewhat oval in shape, causing the visual image to be out of focus (blurred).
Conjunctiva	Transparent membrane that lines the eyelids and the white part of the eye.
Conjunctivitis	Inflammation of the conjunctiva.
Continuous Wear	Extended wear for multiple nights in a row.
Cornea	Clear front part of the eye that covers the iris, pupil and anterior chamber.
Corneal erosion	Wearing away of the surface of the cornea.
Corneal ulcer	A sore or lesion on the cornea
Disinfection	A process that kills harmful microorganisms (germs) which can cause serious eye infections
Extended Wear	Wearing lenses for 24 hours a day, including while sleeping
Hydrophilic material	“water loving” or water absorbing substance
Hyperopia	Farsightedness
Hypoesthesia	Reduced corneal sensitivity to touch
Iritis	Inflammation of the colored part of the eye (iris)
Inflammation	Swelling, redness and pain

Monovision	A correction method for presbyopia (loss of reading vision) using contact lenses; one eye is fitted for distance, the other for near vision.
Myopia	Nearsightedness
Neovascularization	Blood vessels growing into the cornea
Phakic	An eye that has its natural lens
Presbyopia	Condition in which as the lenses in the eyes lose some of their elasticity, as occurs with aging, they lose some of their ability to change focus for different distances (loss of reading vision). Usually becomes significant after age 45.
Presbyopic	A person with Presbyopia
Spherical contact lens	A lens with a continuously rounded curve
Toric contact lens	A lens with two different optical powers at right angles to each other for the correction of astigmatism
Ulcerative keratitis	An infected corneal ulcer

**NAME AND ADDRESS OF MANUFACTURER:**

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Scottsville, New York 14546  
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*The above product information and procedures are suggested by CooperVision, Inc.; however, your eye care practitioners may suggest alternative products or procedures that you should follow.*