

Pure Vision® 2 Multi-Focal contact lenses For Presbyopia

provide clarity where it counts-in the real world.

Designed for improved vision¹ and predictable fitting¹ for more effective patient management

90% of eye care professionals agree that Pure Vision 2 For Presbyopia contact lenses are easier to fit than other multifocal contact lenses.²

89% of patients refit into Pure Vision 2 For Presbyopia contact lenses were satisfied with overall comfort.²



LENS PARAMETERS

| Power: | +6.00D to -10.00D (0.25D steps) | |
|-----------------------|--|--|
| Add Powers: | Low: +0.75D to +1.50D spectacle Add | |
| | High: +1.75D to +2.50D spectacle Add | |
| Dk/t:* | 130 at center for -3.00D | |
| Material: | balafilcon A | |
| Design: | Center-near aspheric optics | |
| Base Curve: | 8.6 mm | |
| Diameter: | 14.0 mm | |
| Center Thickness: | 0.07 mm at -3.00D (varies w/ power) | |
| Visibility Tint: | Light blue | |
| Replacement Schedule: | Monthly replacement | |
| Modality: | Daily wear and extended wear up to 30 days | |
| | | |

*Based on boundary and edge corrected Dk

Designed for accurate power at every power; for a more predictable fit from the start¹



'IMPORTANT EYE CARE PROFESSIONAL INFORMATION REGARDING EXTENDED WEAR CONTACT LENSES

carefully evaluated for continuous wear prior to prescription and dispensing, and eye care professionals should conduct early and frequent follow-up examination to determine ocular response to continuous wear

Side effects: During the one-year US study, 29% of the 820 eyes that were fit with the PureVision* lens in one eye experienced infiltrative keratitis. Other less serious side effects were mild forms of dryness, discomfort, and burning and stinging

Contraindications: The lens should not be used in the presence of any inflammation, infection, disease or injury in or around the eye or eyelids that interferes with contact lens wear. The lenses should not be used by individuals who have a systemic dis

Consult the Package Insert/Fitting Guide for complete information about PureVision2 contact lenses, available from Bausch + Lomb at 1-800-553-5340 or www.bausch.com

^{*} Based on a study conducted with BAUSCH & LOMB PureVision (balafilcon A) Visibility Tinted Contact Lens.

How to fit **NEW** Pure Vision® 2 For Presbyopia

Designed for improved near and intermediate vision while continuing to provide excellent distance vision¹—and exceptional comfort.

Select Initial Lenses

- Update spectacle refraction and Add power
- Determine ocular dominance for distance vision
- Select lens distance prescription based upon spherical equivalent from spectacle Rx, adjusted for vertex distance if necessary
- Choose trial lenses based upon the above calculation and select Add power

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| SPECTACLE Add | BOTH EYES |
|------------------|-----------|
| +0.75D to +1.50D | Low Add |
| +1.75D to +2.50D | High Add |

Suggested Patient Criteria:

- · Good motivation and realistic expectations
- Refractive astigmatism no greater than -1.00D

Evaluate Initial Lenses

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

To Refine Near Vision

If patient is wearing two Low Add lenses:

| | DOMINANT EYE | NON-DOMINANT EYE | |
|--------------|--------------|--------------------------------------|--|
| INITIAL LENS | Low Add | Low Add | |
| REFINEMENT 1 | Low Add | PureVision®2 For Presbyopia High Add | |

Refinement 2: If vision is still unsatisfactory, make small changes by adding +0.25D at a time to non-dominant eye (wearing High Add lens) using handheld lenses, and continue evaluating vision binocularly in normal room illumination. Adjust contact lens power when vision is satisfactory.

If patient is wearing two High Add lenses:

| | DOMINANT EYE | NON-DOMINANT EYE |
|--------------|--------------|------------------------------------|
| INITIAL LENS | High Add | High Add |
| REFINEMENT 1 | High Add | Add +0.25D to the non-dominant eye |

Refinement 2: If vision is still unsatisfactory, make small changes by adding $\pm 0.25D$ at a time to non-dominant eye using handheld lenses, and continue evaluating vision binocularly in normal room illumination. Adjust contact lens power when vision is satisfactory.

To Refine Distance Vision

If patient is wearing two Low Add lenses:

| | DOMINANTEYE | NON-DOMINANT EYE |
|--------------|----------------------|------------------|
| INITIALLENS | Low Add | Low Add |
| REFINEMENT 1 | Fit PureVision®2 SVS | Low Add |

Refinement 2: If vision is still unsatisfactory, make small changes by adding -0.25D at a time to dominant eye (wearing PureVision®2 single vision lens) using handheld lenses, and continue evaluating vision binocularly in normal room illumination. Adjust contact lens power when vision is satisfactory.

If patient is wearing two High Add lenses:

| | DOMINANT EYE | NON-DOMINANT EYE |
|--------------|-------------------------------------|------------------|
| INITIAL LENS | High Add | High Add |
| REFINEMENT 1 | PureVision®2 For Presbyopia Low Add | High Add |

Refinement 2: If vision is still unsatisfactory, make small changes by adding -0.25D at a time to dominant eye (wearing Low Add lens) using handheld lenses, and continue evaluating vision binocularly in normal room illumination. Adjust contact lens power when vision is satisfactory.

^{1.} Analysis based on use of a Hartmann-Shack wavefront sensing instrument to map lens power across contact lenses. More than 6,000 unique measurements over the central 6mm of a contact lens were plotted to determine local power measurement as a function of radial distance from the center of the lens.

^{2.} Thirty-nine ECPs (from 10 countries) refitted 422 existing soft contact lens wearing presbyopes into PureVision2 Multi-Focal For Presbyopia. Patients returned for follow-up visits after 1-2 weeks. ECP assessment of lens performance including ease of fit, and patient satisfaction with lenses in real world conditions, were measured using a 6-point agreement survey.

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