

The KelmanTM QuadraflexTM anterior chamber lens from CILCOTM.



The KelmanTM QuadraflexTM anterior chamber lens is designed by Charles D. Kelman, M.D. and is lathe cut in a single piece from Perspex[®] CO polymethylmethacrylate.

Diameter of the optic is 5.0 mm. The full range of diopter powers is available. Width of the superior footplate is 5.0 mm. Width of the inferior footplate is 6.0 mm. Sizes (overall diagonal length) range from 11.5 mm to 13.5 mm in 0.5 mm increments.

Videotape on implantation of the Kelman Quadraflex lens is available for loan from CILCO's United Kingdom office. Write or telephone for further information.

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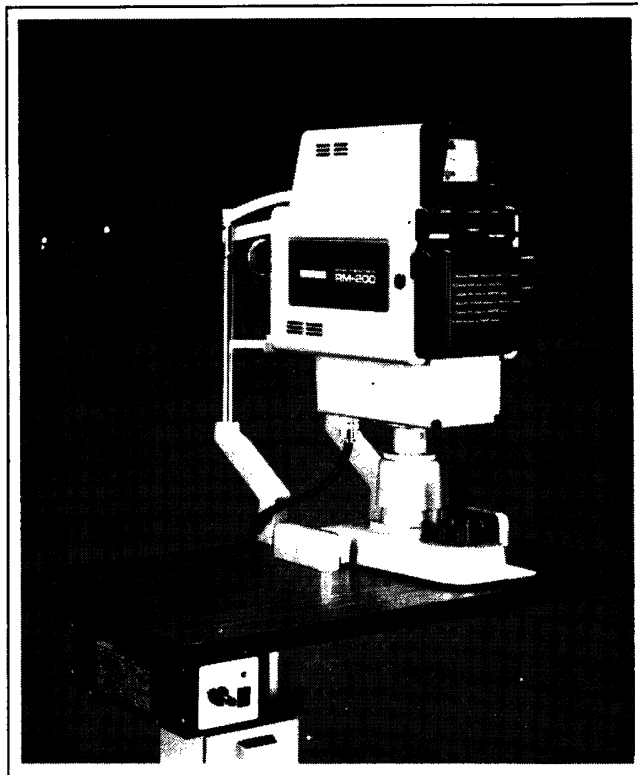
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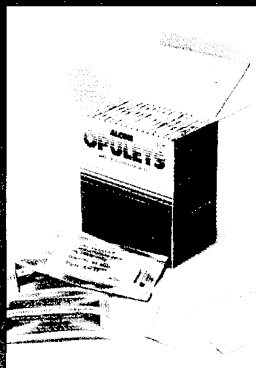
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Minimal risk
of contamination
Dose measurement
simplified
Simplicity of
application assured
Economical

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Cyclopentolate 1.0%, Fluorescein 1.0%,
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ZOVIRAX is a highly selective antiherpes agent with a fundamentally different mode of action, and extremely low toxicity.

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Antiviral activity has been well demonstrated in *in vitro* studies. ZOVIRAX "... was found to be between 5 and 10 times more active than cytarabine, idoxuridine and trifluorothymidine, and more than 100 times more active than vidarabine."²

● **Greater selectivity**

Because of its unique mode of action, ZOVIRAX can be regarded as an ultra-selective agent. Once "bioactivated" it has a 10 to 30-fold greater affinity for viral DNA polymerase than for cellular polymerase. In tissue culture experiments it was 3,000 times more active against the herpes simplex virus than it was against the host cell.³

● **Low toxicity in normal cells**

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● **An agent of promise**

Wellcome take particular pride in introducing ZOVIRAX, a preparation which we believe heralds a new era in antiviral chemotherapy.

1. Collum, L M T et al *Brit. J. Ophthalmol.*, (1980), **64**, 766 2. *J. Antimicrob. Chemother.*, (1979), **5**, 431 3. *Proc Natl Acad Sci USA*, (1977), **74**/12, 5716

PRESCRIBING INFORMATION **Presentation** Acyclovir 3 per cent w/w in a white soft paraffin base. **Uses** Treatment of herpes simplex keratitis. **Dosage and administration** A 1 cm ribbon of ointment should be placed inside the lower conjunctival sac five times a day at approximately four-hourly intervals. Treatment should continue for at least 3 days after healing is complete. **Contra-indications** Patients with a known hypersensitivity to acyclovir. **Warnings and adverse effects** For ophthalmic use only. Transient mild stinging immediately following administration occurs in a small proportion of patients. Superficial punctate keratopathy has been reported but has not resulted in patients being withdrawn from therapy, and healing has occurred without apparent sequelae. (PL 3/0150)

Further information is available on request. Wellcome Medical Division, The Wellcome Foundation Ltd., Crewe, Cheshire

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TODAY'S TREATMENT / 4

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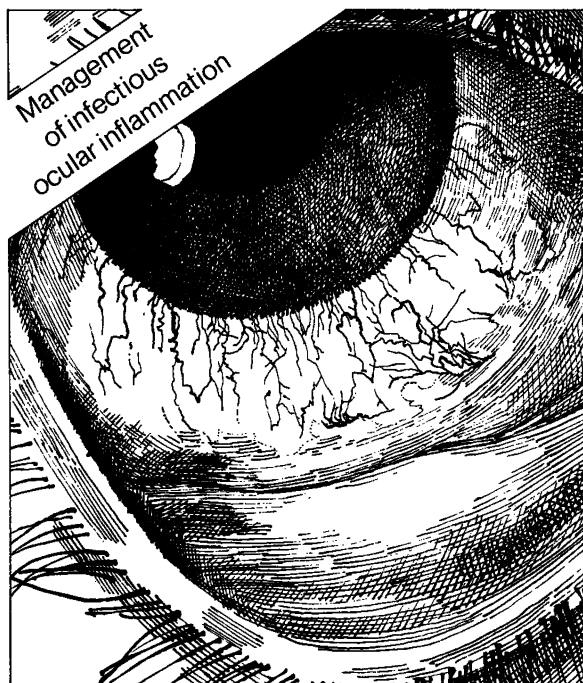
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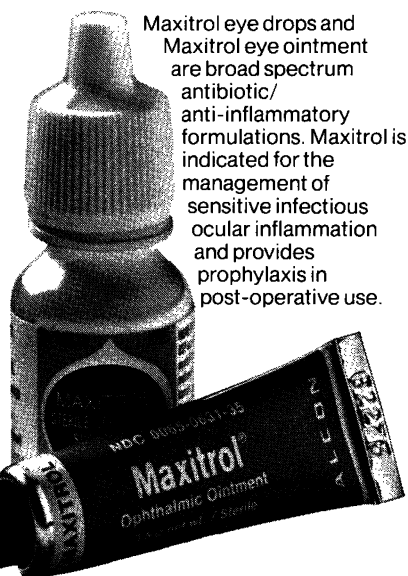
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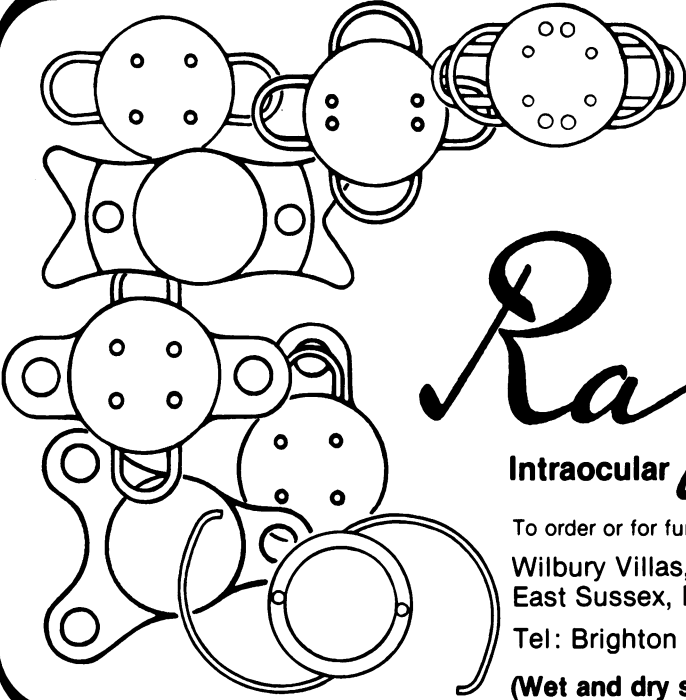
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(Sponsored by the International Perimetric Society)

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October 20-23, 1982

A call for papers is requested for the following topics:

- Visual fields in low tension glaucoma
- Correlations between the optic disk and visual fields in glaucoma
- New psychophysical techniques in neuro-ophthalmology
- Automated perimetry
- Free papers

Abstracts should be written in English and include the title, authors, affiliation and a 100-200 word summary of the paper.

In addition to the scientific sessions, social activities and a spouse's program have been planned.

Abstract deadline: March 1, 1982

Please send abstracts to:

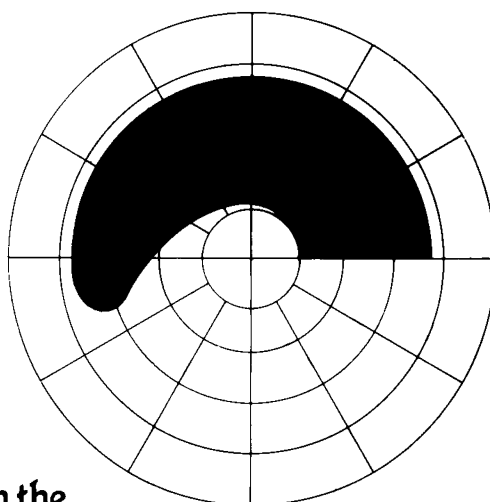
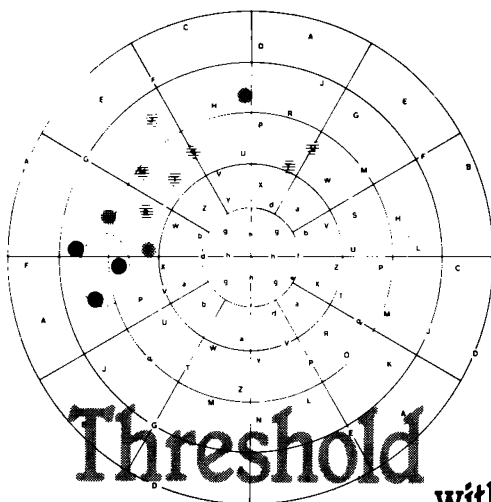
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Department of Ophthalmology
The University of Lund
Malmo General Hospital
S-21401 Malmo, Sweden

For registration and meeting information
contact:

John L. Keltner, M.D. or
Chris A. Johnson, Ph.D.
Co-Hosts, Fifth IVF Symposium
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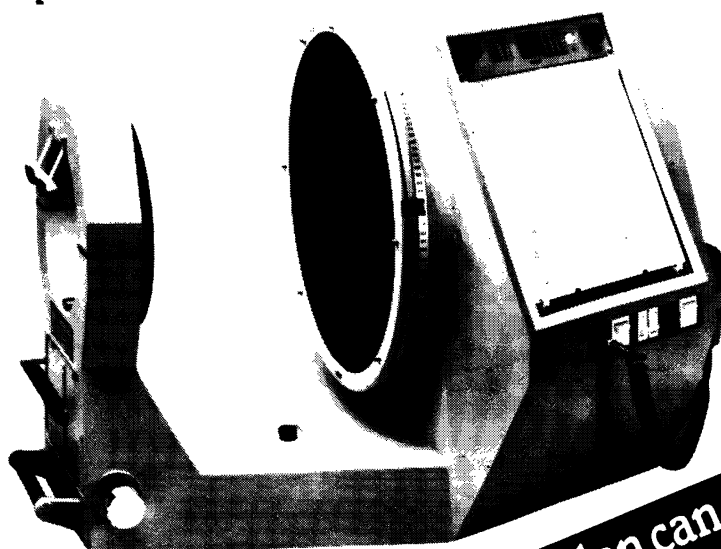
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^{*}Trademark. **References:** 1. Garner, I.L. et al, Amer. J. Ophthalmol, 1963, 55, 2, 323-327. 2. Lichter, P.R. et al, Amer. J. Ophthalmol, 1978, 85, 4, 495-502.



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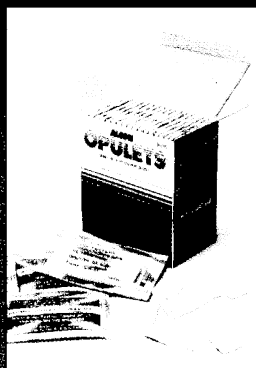


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Dose measurement
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Simplicity of
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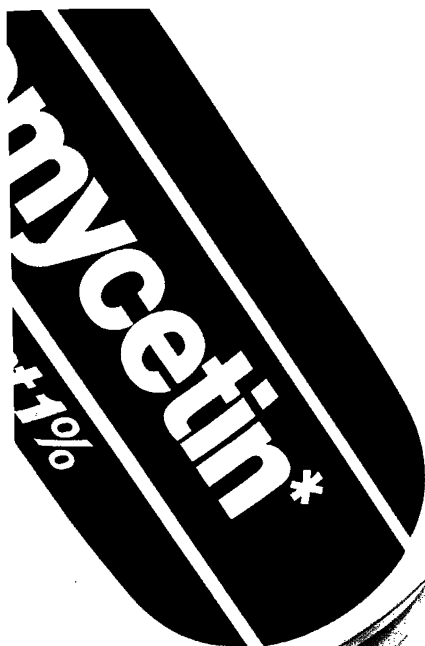


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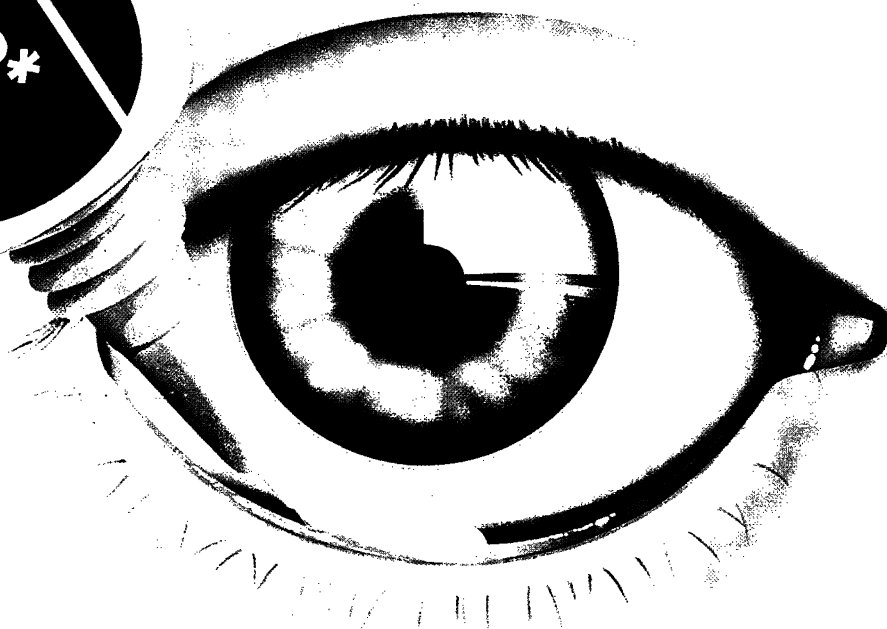
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Chloromycetin and the device showing a tube having a blue nozzle are the trade marks of Parke, Davis and Company for ophthalmic preparations containing chloramphenicol. † Blue Nozzle patent no. 8018334 pending.

P456-UK-May 81

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DOSAGE AND ADMINISTRATION

ADULTS: One or two drops to be instilled into each eye 4 times daily, or as prescribed by the consultant.

CHILDREN: At the discretion of the physician.

CONTRA-INDICATIONS AND WARNINGS ETC.

CONTRA-INDICATIONS. Sno-Pilo is contra-indicated where pupillary constriction is undesirable, e.g. in cases of acute iritis.

SIDE EFFECTS. Ciliary spasm with a temporary reduction of visual acuity occurs. Sensitivity is only rarely observed but if reaction occurs the use of the drops should be discontinued.

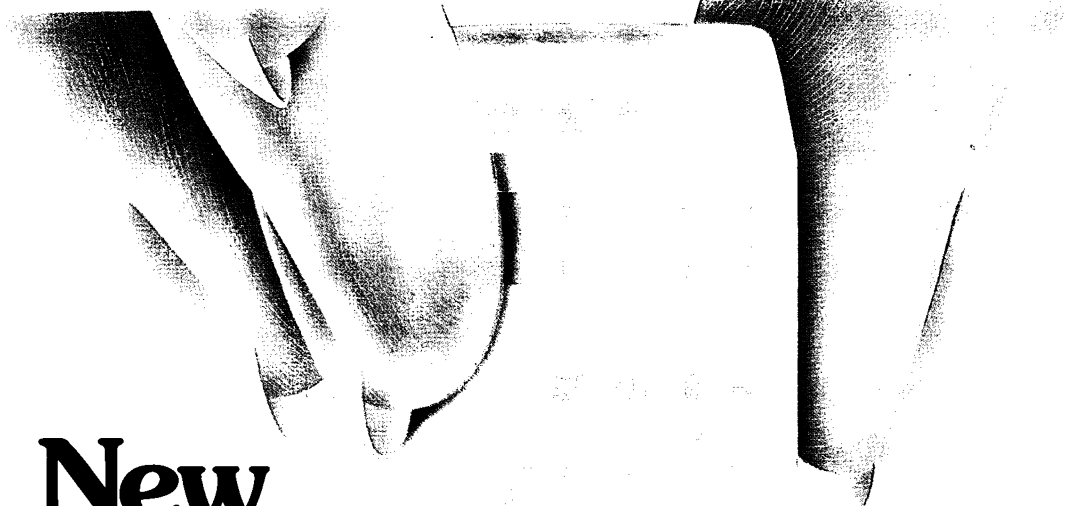
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Ramsell TG, Bartholomew RS, Walker SR. Br J Ophthalmol 1980; 64: 43-5.

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(clobetasone butyrate and neomycin)

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Prescribing information

Indications

Eumovate Eye Drops are indicated for the treatment of non-infected inflammatory conditions of the eye. Eumovate-N Eye Drops are indicated for inflammatory conditions of the eye where secondary bacterial infection is likely to occur.

Dosage and administration

The usual dosage is one to two drops four times a day; for severe inflammatory conditions one or two 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 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.

Precautions

Although Eumovate Eye Drops have 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 occurred 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 or 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 corticosteroid eye preparations, including hydrocortisone.

Product Licence numbers

Eumovate Drops 4/0260
Eumovate-N Drops 4/0276

Presentation Basic NHS cost (exclusive of VAT)

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(in plastic dropper bottles)	10ml	3.33
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(in plastic dropper bottles)	10ml	3.33

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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.

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Hydrochloride Ph. Eur. | 4% |

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Fluorescein Sodium B.P. | 2% |

Rose Bengal | 1% |

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Neomycin Sulfate Ph. Eur. | 0.5% |

Sulfacetamide

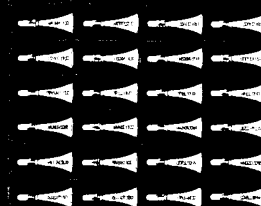
Sodium B.P. | 10% |

MISCELLANEOUS

Sodium Chloride Ph. Eur. | 0.9% |

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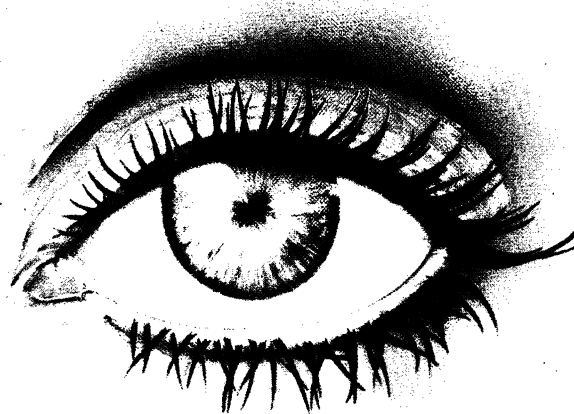


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Understandably, patients on lifetime glaucoma therapy really appreciate the change³ and they show it by being more ready to comply with treatment.

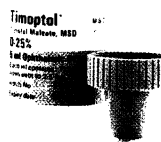
'Timoptol' is presented in a special Ocumeter[®] Dispenser which delivers a metered sterile dose.

One drop of 'Timoptol' twice daily gives day long control of glaucoma without the miotic problems of pilocarpine, helping glaucoma patients to view life in a dramatically different light.

References:

1. *Proceedings of the International Symposium on glaucoma XXIII International Congress of Ophthalmology*, Kyoto, Japan, May 12, 1978, p.41. 2. *ibid.*, p.29. 3. *King. W.M. Res & Clin. Forums.*, 1980, 2 (1), p.167.

Ophthalmic Solution
Timoptol[®]
Timolol maleate, MSD
The bright one



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Ophthalmic Solution
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 Timolol maleate, MSD

INDICATIONS

Ophthalmic Solution 'Timoptol' (timolol maleate, MSD) is a non-selective beta-adrenoreceptor 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 needed, 'Timoptol' may be used with miotics, adrenaline or systemically administered carbonic anhydrase inhibitors.

Intra-ocular pressure should be reassessed approximately four weeks after starting treatment because response to 'Timoptol' may take a few weeks to stabilise.

Provided that the intra-ocular pressure is maintained at satisfactory levels many patients can then be placed on once-a-day therapy. However, 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.

Transfer from other agents

When only a single antiglaucoma agent is being used, continue the agent and add one drop of 0.25% 'Timoptol' in each affected eye twice a day. On the following day, discontinue the previous agent completely, and continue with 'Timoptol'. If a higher dosage of 'Timoptol' is required, substitute one drop of 0.5% solution in each affected eye twice a day.

When several antiglaucoma agents are being used, the patient should be assessed individually. It may be possible to discontinue some or all the other agents; adjustments should be made to one agent at a time.

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

CONTRA-INDICATION

Hypersensitivity to Ophthalmic Solution 'Timoptol'.

PRECAUTIONS

Like other topically applied ophthalmic drugs, 'Timoptol' may be absorbed systemically.

'Timoptol' should be used with caution in patients with known contra-indications to systemic use of beta-adrenoreceptor blocking agents. These include bronchospastic disease, sinus bradycardia and greater than first degree heart block, cardiogenic shock, and cardiac failure. Patients with a history of severe cardiac disease should have their pulse rates checked.

Patients who are already on an oral beta-adrenergic blocking agent should be observed for a potential additive effect on either intra-ocular pressure or the known systemic effects of beta-blockade when given 'Timoptol'.

Although 'Timoptol' alone has little or no effect on pupil size, mydriasis has occasionally been reported when 'Timoptol' is given with adrenaline.

'Timoptol' has been generally well tolerated in glaucoma patients wearing conventional hard contact lenses; studies have not been conducted with patients wearing soft contact lenses.

There have been reports of skin rashes and/or dry eyes associated with the use of beta-adrenoreceptor 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 beta-blockade should be gradual.

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

'Timoptol' is usually well tolerated.

Signs and symptoms of ocular irritation, including conjunctivitis, blepharitis, and keratitis have been reported occasionally. Visual disturbances including refractory changes (due to withdrawal of miotic therapy in some cases) have been reported infrequently.

Hypersensitivity reactions, including localised and generalised rash, and urticaria, have been reported rarely.

Aggravation or precipitation of certain cardiovascular and pulmonary disorders has been reported, presumably related to the effects of beta-blockade (see 'Precautions'). These include bradyarrhythmia, hypotension, syncope, and bronchospasm (predominantly in patients with pre-existing bronchospastic disease). In clinical trials, slight reduction of the resting heart rate in some patients (mean reduction 2.9 beats/minute, standard deviation 10.2) has been observed.

The following adverse effects have been reported rarely, and a causal relationship to 'Timoptol' has not been established: aphakic cystoid macular oedema, headache, anorexia, dyspepsia, nausea, dizziness, CNS effects (fatigue, confusion, depression, somnolence, and anxiety), palpitation, and hypertension.

PRESENTATION

Clear, colourless to light yellow, sterile eye drops, available as 0.25% and 0.5% w/v solution of timolol maleate. Each is presented in a special metered-dose Ocumeter® Dispenser containing 5 ml Ophthalmic Solution 'Timoptol'.

The United Kingdom NHS basic cost is:

£4.71 for 5 ml 0.25% Ophthalmic Solution 'Timoptol' £5.29 for 5 ml 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

Issued September 1981

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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 Poincosawmy D. Double-masked cross-over comparison of Ganda 1.02 (Guanethidine 1% and Adrenaline 0.2% mixture) with Guttiae Adrenaline 1% (Simpiene 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.

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TECHNICAL DATA

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Presentation The basic VICRYL (Polyglactin 910) Suture is prepared from a copolymer of glycolide and lactide. The substances are derived respectively from glycolic and lactic acids. The empirical formula of the copolymer is $(C_2H_2O_2)_m(C_3H_4O_2)_n$.

Coated VICRYL (Polyglactin 910) Sutures are obtained by coating the braided suture material with a mixture composed of a copolymer of glycolide and lactide and an equal amount of calcium stearate. This coating does not affect the biological properties of the suture.

VICRYL (Polyglactin 910) Sutures are coloured by adding D & C Violet No 2 during polymerisation of the lactide and glycolide. Suture may also be manufactured in the undyed form.

These sutures are relatively inert, nonantigenic, nonpyrogenic and elicit only a mild tissue reaction during absorption.

Action Two important characteristics describe the in vivo behaviour of absorbable sutures. The first of these is tensile strength retention and the second absorption rate or loss of mass.

Subcutaneous tissue implantation studies of both VICRYL and Coated VICRYL Suture in rats show at two weeks post-implantation approximately 55% of its original tensile strength remains, while at three weeks approximately 20% of its original strength is retained.

Intramuscular implantation studies in rats show that the absorption of these sutures is minimal until about the 40th post-implantation day. Absorption is essentially complete between the 60th and 90th days.

Uses VICRYL and Coated VICRYL synthetic absorbable sutures are intended for use where an absorbable suture or ligature is indicated.

Dosage and Administration By implantation.

Contraindications, Warnings, etc. These sutures, being absorbable, should not be used where extended approximation of tissues under stress is required.

Sutures placed in skin and conjunctiva may cause localised irritation if left in place for longer than 10 days and should be removed as indicated.

The safety and effectiveness of VICRYL (Polyglactin 910) and Coated VICRYL Sutures in neural tissue and in cardiovascular tissue have not been established.

Pharmaceutical Precautions Do not re-sterilise.

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Package Quantities Various lengths of material packaged in sealed aluminium foil sachets. This primary pack is contained in a peel-apart secondary pack. The unit of sales is 12 packs contained in a film wrapped drawer style carton.

Adverse Reactions No suture related adverse reactions were reported during clinical trials, although a number of minor reactions were classified as being of unknown cause.

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FML (FLUOROMETHOLONE) LIQUIFILM STERILE OPHTHALMIC SUSPENSION. Abbreviated Prescribing Information. **Uses.** Topical ophthalmic suspension 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. **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. **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 those diseases causing thinning of the cornea or sclera, perforation has been known to occur with use of topical steroids. This preparation contains benzalkonium chloride and should be used with caution in association with hydrophilic contact lenses. **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. **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. **Legal Category.** POM. **Basic NHS cost.** £1.62 for 5ml, £2.57 for 10ml. **Product Licence No.** 04286/0028. **References.** 1. Kupferman and Lebowitz, Arch. Ophthalmol., Vol 93, 1011-3, Oct 1975. 2. Farbman and Thorson, Arch. Ophthalmol., Vol 86, 138-140, Aug 1971. 3. Mindel et al., Arch. Ophthalmol., Vol 98, 1577-8, Sept 1980. Further information is available from the Company. AL/1.



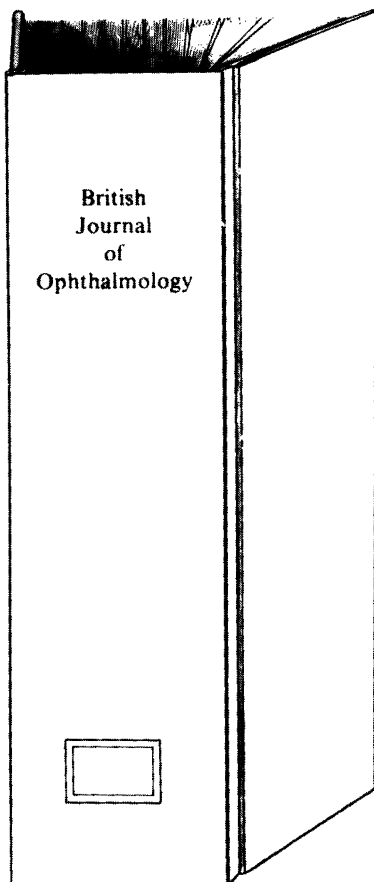
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