

# **3M™ Opticlude™ Orthoptic Eye Patches**

## **Technical Data Sheet**

### **Description:**

3M™ Opticlude™ Orthoptic Eye Patch consists of a soft non-adherent pad bounded to a skin-friendly breathable and conformable adhesive. The dressing is breathable and conforms to body contours. The patch consists of:

- non-woven microporous backing which lets the skin breathe and function normally,
- the hypoallergenic adhesive, which is gentle to the child's skin,
- central non-adherent pad which prevents eye secretions sticking the pad to the eye.

Occlusion therapy has been mentioned as a treatment for Amblyopia as early as 1743 (by Buffon). Occlusion still remains one of the most effective treatments for Strabismus and Amblyopia, despite other methods being brought in over the last 40–50 years. Occlusion treatment should start at a very young age to have the best chance of success.

### **Indications for Use:**

Opticlude orthoptic eye patch is used in eye occlusion treatment of Amblyopia and Strabismus in children. Worn over the preferred eye, the eye patch encourages the weaker eye to function. The patches are reapplied every day according to the regime set by the ophthalmic practitioner. Treatment regimes differ widely and children might have to comply with regular patching for several weeks or even years.

### **Reasons to use 3M™ Opticlude™ Orthoptic Eye Patches:**

- Absorbent, non adherent pad shields light/vision from eye for optimal and effective occlusion treatment. Ideal for treating Strabismus and Amblyopia under the direction of an eye care professional.
- Available in plain and patterned designs.
- Available in two sizes Mini and Maxi.
- Plain patches come with Transparent Picture Set which can be applied to the patch to make it more appealing to wear.
- Tape is hypoallergenic and gentle to skin, minimising irritation.
- Easy to apply and remove, yet still adheres well to the skin.

### **Precautions:**

- Follow directions provided by your eye care professional regarding use of the Opticlude orthoptic eye patch.
- Where vision occlusion is compromised, consider replacing the patch.
- Do not stretch the dressing during application as tension can cause skin trauma.
- Make sure the skin is dry and free of soap residue and lotion to prevent skin irritation and to ensure good adhesion.

**Contraindications:** None known

**Warnings:** None known

### **Instructions for Use Application:**

1. For the best adhesion, first clean and dry skin. Remove paper liner from the eye patch.
2. Gently close both eyes keeping facial muscles relaxed. Wrinkles around the eye should be avoided.
3. Apply eye patch with the narrow end towards the nose. Do not stretch the patch, or pull on skin.\*
4. Secure the pressure sensitive adhesive tape by applying light pressure with fingertips around the outside of the eye patch.

### **Removal:**

1. At the nose side of the eye patch, grasp and loosen the outer edge of the eye patch.



2. Support the skin with your fingers. Remove the tape “low and slow”, peeling the eye patch towards the skin surface and pulled back over itself. Removing the eye patch at an angle will pull the skin surface and increase the risk of redness and irritation.
3. As the patch is removed, continue to support newly exposed skin.
4. For a patch that is strongly adhered, you may consider using a medical grade adhesive remover or moisturiser (approved for use around the eye) to soften the adhesive along the peel edge.

## Disposal:

Opticlude orthoptic eye patches can be disposed in household waste.

## Storage and Shelf Life:

For the best results store the Opticlude orthoptic eye patches at room temperature. Shelf life is provided by the expiry date printed on the box.

## Regulatory Information:

Opticlude orthoptic eye patch has a CE Mark and is classed as a Class I Medical Device.

\* For particularly fragile skin, 3M™ Cavilon™ No Sting Barrier Film can be applied to the area around the eye as added protection. Avoid contact with moist areas of the eye.

## General References

These publications provide background information on use of orthoptic eye patches.

- Bock, Charles J. MD, Patching Treatment for Amblyopia.  
<http://www.ehnpc.com/physician-bock4.html>.
- Bhola R., Kamiesh Dr., et al. A new approach to measuring the statistic deviation in cases of divergence excess type of intermittent exodeviation. AIOC Proceedings 2003, pp. 423-425.
- Menon V., Chaudhuri Z., et al. Factors influencing visual rehabilitation after occlusion therapy in unilateral amblyopia in children. India J Med Res 122, December 2005, pp. 497-505.
- Norcia AM, Hammer RD, et al., Plasticity of Human Motion Proceedings Mechanisms Following Surgery for Infantile Esotropia. Vision Res. 35: 23-24, pp. 3279-3296, 1995.
- Shields SR., Managing eye disease in primary care. Postgraduate Medicine 108:5. October 2000.
- West Coast Eyecare Association, Treatment of Amblyopia.  
<http://www.westcoasteyecare.com/amblyopia.html>

## Ordering information:

Product Code	Size	Patches/Box	NHS Code	PIP Codes
1537	5 x 6cm	20	EQB113	072-0698
1539	5,7 x 8cm	20	EQB111	055-6357
2537PE	5 x 6cm	30	NA	NA
2539PE	5,7 x 8cm	30	NA	NA



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