



Purified Silicone Oil Tamponade to treat complex retinal detachments

- Quality proven product
- Less tissue impregnation
- Reduced emulsification due to high degree of purity & low level of reactive -OH end groups
- Subject to all physical & chemical analysis to ensure purity (H-NMR spectral test, gel permeation chromatography study & gas chromatography)
- Low level of catalyst impurities minimizes the risks of interactions with the ocular environment
- Purity beyond comparison



NOT AVAILABLE FOR SALE IN THE U.S.

DESCRIPTION	VisiSil is a fractionated, purified, sterile and apyrogenic silicone oil designed for prolonged tamponade after surgical treatment for severe retinal detachment.														
SUPPLY	10ml vial in a sterile pouch.														
INDICATIONS	Retinal detachment with giant tear, retinal detachment with proliferative vitreo retinopathy (PVR), proliferative diabetic retinopathy (PDR) and traumatic retinal detachment.														
CONTRAINDICATIONS	Pseudophakic patients with silicone intraocular lens (silicone oil can chemically interact and opacify silicone elastomers).														
PRECAUTIONS	As with any surgical procedure, posterior segment surgery using VisiSil presents risks which the surgeon must evaluate. <ul style="list-style-type: none"> - Single use product only. - Do not use if sterile packaging is damaged. - Do not use after expiration date. - Do not resterilize. 														
ADVERSE REACTIONS	The most common adverse reactions include cataract, anterior chamber oil migration, keratopathy and glaucoma. Other adverse reactions include optic nerve atrophy, rubeosis iritis, temporary IOP increase, macular pucker, vitreous hemorrhage, phthisis, traction detachment, angle block, sub retinal strands, retinal rupture, endophthalmitis, sub retinal silicone oil, choroidal detachment, aniridia and cystoid macular edema. Opacification of silicone IOL has been reported (in vitro).														
CHARACTERISTICS	<table border="0"> <tr> <td>Viscosity (at 25°C):</td> <td>1000 cs</td> </tr> <tr> <td>Refractive index (at 27°C):</td> <td>1.4002</td> </tr> <tr> <td>Specific Gravity (at 27°C):</td> <td>0.9740</td> </tr> <tr> <td>Average Molecular Weight (Daltons):</td> <td>44,000 ±1000</td> </tr> <tr> <td>Poly Dispersion Index:</td> <td>2.5</td> </tr> <tr> <td>Toxic Residue:</td> <td>Nil</td> </tr> <tr> <td>Content of -OH end groups:</td> <td><70 ppm</td> </tr> </table>	Viscosity (at 25°C):	1000 cs	Refractive index (at 27°C):	1.4002	Specific Gravity (at 27°C):	0.9740	Average Molecular Weight (Daltons):	44,000 ±1000	Poly Dispersion Index:	2.5	Toxic Residue:	Nil	Content of -OH end groups:	<70 ppm
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DIRECTIONS	In aseptic conditions, decant the contents of the bottle into a sterile syringe. Place the syringe in a syringe driver in order to facilitate the injection. Plug the infusion terminal to the tip of the syringe. Inject slowly. During withdrawal, avoid leaving silicone bubbles in the vitreo-retinal cavity. Once VisiSil is removed from the patient's eye, it should be treated as any human biological product.														



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