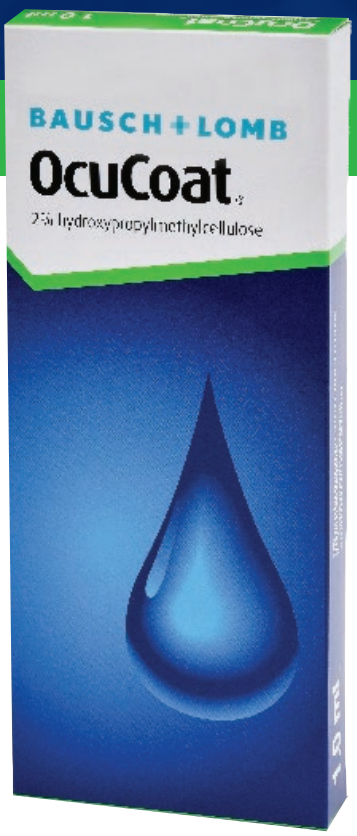
OcuCoat®

2% Hydroxypropyl Methylcellulose

VISCOELASTIC



A viscoelastic that is ideal for high-volume, small-incision cataract surgery.

HIGHLY LUBRICOUS

MANUFACTURED WITHOUT **LATEX**

- Excellent clarity can help provide an unobstructed view of the surgical field throughout capsulorhexis and phacoemulsification.[1]
- Excellent coating properties to help protect endothelial cells.[1]

OcuCoat.
2% hydroxypropylmethylcellulose

BAUSCH + LOMB

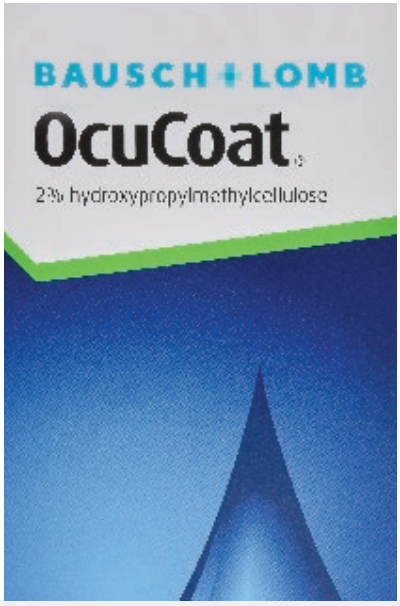
OcuCoat®

2% hydroxypropylmethylcellulose

LEARN MORE AT bauschsurgical.com

CC050S order number CC050SXXXX
CC065S-6/BOX order number CC065SXXXX

MODEL NUMBER	SIZE	VISCOSITY, CP (AT 1S-1 SHEAR RATE, 25°C)	MOLECULAR WEIGHT (DALTONS)	COMPOSITION	COHESION	OSMOLALITY (MOSM/KG)	CANNULA SIZE
CCO50S	1.0mL	4,000	>80,000	2%HPMC	Dispersive	285	25G
CCO65S	6/box, 1.0mL each						



PRODUCT NUMBERS CC050S CC065S-6/box

DESCRIPTION

- 2% hydroxypropyl methylcellulose (HPMC)viscoelastic solution
- 1.0-mL preloaded sterile glass syringe with finger grip for comfort
- 25-gauge disposable cannula, 32° angle
- Syringe requires assembly of the cannula only
- Not made with natural rubber latex
- >80,000 molecular weight (Daltons)
- Available in single packaging or 6 per box

DISPENSED

Singles

1. OcuCoat® Directions for Use

storz Ophthalmic Instruments

Find B+L IOL surgical equipment online at www.StorzEye.com

Indications and Important Safety Information for OcuCoat® Viscoelastic

INDICATIONS: OcuCoat® viscoelastic is indicated for use as an ophthalmic surgical aid in anterior segment surgical procedures, including cataract extraction and intraocular lens implantation. OcuCoat maintains a deep chamber during anterior segment surgery and thereby allows for more efficient manipulation with less trauma to the corneal endothelium and other ocular tissues.

PRECAUTIONS: For intraocular use only. Discard unused contents of OcuCoat® syringe after each use. Do not resterilize.

Precautions are limited to those normally associated with the ophthalmic surgical procedure being performed. There may be transient increased intraocular pressure following surgery because of pre- existing glaucoma or due to the surgery itself. For these reasons, the following precautions should be considered:

- OcuCoat® should be removed from the anterior chamber at the end of surgery
- If the post-operative intraocular pressure increases above expected values, appropriate therapy should be administered

ADVERSE EVENTS: Clinical testing of OcuCoat® showed it to be extremely well tolerated after injection into the human eye.

A transient rise in intraocular pressure postoperatively has been reported in some cases.

Rarely, postoperative inflammatory reactions (iritis, hypopyon), as well as incidents of corneal edema and corneal decompensation, have been reported with viscoelastic agents. Their relationship to OcuCoat® has not been established.

ATTENTION: Refer to the Directions for Use labeling for a complete listing of indications, warnings and precautions, clinical trial information, etc.

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.