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Contra-Indications: Known hypersensitivity to Benzalkonium Chloride. This product should not be used when soft contact lenses are being worn.

Basic NHS cost £1.60 P.L. 0649/0031. Full prescribing information available on request.

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The Panfundoscope is a contact optical system utilizing the practical advantages of indirect ophthalmoscopy. As an accessory to the slit lamp, it provides full synoptic examination of the fundus with its observable area reaching the ocular

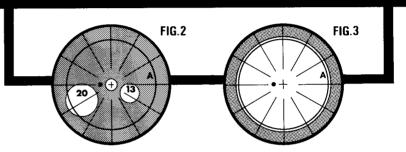
equator. This area can be further extended by movement of the patient's eye, so that even the extreme quadrant peripheries can be readily viewed.

Figures 2 & 3 compare the sizes of the fundus areas which can be simultaneously observed, using different ophthalmoscopic procedures with stationary eye and ophthalmoscope.

In Fig. 2 the white central circle represents the area observed using a conventional ophthalmoscope with upright images. The circle marked 13 corresponds to the synoptic field with inverted image using a lens of 13D; the circle marked 20 indicates the synoptic field with a lens of 20D.

The white circular field in Fig. 3 corresponds to the synoptic field of the Panfundoscope and demonstrates the enormous advantage in field size.

Rodenstock have two types of Panfundoscope available. Type D is a diagnostic contact optical device with a plexiglass sphere weighing only 15 g. Type Th, of greater interest to ophthalmologists, is a therapeutic contact optical device for use in laser coagulation of the fundus. It utilises a silicate glass sphere, weighing 27 g., the glass surface is treated with a non-reflective coating to prevent injury to



observers by reflected laser light.

The advantages of the Panfundoscope for laser coagulation are easy handling, and the ideal synopsis of the working area. Thus the surgeon is not dependent on small keyhole-like observation fields of other optical contact systems. This applies particularly to the treatment of peripheral portions of the medial and lateral fundus areas. Coagulations of the pericentral areas and of the middle periphery as, for example, in diabetic retinopathy, can be performed with an excellent overview of the corresponding area and occur in a considerably shorter time.

As several laser types are mounted to the slit lamp in such a way that the delivery head of the laser beam restricts the working space, the doctor's hand guiding the contact lens is considerably hampered. The Panfunoscope solves this problem, since the fundus image lies in front of the patient's eye. Thus the slit lamp has to be drawn towards the therapeutist providing ample space for the manipulation of the Panfundoscope.

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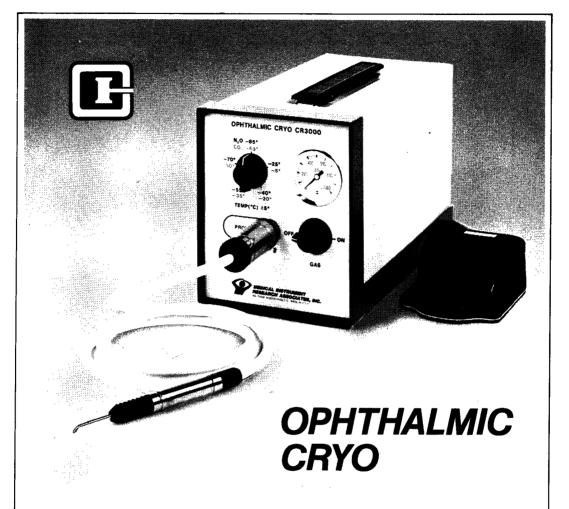
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Chloromycetin and the device showing a tube having a blue nozzle are the trade marks of Parke, Davis and Company for expending ophthalmic preparations containing chloramphenicol. † Blue Nozzle patent no. 8018334 pending.

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Ramsell TG, Bartholomew RS, Walker SR. Br J Ophthalmol 1980; 64:43-5.

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frequency may be reduced Contra-indications

Viral, fungal, tuberculous or purulent conditions of the eye, hypersensitivity to any component of the preparation. Use is contra-indicated if glaucoma is present. Eumovate Drops and Eumovate-N Drops contain benzalkonium chloride as a preservative and therefore should not be used to treat patients who wear soft contact lenses

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4/0276 Presentation Basic NHS cost (exclusive of VAT)

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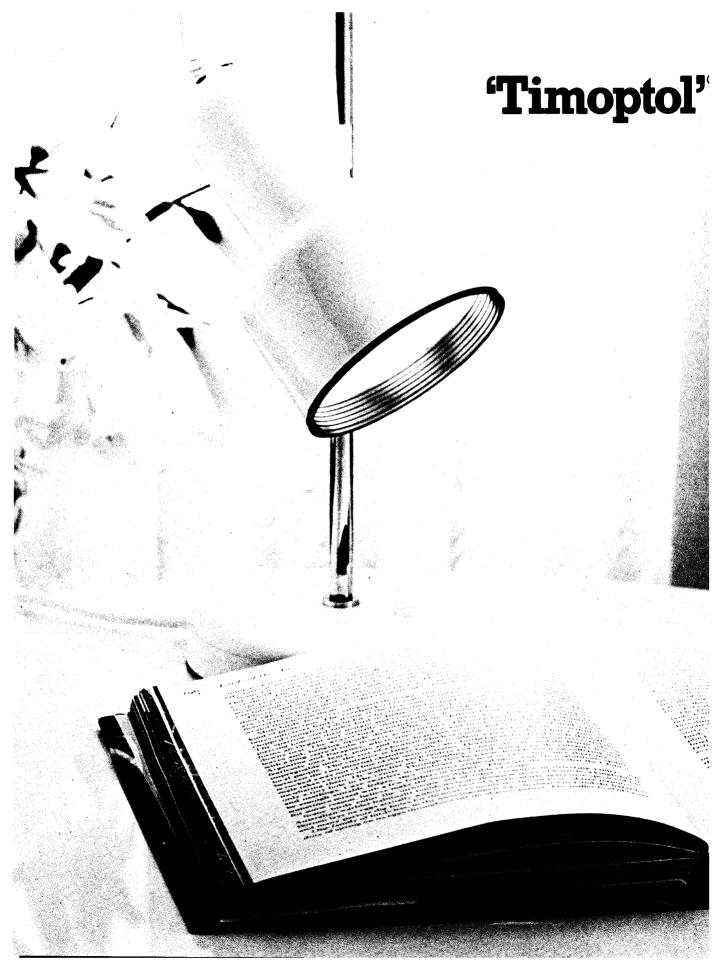
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Ocumeter® dispenser facilitates precise, sterile administration. One drop twice daily affords day-long control and when control is established, many patients may be maintained with one drop daily.

Ophthalmic Solution

rouget information and bibliography please see over page.

*in many patients

Ophthalmic Solution

mopto

Timolol maleate, MSD

Prescribing Information

Indications Ophthalmic Solution TIMOPTOL (timolol maleate, MSD) is a non-selective beta-adrenergic-receptor blocking agent used topically in the reduction of elevated intra-ocular pressure in various conditions including the following: pressure in various conditions including the following: patients with ocular hypertension; patients with chronic open-angle glaucoma including aphakic patients; patients with secondary glaucoma.

Secondary glaucoma.

Dosage and administration Recommended therapy is one drop 0.25% solution in the affected eye twice a day.

If clinical response is not adequate, dosage may be changed to one drop 0.5% solution in each affected eye twice a day.

If the intra-ocular pressure is maintained at satisfactory levels If the intra-ocular pressure is initiation on once-a-day therapy.

Because of naturally occurring diurnal variations in intraocular pressure, satisfactory response is best determined by
measuring the intra-ocular pressure at different times during

the day.

Clinical trials have shown the addition of TIMOPTOL to be useful in patients who respond inadequately to maximum antiglaucoma drug therapy.

In the event that further control of intra-ocular pressure is needed, concomitant therapy with miotics, adrenaline, and systematically administered carbonic anhydrase inhibitors may be instituted.

may be instituted. When patients are being transferred from other antiglaucoma agents, on the first day continue with the agent(s) already being used and add one drop of 0.25\ TIMOPTOL in the eye twice a day. On the following day, discontinue the previously used antiglaucoma agent(s) completely and continue with TIMOPTOL if a higher dosage of TIMOPTOL is required, substitute one drop of 0.5\ solution in the eye twice a day. when TIMOPTOL is to be added to other antiglaucoma therapy, administer one drop of 0.25% TIMOPTOL in the eye twice a day. If a higher dosage of TIMOPTOL in the eye twice a day. If a higher dosage of TIMOPTOL is required substitute one drop of 0.5% solution in the eye twice a day. Contra-indication Hypersensitivity to Ophthalmic Solution

Precautions Ophthalmic Solution TIMOPTOL should be used with caution in patients with known contra-indications to systemic use of beta-aftenergic-receptor blocking agents such as patients with bronchospastic disease, and congestive

heart failure.

There have been reports of skin rashes and/or dry eyes associated with the use of systemically administered beta-adrenergic-receptor blocking drugs. The reported incidence is small and in most cases the symptoms have cleared when treatment was withdrawn. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. Cessation of therapy involving the beta-blockade should be gradual.

Although TIMOPTOL has been used in a small number of

Although TIMOPTOL has been used in a small number of patients wearing contact lenses made of polymethylmetha-crylate (PMMA), and there have been no reports of adverse effects, at present, experience is too limited to enable a

enects, at present, experience is too limited to enable a conclusion on safety to be made.

Use in pregnancy TIMOPTOL has not been studied in human pregnancy. The use of Ophthalmic Solution TIMOPTOL requires that the anticipated benefit be weighed against possible hazards.

Use in children Since clinical studies in children have not been conducted, TIMOPTOL is not currently recommended for use in children

Side effects Ophthalmic Solution TIMOPTOL is usually well tolerated. Occasionally signs and symptoms of mild ocular irritation have been reported. Local hypersensitivity reactions have occurred rarely.

Slight reduction of the resting heart rate (mean reduction 2.9 beats/minute, standard deviation 10.2) has been observed in some patients. Rarely, episodes of acute bronchospasm have been reported in patients with bronchospastic disease (see 'Precautions').

Presentation Clear, colourless to light yellow, sterile eye drops, available as a 0.25% and 0.5% w/v solution of timolol maleate. Each is presented in a special metered-dose Ocumeter. dispenser containing 5ml Ophthalmic Solution TIMOPTOL.
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Additional information is available to the medical profession

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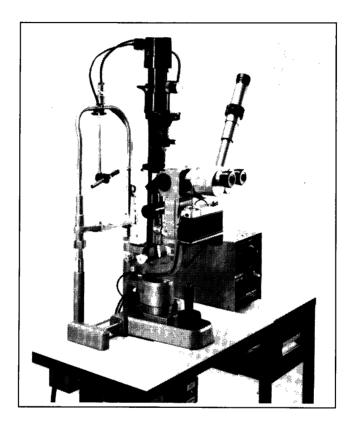
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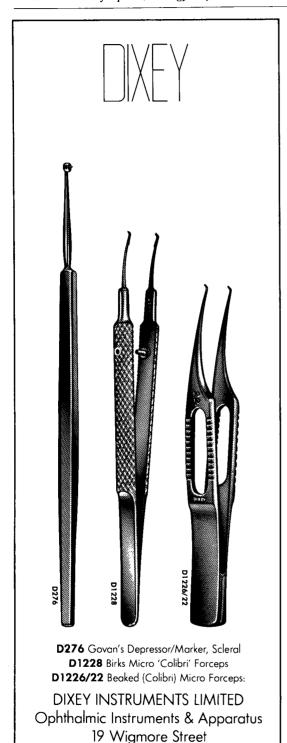
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