



## GENERAL FITTING PROCEDURE

### 1. Pre-Fitting Examination

A pre-fitting patient history and examination are necessary to:

- Determine whether a patient is a suitable candidate for contact lenses (consider patient hygiene and mental and physical state).
- Make ocular measurements for initial contact lens parameter selection.
- Collect and record baseline clinical information to which post-fitting examination results can be compared.

A pre-fitting examination should include spherocylinder refraction and Visual Acuity (VA), keratometry, and biomicroscopic examination.

### 2. Initial Lens Power Selection

- a. Lens power is determined from the patient's spherical equivalent prescription corrected to the corneal plane.
- b. Select the appropriate lens and place on the eye. Allow the lens to remain on the eye long enough to achieve a state of equilibrium. Small variations in the tonicity, pH of the lens solutions, and individual tear composition may cause slight changes in fitting characteristics.
- c. Allow any increase in tear flow to subside before evaluating the lens. The time required will vary with the individual.

### 3. Initial Lens Evaluation

- a. To determine proper lens parameters, observe the lens relationship to the eye using a slit lamp.
  - Movement: The lens should provide discernible movement with:
    - Primary gaze blink
    - Upgaze blink
    - Uppgaze lag
  - Centration: The lens should provide full corneal coverage.
- b. Lens evaluation allows the contact lens fitter to evaluate the lens/cornea relationship in the same manner as would be done with any soft lens.

15

### 4. To Refine Distance Vision

If patient is wearing two Low Add lenses:

- Refinement 1:
  - Fit Bausch + Lomb Biotrue® ONEday SVS in dominant eye while keeping Bausch + Lomb Biotrue® ONEday for Presbyopia Low Add in non-dominant eye.
- Refinement 2:
  - If vision is still unsatisfactory, add -0.25D at a time to dominant eye using handheld lenses. Adjust contact lens power when vision is satisfactory.

If patient is wearing two High Add lenses:

- Refinement 1:
  - Fit with Bausch + Lomb Biotrue® ONEday for Presbyopia Low Add in dominant eye while keeping Bausch + Lomb Biotrue® ONEday for Presbyopia High Add in non-dominant eye.
- Refinement 2:
  - If vision is still unsatisfactory, add -0.25D at a time to dominant eye using handheld lenses. Adjust contact lens power when vision is satisfactory.

### 5. Patient Education

All patients do not function equally well with multifocal correction. Patients may not perform as well for certain tasks with this correction as they have with multifocal reading glasses. Each patient should understand that multifocal correction 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 multifocal contact lenses provide.

19

### 6. Adaptation

Visually demanding situations should be avoided during the initial wearing period. A patient may at first experience some mild blurred vision, dizziness, headaches, and a feeling of slight imbalance. You should explain the adaptational symptoms to the patient. These symptoms may last for a brief minute or for several weeks. The longer these symptoms persist, the poorer the prognosis for successful adaptation.

To help in the adaptation process, the patient can be advised to first use the lenses in a comfortable, familiar environment, such as in the home.

Some patients feel that automobile driving performance may not be optimal during the adaptation process. This is particularly true when driving at night. Before driving a motor vehicle, it may be recommended that the patient be a passenger first to make sure that their vision is satisfactory for operating an automobile. During the first several weeks of wear (when adaptation is occurring), it may be advisable for the patient to only drive during optimal driving conditions. After adaptation and success with these activities, the patient should be able to drive under other conditions with caution.

23

### 4. Criteria of a Well-Fitted Lens

If the initial lens selection fully covers the cornea, provides discernible movement after a blink, is comfortable for the patient, and provides satisfactory visual performance, it is a well-fitted lens and can be dispensed.

### 5. Characteristics of a Tight (Steep) Lens

A lens which is much too steep may subjectively and objectively cause distortion which will vary after a blink. However, if a lens is only marginally steep, the initial subjective and objective vision and comfort findings may be quite good. A marginally steep lens may be differentiated from a properly fitted lens by having the patient gaze upward. A properly fitted lens will tend to slide downward approximately 0.5mm, while a steep lens will remain relatively stable in relationship to the cornea, particularly with the blink.

### 6. Characteristics of a Loose (Flat) Lens

If the lens is too flat, it will:

- Decenter, especially on post-blink.
- Have a tendency to edge lift inferiorly and sit on the lower lid, rather than positioning between the sclera and palpebral conjunctiva.
- Have a tendency to be uncomfortable and irritating with fluctuating vision.
- Have a tendency to drop or lag greater than 2.0mm on upgaze post-blink.

### 7. Follow-Up Care

The wearing and replacement schedules should be determined by the eye care practitioner. Regular checkups, as determined by the eye care practitioner, are extremely important.

### Daily Wear

There may be a tendency for the daily wear patient to overwear the lenses initially. Therefore, the importance of adhering to a proper, initial daily wearing schedule should be stressed to these patients. The wearing schedule should be determined by the eye care practitioner. The wearing schedule chosen by the eye care practitioner should be provided to the patient.

16

## MONOVISION FITTING GUIDELINES

### 1. 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 one [1] diopter) in one eye may not be a good candidate for monovision with the Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lenses or Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lenses.

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:

- Visually demanding situations such as operating potentially dangerous machinery or performing other potentially hazardous activities; and
- Driving automobiles (e.g., driving at night). Patients who cannot pass their state driver's 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 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.

20

### 7. Other Suggestions

The success of the monovision technique may be further improved by having your patient follow the suggestions below.

- Having a third contact lens (distance power) to use when critical distance viewing is needed.
  - Having a third contact lens (near power) to use when critical near viewing is needed.
  - Having supplemental spectacles to wear over the monovision contact lenses for specific visual tasks may improve the success of monovision correction. This is particularly applicable for those patients who cannot meet state licensing requirements with a monovision correction.
  - Make use of proper illumination when carrying out visual tasks.
- Success in fitting monovision can be improved by the following suggestions:
- Reverse the distance and near eyes if a patient is having trouble adapting.
  - Refine the lens powers if there is trouble with adaptation. Accurate lens power is critical for presbyopic patients.
  - Emphasize the benefits of the clear near vision in straight ahead and upward gaze with monovision.
  - **The decision to fit a patient with a monovision correction is most appropriately left to the eye care practitioner in conjunction with the patient after carefully considering the patient's needs.**
  - **All patients should be supplied with a copy of the Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lens/Bausch + Lomb Biotrue® ONEday for Presbyopia (nesofilcon A) Soft (Hydrophilic) Contact Lens/Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lens Patient Information Booklet.**

24

## TORIC FITTING GUIDELINES

- a. Determine contact lens power. The toric trial lens is used to optimize lens fitting characteristics and determine axis orientation. Lens power is determined by the spectacle refraction. It is preferable to use the spectacle Rx as the basis for the contact lens power. The sphere and cylinder power of the spectacle Rx becomes the closest sphere and cylinder power of the contact lens.

There are two exceptions:

1. If spectacle cylinder power falls between available contact lens cylinder powers, prescribe the lesser contact lens cylinder power. The sphere power can be increased -0.25D to compensate if desired. Of course, this can vary depending on your interpretation of the patient's subjective responses.  
Example: Spectacle Rx: -2.00-1.00 X 180  
Contact Lens Power Ordered: -2.25-0.75 X 180
  2. When the spectacle lens power in any principal meridian is greater than 4.00D, the spectacle refraction should be vertexed to the corneal plane. This can affect both the sphere and cylinder powers ordered.  
Example: Spectacle Rx: -5.00-2.75 X 180  
Contact Lens Power Ordered: -4.75-2.25 X 180
- a. Determine contact lens axis; the center guide mark should locate at the inferior limbus. Once oriented, rotational rocking should be limited to less than 5°.
  - c. Allow the lens to settle for at least 3 minutes to achieve a state of equilibrium. Note the orientation of the guide mark relative to the vertical meridian. Regardless of which eye the lens is on, if the rotation is clockwise but stable, note the amount of rotation, add it to the refractive cylinder axis, and order the resulting axis. If the rotation has stabilized counterclockwise, again note the rotation, subtract it from the refractive axis, and order the resulting axis. The guide mark can be used to help you calculate the axis of the desired Rx lens.  
Example: Spectacle Rx: -2.50-1.25 X 80  
Rotation: 20° clockwise  
Final Lens Prescription: -2.50-1.25 X 100
  - d. Select patient's lenses.
  - e. Evaluate orientation of final Rx lenses. The orientation of the prescription should be the same as that observed for the trial lenses. For example, if the trial lens rotated clockwise 15°, then the final prescription lens should also rotate clockwise 15°.

17

### 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 "sighting dominant 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 anisometric 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 diopter lens on the near eye and the other eye left without 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.

21

## WEARING SCHEDULE

The wearing and replacement schedules should be determined by the eye care practitioner. Regular checkups, as determined by the eye care practitioner, are extremely important.

### Daily Wear

There may be a tendency for the daily wear patient to overwear the lenses initially. Therefore, the importance of adhering to a proper, initial daily wearing schedule should be stressed to these patients. The wearing schedule should be determined by the eye care practitioner. The wearing schedule chosen by the eye care practitioner should be provided to the patient. The lens is to be prescribed for single-use disposable wear and is to be discarded after each removal.

## HANDLING OF LENSES

### Patient Lens Care Directions

When lenses are dispensed, the patient should be provided with appropriate and adequate instructions and warnings for lens care handling. The eye care practitioner should recommend appropriate and adequate procedures for each individual patient in accordance with the particular lens wearing schedule.

## CARE FOR A STICKING (NONMOVING) LENS

If the lens sticks (stops moving), the patient should be instructed to use a lubricating or rewetting solution in their eye. The patient should be instructed to **not** use plain water or anything other than the recommended solutions. The patient should be instructed to contact the eye care practitioner if the lens does not begin to move upon blinking after several applications of the solution and to not attempt to remove the lens except on the advice of the eye care practitioner.

25

## MULTIFOCAL FITTING GUIDELINES

### 1. Lens Selection

- a. Update spectacle refraction and Add power.
- b. Determine ocular dominance for distance vision.
- c. Select lens distance prescription based upon spherical equivalent from spectacle prescription, adjusted for vertex distance if necessary.
- d. Choose trial lenses based upon the above calculation and select Add power.
  - Bausch + Lomb Biotrue® ONEday for Presbyopia Low Add: +0.75D to +1.50D
  - Bausch + Lomb Biotrue® ONEday for Presbyopia High Add: +1.75D to +2.50D

### 2. Lens Fitting

- a. Allow lens to equilibrate for at least 10 minutes before assessing fit and vision.
- b. Evaluate distance and near vision binocularly in normal room illumination.
- c. If vision at distance and near is satisfactory, dispense lenses and schedule follow-up exam within 1 to 2 weeks.

### 3. To Refine Near Vision

If patient is wearing two Low Add lenses:

- Refinement 1:
  - Place Bausch + Lomb Biotrue® ONEday for Presbyopia High Add in non-dominant eye while keeping Bausch + Lomb Biotrue® ONEday for Presbyopia Low Add in dominant eye.
- Refinement 2:
  - If vision is still unsatisfactory, continue adding +0.25D at a time to the non-dominant eye using handheld lenses. Adjust contact lens power when vision is satisfactory.

If patient is wearing two High Add lenses:

- Refinement 1:
  - Add +0.25D to the non-dominant eye.
- Refinement 2:
  - If vision is still unsatisfactory, continue adding +0.25D at a time to the non-dominant eye using handheld lenses.

18

### 4. Near Add Determination

Always prescribe the lens power for the near eye that provides optimal near acuity at the midpoint of the patient's habitual reading distance. However, when more than one power provides optimal reading performance, prescribe the least plus (most minus) of the powers.

### 5. Trial Lens Fitting

A trial fitting is performed in the office to allow the patient to experience monovision correction. Lenses are fit according to the directions in the general fitting guidelines.

Case history and standard clinical evaluation procedure should be used to determine the prognosis. Determine which eye is to be corrected for distance and which eye is to be corrected for near. Next determine the near add. With trial lenses of the proper power in place, observe the reaction to this mode of correction.

Immediately after the correct power lenses are in place, walk across the room and 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 or fingernails. Again, assess the reaction. As the patient continues to look around the room at both near and distant objects, observe the reactions. Only after these vision tasks are completed should the patient be asked to read print. Evaluate the patient's reaction to large print (e.g., typewritten copy) at first and then graduate to newsprint and finally smaller type sizes.

After the patient's performance under the above conditions is completed, tests of visual acuity and reading ability under conditions of moderately dim illumination should be attempted.

An initial unfavorable response in the office, while indicative of a guarded prognosis, should not immediately rule out a more extensive trial under the usual conditions in which a patient functions.

22

## EMERGENCIES

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

## REPORTING OF ADVERSE REACTIONS

All serious adverse experiences and adverse reactions observed in patients wearing Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lenses, Bausch + Lomb Biotrue® ONEday for Presbyopia (nesofilcon A) Soft (Hydrophilic) Contact Lenses, or Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lenses, or experienced with the lenses, should be reported to:

Bausch + Lomb Incorporated  
1400 North Goodman Street  
Rochester, NY 14609 USA  
**Toll-Free Telephone Number**  
In the Continental U.S., Alaska, Hawaii  
1-800-553-5340  
In Canada  
1-888-439-5000 (Option 1 - English, Option 2 - French)

## HOW SUPPLIED

Each sterile lens is supplied in a plastic package containing borate buffered saline solution with poloxamine. Each container is marked with the manufacturing lot number of the lens, diopter power, and expiration date.

26