TEARS Naturale

An artificial tear drop for dry eye syndrome
High tear retention – low viscosity

Alcon

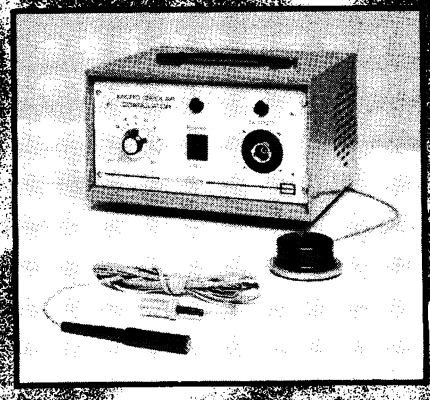
Alcon Laboratories (U.K.) Limited Imperial Way Watford Hertfordshire England WD2 4YR. Tears Naturale is for the treatment of dry eye syndromes associated with deficient tear secretion of deficient mucous.

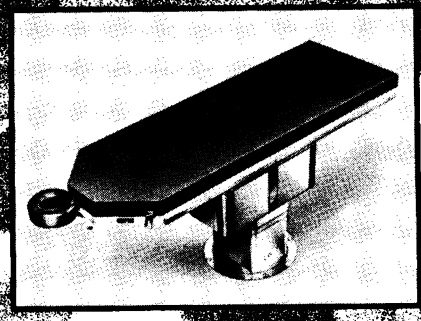
Dosage and administration: Tears Naturale is a clear colourless sterile solution containing Dextran70 USP 0.1% and Hydroxypropyl Methylcellulose (Hypromellose) 0.3% preserved with Benzalkonium Chloride 0.01% and Disodium Edetate 0.05%. The normal dose is one to two drops into the eye(s) as frequently as required to relieve eye irritation symptoms.

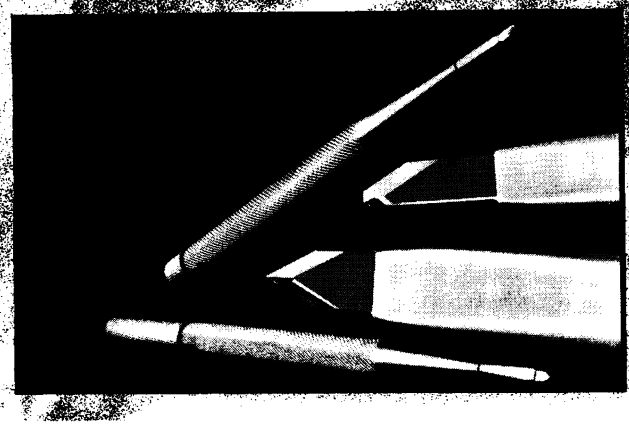
Contra-Indications: Known hypersensitivity to Benzalkonium Chloride. This product should not be used when soft contact lenses are being worn.

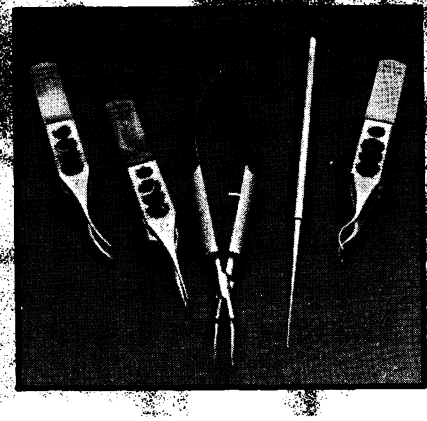
Basic NHS cost £1.60 P.L. 0649/0031. Full prescribing information available on request.

Downs Surgical in Ophthalmology









The Downs Microbipolar Coagulator is suitable for all micro-surgical procedures, especially in ophthalmic surgery. The smooth linear control scale of the power source allows minimal tissue adhesion to the specially designed forceps. The design conforms to International Safety Standards making the unit both easy to use and totally safe.

Micra Diamond knives. Originally developed for precise cutting of the cornea in micro-ophthalmic procedures, have applications throughout microsurgery.

These revolutionary knives have fully retractable tips, completely protecting the diamond when not in use. The knives are available in six shapes and five different handles.

The diamond cutting edge is very hard, is unaffected by normal sterilisation methods and if damaged can normally be re-sharpened.

Our range of **Titanium Micra Ophthalmic** instruments has recently been updated. The forceps have finer tips. The needleholders and scissors have been redesigned and are now much finer. The plain forceps, tying forceps, needleholders and blade holders are now available with a special tungsten carbide surface on the jaws.

Titanium has the advantages of strength, lightness, low reflection under the microscope, corrosion resistance and is anti-magnetic.

The Maquet 1122 Operating Table System gives a very rigid ophthalmic table with electrically powered height adjustment and X-Y movement, ideal for microsurgery. The detachable top and transporter gives an extremely gentle method of patient transfer. The Maquet 1122 Table complements any microscope system.

For further details tick appropriate box(es), complete form and return to address below.

- ☐ Maquet 1122 Operating Table System
- ☐ Titanium Micra Ophthalmic instruments
- ☐ Downs Microbipolar Coagulator
- ☐ Diamond Knives

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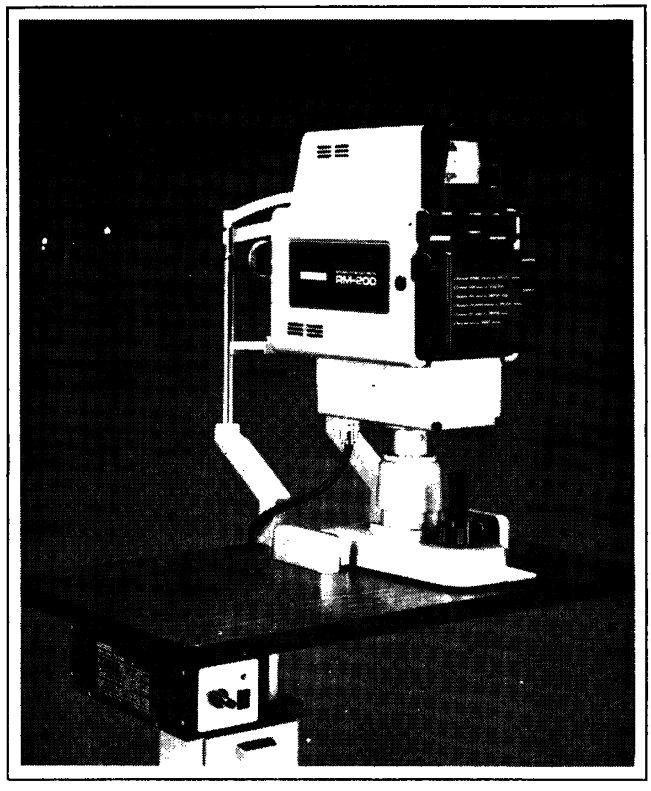
Downs Surgical

Downs Surgical Ltd Church Path, Mitcham, Surrey, CR4 3UE, England. Telephone 01-648 6291

topcon
eye refractometer
RM-200



An objective refractor, using a T.V.-monitor for accurate and rapid alignment, the RM-200 relies upon a micro-computer with the results displayed digitally and in print-out form. One position two-axes measurement simplifies the operation without sacrificing accuracy. Soft light is utilized, thus not contracting the patient's pupil or causing discomfort.

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Intensive care steroid for severe ocular inflammations

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Dexamethasone has anti-inflammatory effects 30 to 50 times that of cortisone.[1]
Dexamethasone is the most potent of the corticosteroids available for ophthalmic use.

● the ideal ophthalmic vehicle

The Isopto® Vehicle of MAXIDEX:
provides extended activity[2] by prolonged contact time in the eye, increasing opportunity for absorption of the anti-inflammatory agent.

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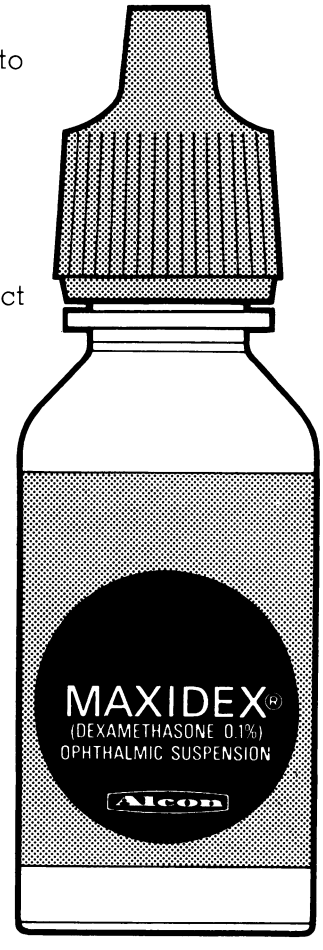

ALCON LABORATORIES (U.K.) LIMITED
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Ganda 1+0.2

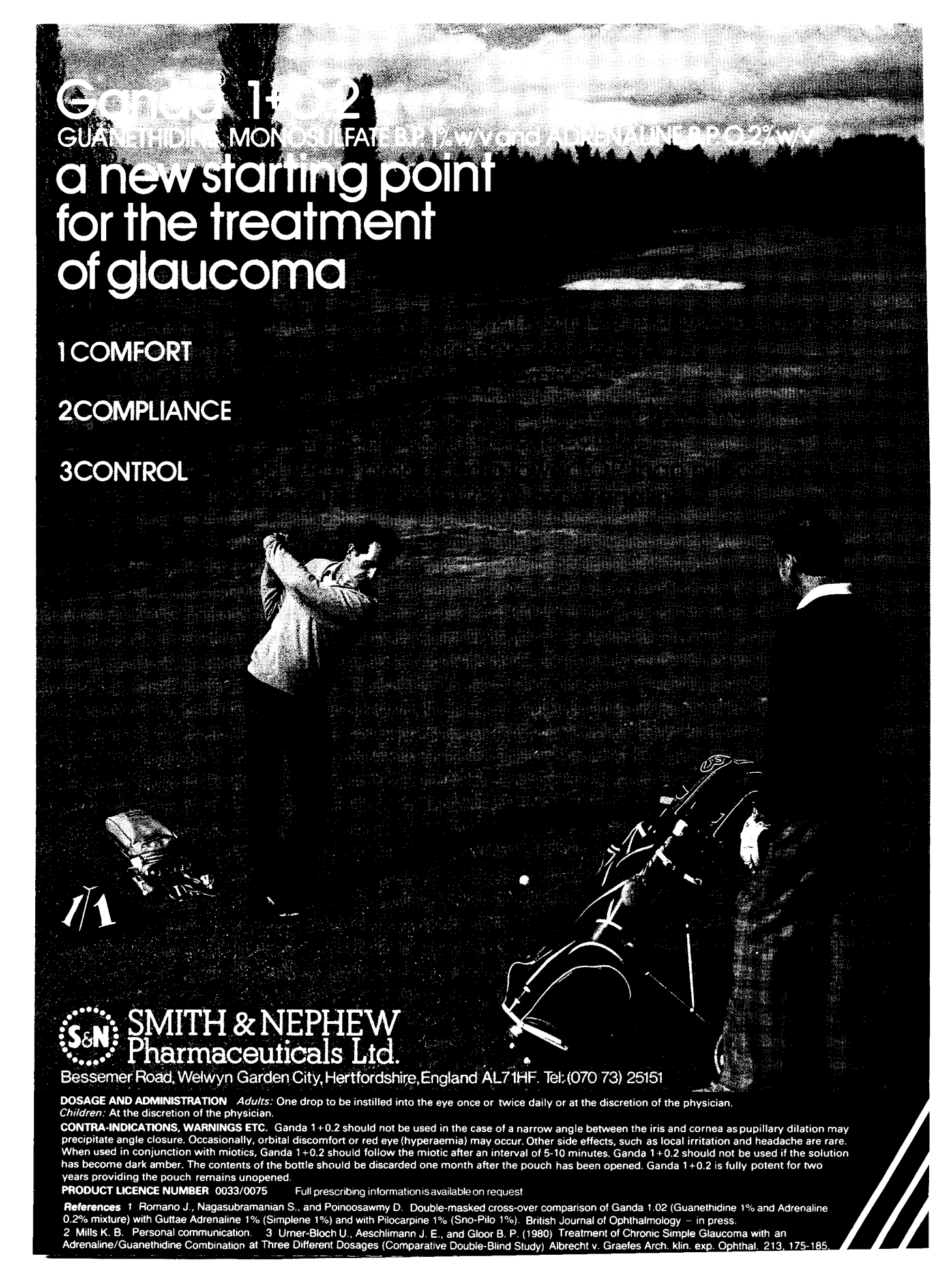
GUANETHIDINE MONOSULFATE B.P. 1%w/v and ADRENALINE B.P. 0.2%w/v

a new starting point for the treatment of glaucoma

1 COMFORT

2 COMPLIANCE

3 CONTROL



SMITH & NEPHEW Pharmaceuticals Ltd.

Bessemer Road, Welwyn Garden City, Hertfordshire, England AL7 1HF. Tel: (070 73) 25151

DOSAGE AND ADMINISTRATION *Adults:* One drop to be instilled into the eye once or twice daily or at the discretion of the physician. *Children:* At the discretion of the physician.

CONTRA-INDICATIONS, WARNINGS ETC. Ganda 1+0.2 should not be used in the case of a narrow angle between the iris and cornea as pupillary dilation may precipitate angle closure. Occasionally, orbital discomfort or red eye (hyperaemia) may occur. Other side effects, such as local irritation and headache are rare. When used in conjunction with miotics, Ganda 1+0.2 should follow the miotic after an interval of 5-10 minutes. Ganda 1+0.2 should not be used if the solution has become dark amber. The contents of the bottle should be discarded one month after the pouch has been opened. Ganda 1+0.2 is fully potent for two years providing the pouch remains unopened.

PRODUCT LICENCE NUMBER 0033/0075 Full prescribing information is available on request

References 1 Romano J., Nagasubramanian S., and Poinoosawmy D. Double-masked cross-over comparison of Ganda 1.02 (Guanethidine 1% and Adrenaline 0.2% mixture) with Guttae Adrenaline 1% (Simplene 1%) and with Pilocarpine 1% (Sno-Pilo 1%). British Journal of Ophthalmology – in press.
2 Mills K. B. Personal communication. 3 Urner-Bloch U., Aeschlimann J. E., and Gloor B. P. (1980) Treatment of Chronic Simple Glaucoma with an Adrenaline/Guanethidine Combination at Three Different Dosages (Comparative Double-Blind Study) Albrecht v. Graefes Arch. klin. exp. Ophthal. 213, 175-185.

Nine lives, but only one pair of eyes...

lengthen the odds against IOP increase with FML (fluorometholone)

The efficacy of FML is comparable to 0.1% dexamethasone and 1.0% prednisolone with less propensity to increase IOP than dexamethasone.

FML is the only steroid available in the lubricating Liquifilm vehicle which in itself soothes hot and irritated ocular tissues.

FML offers dosage flexibility, especially during the first 48 hours of treatment.

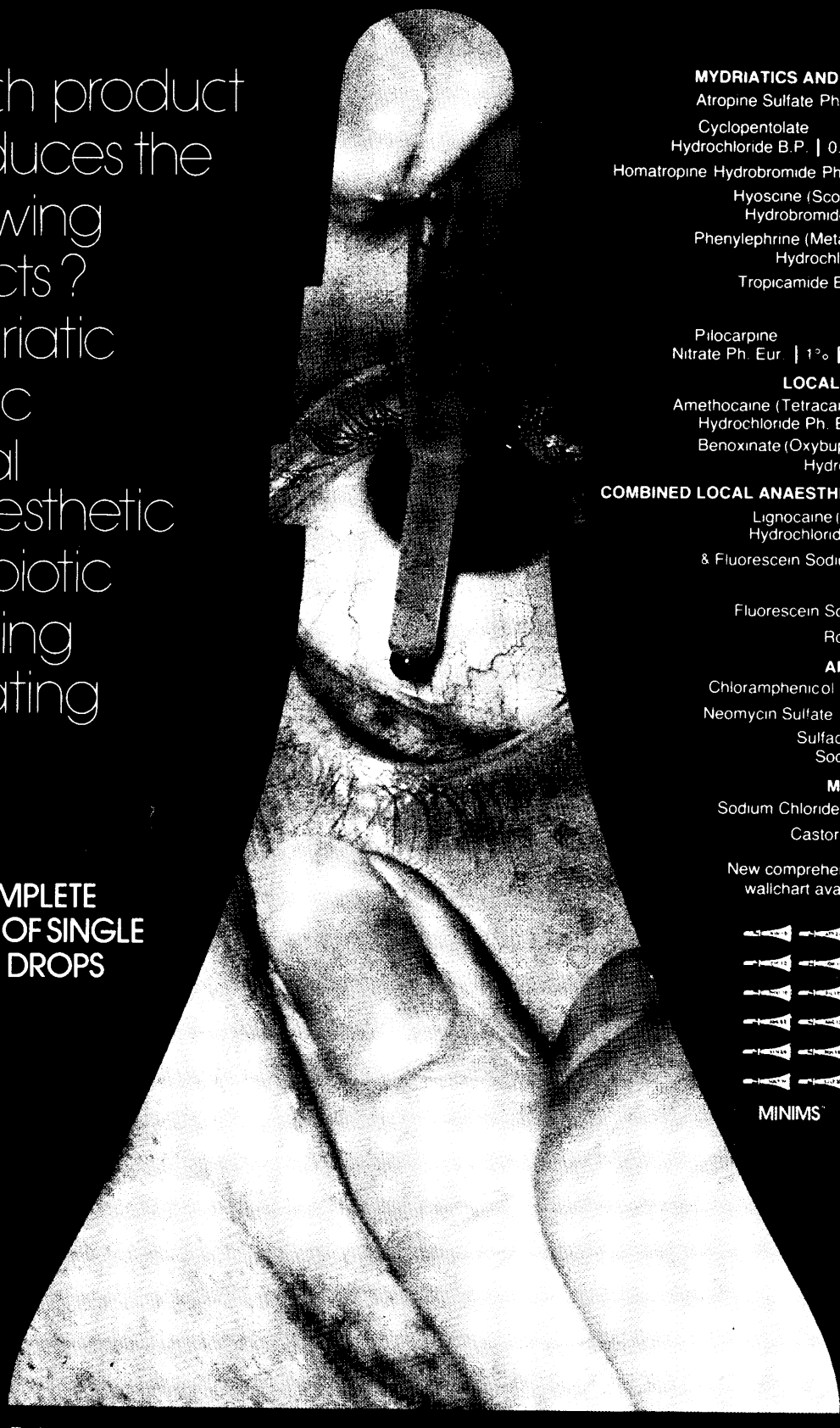
For convenience and economy FML is available in both 5 cc and 10 cc sizes.

Presentation White microfine sterile ophthalmic suspension containing fluorometholone (0.1%). **Uses** Topical ophthalmic suspensions for steroid responsive inflammation of the palpebral and bulbar conjunctiva, cornea and anterior segment of the globe. **Dosage and administration** 1 to 2 drops instilled into the conjunctival sac two to four times daily. During the initial 24 to 48 hours the dosage may be safely increased to 2 drops every hour. Care should be taken not to discontinue therapy prematurely. **Contra-indications, warnings, etc** Contra-indications. Acute superficial herpes simplex keratitis. Fungal diseases of ocular structures. Vaccinia, varicella and most other viral diseases of the cornea and conjunctiva. Tuberculosis of the eye. Hypersensitivity to the constituents of this medication. **Warnings:** Steroid medication in the treatment of herpes simplex keratitis (involving the stroma) requires great caution. Frequent slit-lamp microscopy is mandatory. Prolonged use may result in glaucoma, damage to the optic nerve, defects in visual acuity and fields of vision, posterior subcapsular cataract formation, or may aid in the establishment of secondary ocular infections from fungi or viruses liberated from ocular tissue. In these diseases causing thinning of the cornea or sclera, perforation has been known to occur with use of topical steroids. Safety and effectiveness have not been demonstrated in children of the age group two years or below. This preparation contains benzalkonium chloride and should be used with caution in association with hydrophilic contact lenses. **Use in pregnancy:** Safety of the use of topical steroids during pregnancy has not been established. *Precautions.* As fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid applications, fungus invasion must be suspected in any persistent corneal ulceration where a steroid has been used or is in use. Intraocular pressure should be checked frequently. *Adverse reactions.* Glaucoma with optic nerve damage, visual acuity or field defects, posterior subcapsular cataract formation, secondary ocular infection from pathogens liberated from ocular tissues, perforation of the globe. Local side effects of steroid therapy, i.e. skin atrophy, striae and telangiectasia, are especially likely to affect facial skin. **Pharmaceutical precautions** Protect from freezing. **Legal category** Restricted by the terms of the product licence to supply on prescription from registered pharmacies and also through hospitals and ophthalmological clinics. **Package quantities** Supplied in plastic dropper bottles of 5 ml and 10 ml. **Further information** Nil. **Product licence number** 0426.0028

ALLERGAN **Allergan Limited, Fennels Lodge, St Peters Close, Loudwater, High Wycombe, Bucks, HP11 1JT Tel: Bourne End (06285) 27778**

which product produces the following effects?

Mydriatic
Miotic
Local anaesthetic
Antibiotic
Staining
Irrigating



MYDRIATICS AND CYCLOPLEGICS

Atropine Sulfate Ph. Eur | 1% | 2% |

Cyclopentolate Hydrochloride B.P. | 0.1% | 0.5% | 1% |

Homatropine Hydrobromide Ph. Eur. | 1% | 2% |

Hyoscine (Scopolamine) Hydrobromide Ph. Eur. | 0.2% |

Phenylephrine (Metaoxedrine) Hydrochloride B.P. | 10% |

Tropicamide B.P. | 0.5% | 1% |

MIOTICS

Pilocarpine Nitrate Ph. Eur. | 1% | 2% | 3% | 4% |

LOCAL ANAESTHETICS

Amethocaine (Tetracaine) Hydrochloride Ph. Eur. | 0.5% | 1% |

Benoxinate (Oxybuprocaine) Hydrochloride | 0.4% |

COMBINED LOCAL ANAESTHETIC AND STAIN

Lignocaine (Lidocaine) Hydrochloride Ph. Eur | 4% |

& Fluorescein Sodium B.P. | 0.25% |

STAINS

Fluorescein Sodium B.P. | 2% |

Rose Bengal | 1% |

ANTIBACTERIALS

Chloramphenicol Ph. Eur. | 0.5% |

Neomycin Sulfate Ph. Eur. | 0.5% |

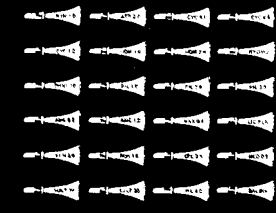
Sulfacetamide Sodium B.P | 10% |

MISCELLANEOUS

Sodium Chloride Ph. Eur. | 0.9% |

Castor Oil B.P. | 100% |

New comprehensive booklet and wallchart available on request.



MINIMS®

THE COMPLETE RANGE OF SINGLE USE EYE DROPS

Full prescribing information is available from

SMITH & NEPHEW Pharmaceuticals Ltd

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New from Glaxo

With significantly less effect on intra-ocular pressure

Eumovate Eye Drops have significantly less effect on intra-ocular pressure than hydrocortisone, betamethasone, prednisolone or dexamethasone eye drops.

'It is therefore of some significance that with clobetasone butyrate it has been possible to dissociate the adverse intra-ocular pressure effect from the advantageous anti-inflammatory effects, and thus we may well have a "safer" steroid for use in ophthalmology.'

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

Eumovate Eye Drops
(clobetasone butyrate)

Eumovate-N Eye Drops
(clobetasone butyrate and neomycin)

A new standard of safety in ophthalmology

Prescribing information

Indications
Eumovate Eye Drops are indicatec for the treatment of non-infected inflammatory conditions of the eyr Eumovate-N Eye Drops are indicated for inflammatory condi-tions of the eye where secondary bacterial infection is likely to occu

Dosage and administration
The usual dosage is one to two drops four times a day for severe inflammatory conditions one or tw drops should be instilled into the eye every one or two hours until control is achieved, when the frequency may be reduced

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

Precautions
Although Eumovate Eye Drops hav been shown to have little effect on intra-ocular pressure in most patients, those receiving long term treatment should have their intra ocular pressure monitored frequently.
Cataract is reported to have occurre after unduly prolonged treatment with some topical corticosteroids and in those diseases which cause thinning of the cornea, perforation has been known to occur.
In general, topical steroids should not be used extensively in pregnancy, i.e., in large amounts o for prolonged periods.

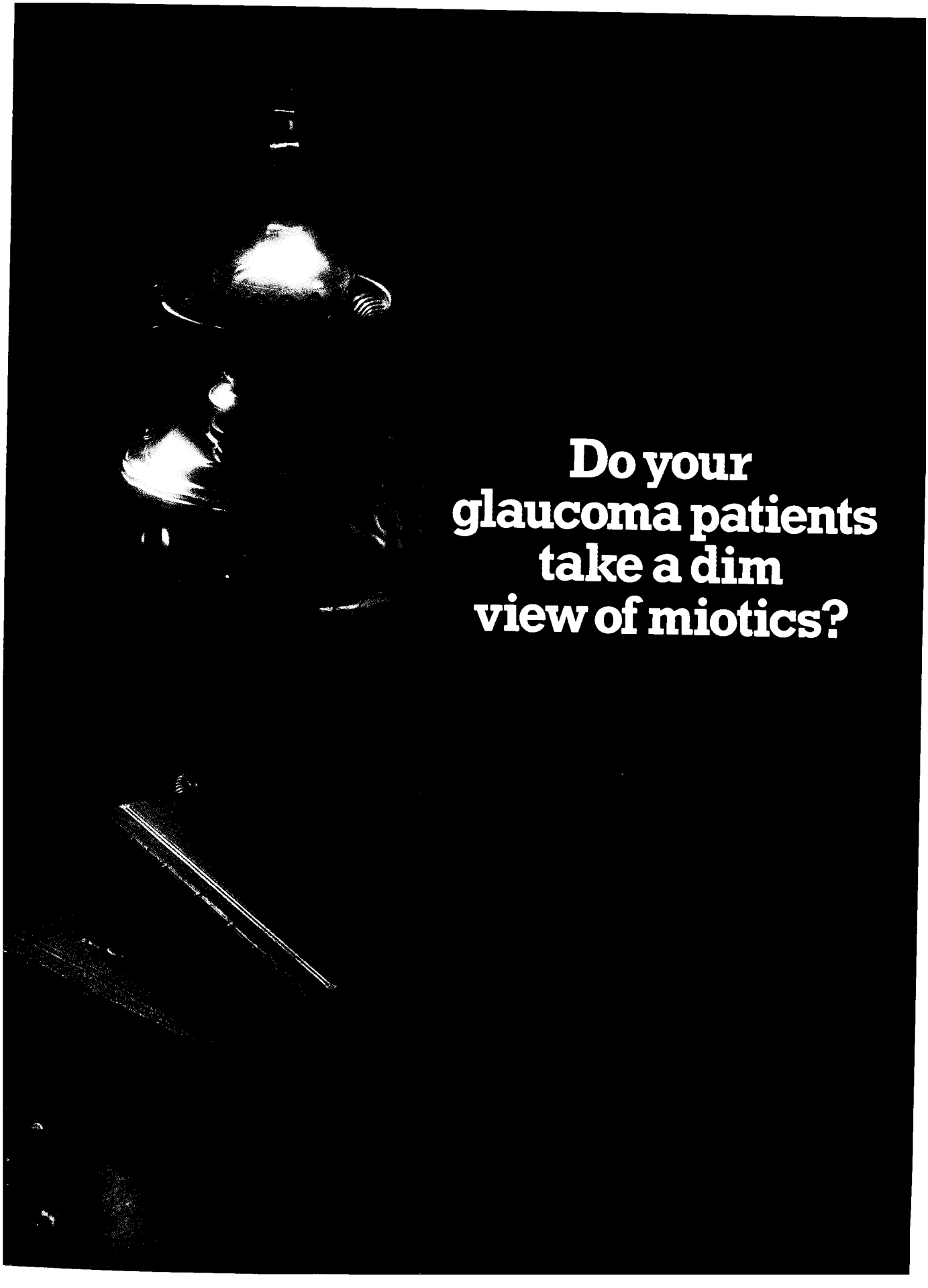
Side effects
Rises in intra-ocular pressure have been reported in susceptible patients but these are generally much less than with other corti costeroid eye preparations, including hydrocortisone.

Product Licence numbers
Eumovate Drops 4/026
Eumovate-N Drops 4/027

Presentation		**Basic NHS cos** (exclusive of VA £
Eumovate Eye Drops (in plastic dropper bottles)	5ml	1·8
	10ml	3·3
Eumovate-N Eye Drops (in plastic dropper bottles)	5ml	1·8
	10ml	3·3

Glaxo

Further information on Eumovate Eye Drops and Eumovate-N Eye Drops is available from Glaxo Laboratories Limited Greenford, Middlesex UB6 0HE
Eumovate is a Glaxo trade mark


Do your
glaucoma patients
take a dim
view of miotics?

'Timoptol'

'learly better than pilocarpine*

The misery of miotics

Pilocarpine, the major antiglaucoma therapy since Victorian times, can induce twilight vision and this may jeopardise long-term compliance – even for those patients who are currently considered 'well controlled'.

With 'Timoptol' compliance may dramatically improve.

British clinical studies[1,2,3,4] confirm effective control of intra-ocular pressure (IOP)

It has been reported that some 86% of patients may be controlled with 'Timoptol' alone, or in combination with other drugs,[1] and that this effect is maintained over three months without evidence of significant tachyphylaxis.[2]

In another study,[3] 'Timoptol' alone reduced IOP to around 65% of the uncontrolled level after eight weeks' therapy. Another investigation reported an additive ocular hypotensive effect in 68% of patients who were receiving maximum tolerated medical therapy.[4]

Long-term study confirms the efficacy of 'Timoptol'

In 76 patients studied for a period of three years there was no evidence of diminished responsiveness to 'Timoptol'.

No effect on accommodation or pupil size

'Timoptol' does not induce miosis or accommodative spasm, or constriction of the pupil. In clinical studies,[5] symptoms of ocular irritation were markedly less frequent than those encountered with pilocarpine and were comparable to controls.

Convenient dosage aids compliance

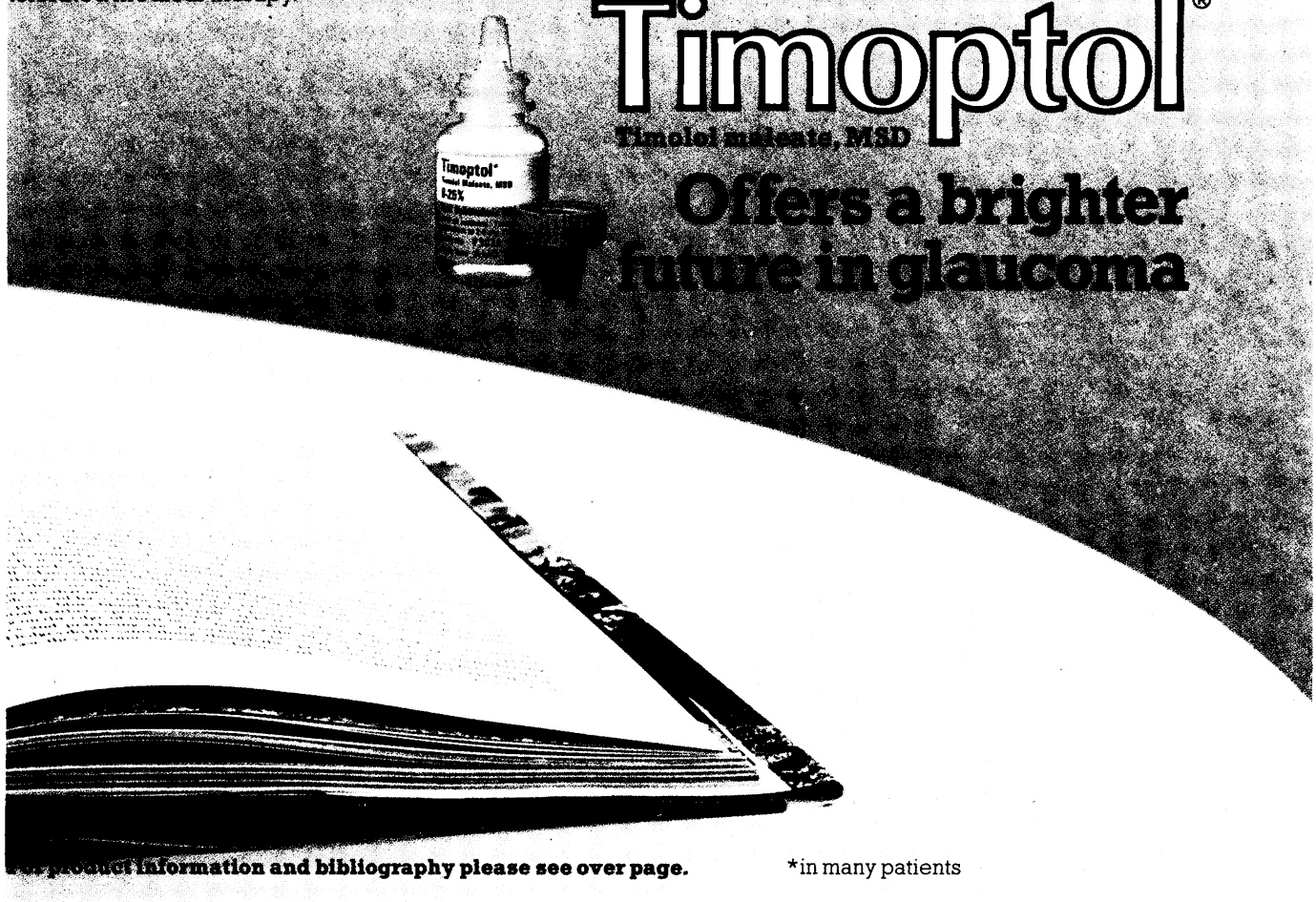
Ocumeter® dispenser facilitates precise, sterile administration. One drop twice daily affords day-long control and when control is established, many patients may be maintained with one drop daily.

Ophthalmic Solution

Timoptol®

Timolol maleate, MSD

Offers a brighter future in glaucoma



For product information and bibliography please see over page.

*in many patients

7.81.TOT.80.GB.7366J.

Ophthalmic Solution

Timoptol®

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: patients with ocular hypertension; patients with chronic open-angle glaucoma including aphakic patients; patients with 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 many patients can then be placed on once-a-day therapy. Because of naturally occurring diurnal variations in intra-ocular 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.

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 is required substitute one drop of 0.5% solution in the eye twice a day.

Contra-indication Hypersensitivity to Ophthalmic Solution TIMOPTOL.

Precautions Ophthalmic Solution TIMOPTOL should be used with caution in patients with known contra-indications to systemic use of beta-adrenergic-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 patients wearing contact lenses made of polymethylmethacrylate (PMMA), and there have been no reports of adverse effects, 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.

The United Kingdom NHS basic cost is:
£4.71 for 5ml 0.25% Ophthalmic Solution TIMOPTOL.
£5.29 for 5ml 0.5% Ophthalmic Solution TIMOPTOL.

Product licence numbers:
0.25% Ophthalmic Solution, 0025/0134.
0.5% Ophthalmic Solution, 0025/0135.

Product authorisation numbers:
0.25% Ophthalmic Solution, 35/53/2.
0.5% Ophthalmic Solution, 35/53/3.

Agents in the Republic of Ireland:
Cahill May Roberts, P.O. Box 1090, Chapelizod, Dublin 20.

Additional information is available to the medical profession on request.

® denotes registered trademark.

Issued October 1980.

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MSD MERCK SHARP DOHME **Merck Sharp & Dohme Limited**
Hoddesdon Road, Hertfordshire, EN11 9BU

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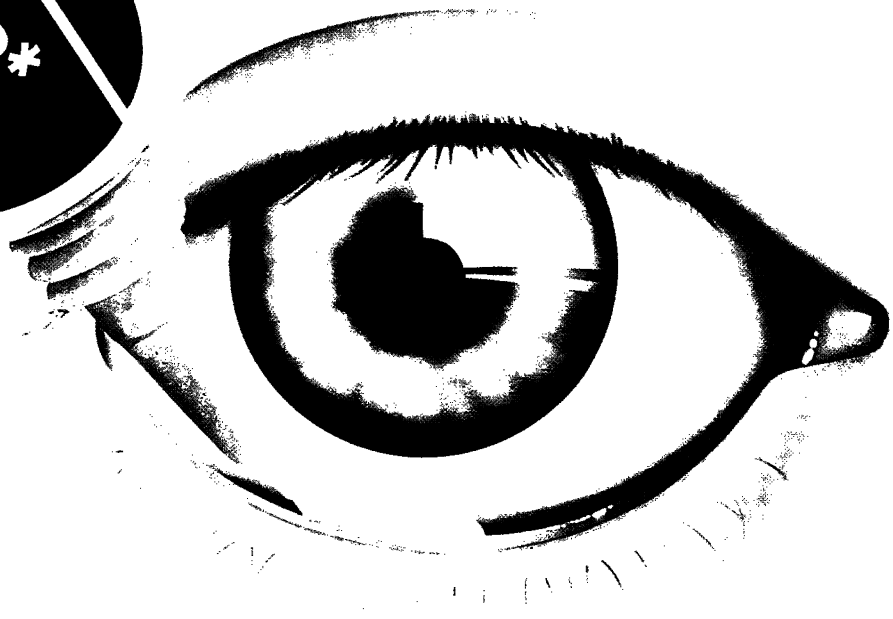

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