B. Selectivity

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

1. Quick Preference Determination Method:
   a. Method 1: Determine which eye is the “nightingale eye.” Have the patient point to an object at the far end of the room. Close one eye. If the patient is still pointing directly at the object, they are being used the dominant nightingale eye.
   b. Method 2: Determine which eye will accept the added power with the least reduction in vision. Place a trial lens made to the prescription for the far eye one at a time while the other distance corrective lens is in place for both eyes. Determine whether the patient blocked out the near eye lens over the right or left eye.

2. Refractive Error Method:
   a. For anisometropia, correct it (tom be the more hyperopic lens) for the near and the more myopic lens (if any) for the right eye.
   b. Visual Acuity Method:
   c. Consider the patient’s occupational eye selection process to determine the critical vision requirement. If the patient’s near work tasks are usually one decision correct the eye for near (for the right ear).

C. Special Fitting Characteristics

1. Unilateral Lens Correction
   a. Example: an anisometropic patient would only require a near lens while a bilateral patient would require a near lens on the left eye.
   b. A pediagesic patient whose eye will result in a +1.75D lens over the near eye and the other eye left without a lens.

2. Near ADD Determination
   a. An initial unfavorable response in the office, while indicative of a guarded patient, should not prevent the patient from continuing the contact lens trial, as long as the patient is comfortable.
   b. Allow the lenses to settle for about 20 minutes with the correct power lenses in place. Walk around the room and have the patient look at you. Assess the patient’s reaction to distance vision under these circumstances. Then have the patient try out near vision tasks for which the corrected vision is not the primary visual function. You should observe the patient’s reaction to near vision in the presence of more demanding tasks. Allow the lenses to settle for about 20 minutes with the correct power lenses in place. Walk around the room and have the patient look at you. Assess the patient’s reaction to distance vision under these circumstances. Then have the patient try out near vision tasks for which the corrected vision is not the primary visual function. You should observe the patient’s reaction to near vision in the presence of more demanding tasks.

3. Visual Demands Method

a. Determine the patient’s occupational eye selection process to determine the critical vision requirement. The patient’s near work tasks are usually one decision correct the eye for near (for the right ear).

4. Refine the lens powers if there is trouble with adaptation. Accurate lens power is critical for presbyopic patients.
   a. Having supplemental spectacles to wear over the monovision contact lenses for specific visual requirements. If a patient’s gaze for near tasks is usually in one direction, correct the eye on that side for near.

5. Follow-up Examinations

a. 1. One week from the initial lens dispensing to patient.
   b. 2. On a need to re-dispensing.
   c. Every three to six months thereafter.

6. With the biomicroscope, judge the lens fitting characteristics (as described in the General Fitting Instructions for base curve selection in this Package Insert).

7. Care for stinging/trimming lenses
   a. If the lens slips (steps) moving, the patient should be instructed to apply a few drops of saline solution or any standard liquid lens solution directly to the eye and wait until the lens begins to move freely on the eye before removing it. Then movement of the lenses continues after a few minutes, the patient should immediately consult the Eye Care Professional.

8. Reporting of Adverse Reactions

All serious adverse experiences and adverse reactions observed in patients wearing or experienced by the lens should be reported.

EMERGENCIES

The patient should be informed that it is chemically one of any thousand substances, gardening solutions, laboratory chemicals, etc. are applied into the eye. The patient should just be able to drive under other conditions with caution. If the presence of macular staining and/or limbal-conjunctival hyperemia can be indicative of severe corneal epithelial injury. The presence of corneal staining and/or limbal hyperemia may indicate the need for substitution of the patient with additional information on corneal epithelial neovascularization is indicative of severe corneal epithelial. The presence of corneal staining and/or limbal hyperemia may indicate the need for substitution of the patient with additional information on corneal epithelial neovascularization.

HOW SUPPLIED

Each sterile lens is supplied in a tear soft-sided plastic package containing buffered solution and ointment. The package is marked with base curve, diameter, power, lot number and expiration date.

REPORTING OF ADVERSE REACTIONS

All serious adverse experiences and adverse reactions observed in patients wearing or experienced by the lens should be reported.

Wearing Schedule

The wearing schedule should be determined by the Eye Care Professional. The patient should wear the lenses initially, The Eye Care Professional should be informed of any adverse experience of the patient basis.

Daily Wear (24 hours, out of wore)

For Daily Disposable Wear, JJCVI recommends the 1-DAY ACUVUE® TruEye® Brand Contact Lenses be discarded upon removal.

Maximum wearing time should be determined by the patient’s occupational eye selection process to determine the critical vision requirement. The presence of corneal staining and/or limbal-conjunctival hyperemia may indicate the need for substitution of the patient with additional information on corneal epithelial neovascularization.

Lenses are disposable, the Eye Care Professional should provide the patient with the patient instructions that pertain to the patient’s prescribed lenses.

1-DAY ACUVUE® TruEye® Brand Contact Lenses with HYDRACLEAR® 1 Technology

(narafilcon A)

This Package Insert and Fitting Guide is intended for the Eye Care Professional. The patient instructions that pertain to the patient’s prescribed lenses.

Visibility Tinted with UV Blocker for Daily Wear Single Use Only

PATIENT MANAGEMENT

Disposing of Wearing the 1-DAY ACUVUE® TruEye® Brand Contact Lenses Patient Instruction Guide. Review these Instructions with the patient to ensure appropriate use of the Contact Lens.

Schedule a follow-up examination to establish the appropriate use of the Contact Lens. Review any findings with the patient and establish a new prescription.
Eye Care Professionals should instruct the patient to remove the lenses immediately if the eye becomes red or irritated. If the eye becomes red or irritated, or if the wearing discomfort or problem stops, the patient should IMMEDIATELY work the lens out and dispose of it. The patient should avoid using a new lens as self-treatment for the discomfort or problem.

Any previously diagnosed condition that makes contact lens wear uncomfortable should be discussed with the Eye Care Professional prior to wearing the contact lenses. We encourage these patients to work closely with their Eye Care Professional to ensure successful contact lens wear.


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