



CooperVision™

60% XC Aspheric and 60% Multifocal EP

(omafilcon A)

HYDROPHILIC CONTACT LENSES

FOR DAILY WEAR

PATIENT INSTRUCTIONS

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PATIENT / EYECARE PRACTITIONER INFORMATION

You have just received your new 60% XC Aspheric and 60% Multifocal EP (omafilcon A) Aspheric Hydrophilic Contact Lenses for daily wear. Please read this guide carefully and follow the instructions so that you receive full satisfaction from your lenses.

This patient instruction guide is the personal property of:

Name _____ Date _____

PRACTITIONER

Name _____

Street _____

City _____ State _____ Zip Code _____

Telephone _____

RECOMMENDED LENS CARE SOLUTIONS:

CLEANING: _____

RINSING: _____

DISINFECTION/STORAGE: _____

LUBRICATING: _____

OTHER: _____

CAUTION: FEDERAL LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A LICENSED EYE CARE PRACTITIONER

GLOSSARY

CORNEA: The transparent part of the eye covering the iris (colored part) and pupil (black central area).

DAILY WEAR: The wearing of a contact lens during waking hours only (removed during sleep).

EXTENDED WEAR: The wearing of a contact lens for more than 24 hours (during sleep) without removal. **60% XC Aspheric and 60% Multifocal EP lenses are not to be worn for extended wear.**

DEHYDRATION: A lens that has dried out and become brittle.

DISINFECT: To destroy any harmful microorganisms (germs) that might be attached to a contact lens.

HYDROPHILIC: "Water-Loving." A hydrophilic contact lens absorbs water as part of its material structure.

PHOTOPHOBIA: Sensitivity to light.

VISUAL ACUITY: Sharpness of vision.

EVAPORATIVE TEAR DEFICIENCY:
Loss of tear volume due to evaporation.

AQUEOUS TEAR DEFICIENCY (NON-SJOGREN'S):
A decrease in the amount of tears. There are many causes for this decrease, some are:

- Hormonal changes associated with aging
- Environmental Factor
- Allergies
- Lack of Vitamin A
- Various Medications

PATIENT INSTRUCTIONS

For 60% XC Aspheric and 60% Multifocal EP (omafilcon A)
Soft (Hydrophilic) Contact Lenses

INTRODUCTION

This Wearer's Instruction booklet has been developed for wearers of 60% XC Aspheric and 60% Multifocal EP (omafilcon A) Hydrophilic Contact Lenses for daily wear.

60% XC Aspheric and 60% Multifocal EP lenses are soft (hydrophilic) contact lenses which differ from conventional hard contact lenses in that they become soft and flexible when saturated with water or tears. When fully hydrated, the lens is 60% water.

Your eye care practitioner will review the proper care and handling of your contact lenses. To obtain maximum performance and satisfaction from your new 60% XC Aspheric and 60% Multifocal EP lenses, you should carefully follow instructions, adhere to the wearing schedule, and keep all appointments for periodic follow-up examinations recommended by your eye care practitioner. If you are in doubt about any of the instructions, ask your eye care practitioner for clarification.

PRODUCT DESCRIPTION

60% XC Aspheric

DESCRIPTION: 60% XC Aspheric (omafilcon A) Soft Hydrophilic Contact Lenses are a hemispherical shell available in the following dimensions:

- o Chord Diameter: 14.2 mm
- o BaseCurve: 8.50
- o Powers: +0.50D to +6.00D and plano to -10.00D*
 - * 0.50 D steps above -6.00D
 - otherwise all power steps are in 0.25D increments
- o Center Thickness: 0.075 to 0.246 mm dependent on power

60% Multifocal EP

DESCRIPTION: 60% Multifocal EP (omafilcon A) Soft Hydrophilic Contact Lenses are a hemispherical shell available in the following dimensions:

- o Chord Diameter: 14.4 mm
- o Base Curve 8.70
- o Powers +4.00 to -6.00 D in 0.25D steps
- o Add Power +1.00
- o Center thickness 0.15 to 0.35 mm dependent on power

ACTIONS

In its hydrated state, the soft contact lens when placed on the cornea acts as a refracting medium to focus light rays on the retina.

WEARING RESTRICTIONS AND INDICATIONS (USES)

Aspheric: 60% XC Aspheric and 60% Multifocal EP (omafilcon A) Soft Hydrophilic Contact Lenses are indicated for daily wear for the correction of visual acuity in not aphakic persons with non-diseased eyes that are myopic or hyperopic and exhibit astigmatism of 2.00D or less that does not interfere with visual acuity.

EP Multifocal: 60% Multifocal EP (omafilcon A) Soft Hydrophilic Contact Lenses are indicated for daily wear for the correction of refractive ametropia (myopia, hyperopia, and astigmatism) and presbyopia in not aphakic persons with non-diseased eyes. The lens may be worn by persons who have astigmatism of 2.00D or less that does not interfere with visual acuity.

60% XC Aspheric and 60% Multifocal EP (Omafilcon A) Soft Hydrophilic Contact lenses may provide improved comfort for contact lens wearers who experience mild discomfort or symptoms related to dryness during lens wear associated with Evaporative Tear Deficiency or from Aqueous Tear Deficiency (non-Sjogren's only).

Daily wear replacement schedules may vary from patient to patient and should be decided by eyecare practitioners in consultation with their patients. The lenses are to be cleaned, rinsed and disinfected each time they are removed from the patient's eye and discarded after the recommended wearing period prescribed by the eye care practitioner. The lens may be disinfected using a chemical disinfection system.

The 60% XC Aspheric and 60% Multifocal EP (omafilcon A) Contact Lenses

described in this booklet should be removed from your eyes for routine cleaning and disinfecting as prescribed by your eyecare practitioner. **DO NOT WEAR YOUR 60% XC Aspheric and 60% Multifocal EP DAILY WEAR CONTACT LENSES WHILE SLEEPING.**

CONTRAINDICATIONS (REASONS NOT TO USE)

Do Not use this contact lens when any of the following conditions exists:

- Previously diagnosed primary Sjogren's Syndrome Tear Deficiency, Autoimmune connective tissue disease which may involve secondary Sjogren's syndrome. Such conditions include rheumatoid arthritis, polyarthritis, Wegener's granulomatosis, systemic lupus erythematosus, systemic sclerosis, primary biliary cirrhosis, and mixed connective tissue disease.-
- Acute and subacute inflammation between the lens, iris, and cornea, i.e., the anterior chamber of the eye.
- Any eye disease, injury, or abnormality that affects the cornea, conjunctiva, or eyelids.
- Any active corneal infection: purulent (pus) bacterial, fungal, or viral infection.
- Corneal hypoesthesia (reduced corneal sensitivity), if not-aphakic.
- Any systemic disease which may affect the eye or be exaggerated by wearing contact lenses.
- Allergy to any ingredient, such as thimerosal or mercury, in a solution which must be used to care for the lens.
- Allergic reactions of ocular surfaces or adnexa that may be induced or exaggerated by wearing contact lenses or use of contact lens solutions.
- If eyes become red or irritated.

WARNINGS

Patients were not studied who exceed the conditions characterized by any of the following diagnostic parameters:

- Rose Bengal staining > 12 on a scale of 18
- Fluorescein staining >12 on a scale of 15
- Meibomian gland dysfunction >3 on a scale of 0-4

PROBLEMS WITH CONTACT LENSES AND LENS CARE PRODUCTS COULD RESULT IN SERIOUS INJURY TO THE EYE. It is essential that you follow your eyecare practitioner'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. Daily wear lenses are not indicated for overnight wear, and you should not wear lenses 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 you experience eye discomfort, excessive tearing, vision changes, or redness of the eye, you should immediately remove your lenses and promptly contact your eyecare practitioner.

PRECAUTIONS

- Before leaving the eyecare practitioner's office, you should be able to promptly remove lenses easily or should have someone else available to remove the lenses for you.
- You should remove the lenses immediately if the eye becomes red or irritated.
- Different solutions cannot always be used together, and not all solutions are safe for use with all lenses. Use only recommended solutions.
- Never use solutions recommended for conventional hard contact lenses only.
- Chemical disinfection solutions should not be used with heat unless specifically indicated on product labeling for use in both heat and chemical disinfection.

- Always wash and rinse your hands before handling lenses. Do not get cosmetics, lotions, soaps, creams, deodorants, or sprays in the eyes or on the lenses. It is best to put on lenses before putting on makeup. Water-base cosmetics are less likely to damage lenses than oil-base products.
- Do not touch contact lenses with the fingers or hands if the hands are not free of foreign materials, as microscopic scratches of the lenses may occur, causing distorted vision and/or injury to the eye.
- Always follow directions in the package inserts for the use of contact lens solutions.
- Sterile unpreserved solutions, when used, should be discarded after the time specified in the labeling directions.
- Carefully follow the handling, insertion, removal, cleaning, disinfecting, storing and wearing instructions in the Patient Instructions for the 60% XC Aspheric and 60% Multifocal EP Contact Lens and those prescribed by the eyecare practitioner.
- Always use FRESH unexpired lens care solutions.
- Never wear lenses beyond the period recommended by the eyecare practitioner.
- Do not use saliva or anything other than the recommended solutions to wet your lenses.
- If aerosol products such as hair spray while are used wearing lenses, exercise caution and keep eyes closed until the spray has settled.
- To prevent your lenses from becoming dry (dehydrated), always keep them completely immersed in the recommended storage solution when the lenses are not being worn. Follow the lens care directions for Care for a Dried Out Lens if your lens surface does become dry (dehydrated).

- If the lens sticks (stops moving) on the eye, follow the directions on Care for a Sticking Lens. The lens must move freely on the eye for continued health of the eye. If non-movement of the lens continues, you should immediately consult your eyecare practitioner.
- Avoid all harmful or irritating vapors and fumes while wearing your lenses.
- Never use tweezers or other tools to remove the lens from the lens container. Pour the lens into the hand.
- Do not touch the lens with fingernails.
- Always handle lenses carefully and avoid dropping them.
- Ask the eyecare practitioner about wearing lenses during sporting activities.
- Always discard lenses worn on a frequent replacement schedule after the recommended wearing schedule prescribed by the eyecare practitioner.
- Always inform the doctor (health care practitioner) that you wear contact lenses.
- Always consult your eyecare practitioner before using any medicine in your eyes.
- Always inform employer of being a contact lenses wearer. Some jobs may require use of eye protection equipment or may require that patient not wear contact lenses.
- As with any contact lens, follow-up visits are necessary to assure health. You should be instructed as to a recommended follow-up schedule.

ADVERSE REACTIONS (POTENTIAL PROBLEMS)

The following adverse effects have been recognized as potential problems with the use of soft contact lenses:

- o Eyes sting, burn, or itch (irritation) or other eye pain

- o Comfort is less than when lens was first placed on eye
- o Feeling of something in the eye (foreign body, scratched area)
- o Excessive watering (tearing) of the eyes
- o Unusual eye secretions
- o Redness of the eyes
- o Reduced sharpness of vision (poor visual acuity)
- o Blurred vision, rainbows, or halos around objects
- o Sensitivity to light (photophobia)
- o Dry eyes

If you notice any of the above, you should IMMEDIATELY REMOVE YOUR LENSES.

- o If the discomfort or problem stops, look closely at the lens. If the lens is in any way damaged, DO NOT put the lens back on your eye. Place the lens in the lens case and contact your eyecare practitioner. If the lens has dirt, an eyelash, or other foreign body on it, or the problem stops and the lens appears undamaged, you should thoroughly clean, rinse, and disinfect the lenses; then reinsert them. If the problem continues, DO NOT put the lens back on your eye; immediately consult your eyecare practitioner.

WHEN ANY OF THE ABOVE SYMPTOMS OCCUR, A SERIOUS CONDITION SUCH AS INFECTION, ABRASION, CORNEAL ULCER, NEOVASCULARIZATION, UVEITIS, OR IRITIS MAY BE PRESENT. You should keep lens off the eye and seek immediate professional identification of the problem and prompt treatment to avoid serious eye damage.

CLINICAL TEST RESULT

Dry Eye patients have been categorized in the Report of the National Eye Institute/Industry Workshop on Clinical Trials in Dry Eyes, published in the CLAO Journal, October 1995, Vol. 21, No. 4.

The Safety and Effectiveness of the omafilcon A soft contact lens in defined Dry Eye patients was demonstrated by the results of a clinical trial which are summarized here. The study patient's dry eye condition is defined as arising from Evaporative Tear Deficiency or from Aqueous Tear Deficiency (non-Sjogren's only). Lenses were not tested in subjects having severe cases of Dry Eye syndrome. All subjects were existing contact lens wearers, who met the Dry Eye diagnostic inclusion criteria. See your eye care practitioner for details of the inclusion criteria.

Overall the, subjects wearing omafilcon A lenses reported improved lens performance to that reported for the Control lenses, with the differences in performance becoming more marked as the period of post-fit time increased. This performance data was collected using patient ratings of descriptions of eye symptoms. For each symptom the subject was asked to indicate the frequency or severity of the symptom. Test data shows patients wearing omafilcon A lenses reported wearing lenses longer, more comfortably with more feelings of moistness of the eye, and less frequent dry eye symptoms. The results for comfort are further supported by the reduced frequency of occurrence of various symptoms which detail Comfort: eye irritation, eye itchiness, burning, grittiness, watering and light-sensitivity. Variation in eye sensations throughout the day and noticeability of eye symptoms were categorized as occurring less frequently while wearing the omafilcon A contact lenses.

* See glossary for definitions

PERSONAL CLEANLINESS FOR LENS HANDLING

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, since these substances may come into contact with the lenses and interfere with successful wearing.

Handle your lenses with your fingertips, and be careful to avoid contact with fingernails. It is helpful to keep your fingernails short and smooth.

Start off correctly by getting into the habit of always using proper hygienic procedures so that they become automatic.

2. Handling the Lenses

Develop the habit of always working with the same lens first to avoid mix-ups.

Remove the lens from its case and examine it to be sure that it is moist, clean, clear, and free of any nicks or tears.

3. Placing the Lens on the Eye

The insertion method described below is recommended because it reduces the chances of eye injury and/or lens damage. However, if you find this method difficult, your eyecare practitioner will give you additional instruction or suggest another method.

After thoroughly washing, rinsing, and drying your hands, and inspecting the lens, place the right lens on the tip of your right index finger (left index finger if you are left-handed). Make sure your index

finger is dry (if the finger is wet, surface tension will make the lens adhere to your finger preventing the lens from being transferred from the finger to the eye).

Pull the lower lid of your right eye downward with the middle finger of your right hand.

Pull the upper lid of your right eye upward with the middle finger of your left hand.

Look straight ahead and gently place the lens directly on the cornea.

Look down and slowly remove your right hand, releasing your lower lid.

If there is an initial foreign body sensation, look toward your nose and slide your lens off the cornea away from the nose. Then look away from your nose toward the lens until the lens reposition itself on the cornea. If the foreign body sensation persists, remove the lens, rinse it with a recommended rinsing solution, and re-insert. If the foreign body sensation still persists, remove the lens and contact your eyecare practitioner.

Check for the proper lens centration by covering your left eye. If the vision of your right eye is crisp and clear, the lens is in its proper position.

To insert your left lens, follow the same procedure.

If, after insertion of one of your lenses, the vision in that eye is blurred, check for the following:

- The lens is not centered on the eye.
- Cosmetics or oils are on the lens.
- The lens is on the wrong eye.
- The lens is inside-out. (It would also not be as comfortable as normal)

If you find that your vision is still blurred after eliminating all of the above possibilities, remove both lenses and consult your eyecare practitioner.

CENTERING THE LENS

Very rarely, a lens that is on the cornea will be displaced onto the white part of the eye during lens wear. This can also occur during placement and removal of the lenses if the correct techniques are not performed properly. To recenter a lens which has become displaced, first wash, thoroughly rinse and dry your hands, then follow one of the three procedures listed below:

1. Look in the direction of the displaced lens. The lens will usually slide toward the center of the eye and recenter itself on the cornea.
2. Close your eyelids and gently massage the lens into place through the closed lid, using your index finger.
3. Gently slide the displaced lens onto the cornea while the eye is open, using finger pressure on the edge of the upper or lower lid.

REMOVING THE LENS

Always remove the same lens first.

Wash, thoroughly rinse and dry your hands with a lint-free towel. Always be sure the lens is on the cornea before trying to remove it. Remove the right lens first (then the left lens), following the steps below:

With your head straight, look upward as far as you can.

Place the middle finger of your right hand (left hand if you are left-handed) on the lower eyelid of your right eye and pull the eyelid down; then touch the lower edge of the lens with the tip of your right index finger.

While still looking up, slide the lens down onto the white part of your eye with your index finger.

Still looking up, move your index finger slightly to your left and move your thumb up so that you can pinch the lens gently between your thumb and the index finger releasing the surface tension between the lens and eye. Remove the lens from the eye.

NOTE: In removing the lenses, be sure that you use your fingers and not your fingernails. A fingernail can injure your eye and/or tear the lens

Follow the recommended lens care procedures as described under the heading, CARING FOR YOUR LENSES (CLEANING, RINSING, DISINFECTING, ENZYMING, STORAGE AND REWETTING/LUBRICATING). If this method of removing your lens is difficult for you, your eyecare practitioner will provide you with an alternate method.

CARING FOR YOUR LENSES (CLEANING, RINSING, DISINFECTING, ENZYMING, STORAGE AND REWETTING/LUBRICATING)

1. Basic Instructions:

For continued safe and comfortable wearing of your lenses, it is important that your first clean and rinse, then disinfect (and neutralize for hydrogen peroxide systems) your lenses after each removal, using the care regimen recommended by your eyecare practitioner. Cleaning and rinsing are necessary to remove mucus, secretions, films, or deposits which may have accumulated during wearing. The ideal time to clean your lenses is immediately after removing them. Disinfecting is necessary to destroy harmful germs.

You should adhere to a recommended care regimen. Failure to follow the regimen may result in development of serious ocular complications as discussed in the WARNINGS section above.

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.

When you first get your lenses, be sure you have put the lenses on and remove them while you are in your eyecare practitioner's office. At that time you will be provided with a recommended cleaning and disinfection regimen and instructed and warned for lens care, handling, cleaning, and disinfection. Your eyecare practitioner should instruct you about appropriate and adequate procedures and products for your use, and provide you with a copy of the Patient Instructions for the 60% XC Aspheric and 60% Multifocal EP (omafilcon A) Contact Lens.

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

Always wash, rinse, and dry hands before handling contact lenses.

Always use fresh unexpired lens care solutions.

Use the recommended system of lens care, either peroxide or chemical (not heat) and carefully follow instructions on solution labeling. Different solutions cannot always be used together, and not all solutions are safe for use with all lenses. Do not alternate or mix lens care systems unless indicated on solution labeling.

Always remove, clean, rinse, enzyme and disinfect your lenses according to the schedule prescribed by your eyecare practitioner. The use of an enzyme or any cleaning solution does not substitute for disinfection.

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 prescribed in a frequent replacement program should be thrown away after the recommended wearing period prescribed by your eyecare 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 the lens down the drain.

The lens care products listed below are recommended by CooperVision for use with your 60% XC Aspheric and 60% Multifocal EP (omafilcon A) Contact Lens. Your eyecare practitioner may recommend alternate products that are appropriate for you to use with your 60% XC Aspheric and 60% Multifocal EP Contact Lens.

Lens Care Table

Disinfection System	Clean	Rinse	Disinfect	Neutralize
Peroxide	LC-65® Daily C.L. Cleaner®	Oxysept 1®	Oxysept 1®	Oxysept 2®
Chemical	Opti-Clean®	Opti-Free®	Opti-Free®	N/A
Multi-Purpose Chemical	ReNu®	ReNu®	ReNu®	N/A

B&L Daily Cleaner®, B&L Saline®, B&L Heat Unit are products from Bausch and Lomb

LC-65® Daily Contact Lens Cleaner®, Oxysept 1® and Oxysept 2® are products from Allergan

Opti-Cleaner® and Opti-Free® are products from Alcon Laboratories

ReNu® Multi-Purpose Solution is from Bausch and Lomb

Note: Some solutions may have more than one function, which will be indicated on the label. Read the label on the solution bottle, and follow instructions

Clean one lens first (always the same lens first to avoid mix-ups), rinse the lens thoroughly with recommended saline or disinfecting solution to remove the cleaning solution, mucus, and film from the lens surface. Follow the instructions provided in the cleaning solution labeling. Put that lens into the correct chamber of the lens case. Then repeat the procedure for the second lens.

After cleaning, disinfect lenses using the system recommended by your eyecare practitioner and/or the lens manufacturer. Follow the instructions provided in the disinfection solution labeling.

To store lenses, disinfect and leave them in the closed/unopened case until ready to wear. If lenses are not to be used immediately following disinfection, you should consult the package insert or your eyecare practitioner for information on storage of your lenses.

Always keep your lenses completely immersed in a recommended disinfecting solution when the lenses are not being worn. If you discontinue wearing your lenses, but plan to begin wearing them again after a few weeks, ask your eyecare practitioner for a recommendation on how to store your lenses.

After removing your lenses from the lens case, empty and rinse the lens case with solution(s) recommended by the lens case manufacturer; then allow the lens case to air dry. When the case is used again, refill it with fresh storage solution. Replace lens case at regular intervals.

Your eyecare practitioner may recommend a lubricating/rewetting solution for your use. Lubricating/Rewetting solutions can be used to wet (lubricate) your lenses while you are wearing them to make them more comfortable.

2. Care For A Sticking Lens - If the lens sticks (stops moving) on the eye, apply 2-3 drops of the recommended lubricating/rewetting solution. Wait until the lens begins to move freely on eye before removing it. If non-movement of the lens continues, you should immediately consult your eyecare practitioner.

CLEANING

Your lenses should always be cleaned immediately when removed, to clean any tear secretions or other debris which may have accumulated during wear. Never clean your lenses directly over a sink with the drain open, as the lenses may be lost. For proper cleaning, follow the instructions below for each lens.

1. Wash and rinse your hands thoroughly.
2. Apply a few drops of the recommended cleaning solution to each side of the lens and clean thoroughly by rubbing each side of the lens against the palm of one hand with the index finger of the opposite hand.
3. Rinse the lens thoroughly with the recommended rinsing solution, place it in the appropriate compartment of the lens case, and fill each compartment with the recommended disinfecting solution

DISINFECTION AND STORAGE

Either Chemical (not heat) or Peroxide disinfection system is recommended for use with your 60% XC Aspheric and 60% Multifocal EP Hydrophilic Contact Lenses. Your eyecare practitioner will recommend the best system for you.

CHEMICAL (NOT HEAT) DISINFECTION

- o Clean your contact lenses with a recommended cleaning solution and thoroughly rinse them with a recommended rinsing solution.
- o After cleaning, to disinfect, carefully follow the instructions accompanying the disinfecting solution in the care regimen recommended by the lens manufacturer or your eyecare practitioner.
- o When using hydrogen peroxide lens care systems, lenses must be neutralized before wearing. Follow the recommendations on the hydrogen peroxide system labeling.
- o Thoroughly rinse lenses with a fresh solution recommended for rinsing before inserting and wearing, or follow the instructions on the disinfection solution labeling.
- o Do not heat the disinfection solution and lenses.
- o Leave the lenses in the unopened lens case until ready to put on the eyes.
- o Caution: Lenses that are chemically disinfected may absorb ingredients from the disinfecting solution which may be irritating to the eyes. A thorough rinse in fresh sterile saline solution prior to placement on the eye should reduce the potential for irritation.

ENZYMATIC CLEANING

Enzyme cleaning may be recommended by your eyecare practitioner. Enzyme cleaning removes protein deposits on the lens. These deposits cannot be removed with regular cleaners. Removing protein deposits is important for the well-being of your lenses and eyes. If these deposits are not removed, they can damage the lenses and cause irritation.

Enzyme cleaning does NOT replace routine cleaning and disinfecting. For enzyme cleaning, you should carefully follow the instructions in the enzymatic cleaning labeling.

LENS CASE CLEANING AND MAINTENANCE

Contact lens cases can be a source of bacterial growth. Lens cases should be emptied, cleaned, rinsed with solutions recommended by the lens case manufacturer, and allowed to air dry. Lens cases should be replaced at regular intervals as recommended by the lens case manufacturer or your eyecare practitioner.

CARE FOR A DRIED OUT (DEHYDRATED LENS)

If your soft contact lens is off your eye and exposed to air for 10 minutes or longer, it will become dry and brittle. Handle the lens carefully.

To rewet your lens: Place the lens in its lens case and SOAK the lens in the recommended rinsing and storage solution for at least one hour. Soak the lens until it returns to a soft state. Clean and disinfect the rewetted (rehydrated) lens using the lens care system recommended by your eyecare practitioner. If, after soaking, the lens does not become soft, DO NOT USE THE LENS, but contact your eyecare practitioner.

EMERGENCIES

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

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 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 only drive with monovision correction if you pass your state drivers license requirements with 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 eyecare practitioner 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 contact lenses prescribed so that both eyes are corrected for near when sharp near binocular vision is required.

Some monovision patients require supplemental spectacles to wear over the monovision correction to provide the clearest vision for critical tasks. You should discuss this with your eyecare practitioner.

It is important that you follow your eyecare practitioner's suggestions for adaptation to monovision contact lens therapy. You should discuss any concerns that you may have during and after the adaption period.

The decision to be fit with a monovision correction is most appropriately left to the eyecare practitioner in conjunction with you, after carefully considering and discussing your needs.

THE WEARING SCHEDULE SHOULD BE DETERMINED BY YOUR EYECARE PRACTITIONER. Patients tend to over wear the lenses initially. It is important to adhere to the initial maximum wearing schedule. Regular checkups, as determined by your eyecare practitioner, also are extremely important.

The 60% XC Aspheric and 60% Multifocal EP (omafilcon A) Contact Lenses are indicated for Daily Wear - less than 24 hours, while awake. The maximum suggested wearing time for these soft contact lenses is:

<u>Day</u>	<u>Hours</u>	<u>Day</u>	<u>Hours</u>	<u>Day</u>	<u>Hours</u>
1	___	6	___	11	___
2	___	7	___	12	___
3	___	8	___	13	___
4	___	9	___	14	___
5	___	10	___		

*While patients who experience discomfort and related dry eye symptoms during lens wear arising from Evaporative Tear Deficiency or from Aqueous Tear Deficiency (non-Sjogren's only) may wear these lenses with improved comfort compared to other soft (hydrophilic) contact lenses, their wearing time may be less than it would if they did not have dry eye symptoms.

NAME AND ADDRESS OF MANUFACTURER

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