

**Stenfilcon A**

**MyDay (stenfilcon A)**

**MyDay Asphere**

**MyDay Toric**

**MyDay Multifocal**

**MyDay Multifocal Toric**

**SOFT (HYDROPHILIC) CONTACT LENSES**

**SINGLE USE DAILY DISPOSABLE WEAR**

**PRACTITIONER FITTING GUIDE**

## TABLE OF CONTENTS

<u>SUBJECT</u>	<u>PAGE</u>
LENS FORM AND CHARACTERISTICS.....	3
LENS PARAMETERS AVAILABLE .....	3
FITTING CONCEPT.....	4
PATIENT SELECTION .....	4
ACTIONS .....	4
INDICATIONS (USES) .....	4
CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, AND ADVERSE REACTIONS...	5
MyDay FITTING PROCEDURE .....	6
FITTING SUMMARY.....	10
PATIENT MANAGEMENT AND FOLLOW-UP CARE.....	11
DISPENSING VISIT .....	11
RECOMMENDED WEARING SCHEDULE.....	11
FOLLOW-UP CARE .....	11
PROCEDURES AND INSTRUMENTATION FOR FOLLOW-UP VISITS.....	11
PROCEDURES FOR FOLLOW-UP VISITS.....	12
CLINICAL ASSESSMENT.....	12
CRITERIA OF A WELL-FITTED LENS .....	12
CHARACTERISTICS OF A TIGHT (STEEP) LENS .....	12
CHARACTERISTICS OF A LOOSE (FLAT) LENS.....	12
MONOVISION FITTING GUIDELINES.....	13
HOW SUPPLIED .....	14
REPORTING ADVERSE REACTIONS.....	15

## LENS FORM AND CHARACTERISTICS

The MyDay (stenfilcon A) Asphere, MyDay (stenfilcon A) Toric, MyDay (stenfilcon A) Multifocal, and MyDay (stenfilcon A) Multifocal Toric Soft (Hydrophilic) Contact Lens covers the cornea and extends slightly beyond the limbus, covering a portion of the adjacent sclera. In the hydrated state, the lens tends to conform to the curvatures of the anterior eye.

The lens material, when hydrated, consists of the MyDay (stenfilcon A) lens material that is 54% water by weight when immersed in buffered saline. The material has a refractive index of 1.4 and the lens has a visible light transmittance of 96%.

The hydrophilic properties of the MyDay (stenfilcon A) Asphere, MyDay (stenfilcon A) Toric, MyDay (stenfilcon A) Multifocal, and MyDay (stenfilcon A) Multifocal Toric Soft (Hydrophilic) Contact Lens require that it be maintained in a fully hydrated state, in a solution having a tonicity compatible with tears. The lens material is stable, has good mechanical strength, and is elastic in its hydrated state. If the lens dries out, it will become hard and appear somewhat warped, then it is advised to discard the lens.

The MyDay (stenfilcon A) Asphere, MyDay (stenfilcon A) Toric, MyDay (stenfilcon A) Multifocal and MyDay (stenfilcon A) Multifocal Toric Soft (Hydrophilic) Contact Lenses are a hemispherical flexible shell, which covers the cornea and may cover the sclera.

## LENS PARAMETERS AVAILABLE

### MyDay ASPHERE

Diameter	14.20 mm
Base Curve	8.40 mm
Asphere Power	-12.00D to +8.00D (-12.00D to -6.50D in 0.50D steps; -6.00D to +5.00D in 0.25D steps; +5.50D to +8.00D in 0.50D steps)
Center Thickness	0.080 mm @ -3.00D (varies with power)

### MyDay TORIC

Diameter	14.50 mm
Base Curve	8.60 mm
Asphere Power	-10.00D to +6.00D (Plano to -6.00D in 0.25D steps; -6.50D to -10.00D in 0.50D steps; +0.25D to +6.00D in 0.25D steps)
Center Thickness	0.100 mm @ -3.00D (varies with power)
Cylinder Power	-0.75D, -1.25D, -1.75D, -2.25D
Axis	10° to 180° in 10° steps

## MyDay MULTIFOCAL

Diameter	14.20 mm
Base Curve	8.40 mm
Asphere Power	-12.00D to +8.00D (-12.00D to -10.50D in 0.50D steps; -10.00D to +8.00D in 0.25D steps)
Center Thickness	0.080 @ -3.00D (varies with power)
Low Add	+0.75D to +1.25D
Medium Add	+1.50D to +1.75D
High Add	+2.00D to +2.50D

MyDay MULTIFOCAL TORIC is not currently available.

### **FITTING CONCEPT**

The fitting concept is based on the draping effect of a high water content lens. Various base curves are achieved when the peripheral portion of the MyDay (stenfilcon A) Asphere, MyDay (stenfilcon A) Toric, MyDay (stenfilcon A) Multifocal, and MyDay (stenfilcon A) Multifocal Toric Soft (Hydrophilic) Contact Lens flexes to the curvature of the cornea. The water content of the lens combined with thin lens sections permits excellent draping across a broad range of corneal curvatures.

The draping effect of the lens automatically adjusts to the sagittal height for each cornea. The lens parallels the apex of the cornea providing broad apical contact of the central cornea, vaulting or “clearance” of the limbus and light scleral bearing.

### **PATIENT SELECTION**

An examination, including history, refraction, keratometry, biomicroscopy, and other pertinent tests and measurements should be performed. If the patient has the necessary qualifications and no contraindications exist, the patient may be considered for fitting.

### **ACTIONS**

When placed on the human cornea, the hydrated lens acts as a refracting medium to focus light rays on the retina.

### **INDICATIONS (Uses)**

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) 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.

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.

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.

The MyDay (stenfilcon A) Soft (Hydrophilic) Contact Lenses are daily wear single use contact lenses.

## **CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, AND ADVERSE REACTIONS**

Please refer to Package Insert (PI01100).

## MyDay FITTING PROCEDURE

- Perform a preliminary evaluation to determine distance refraction as well as to rule out contraindications to contact lens wear as described in the Package Insert.
- Lens power is determined from the patient's spherical equivalent prescription corrected to the corneal plane.
- Place the lens on the eye. Allow the lens to remain on the eye long enough to achieve a state of equilibrium. Small variation in the tonicity, pH of the lens solutions and individual tear composition may cause slight changes in fitting characteristics.
- The lens should cover the patient's cornea fully, provide discernible movement (0.10mm to 1.00mm) after blink, be comfortable for the patient and provide satisfactory visual performance.
- Full coverage of the cornea is defined as the lens edge extending beyond the limbus area in all directions. Initial lens evaluation must be done after at least 10 minutes of lens wear to allow the lens to stabilize and any tearing to subside.
- Following a blink the lens should move vertically on the patient's eye about 0.10mm to 1.00mm.
- When lenses are dispensed for vision correction, the wearer must be supplied with an appropriate wearing regimen and must fully understand all lens handling and emergency lens care instructions to prevent lens damage as described in the Package Insert and the Patient Information Booklet.

## MyDay (stenfilcon A) TORIC LENS DESIGN

The MyDay (stenfilcon A) Toric lenses are designed to have an improved thickness and ballast arrangement and a more effective interaction between the stabilization mechanism and the eyelid of the wearer during blinking.

## MyDay (stenfilcon A) TORIC FITTING PROCEDURE

1. Determine Patient's Power Requirements:
  - Convert the patient's spectacle Rx to minus cylinder form.
  - The sphere and cylinder power of the contact lens prescription is the same as the spectacle Rx when the power is less than 4.00 D in both meridians. When the power is greater than or equal to 4.00 D, vertex the prescription to the spectacle plane.

Clinical experience has shown that the initial spherical and cylindrical power may vary by +/- 0.25 diopters and the axis of the initial lens may vary by 5 degrees on cylinders up to 2.00 diopters and 3 degrees for cylinders over 2.00 diopters without diminishing visual acuity of the patient. If you wish, call CooperVision's Consultation Department with the patient's spectacle Rx and central K readings and they will make the proper compensations for your Toric Rx.

2. If the flatter keratometry value of 46.50 D or less, choose the 8.7 base curve.
3. Equilibration:  
Allow a minimum of 15 minutes for the trial lenses to equilibrate after insertion, before evaluation of fit and vision.



## MyDay (stenfilcon A) MULTIFOCAL and MULTIFOCAL TORIC DESIGN

MyDay (stenfilcon A) Multifocal lenses are a three add optical system that consists of multifocal lenses with different add powers which allows for correction of presbyopia in persons who are myopic or hyperopic. There is a recommended Fitting Guide based on the addition power requirements of the wearer.

MyDay (stenfilcon A) Multifocal Toric lenses contain multiple-curve, presbyopic correcting design. The anterior surface has a toric generated surface for the purpose of correcting vision in an eye that is astigmatic. The lenses are designed with two multifocal zones for correcting presbyopia.

## MyDay (stenfilcon A) MULTIFOCAL FITTING PROCEDURE

1. Determine the required Additional Power by performing a near refraction.
2. Select the MyDay (stenfilcon A) Multifocal lens that corresponds to the patient's spherical equivalent prescription corrected to the corneal plane for distance and the patient's Addition Power.
3. After the lenses have settled on the eye, check distance visual acuity, near visual acuity and perform an overrefraction, if required to optimize distance and near visual acuity.

Step 1 Start with an up-to-date spectacle refraction, prescribing maximum plus for binocular distance vision (do not over-minus). When determining spectacle add, consider patient's lifestyle vision needs (handheld device or other reading material, desktop computer, etc.).

Step 2 Determine spherical equivalent for contact lens distance sphere power (corrected for vertex distance, if correction greater than  $\pm 4.00D$ ). Ensure refractive astigmatism is no more than 0.75DC in both eyes.

Step 3 Determine distance eye dominance with +1.00D blur method; if inconclusive, determine dominance with sighting method.

Step 4 For initial trial lenses, use this table below to determine which add (LOW, MED or HIGH) to select along with the contact lens distance sphere power.



INITIAL CONTACT LENS SELECTION			LENS OPTIMIZATION	
SPECTACLE ADD	EYE	ADD SELECTION	DISTANCE SPHERE POWER	
+0.75D to +1.25D	Dominant Eye	LOW	Distance Vision $\pm 0.25D$	
	Non-Dominant Eye	LOW	Near Vision $\pm 0.25D$	
+1.50D to +1.75D	Dominant Eye	LOW	Distance Vision $\pm 0.25D$	
	Non-Dominant Eye	MED	Near Vision $\pm 0.25D$	
+2.00D to +2.50D	Dominant Eye	LOW	Distance Vision $\pm 0.25D$	
	Non-Dominant Eye	HIGH	Near Vision $\pm 0.50D$	

**Table 1 Fitting guidelines for initial lens selection for MyDay (stencilcon A) Multifocal contact lenses**

- Step 5 Allow patient to experience lenses for 10 to 15 minutes in “real world” before assessing vision.
- Step 6 Check patient’s vision binocularly with room lights on. Assess vision at different viewing distances (for example, near vision with handheld device or other reading material; distance vision in surrounding environment under normal lighting conditions).  
If acceptable, dispense initial trial lenses.

### Multifocal Troubleshooting

#### Distance Vision Enhancement

Have patient keep both eyes open and offer  $\pm 0.25D$  to the dominant eye only (use handheld lenses or a flipper; do not use a phoropter). If distance vision improves, check that near vision is maintained. Adjust by a maximum of  $\pm 0.25D$ , as applicable, the contact lens distance sphere power of the dominant eye lens.

- a. If the dominant eye’s distance vision enhancement does not improve distance vision, offer  $\pm 0.25D$  binocularly and check that near vision is maintained.
- b. If near vision worsens with the adjustment of lens power on the dominant eye, follow the Near vision enhancement steps below while keeping the new over-refraction handheld lens over the dominant eye.

#### Near Vision Enhancement

Have patient keep both eyes open and offer  $\pm 0.25D$  to the non-dominant eye only (use handheld lenses or a flipper; do not use a phoropter). If near vision improves, check that distance vision is maintained. Adjust the distance sphere power of the non-dominant eye lens by a maximum of  $\pm 0.25D$ . For those wearing the High add, the adjustment can be extended to up to  $\pm 0.50D$ .

- a. If the non-dominant eye’s near vision enhancement does not improve near vision, offer  $\pm 0.25D$  binocularly and check that distance vision is maintained.

- b. If distance vision worsens with the adjustment of lens power on the non-dominant eye, follow the Distance vision enhancement steps above while keeping the new over-refraction handheld lens over the non-dominant eye.

## **FITTING SUMMARY**

Fitting performance and visual response should be confirmed with the prescription lenses prior to dispensing and the management of certain adaptive symptoms should be discussed with the patient prior to dispensing.

It is normal for the patient to experience mild symptoms such as lens awareness, variable vision, occasional tearing (watery eyes) and slight eye redness during the adaptation period. Although the adaptation period varies for each individual, generally within one week these mild symptoms will disappear. If these symptoms persist, the patient should be instructed to contact their eye care practitioner.

During the first few weeks of lens wear, patients may report a small amount of secretions on their eyelids, hazy vision on awakening and occasional dryness of the eyes during the day. These symptoms are minor and may be alleviated by using a lubricating/re-wetting solution.

## **PATIENT MANAGEMENT AND FOLLOW-UP CARE**

### **1. Dispensing Visit**

The lenses are delivered sterile, immersed in buffered saline solution, and supplied in a blister pack. Insertion and removal is done in the conventional manner used for soft hydrophilic contact lenses.

Evaluate patient's lenses on the eyes for physical fit as described in the preceding discussion. Instruct the patient on the technique for soft lens insertion and removal. As prescribed for single use daily disposable wear, once removed, they are to be discarded. Dispense to the patient written instructions on lens care and a copy of the MyDay, MyDay Toric, or MyDay Multifocal Soft (Hydrophilic) Contact Lens Patient Instruction Booklet. Review these instructions carefully with your patient.

### **2. Recommended Wearing Schedule**

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.

It is recommended that a contact lens-wearing patient see his or her eye-care practitioner twice each year or, if so directed, more frequently. As prescribed for single use daily disposable wear, once removed, they are to be discarded.

Daily wear: Patients tend to over wear the lenses initially. Therefore, practitioners should stress to these patients the importance of adhering to a proper initial daily wearing schedule. When prescribed for single use daily disposable wear, patients are instructed to dispose of the lens at each removal.

### **3. Follow-Up Care**

Follow-up care includes routine periodic progress examinations, management of specific problems, if any, and review of proper lens care and handling. Barring complications, the recommended schedule of follow-up examinations should be:

#### Daily Wear

- a. One week post-dispensing
- b. One month after dispensing
- c. Three months after dispensing
- d. Every six months thereafter

### **4. Procedures and Instrumentation for Follow-Up Visits (with lenses on, preferably for at least six hours)**

- a. Record patient's symptoms, if any.
- b. Check visual acuity and refract over lens.
- c. Check for residual astigmatism with the aid of a refractor or loose trial lenses (do not use autorefractor).
- d. Biomicroscopy:
  - i. Examine the conjunctiva and lids.
  - ii. Check for lens edge impingement of the sclera, indentation, or vessel blanching, using low to medium magnification.
  - iii. Check integrity of lens edges.
  - iv. Check for surface deposits, deep scratches or edge nicks.

## **5. Procedures for Follow-Up Visits (with lenses removed):**

- a. Perform a biomicroscopic examination of the cornea and limbus, both with and without the use of fluorescein; check for edema, injection, vascularization, corneal staining, or any indication of iritis.
- b. Measure corneal curvatures with keratometer and compare to original values and mire quality. Any deviations from baseline (pre-fit) should be noted.
- c. Check for spectacle blur shortly after lenses are removed. Record all measurable values and any remarkable findings.

If any of the above observations are judged to be abnormal, professional judgment is to be used in alleviating the problem and restoring the eye to optimal conditions. If the criteria for a well-fitted lens are not reached during any follow-up examinations, the patient's fitting procedure should be repeated. The patient should be refitted, with necessary follow-up examinations also repeated.

## **CLINICAL ASSESSMENT**

### **1. Criteria of a Well-Fitted Lens**

A well-fitted MyDay (stenfilcon A) Soft (Hydrophilic) Contact Lens best satisfies the following criteria:

- Full corneal coverage.
- Good centration (concentric about the visible iris).
- Satisfactory lens sag (in up gaze 0.10 to 1.00mm is ideal) with the blink.
- The lens moves freely when manipulated with digital pressure against the lower lid.
- Satisfactory comfort response by the patient.
- Satisfactory vision response by the patient.

### **2. Characteristics of a Tight (Steep) Lens**

A tight MyDay (stenfilcon A) Soft (Hydrophilic) Contact Lens would display some or all of the following characteristics:

- Good centration.
- Little or no up gaze sag.
- The lens resists movement when manipulated with digital pressure against the lower lid.
- Good comfort
- Vision may be blurred and clear immediately following blink.
- Bubble(s) under the lens.
- Conjunctival indentation and/or blanching of limbal vessels at the lens edge.
- Limbal-conjunctival hyperemia.

### **3. Characteristics of a Loose (Flat) Lens**

A loose MyDay (stenfilcon A) Soft (Hydrophilic) Contact Lens would display some or all of the following characteristics:

- Decentration (usually temporally and/or superiorly).
- Excessive up gaze sag.
- Reduced comfort response-usually lower lid sensation.
- Lens edge standoff.
- Unstable vision.

# MONOVISION FITTING GUIDELINES

## Patient Selection

### A. Monovision Needs Assessment

For a good prognosis, the patient should have adequately corrected distance and near visual acuity in each eye. The amblyopic patient or the patient with significant astigmatism (greater than 0.75 diopter) in one eye may not be a good candidate for monovision with the MyDay (stenfilcon A) Contact Lens.

Occupational and environmental visual demands should be considered. If the patient requires critical vision (visual acuity and stereopsis), it should 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 their state drivers license requirements with monovision correction should be advised to not drive with this correction, OR may require that additional over-correction be prescribed.

### B. Patient Education

All patients do not function equally well with monovision correction. Patients may not perform as well for certain tasks with this correction as they have with bifocal reading glasses. Each patient should understand that monovision, as well as other presbyopic contact lenses, or other alternative, 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.

## 2. Eye Selection

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

### A. Ocular Preference Determination Methods

Method 1 - Determine which eye is the "sight eye." Have the patient point to an object at the far end of the room. Cover one eye. If the patient is still pointing directly at the object, the eye being used is the dominant (sighting) eye.

Method 2 - Determine which eye will accept the added power with the least reduction in vision. Place a trial spectacle near add lens in front of one eye and then the other while the distance refractive error correction is in place for both eyes. Determine whether the patient functions best with the near add lens over the right or left eye.

## B. Refractive Error Method

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

## C. Visual Demands Method

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

Example:

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

## 3. Special Fitting Considerations

### Unilateral Lens Correction

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

Example:

A presbyopic emmetropic patient who requires a +1.75 diopter add would have a +1.75 lens on the near eye and the other eye left with a lens.

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.

## HOW SUPPLIED

Each lens is supplied sterile in a blister containing buffered saline solution. The blister is labeled with the base curve, diameter, dioptric power, cylinder and axis for toric lenses, multifocal add for multifocal lenses, manufacturing lot number, and expiration date of the lens, and the presence of a UV-blocker is noted.

## REPORTING ADVERSE REACTIONS

All serious adverse experiences and adverse reactions in patients wearing the MyDay (stencilcon A) Soft (Hydrophilic) Contact Lens or experienced with the lenses should be reported to:

CooperVision, Inc.  
Attn: Product Services  
711 North Road  
Scottsville, New York 14546  
(800) 341-2020  
[www.coopervision.com](http://www.coopervision.com)



CooperVision™