CONTRAINdications

Stabilization of eye and corneal conditions is not intended. This procedure is not intended to treat or diagnose a disease or condition. Any patient that has experienced or has signs and symptoms of any corneal conditions, such as keratoconus, keratitis, corneal edema, or corneal inflammation, should be referred to an eye care practitioner for further evaluation.

C urrently, standard therapy for corneal abrasions such as eye patching or the use of a medicated ointment is recommended. In cases of abrasions, the treatment should be administered as prescribed by the physician. The use of readily available artificial tears or ophthalmic ointments is recommended to lubricate the eye.

Infectious corneal ulceration is one of the most serious potential complications, leading to decreased vision and permanent vision loss. Ulcers may occur at any time, but the risk appears to be greatest in the first 6 months of lens wear and during the adaptation period. The ulcer begins with a small area of redness on the central corneal surface. The condition is characterized by severe pain, redness of the eye, eyes sting, burn, or itch (irritation), and visual disturbances. Patients who experience any of those symptoms should immediately remove their contact lenses and consult their eye care practitioner.

If the discomfort or problems stops, then look closely at the lens. If the problem persists, then follow the care procedure that the lens care practitioner has directed for you. Patients should also take immediate steps to clean and disinfect the remaining lenses. If the discomfort or problems stops, then look closely at the lens. If the problem persists, then follow the care procedure that the lens care practitioner has directed for you. Patients should also take immediate steps to clean and disinfect the remaining lenses.

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CONTACT LENSES are contraindicated in:
- Patients who have a history of dryness.
- Patients with a history of infections, particularly in the eye.
- Patients who have a history of corneal complications.
- Patients who have a history of allergic reactions or anaphylaxis.
- Patients who have a history of contact lens intolerance or sensitivity.

UNITED STATES:

1. After removal of lenses from the lens case, the case should be emptied, rinsed, and completely covered.
2. Do not use saliva, tap water, distilled water, or anything other than a fresh solution recommended for rinsing before wearing and at least once a week. Put fresh solution inside the lens case and contact your eye care practitioner.
3. The solutions, system, and care products recommended by the eye care practitioner for your lenses should be used according to the directions on the original container and the placards or labels associated with the care products. Lenses should be removed immediately and the lens and lens care products retained for analysis if the patient develops any symptoms of potential infection.
4. The practice of alternating, changing, or mixing lens care systems for any one pair of lenses is not recommended.

INDICATIONS

Chemical lens disinfection:
- Thoroughly rinse lenses with a fresh solution recommended for rinsing before wearing.

PRODUCT INSTRUCTIONS

Wearing schedule:
- The lenses should remain out of the eye for a period of rest, overnight or longer, as determined by your eye care practitioner. Bausch + Lomb recommends that lenses are worn between removals, beginning with the first overnight use. Some wearers, who tend to secrete unusually large amounts of mucus in the lacrimal ducts, may experience a slight drying sensation after removing the lens and should be advised to use a fresh solution recommended for rinsing before wearing at bedtime.
- The initial comfort usually is not as good as with hard lenses, but most patients will be able to tolerate the same or another lens on a daily wear basis. Patients should be advised that a period of adjustment may be required and that the initially uncomfortable lens should be worn for at least 1 week to determine ocular response to extended wear.
- Some patients will experience a slight drying sensation after removing the lens. The patient should be made aware that the discomfort may be temporary and that the discomfort should be decreased after 1 week of use. The discomfort usually is not significant enough to cause the patient to discontinue extended wear.
- If a SILSOFT® Contact Lens is exposed to air while off the eye, it may become light sensitive within 24 hours. The lens should remain out of the eye for a period of rest, overnight or longer, as determined by the prescribing practitioner.

EMERGENCY METHOD FOR ARREST DIABETES

PEOPLE WITH DIABETES should follow the immediate treatment recommendations for eye emergencies. The importance of immediate treatment cannot be overemphasized. The seriousness of a diabetic eye emergency depends on the duration, intensity, and treatment of the condition. The longer the delay in treatment, the more severe the complications that may result.

CARE FOR A DEHYDRATED Lens

Lens care products have the potential to dehydrate the lens, which may result in decreased visual acuity. The proper care and cleaning solutions must be used as directed to maintain optimal lens hydration. The lens may appear dry, but it has not dehydrated. The lens should still maintain its optical properties.

PRACTITIONER DISINFECTION OF OPEN LENSES

Care must be taken when disinfecting open lenses. The lenses may appear to be clean, but they must be treated as if they had been removed from the eye and handled the same way as if the lenses were still in contact with the patient's eye. The lenses must be rinsed, cleaned, and disinfected according to the manufacturer's instructions for use prior to reinsertion.

HOW SUPPLIED

Contact lenses are supplied in a variety of standard and custom powers, with lens diameters, base curve, and powers that have been carefully selected to meet the needs of each patient. The lens diameters are carefully chosen to accommodate the corneal curvature of the patient's eye. The base curve is selected to fit the patient's corneal curvature and to provide the desired optical correction. The powers are selected to provide the patient with the best possible visual acuity.