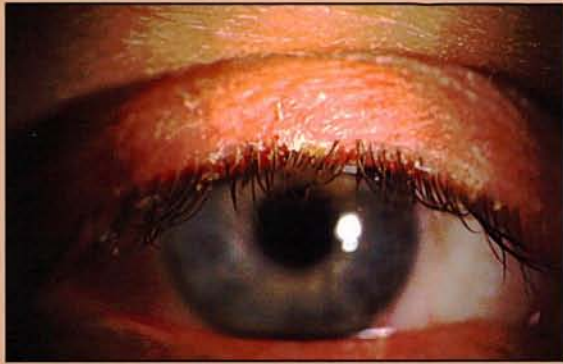


WHAT DOES BLEPHARITIS LOOK LIKE?

The symptoms of blepharitis can appear on the exterior surface of the eyelid, on the inside of the lid or on the eye itself. Some of the signs of blepharitis can look like this:



Inflamed outer eyelid with crust formation.



Clogged oil glands on the inside of the eyelid.

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use TOBRADEX® ST ophthalmic suspension safely and effectively. See full prescribing information for TOBRADEX® ST Suspension.

TOBRADEX® ST (tobramycin / dexamethasone ophthalmic suspension) 0.3%/0.05%

INDICATIONS AND USAGE

TOBRADEX® ST Suspension is a topical antibiotic and corticosteroid combination for steroid-responsive inflammatory ocular conditions for which a corticosteroid is indicated and where superficial bacterial ocular infection or a risk of bacterial ocular infection exists.

DOSAGE AND ADMINISTRATION

- Instill one drop into the conjunctival sac(s) every 4 to 6 hours. (2.1)
- During the initial 24 to 48 hours, dosage may be increased to one drop every 2 hours. (2.1)
- Frequency should be decreased gradually as warranted by improvement in clinical signs, but care should be taken not to discontinue therapy prematurely. (2.1)

DOSAGE FORMS AND STRENGTHS

- TOBRADEX® ST Suspension ophthalmic suspension contains 3 mg/mL tobramycin and 0.5 mg/mL dexamethasone.

CONTRAINDICATIONS

- TOBRADEX® ST Suspension, as with other ophthalmic corticosteroids, is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures. (4.1)
- Hypersensitivity to any component of the medication (4.2)

WARNINGS AND PRECAUTIONS

- Intraocular pressure (IOP) increase – Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. If this product is used for 10 days or longer, IOP should be monitored. (5.1)
- Sensitivity to topically applied aminoglycosides may occur. (5.2)
- Cataracts – Use of corticosteroids may result in posterior subcapsular cataract formation. (5.3)
- Delayed healing – The use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation. In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical steroids. The initial prescription and renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification such as slit lamp biomicroscopy and, where appropriate, fluorescein staining. (5.4)
- Bacterial infections – Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In acute purulent conditions, steroids may mask infection or enhance existing infection. If signs and symptoms fail to improve after 2 days, the patient should be re-evaluated. (5.5)
- Viral infections – Employment of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution. Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex). (5.6)
- Fungal infections – Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid application. Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. (5.7)
- If product is used in combination with systemic aminoglycoside antibiotics the patient should be monitored for total serum concentration of tobramycin. (5.8)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Alcon

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A CLOSER LOOK AT BLEPHARITIS



UNDERSTANDING THE SIGNS, SYMPTOMS AND TREATMENTS


ADVANCED
EYE CARE & SURGERY

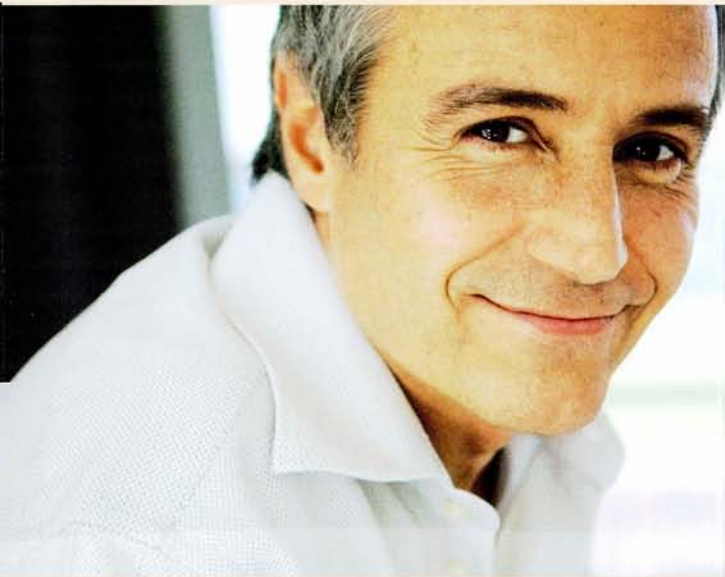
501 E. Palm Valley Blvd.
Round Rock, Texas 78664
(512) 248-2424
www.eyecare-surgery.com

WHAT IS BLEPHARITIS?

Blepharitis is a common condition that causes inflammation inside and around the eyelids. It is caused by the presence of bacteria, which can irritate and clog oil glands in the eyelids. The production of oil by these glands is essential for keeping the surface of the eye lubricated and minimizing the evaporation of tears. With blepharitis, the lack of this protective oil can cause the eyes to become irritated, inflamed and may increase the risk of infection.

Signs and Symptoms Include:

- Dry, red or bloodshot eyes
- Constant eye irritation, like burning or stinging
- Chronic swelling and redness along eyelids
- Crusty discharge, especially in the morning
- Light sensitivity
- The formation of styes or cysts



HOW IS BLEPHARITIS TREATED?

Blepharitis is a chronic condition, but there are several ways to control or lessen the symptoms. Your doctor may recommend one or more of the following:

Hot Compress

Apply a hot wash cloth or compress to the closed eyelids for about 10 minutes. This will thin the oil inside the tear glands, allowing it to more easily lubricate the eye.

Lid Massage

After warming the eyelids, use a clean finger to gently massage each lid for about 30 seconds. This will help remove any oily buildup or crusting that can irritate the eye.

Lid Scrubs

Your doctor may also recommend using a warm cloth with diluted baby shampoo or specially formulated eyelid cleansers during lid massages to further remove any oily buildup.

Omega-3 Supplements

Consider supplementing your diet with omega-3 fatty acids, like fish oil or flaxseed oil. These supplements may help improve the lubricating quality of tears.

Artificial Tears

Regular use of eye drops, such as SYSTANE® BALANCE Lubricant Eye Drops, can help maintain your existing tear film, increasing lubrication to the eye.

Prescription Medication

There are prescription medications available to treat blepharitis. Read on for more information.

ARE THERE ANY MEDICATIONS FOR BLEPHARITIS?

Consult your doctor about medications available to treat blepharitis. He or she may recommend TOBRADEX® ST Suspension, a prescription medication used to treat inflammation and infection or where the risk of infection could exist.

Intended for short-term use, TOBRADEX® ST Suspension can help resolve the signs and symptoms of blepharitis. If you are suffering from symptoms of blepharitis, ask your doctor if TOBRADEX® ST Suspension is right for you.

Important Safety Information:

- Using steroids for a long period of time may cause an increase in eye pressure. If TOBRADEX® ST Suspension is used for longer than 10 days, eye pressure should be monitored by a health care professional.
- Some people are sensitive to the type of antibiotic in TOBRADEX® ST Suspension known as "aminoglycosides." Advise your health care professional.
- Using steroids for a long period of time may cause cataracts.
- The use of steroids after cataract surgery may delay wound healing. If you have a disease that causes a thinning of the eye tissues, steroids may cause further thinning and possible perforation.
- Using steroids for a long period of time may increase the risk of a bacterial eye infection or worsen an existing infection.
- The use of a steroid may worsen many viral infections of the eye such as herpes simplex.
- Fungal infections are prone to develop with the use of steroids over a long period of time.
- If you use TOBRADEX® ST Suspension with other systemic, oral or topical products containing the antibiotic tobramycin, advise your health care professional. He/she may do blood tests to check blood levels of tobramycin.



SIDE EFFECTS

The most common side effects of TOBRADEX® ST Suspension are eye pain, itching and swelling of the eyelid, eye redness and increased eye pressure.

TobraDex® ST
(tobramycin/dexamethasone
ophthalmic suspension)
0.3%/0.05%