an-Bandage Lens
Helpful Information



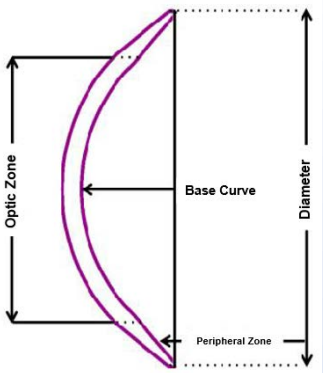
- Veterinary-specific transparent protection excellent for: corneal lesions resulting from abrasions, erosions, and/or ulcerations; mechanical strain during blinking; cases of corneal injury and disease; pre- and post-operative; and/or to maintain corneal moisture.
- Well-tolerated, oxygen-permeable, hydrophilic soft lenses consisting of polyxylon (copolymer of 2-hydroxyethylmethacrylate and N-vinylpyrrolidine).
- The nanostructure on the inner surface of the lens has a self-cleaning effect allowing for bandage lens longevity and the distribution and retention of eye drops.

Geometrical Construction

Base Curve: curvature radius of the central part of the inside of the lens in mm.

Lens Diameter: diameter of the entire bandage lens in mm.

Consists of a tapered marginal zone, thinner than the optical zone, for enhanced fit and patient comfort.



Fitting, Insertion, and Removal of the an-Bandage Lens

The correct lens size is selected using the species-specific measuring stencil available from an-vision. The lens diameter is measured along the horizontal axis from limbus to limbus. After selection, the appropriate lens is removed from the storage vial using the recommended silicone forceps.

Prior to insertion, hands should be washed and dried thoroughly. To insert the lens, hold it between the thumb and forefinger or with a small contact lens suction rod.



If the bandage lens is inserted and/or removed using forceps, only soft silicone forceps should be used to avoid damaging the edges and surface of the lens. Bandage lenses are usually inserted using local anesthesia, however general anesthesia of the patient may be necessary.

The small “a” on the outside of the lens depicts the correct fit (if the “a” is inverted, the lens is inside out).



The upper eyelid is lifted with a finger, and the bandage lens is placed dorso-cranially between lid and cornea. The lower eyelid and the nictitating membrane are pulled down with the thumb or forceps, and the bandage lens is placed on the cornea. The lens must rest under the third eyelid.

The fit of the bandage lens should be monitored after insertion using a slit lamp:

- The edges of the lens should lie flat on the cornea.
- A small air bubble should appear in the center under the lens and become smaller or escape completely when the lens is moved.
- Looking straight forward, the lens should extend over the limbus (1-2 mm), and should not be dislocated when looking sideways.

To distinguish between a steep, flat, or parallel adjustment of the lens on the cornea:

- An adjustment is too steep if the air bubble remains under the center of the bandage lens when the lens is moved.
- An adjustment is too flat if no air bubbles can be found under the lens and the lens does not lie smoothly on the peripheral surface of the cornea.
- A well-adjusted and parallel fitted lens moves vertically 1-2 mm during blinking.

The fit of the lens should be checked again after several hours.

Exerting light pressure onto the lower eyelid and simultaneous pushing upwards medially or laterally will move the lens over the edge of the lower lid, or form a fold that can easily be grasped using the thumb and forefinger

Defective lenses, such as lenses with peripheral defects or tears should not be used.

Duration of Application
When fitted correctly and monitored regularly using a loupe or slit lamp, the bandage lens may be left on the eye for 2-4 weeks, however they should be discontinued immediately should conditions worsen or concerns arise.

Special Notes

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

Cleaning and Monitoring
Proteins found in the tear film are naturally deposited on the bandage lenses, resulting in reduced oxygen permeability. Therefore, for re-use, it is necessary for the cleansing and removal of the protein depositions as well as possible depositions of environmental particles and fats. Following removal, the lenses should be cleaned using a contact lens cleaner for soft lenses according to the instructions for use by gently rubbing them between forefinger and thumb. Prior to reinsertion, the lens must be thoroughly rinsed with physiologic salt solution. Tap water may **not** be used. Prior to re-use, the inside of the lens facing the cornea should be inspected for rough or matted areas, as these may result in corneal damage.

If the lens is to be used in another patient, the cleaned lens must be autoclaved at 121°C /250°F for 20 minutes in a suitable glass vial, which can be obtained from an-vision.

Contraindications
Keratoconjunctivitis sicca
Bacterial infections

Tinted Lenses are available for light-sensitive patients. Contact an-vision for additional information.

Video Instructions regarding the use of the bandage lenses can be found on the 'Information' section of our website.

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