

Cleaning and monitoring

- Proteins found in the tear film are deposited on the bandage lenses, reducing the oxygen permeability. For re-use, the removal of the protein depositions and possible depositions of environmental particles and fats is necessary.
- After removal, the lenses should be cleaned using a contact lens cleaner for soft lenses according to the instructions for use, by gently rubbing them between forefinger and thumb.
- Prior to reinsertion, the lens must be thoroughly rinsed with a balanced salt solution. Tap water may not be used.
- If the lens is to be used in another patient, the cleaned lens must be autoclaved at 121° C/250° F for 20 min in a suitable glass vial, which can be obtained from an-vision.
- Prior to re-use, the inside of the lens facing the cornea should be inspected for rough or matt areas, as these may cause corneal defects.

Contraindications

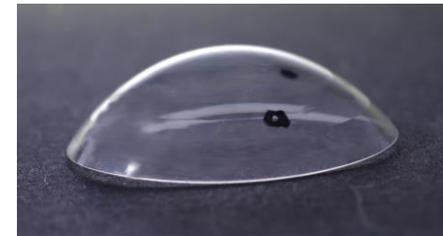
- *Keratoconjunctivitis sicca*
- Bacterial infections

Tinted lenses are available for light-sensitive patients.

Video instructions regarding the use of the bandage lenses can be found on our website.

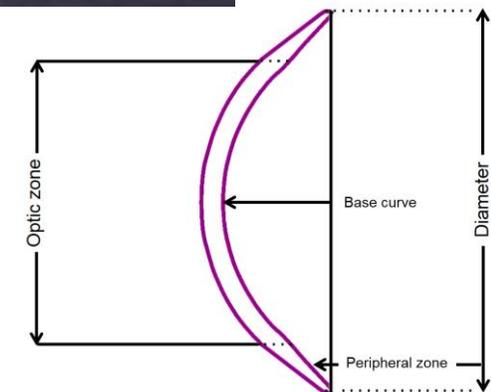
Instructions for an-Bandage Lenses

- Well-tolerated, hydrophilic soft lenses that are permeable to oxygen, and consist of polyxylon (copolymer of 2-hydroxyethylmethacrylate and N-vinylpyrrolidone).
- With or without visual correction.
- For mechanical irritations: To protect the cornea from mechanical strain during blinking, in cases of corneal injury and disease, pre- and post-operatively, and to maintain corneal moisture.
- The nanostructure on the inner surface of the lens has a self-cleaning effect that is positive for the longevity of the product and the distribution and retention of eye drops.



Geometrical construction

- The base curve is the curvature radius of the central part of the inside of the lens in mm.
- The lens diameter is the entire bandage lens diameter in mm.
- The marginal zone is thinner than the optical zone of the lens.



Fitting, insertion and removal of a bandage lens

- The correct lens size is selected using the species-specific measuring gauge. The lens diameter is measured – in the horizontal axis – from limbus to limbus.
- After selection, the appropriate lens is removed from the storage vial using the recommended plastic forceps. These are available from an-vision.
- Defective lenses – including lenses with peripheral defects – should not be used.
- Prior to insertion, hands should be washed and dried thoroughly.
- To insert the lens, hold it between the thumb and forefinger or with a small contact lens suction rod.
- If the bandage lens is inserted and/or removed using forceps, only soft synthetic forceps should be used to avoid damaging the edges and surface of the lens.
- Bandage lenses are usually inserted using local anesthesia, however, additional general anesthesia of the patient may be necessary.
- The small “a” on the outside of the lens depicts the correct fit (if the “a” is inverted the lens is inside out).
- The upper eyelid is lifted with a finger, and the bandage lens is placed dorso-cranially between lid and cornea. The lower eyelid and the nictitating membrane are pulled down with the thumb or forceps, and the bandage lens is placed on the cornea. The lens must rest under the third eyelid.
- The fit of the bandage lens should be monitored after insertion using a slit lamp:
 - The edges of the lens should lie flat on the cornea.
 - A small air bubble should be in the center under the lens and become smaller or escape completely when the lens is moved.
 - Looking straight forward, the lens should extend over the limbus (1-2 mm), and should not be dislocated when looking sideways.



- One can distinguish between a steep, flat and parallel adjustment of the lens on the cornea:
 - An adjustment is too steep if the air bubble remains under the center of the bandage lens when the lens is moved.
 - An adjustment is too flat if no air bubbles can be found under the lens and the lens does not lie smoothly on the peripheral surface of the cornea.
 - A well-adjusted and parallel fitted lens moves vertically 1-2 mm during blinking.
- The fit of the lens should be checked again after several hours.
- Exerting light pressure onto the lower eyelid and simultaneous pushing medially or laterally upwards moves the lens over the edge of the lower lid or results in a fold that can easily be grasped using thumb and forefinger.

Duration of application

- When fitted correctly and monitored regularly using a loupe or slit lamp, the bandage lenses may be left on the eye for 2-4 weeks.

Notes

- Due to the strong hydrophilic nature of the bandage lenses, cloudiness can result after the use of e.g. oily eye drops or discoloration can occur after the use of fluorescein or iodine-containing liquids, and the flexibility may be affected if the eyes are not sufficiently rinsed. The actual protective function is not affected.
- Corticosteroid eye drops may not be used as they result in hardening of the lens.
- Bandage lenses may become slightly brown if for example they come into contact with nicotine on fingers or blood.