III. MONOVISION (SPHERICAL FITTING GUIDELINES)

A. Patient Selection

Monovision Needs Assessment

For a good presbyopic candidate, the patient should adequately correct distance and near visual acuity in each eye. The anisometropic patient or the patient with significant astigmatism greater than 0.15D in either eye may not be a good candidate for monovision correction with ACUVUE® TruEye™ Brand Contact Lenses. If the patient requires correction of visual acuity and astigmatism, his or her vision may be compromised or not corrected equally well by monovision correction due to the differences in best vision. Determine whether the patient can adequately correct near visual acuity with monovision correction with an additional contact lens worn in the non-dominant eye. If so, the patient may be a candidate for monovision correction. The patient should have no visual symptoms or complaints associated with monovision correction with ACUVUE® TruEye™ Brand Contact Lenses.

B. Eye Selection

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

1. Double Preference Determination Method

Method 1: Determine which eye is the “growing eye.” Have the patient point to an object at the far end of the room. Cover one eye. If the patient is still looking directly at the object, the eye being used is the dominant “growing eye.”

Method 2: Determine which eye accepts the added power with the least visual distortion. Place a test-held trial lens equal to the spectacle lens for both eyes in front of you near the distance test object. Allow the other distance refractive error correction in place for both eyes. Determine whether the patient tolerates the trial lenses with the near ADD to one side of the lens or to both sides of the lens. If there is no significant difference, the patient can use the lenses with the near ADD on either side of the lens.

2. Refractive Error Method

For anastigmatic correction, it is generally best to fit the more hyperopic (less myopic) eye for distance and the more myopic (less hyperopic) eye for near. The near ADD is determined during the lens fitting process.

C. Visual Demands Method

Consider the patient’s visual function during the lens selection process to determine the correct visual requirements. If a patient’s near visual task is usu- ally in close vision, correct for near vision with the monovision correction.

Example: A secretary who places copies to the left side of the desk will function best with the near lens on the left eye.

D. Special Fitting Characteristics

1. Unilateral Near Correction

When circumstances exist where only one contact lens is required. An example, an anisometropic patient who requires an additional near lens while a bilateral near correction may require a distance lens.

Example: A presbyopic anisometropic patient who requires a +1.75D ADD to wear +2.00D for distance and +3.00D for near vision will have 1.75D presbyopic lens and 0.25D hyperopic lens.

2. Near ADD Determination

Always prescribe the lens power for the near eye that provides optimal near vision in the patient’s natural reading distance. However, when more than one lens power provides optimal near vision, prescribe the least plus lens near the power of the power.

3. Trial Lens Fitting

A trial lens fitting is performed in the office to allow the patient to experience monovision correction with ACUVUE® TruEye™ Brand Contact Lenses.

Reporting of Adverse Reactions

All adverse experiences and adverse reactions observed in patients wearing ACUVUE® TruEye™ Brand Contact Lenses experienced with the lenses should be reported to:

Johnson & Johnson Vision Care, Inc. (J&JVC)
Jacksonville, FL 32256
Tel: 1-800-444-3220
acuvue@jnj.com

Case history and individual clinical evaluation procedures should be used to determine the progression. Determine the distance correction and the near correction. Near distances the near ADD. With trial lenses of the proper power in place, observe the reaction to this mode of correction.

Always allow the lenses to wear for about 30 minutes with the correct power lenses in place. Place a trial frame and then have the patient look at you. Assess the patient’s reaction to distance vision under these circumstances. Then have the patient look at familiar near objects such as a watch face in the distance. Also assess the reaction. As the patient continues to look around the room both to near and distance objects, observe the reactions. After these vision tests are completed, have the patient be asked to read print. Evaluate the patient’s reading in large print (e.g., typewriter copy) at first and then gradation to normal and finally smaller type size.

After the patient’s performance under the above conditions is complete, look at visual acuity and visual field ability under conditions of motorists routine driving illumination should be attempted. An initial unfavorable response in the office, whether indicated of a guarded outlook, should be reported to:

Follow-up Examinations

The presence of corneal staining and/or limbal conjunctival hyperemia can indicate the presence of a life threatening condition. A physician should be advised of the condition and the patient should be referred to an ophthalmologist for further evaluation.

Follow-Up Examinations

Follow-up examinations are performed approximately three to six months after dispensing with monovision correction with ACUVUE® TruEye™ Brand Contact Lenses.

Recommended Procedures for Follow-Up Visits:

1. Solicit and record patient symptoms, if any.
2. Measure visual acuity and binocularly and uniconically of distance and near with the contact lenses.
3. Perform a cover/uncover test of distance and near to check for vertical rectus muscle insufficiency.
4. With the biomicroscope, judge the lens fitting characteristics (as described in the General Fitting Guidelines) and evaluate the lens surface for deposits and damage.
5. Following less severe, observe the cornea and conjunctiva with the biomicroscope and fluoresce (unless contraindicated).
6. The presence of scotomas in the distance visual field is indicative of a retinal lesion.
7. The presence of a typical macular lesion (e.g., a diabetic retinopathy) can be indicative of an arterial lesion, a retina to subretinal bloodophora, or a subretinal filling.
8. Any changes or new changes should be noted.
9. Visual field examination should be performed on a regular basis.
10. If any observations are abnormal, the Eye Care Professional should report the observations to the patient immediately.
Never use tweezers or other tools to remove lenses from the lens container.

The absorbing monomer, the in the UVA range of 316 nm to 380 nm for the entire power range.

"Patient Instruction Guide" for the best to put on lenses before putting on makeup. Water-based cosmetics are lotions, soaps, creams, deodorants or sprays in the eyes or on the lenses. It is unless specifically indicated for that use. Pour the lens and the packing solution unless otherwise indicated.

Lenses and those prescribed by the Eye Care Professional should be instructed to immediately consult his or her Eye Care Professional.

As with any contact lens, follow-up visits are necessary to assure the continuing ocular health of the patient.

Inform the doctor (Health Care Professional) about being a contact lens wearer.

The lenses absorb this dye and become discolored. Whenever fluorescein is.

Studies have shown that the risk of ulcerative keratitis is greater for extended wear than daily wear, as the lenses are worn continuously for longer time. The lens should be returned to the PEARL® 1 Center. A spherical over-refraction should be performed to determine the final lens power.

The FDA is also directing that patients receiving ocular health care from the Eye Care Professional see their Eye Care Professional routinely as directed.

The patient should be advised that no cleaning or disinfecting is needed with daily single use only lenses. Patients should discard lenses when removed and replace lenses at least every 30 days. The patient should be advised that the lenses are not to be removed from the eye.

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Any active corneal infection (bacterial, fungal, protozoal or viral)

Allergic reactions of ocular surfaces or surrounding tissues (adnexa) that may be caused by the contact lens or lens care product, including lens base material, are excluded from the list of severe adverse events.

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The patient should be advised to discard the contact lens and consult his or her Eye Care Professional.

Severe dry eye

Reduced card strength (corneal hypereosinophils, keratitis, profuse or weep-

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