NATURAL TOUCH®

(polymacon)
Opaque Soft (hydrophilic) Contact Lenses

PACKAGE INSERT

IMPORTANT: Please read carefully and keep this information for future use. This package insert is intended for the eye care practitioner, but should be made available to patients upon request. The eye care practitioner should provide the patient with the patient instructions that pertain to the patient's prescribed lens.

CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT A PRESCRIPTION

DESCRIPTION:

Natural Touch (polymacon) opaque tinted contact lenses are hemispheric shells which cover the cornea and may cover a portion of the adjacent sclera. The polymacon material is a hydrophilic polymer of 2-hydroxyethyl methacrylate cross-linked with ethylene glycol dimethacrylate. Natural Touch lenses are available in Sophisticated Blue (dark blue), Baby Blue (light blue), Hazel, Willow Green, Sultry Grey, and Aqua Seas (turquoise). They are colored with a mixture of the following color additives in an iris pattern: chromium-cobalt, aluminum oxide, titanium dioxide, and iron oxides.

Natural Touch contact lenses are hemispherical shells of the following dimensions:

• Diameter: 14.0mm

Base Curve: 8.4mm and 8.7mmCenter Thickness: 0.03mm to 0.20mm

(varies with power)

Powers: plano to -6.00DPupillary Zone 5.1mm

The physical/optical properties of the lens are:

Refractive Index: 1.44Light Transmittance: >96%

Surface Character: HydrophilicWater Content: 38%

Oxygen Permeability:
 8.4 x 10⁻¹¹ (cm²/sec)
 (ml 0₂/ml x mmHq) at

35°C(Fatt method for determination of oxygen permeability)

ACTIONS:

When placed on the cornea in its hydrated state, the **Natural Touch** (polymacon) lens acts as a refracting medium to focus light rays on the retina. The **Natural Touch** opaque tinted lens contains a pigmented area that will superimpose and mask the color of the natural iris. Both the pupil and peripheral areas of the lens are left until titled.

INDICATIONS (USES):

Natural Touch (polymacon) hydrophilic contact lenses are indicated for daily wear by not-aphakic persons with non-diseased (healthy) eyes for the correction of nearsightedness (myopia) and farsightedness (hyperopia). The lenses may be worn by persons who exhibit astigmatism of 2.00 diopters or less that does not interfere with visual acuity.

Note: Natural Touch lenses are to be disinfected using either a thermal (heat), chemical (not heat), or hydrogen peroxide disinfection system.

CONTRAINDICATIONS (REASONS NOT TO USE):

DO NOT USE **Natural Touch** contact lenses when any of the following conditions exist:

- Acute and subacute inflammation or infection of the anterior chamber of the eye.
- Any eye disease, injury, or abnormality that affects the cornea, conjunctiva, or evelids.
- Severe insufficiency of lacrimal secretion (dry eyes).
- Corneal hypoesthesia (reduced corneal sensitivity).
- Any systemic disease that may affect the eye or be exaggerated by wearing contact lenses.
- Allergic reactions of ocular surfaces or adnexa that may be induced or exaggerated by wearing contact lenses or use of contact lens solutions.
- Allergy to any ingredient, such as mercury or thimerosal, in a solution which is to be used to care for the Natural Touch lens.
- Any active corneal infection; pus (purulent), bacterial, fungal, or viral.
- If eyes become red or irritated.
- The patient is unable to follow lens care regimen or unable to obtain assistance to do so.

WARNINGS:

Patients should be advised of the following warnings pertaining to contact lens wear:

- Problems with contact lenses and lens care products could result in serious injury to the eye.
 It is essential that patients follow their eye care practitioner's directions and all labeling instructions for proper use of lenses and lens care products, including the lens case. Eye problems, including corneal ulcers, can develop rapidly and lead to loss of vision.
- If the patient experiences eye discomfort, excessive tearing, vision changes, or redness of the eye, the patient should be instructed to immediately remove lenses and promptly contact his or her eye care practitioner.
- All contact lens wearers must see their eye care practitioner as directed.
- Daily wear lenses are not indicated for overnight wear, and patients should be instructed not to wear lenses while sleeping. Clinical studies have shown that the risk of serious adverse reactions is increased when these lenses are worn overnight.
- The risk of ulcerative keratitis has been shown to be greater among users of extended wear lenses than among users of daily wear lenses. The risk among extended wear users increases with the number of consecutive days that the lenses are worn between removals, beginning with the first overnight use. This risk can be reduced by carefully following directions for routine lens care, including cleaning of the lens case.
- Studies have been shown that contact lens wearers who are smokers have a higher incidence of adverse reactions than nonsmokers.

PRECAUTIONS:

Special Precautions for Eye Care Practitioners

- With the Natural Touch opaque lens, even with a well-centered lens many patients report the presence of a peripheral or visual haze. This visual haze is pupil size dependent and is, therefore, more pronounced in dimillumination. Most patients should be cautioned about driving at night until they have adapted to this effect.
- Before leaving the eye care practitioner's office, the patient should be able to promptly remove the lenses or

- should have someone else available who can remove the lenses for him or her. Eye care practitioners should instruct the patient to remove the lenses immediately if the eye becomes red or irritated.
- Due to the small numbers of patients enrolled in clinical investigation of lenses, all refractive powers, design configurations, or lens parameters available in the lens material are not evaluated in significant numbers. Consequently, when selecting an appropriate lens design and parameters, the eye care practitioner should consider all characteristics of the lens that can affect lens performance and ocular health, including oxygen permeability, wettability, central and peripheral thickness, and optic zone diameter. The potential impact of these factors on the patient's ocular health should be carefully weighed against the patient's need for refractive correction, therefore the continuing ocular health of the patient and lens performance should be carefully monitored by the prescribing eye care practitioner.
- DO NOT WEAR NATURAL TOUCH CONTACT LENSES WHILE SLEEPING.
- Fluorescein, a yellow dye, should not be used while the lenses are on the eyes. The lenses absorb the dye and become discolored. Whenever fluorescein is used in the eyes, the eyes should be flushed with a sterile saline solution that is recommended for in-eve use.

Eye care practitioners should carefully instruct patients about the following care regimen and safety precautions:

- Different solutions cannot always be used together, and not all solutions are safe for use with all lenses. Use only recommended solutions.
 - Never use solutions recommended for conventional hard lenses only.
 - Do not mix or alternate thermal (heat) and chemical (not heat) lens care systems unless directed by your eyecare practitioner.
 - Always use fresh, unexpired lens care solutions.
 - Always follow directions in the package inserts for the use of contact lens solutions.
 - Do not use saliva or anything other than the recommended solutions for lubricating or wetting lenses
 - Always keep the lenses completely immersed in the recommended storage solution when the lenses are not being worn (stored). Prolonged periods of drying may damage the lenses. Follow the lens care directions for Care for a Dried Out (Dehydrated) Lens if the lens surface does become dried out.
- If the lens sticks (stops moving) on the eye, follow the recommended directions on Care for a Sticking Lens. The lens should move freely on the eye for the continued health of the eye. If non-movement of the lens continues, the patient should be instructed to immediately consult his or her eye care practitioner.
- Always wash and rinse hands before handling lenses.
 Do not get cosmetics, lotions, soaps, creams, deodorant, or sprays in the eyes or on the lenses. It is best to put on lenses before putting on makeup.
 Water-based cosmetics are less likely to damage lenses than oil-based products.
- Do not touch the contact lenses with the finger or hands if the hands are not free of foreign materials, as lens damage may occur.
- If aerosol products such as hairspray are used while wearing lenses, exercise caution and keep eyes closed until the spray has settled.
- Always handle lenses gently and avoid dropping them.
- Avoid all harmful or irritating vapors and fumes while wearing lenses.

- Do not swim with your lenses in place.
- Ask the eye care practitioner about wearing the lenses during sporting activities.
- Inform the doctor (health care practitioner) about being a contact lens wearer.
- Always consult your eyecare practitioner before using any medicine while wearing your lenses.
- Never use tweezers or other tools to remove lenses from the lens container unless specifically indicated for that use. Pour the lens into your hand.
- Do not touch the lens with fingernails.
- Always inform the employer of being a contact lens wearer. Some jobs may require use of eye protection equipment or may require that the patient not wear contact lenses.
- As with any contact lens, follow-up visits are necessary to assure the continuing health of the patient's eyes. The patient should be instructed as to a recommended follow-up schedule.

ADVERSE EFFECTS:

The patient should be informed that the following problems may occur:

- Eyes stinging, burning, or itching (irritation), or other eye pain.
- Comfort is less than when the lens was first placed on the eye.
- Feeling that something is in the eye such as a foreign body or a scratched area.
- Excessive watering (tearing) of the eyes.
- Unusual eye secretions.
- Redness of the eves.
- Reduced sharpness of vision (poor visual acuity).
- Blurred vision, rainbows, or halos around objects.
- Sensitivity to light (photophobia).
- Dry eyes.

IF THE PATIENT NOTICES ANY OF THE ABOVE, HE OR SHE SHOULD BE INSTRUCTED TO:

- Immediately remove the lenses.
- If the discomfort or the problem stops, then look closely at the lens. If the lens is in some way damaged, do not put the lens back on the eye. Place the lens in the storage case and contact the eye care practitioner. If the lens has dirt, an eyelash, or other foreign body on it, or the problem stops and the lens appears undamaged, the patient should thoroughly clean, rinse, and disinfect both lenses; then reinsert them. After reinsertion, if the problem continues, the patient should immediately remove the lenses and consult the eye care practitioner.

When any of the above problems occur, a serious condition such as infection, corneal ulcer, neovascularization, or iritis may be present. The patient should be instructed to keep the lens off the eye and seek immediate professional identification of the problem and prompt treatment to avoid serious eye damage.

FITTING:

Conventional methods of fitting contact lenses apply to NATURAL TOUCH contact lenses. For a detailed description of the fitting techniques, refer to the Professional Fitting and Information Guide, copies of which are available from:

CooperVision. Inc. 711 North Rd. Scottsville, NY 14546 (800) 341-2020

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WEARING SCHEDULE:

The wearing and replacement schedules should be determined by the eye care practitioner. Patients tend to over-wear the lenses initially. The eye care practitioner should emphasize the importance of adhering to the initial maximum wearing schedule. Regular checkups, as determined by the eye care practitioner are also extremely important

- Lenses may be worn 3-4 hours on the day of dispensing.
- Wearing time is increased by one hour each day. The daily wearing period may be repeated after a two hour rest period without lenses. Always clean and disinfect lenses prior to reinserting.
- This schedule is continued until the lenses are worn for all waking hours
- Depending on the patient's previous contact lens experience, this schedule may be accelerated according to the professional judgment of the eyecare practitioner.
- The lenses are not to be worn during sleep.

LENS CARE DIRECTIONS:

Eye care practitioners should review with the patient lens care directions, including both basic lens care information and specific instructions on the lens care regimen recommended for the patient:

GENERAL LENS CARE (TO FIRST CLEAN AND RINSE. THEN DISINFECT LENSES)

Basic Instructions

- · Always wash, rinse, and dry hands before handling contact lenses
- Always use fresh unexpired lens care solutions.
- Use the recommended system of lens care, either heat (thermal), chemical (not heat), or hydrogen peroxide and carefully follow instructions on solution labeling. Different solutions cannot always be used together, and not all solutions are safe for use with all lenses. **Do not** alternate or mix lens care systems unless indicated on solution labeling.
- Do not use saliva or anything other than the recommended solutions for lubricating or rewetting lenses. Do not put lenses in the mouth.
- Lenses should be cleaned, rinsed, and disinfected each time they are removed. Cleaning and rinsing are necessary to remove mucus and film from the lens surface. **Disinfecting** is necessary to destroy harmful
- Always remove, clean, rinse, enzyme (as recommended by the evecare practitioner), and disinfect lenses according to the schedule prescribed by the evecare practitioner. The use of an enzyme or any cleaning solution does not substitute for disinfection.
- The eyecare practitioner should recommend a care system that is appropriate for Natural Touch soft (hydrophilic) contact lenses.

Each lens care product contains specific directions for use and important safety information, which should be read and carefully followed.

- Note: Some solutions may have more than one function, which will be indicated on the label. Read the label on the solution bottle, and follow instructions.
- Clean one lens first (always the same lens first to avoid mix-up), rinse the lens thoroughly with recommended saline or disinfecting solution to remove the cleaning solution, mucus, and film from the lens surface, and put that lens into the correct chamber of the lens storage case. Then repeat the procedure for the second lens.
- After cleaning, disinfect lenses using the system recommended by the manufacturer and/or the eyecare practitioner.

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- To store lenses, disinfect and leave them in the closed/ unopened case until ready to wear. If lenses are not to be used immediately following disinfection, the patient should be instructed to consult the package insert or the eyecare practitioner for information on storage of lenses.
- After removing the lenses from the lens case, empty and rinse the lens storage case with solution as recommended by the lens case manufacturer, then allow the lens case to air dry. When the case is used again, refill it with storage solution. Replace the lens case at regular intervals as recommended by the lens case manufacturer or your evecare practitioner.
- Eyecare practitioners may recommend a lubricating/ **rewetting** solution which can be used to wet (lubricate) lenses while they are being worn to make them more

LENS CARE TABLE		
Purpose	Heat	Chemical
	(thermal)	(not heat)
Clean	Pliagel [®]	Renu® Multi- Purpose
	Daily	Solution, Miraflow® Extra
	Cleaner	Strength Daily Cleaner,
		Opti-Free® Daily Cleaner
Rinse	Unisol® 4	Renu® Multi-Purpose
	Saline	Solution, SoftWear® Saline,
	Solution	Opti-Free® Rinsing,
		Disinfecting, and Storage Solution
Disinfect	Unisol® 4	Renu® Multi-Purpose
Distillect	Saline	Solution, AOSEPT®
	Solution	Disinfection/Neutralizing
	Coldion	Solution, Opti-Free®
		Rinsing, Disinfecting, and
		Storage Solution
Store	Leave in	Renu® Multi-Purpose
	unopened	Solution, Opti-Free
	case after	Rinsing, Disinfecting,
	disinfecting	
Lubricating -Renu® Rewetting Drops		
& -CIBA Vision™ Lens Drops		
Rewetting -Opti-Free® Rewetting Drops		
Enzyme		
CleanerTablets -ULTRAZYME [®] Enzymatic Cleaner		
-Opti-Free® Enzymatic Cleaner		
	-Opti-Free	E Enzymatic Gleaner

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HEAT (THERMAL) DISINFECTION:

- Prepare the empty lens storage case by filling the lens chambers with the solution which the eyecare practitioner has recommended to keep the lenses wet during disinfection.
- After cleaning, thoroughly rinse contact lenses with recommended solutions. To keep the lenses wet during disinfection, use the solution that is recommended by the lens manufacturer and/or eyecare practitioner.
- · Put each lens into its correct chamber.
- Fill the chamber of the lens case to the line with fresh saline solution. Completely cover the lenses.
- . Tightly close the top of each chamber of the lens storage case
- Put the lens storage case into the disinfection unit and follow the disinfection unit manufacture's directions for operating the unit (turning the unit on, assuring that it is

- working, and leaving it on for a sufficient time to disinfect the lenses).
- Before reinsertion of the lenses, no rinsing is necessary unless the eyecare practitioner recommends rinsing.
- Lens cases should be emptied, cleaned, and allowed to

CHEMICAL (NOT HEAT) DISINFECTION:

- Clean the contact lens with a recommended cleaning solution and thoroughly rinse them with a recommended rinsing solution.
- . After cleaning, to disinfect, carefully follow the instructions accompanying the disinfection solution in the care regimen recommended by the lens manufacturer or the eyecare practitioner.
- When using hydrogen peroxide lens care systems, lenses must be neutralized before wearing. Follow the instructions on the disinfection solution labeling.
- Thoroughly rinse lenses with a fresh solution recommended for rinsing before inserting and wearing, or follow the instructions on the disinfection solution
- Lens cases should be emptied, cleaned, and allowed to air dry
- Do not heat the disinfection solution and lenses.
- Leave the lenses in the unopened storage case until ready to put on the eyes.
- If the lenses have been stored in the unopened case or more than 24 hours, disinfect immediately before wearing or at least once a week.
- Caution: Lenses that are chemically disinfected may absorb ingredients from the disinfecting solution which may be irritating to the eyes. A thorough rinse in fresh sterile saline solution prior to placement on the eve should reduce the potential for irritation.

LENS DEPOSITS AND USE OF ENZYMATIC **CLEANING:**

Enzymatic cleaning may be recommended by the eye care practitioner. Enzyme cleaning removes protein deposits on the lens. These deposits cannot be removed by regular cleaners. Removing protein deposits is important for the well being of the patient's lenses and eyes. If these deposits are not removed, they can damage the lenses and cause irritation. Enzyme cleaning does NOT replace routine cleaning and disinfecting. For enzyme cleaning, the patient should carefully follow the instructions in the enzymatic cleaning labeling.

LENS CASE CLEANING AND MAINTENANCE:

Contact lens cases can be a source of bacteria growth. Lens cases should be emptied, cleaned, and rinsed with solution recommended by the lens case manufacturer, and allowed to air dry. Lens cases should be replaced at regular intervals as recommended by the lens case manufacturer or the eye care practitioner.

CARE FOR A DRIED OUT (DEHYDRATED) LENS:

If a Natural Touch lens is exposed to air while off the eve. it may become dry and brittle and need to be rehydrated. If the lens is adhering to a surface, apply sterile saline solution before handling.

To rehydrate the lens:

- · Handle the lens carefully.
- Place the lens in its storage case and soak the lens in a recommended rinsing and storage solution for at least one hour until it returns to a soft state.
- Clean the lens first, then disinfect the rehydrated lens using a recommended lens care system.
- If after soaking, the lens does not become soft, if the surface remains dry, the lens should not be used

unless it has been examined by the eye care practitioner.

CARE FOR A STICKING (NONMOVING) LENS:

If the lens sticks (stops moving or cannot be removed), the patient should be instructed to apply 2 to 3 drops of the recommended lubricating or rewetting solution directly to the eye and wait until the lens begins to move freely on the eve before removing it. If non-movement of the lens continues more than 5 minutes, the patient should immediately consult the eye care practitioner.

EMERGENCIES:

The patient should be informed that if chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into the eyes, the patient should: FLUSH THE EYES IMMEDIATELY WITH TAP WATER AND IMMEDIATELY CONTACT THE EYE CARE PRACTITIONER OR VISIT A HOSPITAL EMERGENCY ROOM WITHOUT DELAY.

HOW SUPPLIED:

Each lens is supplied sterile in a glass vial containing buffered isotonic saline solution. The glass vial is labeled with the color, base curve, diameter, dioptric power, manufacturing lot number, and expiration date of the lens.

DO NOT USE IF THE GLASS VIAL OR CRIMP SEAL HAS BEEN DAMAGED OR BROKEN

REPORTING OF ADVERSE REACTIONS:

All serious adverse experiences and adverse reactions observed in patients wearing the **Natural Touch** contact lens or experienced with the lenses should be reported to:

> CooperVision, Inc. **Attn: Product Services** 711 North Rd. Scottsville, NY 14546 (800) 341-2020 www.coopervision.com

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