

VISIONS

Your trusted partner in eye health

A toast to
premium innovation

Mum's the word
Managing the transition to MICS™
The Science of Compliance

Dear Colleagues

Further details on all Bausch & Lomb courses and events can be found on page 18



Despite the economic slow down, I'm pleased to say that it has been a very busy start to 2009 for Vision Care. We successfully launched our new Soflens® daily

disposable Toric for Astigmatism and I am delighted to announce the imminent roll-out of two additional axes. These new additions to our parameter range mean that even more patients can benefit from a daily disposable toric lens that delivers clear, stable vision and exceptional visual quality.

Following the innovation of the ReNu® Flight Pack, we received many requests from Rigid Gas Permeable (RGP) wearers who wanted to enjoy the same convenience of lens care whilst travelling. I can announce that from July 2009 the Boston® Special Flight Pack will become available.

I was very pleased with the response to the Spring series of our Bausch & Lomb Academy of Vision Care lectures, and would like to thank everyone who attended. If, however, you were unable to be there you can see a full review on page 14. One of the highlights was Steve Martin's talk and in this edition of Visions, Steve looks at how the power of reciprocity can positively influence the behavior of patients as part of our series of articles on the role of influential communication.

Keeping current with technology and innovation is an essential part of business and I do hope you enjoy reading this edition of Visions!

*Dr Mike Evans, Commercial Director
Vision Care*



The new colour-differentiated Minims® packaging was launched earlier this year which, I am pleased to say, was very well received. We have

had a great deal of very positive feedback. You all appear to like the clear labelling, but the big surprise to us was that many of you were not even aware that B&L are the manufacturers of the Minims® range.. A chart displaying the entire Minims® portfolio is available on request from our medical information department, details on page 3.

We continue to move forward with our educational initiative for AMD in our spring lectures. The 'Vitamins for Vision' presentation and the importance of lutein in the diet were of great interest. We hope to be repeating this lecture series in the autumn.

On page 4, we feature an article on Julie Peasgood and why she is no longer 'keeping mum' about her mother's AMD and why she now takes Ocuvite® on a regular basis. This is all part of a bigger campaign to raise awareness for AMD. The focus will continue later in the year when we launch a new nutritional product which will be our most advanced nutritional vitamin to date.

The autumn will be a busy time for the Pharmaceuticals team, as we launch a series of educational events in the management of ocular inflammation. Meetings will be held in September and November this year and we very much look forward to seeing you at one of our many educational events.

*Rob Wallace, Business Unit Manager
Pharmaceuticals*



I am pleased to announce the launch of the Crystalens HD™ which takes centre stage on the front cover of this edition of Visions. The Crystalens HD™ is an

advanced accommodative optic IOL that uses 100% of light rays to provide the best quantity of vision at near, distance and intermediate without compromising quality of vision or contrast sensitivity. There has been a great deal of press attention surrounding this launch and I know a great number of you are very keen to start using this lens. The whole centre section of Visions magazine is devoted to giving you an insight into the lives of patients who have benefitted from a Crystalens implant and how you can select the patients that would gain the most from Crystalens HD

Bausch & Lomb continues to lead the way with MICS™. A recent independent market research report showed that twice as many of you associated Bausch & Lomb with a sub 2mm incision than any other company. On page 8 we feature an article by Mina Ward from the Prince Charles Eye Unit in Windsor, who writes about her unit's recent conversion to 1.8mm CMICS. As a company we continue to support you in your transition with our popular MICS™ courses.

In conclusion, I would like to offer an invitation to our vitreoretinal colleagues to attend a Posterior Stellaris® Symposium (the evening before the BEAVRS meeting) and be among the first to hear about our exciting addition to the TSV Platform.

*Craig Graham, Business Unit Manager
Surgical*

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New Products

The new Boston® Simplus Flight Pack

Now hard lens wearers can relax -
a new innovation has finally arrived

The new Boston® Simplus Flight Pack from Bausch & Lomb is the first and only travel-size pack for hard contact lens wearers. Wherever they want to go and whatever they want to do, this convenient pack will ensure your hard lens patients can do it in comfort.



Handy one-bottle pack ideal for:

- Travel
- Sport
- Emergencies

Ultimate on-the-go convenience:

- Built in protein remover
- 1 handy bottle
- Dual disinfection system to keep eyes healthy and safe
- Wetting and cushion system to aid moisture retention and easier handling
- No evening rub regime

Pack contains:

- 2 Boston® SIMPLUS Multi Action Solution – 60 ml
- 2 Lens cases
- 1 Care instruction leaflet
- 1 ZIP-LOCK plastic bag

NEW

Now Available

...STOP PRESS!

Bausch & Lomb Softlens® daily disposable

Toric (hilafilcon B)

For Astigmatism

Following the highly successful launch of Softlens® daily disposable Toric for Astigmatism less than five months ago,

Bausch & Lomb would like to announce the roll-out of **two additional axes - 20° and 160°**. These new additions to our parameter range means ECPs can now fit more of their daily disposable patients with the Toric lens that delivers clear, stable and exceptional visual quality.

Bausch & Lomb



Important news – Minims® now in colour!

Bausch & Lomb introduces new coloured packaging for the full Minims® range
Designed to minimise the risk of dispensing errors

- Use of coloured cartons permits easy differentiation of product lines
- Product name printed on four sides of pack
- Tamper-evident seal introduced

Contact information

All products in the Minims® range are available from pharmaceutical and optical wholesalers.

Medical information: Tel: 01748 828 864 or e-mail medicalinformationUK@bausch.com



Mum's the word

Julie Peasgood reveals why she's no longer 'keeping mum' about her mother's AMD

"Passion and a 'zest for life' runs in the family."

Julie Peasgood

The actress, presenter and author is already well known for her TV soap roles, spicy magazine columns and her current role as co-presenter of 'The Alan Titchmarsh Show'; but Julie is now urging everyone to look after their eye health as part of a campaign to raise awareness of Age-related Macular Degeneration (AMD), following her mother's experiences with the condition.



Julie's mum, who had been a tightrope walker and juggler with Bertram Mills' circus in her younger days, was diagnosed with both wet and dry AMD when she was in her sixties. "I know it was frustrating to her that as her sight deteriorated, Mum couldn't do as much of the sewing and embroidery that she loved, but she always remained very physically active," says Julie. "She loved going on cruises and would win competitions onboard for her accomplishments - even in her mid-sixties she could leap off tables straight into the splits!"

Recalling her mum's diagnosis, Julie was surprised to discover a huge lack of awareness about the condition. "I'd never even heard of AMD" she says. "I know that our eyesight often deteriorates as we grow older, but I wasn't



aware that AMD was so common, and that in some cases it could also lead to blindness. I was also shocked when I heard that dry AMD, the most common type, was incurable. Most medical conditions can be treated these days, so it was particularly hard to discover that my mother's eyesight would only get worse."

To find out that AMD can run in the family, and is more common in women, was unwelcome news for Julie. "Naturally I'm concerned about my own sight. I never wore sunglasses regularly in the past, and that's a big regret as I'm much more aware now of the damage that the sun can do to our eyes. But I've never smoked, which is fortunate as that's been linked in a number of studies to the development of the condition."

As well as getting her eyes tested regularly, Julie takes Bausch & Lomb's Ocuvite®.



"During my research into AMD I heard about Ocuvite®, which is formulated for people at risk of age-related eye conditions, so now I make sure I take it regularly."

Julie feels there is not enough information in the media about AMD. "By the time she was diagnosed, it was too late to make much of a difference for Mum. If I'd known what I know now, I could have made sure she was taking a high potency vitamin supplement. I would probably also have given her 'Popeye' sized portions of spinach! As with all health issues, prevention is better than cure."

As for now, Julie says, "I make sure I have regular eye check-ups, just as we all need to. Maintaining optimum health is very important to me, and my eyes are no exception. Recently I've started wearing glasses for reading, but otherwise my eyes are in good health – and that's the way I intend them to stay."

see here...

Preserving your eye health

The Age-Related Eye Disease Study (AREDS) (Arch Ophthalmology, Oct. 2001) was conducted over 10 years by the US National Eye Institute. The high-dose supplement formulation of vitamins C, E, beta-carotene and zinc, which was tested in this study, was found to reduce the risk of progression to advanced Age-related Macular Degeneration (AMD) by 25%, and reduce the risk of visual acuity loss by 19% for patients with moderate to advanced AMD. The supplement used in this study was provided by Bausch & Lomb and is now available in the UK under the brand name PreserVision®.

Reduce the risk of progressing to advanced AMD

AMD, family history, smoking and poor diet can all have an effect on susceptibility to the condition. Supplements containing lutein, such as Ocuvite Lutein, are specially formulated to provide complete nutritional support for good macular health, and lowers the risk of developing age-related conditions.

Note - This study has not been independently reviewed by a regulatory body to verify results



"Age-related Macular Degeneration (AMD) causes severe visual loss and is the commonest cause of visual impairment in the UK^{1,2} in the over 50s in the western world. Ocular nutritional supplements have been shown (in the AREDS Study) to slow the progression of dry AMD to more advanced stages. Such nutritional supplements should, therefore, be recommended to patients." (AMD Interim Guidelines: The Royal College of Ophthalmologists Interim Recommendations for the Management of Patients with Age-related Macular Degeneration)

References

1. Macular Society - www.maculardisease.org
"Macular degeneration (MD) is the collective term for over 1,500 conditions which affect central vision by damage to the macula, a small area of the retina at the back of the eye. It is estimated that there are over 500,000 people with macular conditions in the UK. Macular degeneration is the most common form of visual impairment in the UK and throughout the developed world"
2. RNIB - www.rnib.org.uk
"It is the most common cause of poor sight in people over 60 but very rarely leads to complete sight loss because only the central vision is affected."

IN-SIGHT

Every day, another 100 people in the UK start to lose their sight

33rd BCLA Conference Review

Bausch & Lomb were pleased to be platinum sponsors of the 2009 BCLA Clinical Conference which was held at the end of May in Manchester, and was attended by a record number of 1,073 delegates. Bausch & Lomb held several events during the conference and exhibited six posters.

On the first day of the conference, Bausch & Lomb held their 'Lunch and Learn' this was attended by approximately 400 delegates. Whilst enjoying their lunch, delegates were able to listen to a presentation delivered by Dr Joe Barr (Global Vice President of Clinical and Medical Affairs and Professional Services for Vision Care, Bausch & Lomb) and Dr Srini Venkatesh (Senior Director, Product Development and Product Management for Solutions, Bausch & Lomb).

'Anatomy of an ideal Lens Care Solution' – More than Meets the Eye, a CET accredited lecture designed to share insights on how the next generation of care products may be designed for a safe and optimal contact lens wearing experience.

The presenters discussed that, with the expansion of available types of contact lens materials and the lens care-related events of the recent past, eye care practitioners are experiencing a heightened awareness of the importance of lens care in practice.

This presentation provided eye care practitioners with an evidence-based review of the science behind lens care solutions, an update on various ingredients in care products and a look into how solutions are designed and developed to support an optimal contact lens wearing experience. Special emphasis was placed on describing the role of today's care systems, including disinfection, cleaning, and conditioning; updates on FDA and ISO efficacy standards for contact lens care solutions; and the science behind why manufacturers formulate lens care products with various ingredients.

'Sharing a Clear Vision' was the title of Bausch & Lomb's Platinum Sponsors Showcase which was presented by Dr Joe Barr.

Dr Barr stated that most recently, Bausch & Lomb has sought to expand the opportunity for patients and the ECP's practice with our innovative multifocal and toric designs featuring state-of-the-art spherical aberration controlling



optics. These unique aspheric designs help to control spherical aberration across the power range and can provide improved quality of vision for your patients.

The population is rapidly approaching nearly 1.5 billion presbyopes World-wide¹ and growth in this patient segment will remain robust for years ahead. In fact, the presbyopic population is growing faster than the population as a whole. As an increasing number of patients live longer and have more active lives, their interest in multifocal contact lens correction will undoubtedly be increased as a result. In the UK there is an estimated 24.4 million people age 45 or older and only one million of them (4.1%) wear contact lenses, eighteen percent of these wear monovision and 22% wear multifocal contact lenses². Thus, 400,000 of the million who wear spherical lenses are an untapped source of multifocal candidates. Bausch & Lomb market research says that one-third of monovision wearers and one-third of regular contact lens wearers would be willing to wear multifocal contact lenses if they knew they would correct their distance and near vision. The demand for multifocal contact lenses could expand even further if one considers those who are becoming presbyopic and have emerging symptoms but have yet to try multifocal contact lenses. Additionally, there are many who have a need for a reading addition that have eye strain from excessive near vision demands.

Bausch & Lomb responds to this largely untapped demand for multifocal contact lenses with the unique SofLens[®] and PureVision[®] Multi-focal contact lenses. The easy-to-fit, innovative "low ADD" and "high ADD" designs allow the eye care practitioner to offer excellent vision at all distances throughout your patients' presbyopic years. The unique aspheric optics enhance vision even further. The lens design shows such incredible ease of fit, the final prescription can be achieved for 9 of 10 patients within only one return visit³. Hydrogel and higher oxygen permeable silicone-hydrogel materials offer your patients options in wearing schedules with these designs.

Likewise, astigmatic patients need a convenient and comfortable daily disposable toric option that provides excellent stable vision. Data show that daily disposable lenses accounted for 37% of all contact lens fittings in the UK in 2008; yet, only 13% of all daily disposable fits were with toric lenses⁴. Lens design and eyelid dynamics both play important roles in providing astigmatic contact lens patients with crisp, clear vision. A unique feature of the Bausch & Lomb family of toric lenses – SofLens[®] Toric, PureVision[®] Toric, and the new SofLens[®] daily disposable Toric for Astigmatism, is the Lo-Torque™ design, which enables a balanced vertical thickness profile across the lens, regardless of lens power. This means you can provide your patients with consistent, crisp, clear and stable vision regardless of their wearing needs.

The recent launch of SofLens® daily disposable Toric for Astigmatism offers Bausch & Lomb's proven Lo-Torque™ design combined with aspheric optics to fine tune the level of spherical aberration in all meridians. This may allow your patients to experience sharp vision with the most innovative lens design that maximises both convenience and health. The SofLens® daily disposable Toric for Astigmatism contact lens provides eye care practitioners with an opportunity to engage current and prospective lens wearers in discussions of new technologies to meet their needs.

You don't have to wait for manufacturers to drive patients that desire great vision into your practice, they are already there. Bausch & Lomb is committed to helping the eye care practitioner provide the best vision solutions for their patients throughout their lives.

References

1. Holden BA, et al. *global vision impairment due to uncorrected presbyopia. Arch ophthalmol. 2008;126(12):1731-1739.*
2. Morgan, PB. *uK Prescribing Habits, eurolens research 2008*
3. *Personal correspondence about fitting results data from study reported in rich-dale K, et al: Comparison of multifocal and monovision soft contact lens corrections in patients with low-astigmatic presbyopia. optom Vis Sci 2006;83:266-273.*
4. *gfk NoP HealthCare, opticians Monitor, Q4 2007-Q3 2008*



Dr Joe Barr

2009 Congress Dates

Congress	Abbreviation	Date	Location	Website
9th Congress EVRS	EVRS	5 - 9 September	Palmeria Golf Palace, Marrakech	www.evrs.org
European Society of Cataract and Refractive Surgeons	ESCRS	12 - 16 September	CCIB Convention Centre, Barcelona	www.es CRS.org
United Kingdom and Ireland Society of Cataract and Refractive Surgeons	UKISCRS	8 - 9 October	Royal Armouries, Leeds	www.ukis CRS.org.uk
Irish Contact Lens Society Annual Meeting	ICLA	11 October	Crowne Plaza, Dublin	
American Academy of Ophthalmology	AAO	24 - 27 October	Moscone Convention Centre, San Francisco, USA	www.aao.org
British and Eire Vitreoretinal Society	BEAVRS	19 - 20 November	Grand Hotel Krasnapolsky, Amsterdam	www.beavrs.co.uk
Posterior Stellaris® Symposium - Evening before BEAVRS on Wednesday 18th November - www.stellarissymposium.eu				
MCLOSA	MCLOSA	20 November	Royal College of Obstetricians and Gynaecologists, London	

Managing the transition to MICS™ - a nurse's view

The transition to MICS™ at the Prince Charles Eye Unit, King Edward VII Hospital, Windsor – Mina Ward, Clinical Lead Practitioner



Mina Ward,
Clinical Lead
Practitioner

In the six months since we started the conversion to MICS™ all surgeons have switched to using a 2.2mm incision routinely. The important part of the transition was the planning behind the move; ensuring that everyone from the health care workers to the surgeons were involved and kept informed. It was also very important to discuss with individual surgeons their needs and recognise that not everyone wanted to use MICS™.

Our unit consists of six consultants and six associate specialists, so there are a wide range of skills, views and opinions to be considered. CMICS involves very little or no learning curve for the surgeons because they are already familiar with standard coaxial. For the unit there was very little instrument change required to convert to MICS™.

“To drive change, you have to take your team with you and lead by example.”

Mina Ward – Clinical Lead Practitioner.

Support and training from the companies' product specialists was vital in making the conversion to MICS™; as was identifying which surgeons were going to make the transition first. The surgeons were involved in planning the MICS™ lists and appropriate case selection. It was agreed that junior doctors would not be initially involved until the consultants and associate specialists had first converted to MICS™.

“If you don't make the move to MICS™, you will be left behind.”

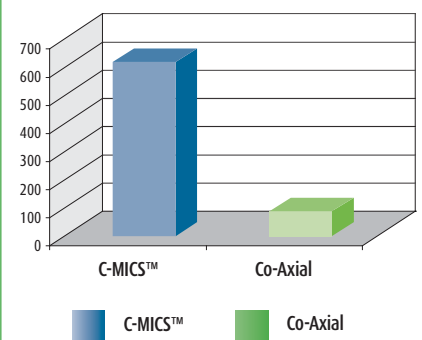
Andleeb Zafar, Associate Specialist.

Theatre staff are the main link between the company and the surgeons, so it was essential that the whole team was engaged and understood what MICS™ is for and why we were making the change. There are practical aspects to consider too. At Windsor we made laminated cards so the theatre staff could see

“Working for a leading MICS™ centre changes the way you think about patient recovery.”

Anna Stasiewicz – Health Care Assistant

CATARACT CASES DEC 2008 - JUNE 2009



what was required for each case at a glance. Theatre shelving was arranged in a practical format too, grouping MICS™ products together so they could be easily located.

Training was also required to enable staff to set up for lists and understand what equipment is

generally happy with the move to MICS™. Some surgeons still required the company representative to be present as they modified their settings and techniques, whilst others required support and input from colleagues. We sustained the momentum with our surgeons by promoting better patient outcomes. At times

“A smaller incision, matched with a smaller IOL, is a step forward and I found the ‘wound assist technique’ a very easy transition.”

Krishnappa Madhusudhana - Associate Specialist.

the surgeons were outside of their comfort zone using the latest technology, but this only added to their overall sense of achievement.

The theatre staff quickly became used to the new products and required less training and support as more and more surgeons converted to MICS™. There was an increase in team spirit because they felt part of a new process; plus there was an increasing understanding of MICS™ and the patient benefits of using the latest technology.

After six months of working with MICS™, the complication rates are lower. This is something we plan to monitor in the future. Whilst some surgeons are happy to stay at 2.2mm CMICS, others are ready to progress to

“I find the anterior chamber more stable with MICS™ which is a great advantage for Post Vitrectomy Cataracts.”

Mahmoud Sarhan - VR Associate Specialist

1.8mm CMICS and 1.8mm BMICS. Within our unit the planning, training and support continues to develop the staff and the surgeons.

Mina Ward will be presenting on her unit's transition to MICS™ at a series of MICS™ courses

which are being held at locations throughout the UK and Ireland. Dates, locations and online booking is available at

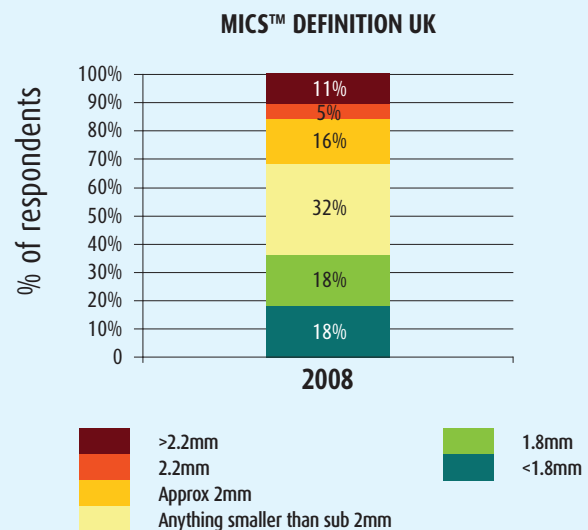
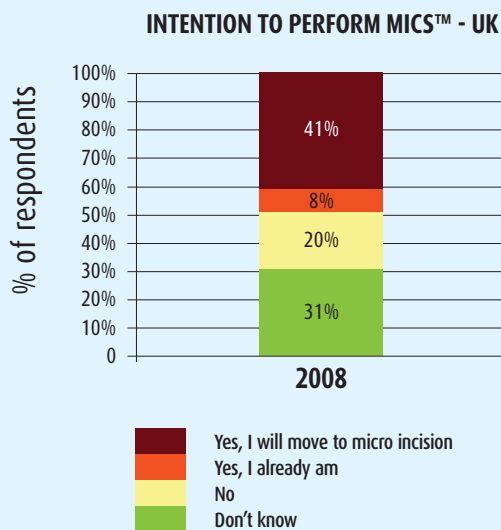
www.academyofvisioncare.co.uk/events

Further details are also available on Page 18 in The Academy of Visioncare Educational Forum.



Mahmoud Sarhan - VR Associate Specialist

TforG Market Research Data 2008



50% of surgeons intend to perform MICS™

70% of surgeons define MICS™ as a sub 2mm incision

A toast to premium innovation - Crystalens HD™

This multi-piece, silicone, posterior chamber accommodating IOL is indicated for the treatment of cataracts. Designed to mimic the natural crystalline lens, the Crystalens HD™ also treats presbyopia using 100% of available light rays at all distances, providing patients with the best quantity of vision at near, distance, and intermediate without compromising quality of vision or contrast sensitivity. The HD is the fourth-generation of the Crystalens® IOL.

This premium lens has undergone a number of alterations since the first Crystalens® design in 2003, including incorporation of the 360° square-edge, increased optic size (from 4.5 to 5mm), modified shape of the haptic plates, and an increased haptic arc. These refinements have improved the lens' performance by increasing accommodation through greater plate motion, improving predictability, and providing excellent centration and fixation. The latest design, Crystalens HD, features an enhanced accommodating optic to increase the

accommodative arching effect. This results in increased depth of focus for improved near vision, without compromising distance or intermediate vision. The Crystalens® has already gained widespread acceptance in the United States with more than 150,000 lens implantations.

However, don't just take our word for it! The case studies on the next three pages are personal accounts of how Crystalens HD™ has changed the lives of two of the first patients to receive the lens in the UK.

Designed like the 'Natural Lens'

In designing Crystalens®, we did not view the natural crystalline lens as an artificial model, rather, we used it as a literal road map. So the every day function of Crystalens® - the way it actually moves in the eye - is as close as you can get to the natural lens.

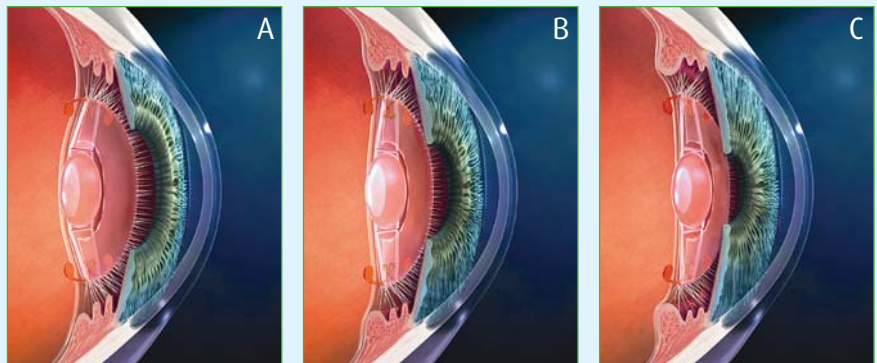


Figure 1 - (A) distance, (B) intermediate, and (C) near position of the Crystalens HD™.

Long-term Performance

True patient satisfaction is not just measured at day 1 post-op, it is measured at day 1, month 1, year 1 and beyond. We know that Crystalens® patients are satisfied after surgery and their Crystalens® vision experience simply gets better as time goes on.

Patients show better vision quality seven years after surgery than they did at year 1 post-op.

Crystalens HD™ builds on the premium performance of the first and only FDA approved accommodating lens.

DCNVA AT-45 Clinical Trial Population
1 year v 7 years

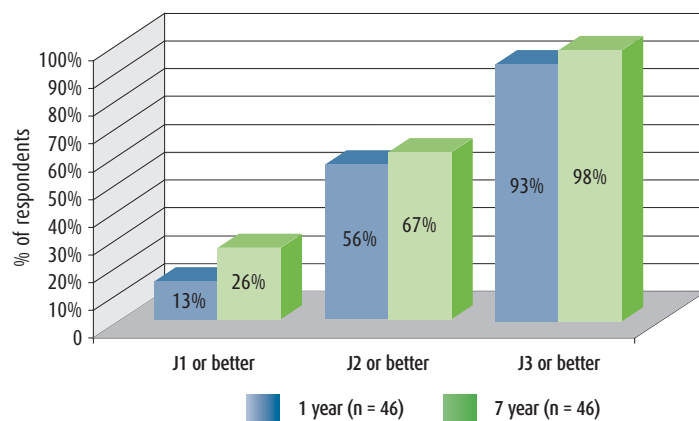


Figure 2 - Follow-up data from U.S. FDA Clinical Trial

CASE STUDY 1

“Lenses allow me to enjoy the view”

Denis Fusell has become one of the first patients to benefit from the latest type of surgically implanted intraocular lenses. HILARY FREEMAN explains the procedure.

Nothing says you've reached a 'certain age' more than having a pair of reading glasses perched on the end of your nose. Yet baby boomers are discarding their spectacles in favour of surgically implanted intraocular lenses (IOLs). These replacement lenses work with the eye muscles to help you focus.

Sheraz Daya, consultant ophthalmologist at the Queen Victoria Hospital in East Grinstead, West Sussex, says the reason that people need reading glasses as they age is because of the gradual stiffening and enlarging of the eye's crystalline lens, which helps us focus on people and objects at varying distances.

"When we are young, this lens is like jelly, but as we age it stiffens and hardens and loses its ability to focus, creating vision problems." This is called presbyopia."

Many people experience the early effects of presbyopia in their mid 40's. Eventually it leads to the formation of cataracts. By the age of 65, the majority of us will develop a cataract, a clouding of the lens which causes fuzzy vision and difficulty seeing in bright light or low lighting. Cataract operations which involve removing the natural lens and fitting a basic type of IOL are the most commonly performed procedures in the UK.

Denis Fusell, 58, managing director of an electrical contracting company from Bristol, is one of the first people to benefit from the newest and most advanced type of IOLs known as the Crystalens HD™ accommodating lens. Before this he was short-sighted and needed reading glasses. Now, he says his vision is as good as it was when he was a child.

Denis wore contact lenses from the age of 18. In his 40's he began wearing monovision lenses, which corrected his vision for both reading and distance. "As I got older my eyes changed and I started to find them very uncomfortable. My optician told me that the quality of my tears had deteriorated. Hay fever also made my eyes felt itchy and irritated all



Denis Fusell

the time. Having to wear glasses would have impeded my life too, as I enjoy sports, like swimming and skiing.

"I looked into laser eye surgery, but I wasn't suitable because my corneas are too thin. Even if I did have it I would still need reading glasses, which I would have to wear all the time because I do lots of close work in my job."

Denis struggled on with his contact lenses, but when he went to the optician for his check-up last autumn, he was told there was a new procedure at the Centre for Sight at the Queen Victoria Hospital that might be suitable. In December, following a consultation, Mr Daya fitted him with the Crystalens HD™ accommodating lens.

"Unlike standard IOLs, which often leave patients needing glasses for near vision, or Multifocal IOLs, which leave up to eight per cent of patients with halos and the loss of intermediate (computer distance) vision, Crystalens HD™ lenses correct distance, intermediate and near vision," explains Mr Daya. "They are made of flexible material which moves with the eye, just like a natural lens. Following surgery, about 80 per cent of patients will have 20/20 vision."

The surgeon puts in eye drops and makes a small incision in the eye. Ultrasound is then used to break up the old lens. The incision is extended to about 2.5mm, allowing the insertion of the new lens, which unfurls inside the eye and is moved

into place. Side effects such as infection, swelling or retinal detachment are rare. Studies show that fewer than one percent of patients experience reduced vision after surgery.

The cost is between £2,500 and £3,000 per eye, and is available at six centres spread across the UK. Denis is delighted with the results.

"I didn't have one moment of pain," he says. "The day after the surgery my vision was very good. I could see better than I did when I was 14 and it got better and better. I now have 20/20 distance vision. Occasionally I still need reading glasses in poor light but I've been told that once my eye muscles build up my ability to read should improve.

"It can take a year to get the full benefit of the procedure. Even better, I no longer need to worry about getting cataracts".

"The reason people used to tolerate reading glasses is because there was no choice," says Milind Pande of the Royal College of Ophthalmologists' refractive surgery committee. "Now options are available. Why should anyone wait until they get a cataract? This way, they can enjoy vision at all distances. For many they are bringing forward an operation that they will have to have in their lifetime anyway."

To find out more about IOLs see: www.crystalens.com

CASE STUDY 2

Crystalens® - a new vision for cataract sufferers

Cataracts are the single biggest cause of damaged vision and blindness in the world. The impact on the sufferer is considerable and imposes severe restrictions on their daily lives, especially activities such as driving, reading, computer use and sports. Although commonly associated with old age - approximately 75% of over-75s suffer from them - the effect is possibly even more devastating on younger sufferers.

Cherry Higgins, a lively 47-year old housewife from Farnham, Surrey, was diagnosed with cataracts at the age of 38 years. As a fit and active woman, whose previous jobs included gym instructor and bodyguard, Cherry's quality of life was seriously damaged.

Luckily for Cherry, a consultant at her local hospital mentioned a new specialist eye

hospital that had just opened in Guildford - Optegra.

Within days Cherry had a full consultation with Mr Robert Morris, a leading Consultant Ophthalmic Surgeon with experience of well over 8,500 cataract procedures. Cherry was immediately relieved to find that she had strong options for treatment and was informed about a wholly new development - called Crystalens®.

Crystalens® - a clear difference

Crystalens® is a startling new treatment that goes well beyond the standard procedures. In the past, the standard intraocular lens (IOL) treatment for cataract patients has resulted in remarkable improvements in quality of sight. In most cases after cataract surgery or clear lens extraction, a single vision-fixed focus implant is placed in the eye. Multi focal



Cherry Higgins

Getting started with Crystalens HD™

Five recommended guidelines for success during your initial 10 eyes

1. Pre-operative measurements

- Use the IOLMaster (Carl Zeiss Meditec, Jena, Germany) or manual keratometry to obtain keratometry (K) readings before applying any eyedrops, applanation, or corneal manipulation
- For contact lens wearers, contact lenses must be removed for the appropriate amount of time to allow the cornea to return to a stable state
- Use the IOLMaster, or immersion ultrasonography to measure Axial Length
- Make sure Axial lengths and K readings correlate with the patient's oldest known refraction

2. Targeting

- Utilise the Crystalens® nomogram for eyes 22 mm or shorter
- Dominant eye: Target slightly plus (between plano and +0.25). If the calculation does not predict plano, select the lens power that predicts the first plus above plano
- Nondominant eye: Target slightly minus (between plano and -0.25). If the calculation does not predict plano, select the lens power that predicts the first minus below plano

3. Lens power calculations

- The SRK-T formula will be used for eyes with Axial Lengths measuring 22.01 mm or longer, and the A-constant for the Crystalens HD™ (HD500 and HD520) is 119.00
- The Holladay II formula will be used for eyes with Axial Lengths measuring 22 mm or shorter and in eyes with mean K flatter than 42.00 D or steeper than 47.00 D, independent of the Axial Length
- Anterior chamber depth for the Crystalens HD™ is 5.55

4. Submit printouts

- Submit both the Bausch & Lomb-Datalink pre-operative form and the A-scan or IOLMaster printouts to your Crystalens® outcomes specialist for verification of IOL powers. Please indicate your lens choice and predicted outcome

5. Surgical and postoperative care, follow-up

- Create a symmetrical capsulorrhexis measuring 5.5 to 6 mm
- One day and 10 to 14 days post-op, perform testing listed on the Bausch & Lomb form and submit findings via Surgivision Datalink
- Remember to measure intermediate acuity using the intermediate scale, distance corrected near visual acuity, and visual acuity in both eyes at all ranges after the second eye to assess visual function
- Remember to verify refractive findings with a cycloplegic refraction when visual acuities and refraction do not correlate or if near visual acuity is not J3 or better

CASE STUDY 2 continued

(similar to a multi focal or varifocal lenses in spectacles) implants have also been developed. Although these treatments are wonderful in removing the 'mistiness' of vision caused by the cataracts, they do not address the patient's presbyopia (loss of near and intermediate focusing ability), they simply remove the cataracts. Patients would still be dependent on glasses for most of their daily activities, especially for up-close and intermediate activities. **Crystalens® is one of the newest IOL treatments available capable of treating both the cataracts and the patient's presbyopia and this is achieved by using the natural focusing ability of the eye.**

Age-related degeneration

Many people find, usually in their forties, that some up-close vision has been lost and they start wearing reading glasses. The crystalline lens hardens as we age and consequently the ability to focus up close and at middle distance disappears.

This deterioration is due to what is known as a loss of accommodation. Basically, this is the eye's natural focusing ability; the lens moves and flexes to ensure clear vision across a range of distances. Crystalens® actually mimics that natural process as it accommodates, or moves and flexes on 'hinges', in response to ciliary muscle contractions in the eye. These contractions drive forward movement of the lens so the eye can maintain a clear image as it focuses on near, intermediate and far objects. As such, Crystalens® not only corrects the cataracts but also provides a fuller range of vision and reduces, or eliminates, the patient's dependence on glasses.

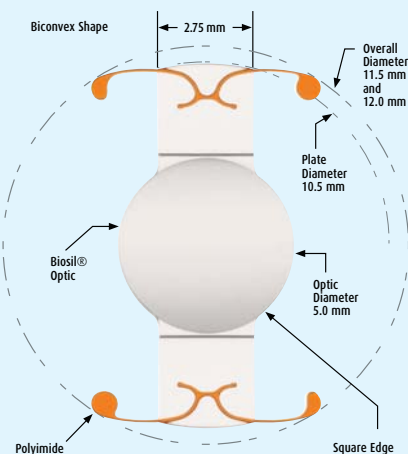
A new look at life

Cherry sums up the whole experience: "The biggest difference it has made is simply the freedom I now have. I don't have to worry about contact lenses or glasses for driving and everything from swimming to reading is so much easier now."

"The biggest difference it has made is simply the freedom I now have. I don't have to worry about contact lenses or glasses for driving and everything from swimming to reading is so much easier now."

Optegra has ensured that, with the Crystalens® treatment, I will be cataract-free for the rest of my life, which is a wonderful feeling! It's easy to take my new vision for granted but I'm delighted with it every day, it's so wonderful."

Crystalens HD™ Product details



Description

Optic characteristics

Diameter	5.0 mm
Shape	Biconvex
Material	Biosil®
Powers	10 to 33.0 D in 0.50 D steps
A Constant	119.0
Refractive Index	1.427
ACD	5.55 mm

Haptic characteristics

Overall Length	11.5 mm (17 to 33.0 D) HD500 12.0 mm (10 to 16.50 D) HD520
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Material	Polyimide
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Bausch & Lomb

Perfecting Vision. Enhancing Life™

Crystalens HD™

Your invitation to the Bausch & Lomb Crystalens® Symposium

Thursday 8th October 2009

A panel of international speakers will be chaired by Milind Pande,
Consultant Ophthalmologist Vision Surgery & Research Centre

Date and Location

Thursday 8th October 2009, Wellington Room,
The Royal Armouries, Leeds During the UKISCRS Meeting
Symposium 7.00pm – 8.00pm Cocktail Reception 8.00pm – 9.00pm

Register

www.crystalenssymposium.co.uk

To find a surgeon near you look on-line at www.crystalens.com

We've done it again!

Academy of Vision Care™ Lectures 2009

Bausch & Lomb Academy of Vision Care™

Over 600 eye care practitioners flocked to this year's Academy of Vision Care™ 2009 lecture series, hosted throughout the country. Attendees were able to collect 10 CET points, courtesy of Bausch & Lomb.

The Bausch & Lomb Academy of Vision Care™ Lectures, 2009 were developed through collaboration with key opinion leaders to communicate some of the latest issues in contact lens practice, and from recent feedback, the lectures delivered just that! Optometry Today reported "in line with their aim of keeping eye care professionals at the forefront of scientific and technological breakthroughs. Bausch and Lomb's day of education didn't disappoint".

The first lecture to kick off the event was entitled 'Strictly for the Presbyope' and was presented by Shelly Bansal. Mr Bansal opened his presentation outlining the significant opportunity there is for the contact lens profession to fit presbyopes with contact lenses, with over 50% of the UK population accounting for existing or emerging presbyopic patients. Mr Bansal was able to concisely summarise the different contact lens options currently available on the market for presbyopic individuals, outlining the pros and cons for each method. Mr Bansal offered

"The practical aspects were great - we can easily translate the lectures into practice"

Ms D, London Venue



advice on lens selection and outlined some of his own fitting tips for presbyopic patients. The presentation concluded on a selection of case studies that Mr Bansal had managed in his own practice.

Dr Philip Morgan proceeded by discussing toric contact lens fitting in his presentation 'Never Mind the Torics: Here's The Cyl Solution' - for those who remember the Sex Pistol's Album! Dr Morgan demonstrated the benefits of fitting low astigmats with toric contact lenses compared to masking them with single vision. He also demonstrated the increasing amount of sph and cyl induced by mis-orientation of toric contact lenses, confirming the importance of establishing the correct orientation of the toric lens and how to simply rectify this to achieve the correct fit. Dr Morgan concluded that soft toric lenses should not be viewed as a complex or specialist fitting due to the modern lens designs ensuring stable lenses with predictable performance.

"An interesting selection of speakers, something to suit everybody"

Ms J.L, Manchester Venue

'Vitamins for Visions' was presented by Dr Hannah Bartlett (Loughborough and Manchester Venues) who has a research interest in Nutrition and ocular disease, and William Harvey Clinical Editor of Optician (London and Newport venues). The lecture covered the importance of life style for the AMD patient and talked about the importance of Lutein for such patients and different methods of obtaining Lutein either by diet or supplementations with reference to the AREDS study. They concluded by providing guidance about the recommendations that optometrists can make to their patients in the field of nutrition.





"Really great programme, great topics and speakers"

Mrs W, London Venue

During the breaks, delegates were able to visit the exhibition area to participate in a hands-on Clinical Workshop show-casing the latest products from Bausch & Lomb.

Following lunch, Bausch & Lomb were proud to present Steve Martin, an expert in the science of influence and persuasion. Mr Martin presented the six key principles of influence and related it to everyday situations in optometric practice. Mr Martin's presentation focused on the importance of using these principles when communicating on the key issue of patient compliance. For example, by pointing out what patients will miss out on, rather than what they will gain, by taking the advice given from practitioners.

"Steve Martin was very good"

Ms K.B, Manchester Venue

This lecture was complimented by Dr Helen Court who discussed 'Patients Anxiety: A challenge for the contact lens practice?' where she summarised key findings from her recent research regarding patients anxiety within optometric practice. Dr Court gave practical examples on effective communication for anxious patients including suggesting the best time during the consultation to give out instructions to our contact lens patients.

The final lecture of the day was given by Dr Joseph Barr (London and Newport venues) and Dr Carla Mack (Loughborough and Manchester venues) on the issue of 'Contact



"Exceeded expectations! Programme was excellent, level of information was great and learnt new techniques I can use in practice"

Mr P, Loughborough Venue

Lens Comfort - What drives it?' Dr Barr and Dr Mack both reviewed many variables that contribute to contact lens comfort: physiological factors, environmental factors, contact lens packaging additives and care formulations.

Both the morning and the afternoon sessions were concluded with a discussion panel, made up of the speakers. Delegates were invited to question the experts, who also questioned each other!

"The venue, quality of speakers and content was excellent"

Mrs L, London Venue

Bausch & Lomb encourage you to visit and register on the Academy's website: www.academyofvisioncare.co.uk to be the first to hear of other Bausch & Lomb Academy of Vision Care events and take advantage of free online CET, practical tools & resources for you and your support staff.

Optometry Today concluded in their recent article (OT, Vol.49:7, April 10th 2009) that the event was '**refreshingly unbiased, with a nice mix of topics covered. I'm certainly looking forward to the next series.'**



Chair Person - Cheryl Donnelly, EMEA Medical Affairs and Communications Manager, Bausch & Lomb

Strictly for the Presbyope - Shelly Bansal, Independent contact lens practitioner and Dispensing Chairman and Honorary Meeting Secretary for the BCLA

Never Mind the Torics - Here's The Cyl Solution - Dr Philip Morgan, Director of Eurolens Research and Senior Lecturer at The University of Manchester

Vitamins for Visions - Dr Hannah Bartlett, A lecturer at Aston University, and William Harvey, Clinical Editor of Optician Journal

The Science of Influential Communication - Steve Martin, Managing Director of Influence At Work (UK)

Patient's Anxiety - A challenge for the contact lens practice? - Dr Helen Court, Lecturer at Cardiff University

Contact Lens Comfort: What drives it? - Dr Joseph Barr, an emeritus professor of Optometry and Vision Sciences at Ohio State University and Global Vice President for Clinical and Medical Affairs, Bausch & Lomb. Dr Carla Mack, Director of Medical Affairs, Global, Bausch & Lomb

Bausch & Lomb would like to extend a special thanks to all the guest speakers, Nick Dash, Mark Tomlinson, Chris Kerr, David Goad and Birmingham Optical for supporting the 2009 Academy of Vision Care™ event.



The Science of Compliance

In the second of our series of articles on the role of influential communication Steve Martin and Nick Pope look at how eye care professionals can utilise the power of the good old 'give and take'.



Steve Martin, Director of Influence at Work (UK)

For over sixty years persuasion researchers have studied the influence process and found that anyone can significantly increase the likelihood that others will be persuaded by their requests, messages and advice by employing one or more of the six universal principles of influence'. These principles are:

Social proof - people behave in a similar way to others who are like them.

Reciprocity - obligates people to do for others what they have done for them.

Consistency - causes people to act in line with previous commitments even if demands escalate.

Authority - people defer to those with expertise and credibility to guide their decisions.

Liking - people are influenced more by those whom they like and who like them.

Scarcity - opportunities appear more valuable when they appear less available.



Nick Pope, Global Director of Learning and Sales Training at Bausch & Lomb

Consider the following situation - a friend of yours invites you over to their house for dinner one weekend which you happily accept. If you are like most people you will ensure that you come armed with a gift of sorts. A bottle of wine, perhaps some flowers, or perhaps an invitation that next time you will play the host and cook for your friend. We instinctively abide by the rule of reciprocity in our everyday lives. This societal rule states that we are obliged to give back to others the form of gift, service or favour that they have first given to us. For example, people are more likely to send celebration and holiday cards to those who have sent them one first². What we may not be aware of though, is the important role that reciprocity can play in the communications we have in our practices.

Researcher Dennis Regan³ conducted a classic study of this principle of

reciprocation. In the experiment, people who received a small, unsolicited gift from a stranger named Joe in the form of a can of Coca-Cola, purchased twice as many raffle tickets from him as those who received no gift at all. This occurred despite the fact that there was a time delay between the gift and the request, and that Joe didn't make any kind of reference to the original gift when he made his pitch about the raffle tickets. Interestingly, Regan found that those who received a can of Coke from Joe made their purchase decisions completely irrespective of the extent to which they liked him.

In other words, for the participants who had received the gift, those who didn't like Joe purchased just as many raffle tickets as those who did. This demonstrates that the feelings of indebtedness caused by the power of the reciprocity are capable of exceeding the effects of 'liking' on compliance.

So are we suggesting that eye care professionals keep a plentiful supply of Coca Cola ready to give to their patients before reminding them to wash their hands before inserting their lenses? Probably not, but we are suggesting that we should consider what they say to a patient before asking them to comply with a request or piece of advice.

Many Eye Care Professionals (ECP) take time out of their busy businesses to attend seminars and training sessions that keep them up to date with current research and insights. For example, recently over 700 eye care professionals attended a series of lectures held by B&L's Academy of Vision Care™.





One group that may not be aware of your attendance at such events are the very people it will influence most - your patients. Let's say that you are trying to communicate the importance of regular eye checks to one of your patients. Before stressing the importance of these checks, it might be very persuasive to say something along the following lines to a patient:

"We at [name of your practice] feel it is very important to keep up to date with the latest advances and information about contact lenses and eye care so that we can give you the best advice possible. In fact this is our commitment to you. In order for you to benefit we would ask that you attend a regular eye health check up every [insert current recommendation]."

The effect of this simple statement can generate some remarkable results for several reasons. Firstly, the communication employs the powerful principle of reciprocity. A patient who sees that their eye care professional is doing something for them first (investing in keeping up to date) will more likely feel indebted to reciprocate by attending regular check ups. Secondly, this statement costs nothing more than a few moments to say the extra words, with perhaps a little extra effort on the part of the ECP to remember to say them.

Another way the principle of reciprocity could be used by practices concerns the use of incentives they offer patients, such as money off vouchers

or free eye checks. Rather than posting the voucher along with a reminder that their eye test is due, it would be potentially more effective to give the voucher for their next visit personally to a patient at the end of their current appointment. In fact alerting the patient to the fact that you have "already applied a credit to their account towards their next test" might be a powerful way of obligating them not only to return to your practice in the future, but also to potentially increase their loyalty to you too.

Steve Martin is the Director of Influence at Work (UK), and co-author of the international bestseller **Yes! 50 Secrets from the Science of Persuasion**.

Nick Pope is Global Director of Training at Bausch & Lomb

Bibliography

- 1 Cialdini, R. B. (2001). *Influence: Science and Practice* (4th ed.). Boston: Allyn & Bacon.
- 2 Kunz, P.R. and Woolcott, M. *Season's Greetings: From my status to yours. Social Science Research*, 5, 269-278.
- 3 *The Regan Coke can study can be found in: Regan, D. T. (1971). Effects of a flavour and liking on compliance. Journal of Experimental Social Psychology*, 7, 627 - 639.



The Academy of Vision Care™ Educational Forum

Advanced notice!

The Academy Lectures are back in Autumn 2009.

The Lecture series, and other events such as Courses and Meetings, are summarised below, but for more details see our website www.academyofvisioncare.co.uk

You can also register, for any lecture, course or meeting, on this website and be one of the first to take advantage of the on-line 'free' registration facility. You will also find entitlement to receive CET points, practical tools and resources for you and all your support staff. So don't delay, turn to pages 13 and 14 to read all about the Spring 2009 Lectures, and then proceed to www.academyofvisioncare.co.uk to register.

Don't miss out this next time round!



MICS™ Courses

Advances in phacoemulsification technology such as power modulations, instrumentation, and the material design of intraocular lenses, have enabled the reduction in the incision sizes required for the cataract surgery procedure. Micro Incision Cataract Surgery (MICS) is at the forefront of minimally invasive cataract surgery techniques. Read more about converting your unit to MICS™ on pages 8 and 9.

Following on from the success of the London, Leeds and Edinburgh courses, Richard Packard and Mina Ward continue the popular MICS™ courses on the following dates and locations:

- 24 September** - Hyatt Regency, Birmingham
- 7 October** - Macdonald Hotel, Manchester
- 19 October** - Radisson SAS, Bristol



Crystallens® Symposium

Thursday 8th October 2009
Leeds - during the UKISCRS meeting
Chair and Speakers:

UK: Mr Milind Pande (Chair), Mr David Spalton
USA: John Hovanessian MD, Griff Altman
www.crystallenssymposium.co.uk



Posterior Stellaris® Symposium

Wednesday 18th November 2009
Amsterdam - evening before BEAVRS 2009
Chair and Speakers:

UK: Mr Paulo Stanga (Chair)
Germany: Dr Thorsten Boeker
USA: Carl Awh MD, Russ Finlay
www.stellarissymposium.eu

Pharmaceutical Meetings



Management of Ocular Inflammation

Wednesday 9th September 2009
London - The Royal Society of Medicine
Speakers:

UK: Mr Carlos Pavesio, Mr John Dart,
Prof Harminder Dua
USA: Ed Holland MD, Steve Lane MD,
Eric Donnenfeld MD, Kerry Solomon MD
www.academyofvisioncare.co.uk

Management of Ocular Inflammation

Wednesday 18th November 2009
Birmingham - Venue TBA
Chair and speakers:

UK: Mr Phil Murray, Prof Harminder Dua,
Mr John Dart
www.academyofvisioncare.co.uk



Have your say...



Andleeb Zafar

Prince Charles Eye Unit, Windsor

It is a pleasure for me to write a note of thanks to Bausch & Lomb and the team for successfully introducing me to Micro Incision Cataract Surgery (MICS™).

Earlier in years 1998-2001, and during my training years in Pakistan, I experienced a transition from extra capsular cataract surgery (ECCE) to phacoemulsification surgery. My impression at that time was that a number of surgeons quickly changed their operating techniques, not just because the newer technique was better, but also because many patients were aware of the newer techniques and they were opting for surgeons who were performing phacoemulsification.

Recently when I came to work with Mr Richard Packard at Prince Charles Eye Unit in Windsor, I was introduced to the idea of MICS™, and as I thought the patients are more aware of advancements in healthcare these days, and before they ask me how large my incision size is, I had better learn and convert!

As we know, size matters and induced astigmatism due to incision size we are all too aware of. Similarly, unstable anterior chambers due to wound leakage during surgery are quite annoying. With MICS™ we can avoid both these problems. Also, a stable anterior chamber allows us to use the fluidics to our advantage and we can get better followability and quicker safer surgery. A stable chamber means there will also be less movement at the level of the posterior capsule and vitreous interface. With the availability of intraocular lenses, which can go through smaller incisions, why make a bigger

incision? There is quite a lot of convincing evidence available in clinical literature these days to consider the change.

With the help of the new Stellaris® machine in our unit, and support of the Bausch & Lomb team, it really was a very simple and easy transition.

I would really like to thank Craig, Philip and Nicola for taking the time to support me through my transition.

I wish Bausch & Lomb good luck in their future upcoming projects (MICS™ Courses) and making the transition to MICS™ easier for other surgeons.



Bausch & Lomb
Stellaris
Vision Enhancement System



Nick Dash

BSc MCOptom

As a practitioner I am excited by the NEWS that the Bausch & Lomb SofLens® daily disposable contact lenses are going to be available in added axis ranges of 20° and 160°.

This will allow for those patients with axis away from the horizontal, and compensate for any rotation seen in a few patients. The additional axis was on my wish list. The lens will now facilitate the correction of oblique astigmatism as well as the spherical aberration correction that is unique to the SofLens® daily disposable contact lenses, offering more patients the vision upgrade of true customised aspheric optics.

Thanks go to Bausch and Lomb for listening to their audiences, "us Optometrists", as this was the call of many practitioners around the globe.

Your opinion is greatly valued...

Do you have an interesting topical news story to tell, or a worthy article that you would like to share with the rest of the readers. We would very much like to hear from you. Please send your letters (including your full name, email, postal address and postcode) to Jill Collishaw, Visions Editor at: jill.collishaw@bausch.com or by post using the address on the back cover.



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