

Required Materials

- Anesthetic drops
- Sterile gloves
- Weck-Cel or cotton tip applicator
- Antibiotic drops
- Sterile toothless forceps
- Pressure patch materials (eye pad, eye shield, scissors, adhesive tape)
- Eyelid speculum

Clinical Application Process

1 Determine the clinical rationale for the placement of an amniotic membrane graft¹:

- Persistent epithelial defects/ulcers or filamentary keratitis related to moderate to severe ocular surface disease.
- Neurotrophic keratitis related to infectious disease (eg HSV or VZV) or limbal stem cell deficiency (eg Contact lens induced).
- Following superficial keratectomy for anterior basement membrane dystrophy, Salzmann nodules, bullous and band keratopathy, or cross linking.
- Use for corneal or scleral melt, leaking wounds or blebs, exposed tube shunts, Steven Johnson Syndrome, or chemical injury.

2 Determine the required graft thickness for optimal ocular surface covering^{2,3,4}:

- Single layer grafts may be used for corneal epithelial defect patients with less severe conditions.
- Three-layer grafts are used for patients with neurotrophic disease or limbal stem cell deficiency, acute melts, leaks, tube exposure, or following superficial keratectomy in patients without concomitant moderate to severe dry eye.

3 Determine the optimal clinical application procedure^{4*}:

- Biovance single layer grafts may be applied to the ocular surface together with placement of a 24 hour pressure patch.
- Biovance 3L Ocular (three layer graft) may be applied to the ocular surface together with a 72 hour pressure patch.

4 Prepare for amniotic membrane graft placement:

- Place unopened tissue, pressure patch gauze, toothless forceps, Weck-Cel or cotton tip applicator and other materials needed on workspace. Keep Biovance or Biovance 3L Ocular packaged until ready for placement.
- Instill one drop of topical anesthetic to eye followed by one non-viscous topical antibiotic drop.
- Insert eyelid speculum at this time.
- Instill a second drop of non-viscous topical antibiotic drop.
- Use Weck-Cel sponge to dry corneal surface.
- Carefully open the Biovance or Biovance 3L Ocular pouch.
- Use smooth tip forceps and remove Biovance or Biovance 3L Ocular from pouch (grooved forceps can damage the product).
- Place graft centrally on to the cornea using toothless forceps and use a damp Weck-Cel to smooth Biovance or Biovance 3L Ocular to corneal surface until it is translucent. Be careful not to get fluid under the graft or it will lose adhesion.

If placing a pressure patch^{5,6}:

- Remove the eyelid speculum.
- Ask the patient to keep their eye closed.
- Apply a piece of adhesive tape, about 15 centimeters long, to the eye pad. Two eye pads may be necessary to create enough pressure to keep the eye closed.
- Position the eye pad diagonally over the closed lids of the affected eye and tape firmly, but gently, to the forehead and cheek.
- Apply a second and third piece of tape to ensure the pad lies flat.
- Extra protection can be given by taping a shield over the pad in the same way.
- The pressure patch** should remain in place for 1 day for a single layer and 3 days for a three layer graft.
- Instruct patient to continue with antibiotic and lubrication eye drops, as directed, once the patch is removed at home as instructed.

If pressure patch is not possible, consider either:

- Use a collagen shield with taped tarsorrhaphy.
- Bandage contact lens with high water content and minimum base curve of 8.8*

- Place a drop of antibiotic or preservative-free tears on to the bandage contact lens.
- Remove the eyelid speculum.
- Instruct patient to keep eyes closed for 1-2 minutes without rubbing eyes.
- Instruct patient to continue with antibiotic and lubrication eye drops, as directed.

Plan to see patient in 5-7 days; sooner if there is discomfort / redness / swelling.

* Recommend use of a flat contact lens (e.g. 8.8 - 9.0) with a high water content.

**A pressure patch should never be applied in the setting of an active or presumed bacterial or fungal infection.

Indications for use

BIOVANCE 3L Ocular is an allograft intended for use as a biological membrane covering that provides an extracellular matrix. As a barrier membrane, BIOVANCE 3L Ocular is intended to protect the underlying tissue and preserve tissue plane boundaries. Applications include, but are not limited to, corneal and conjunctival related injuries or defects such as corneal epithelial defects pterygium repair, fornix reconstruction, and other procedures.

Important Safety Information

BIOVANCE 3L Ocular is contraindicated in patients with a known hyper-sensitivity to BIOVANCE 3L Ocular. If a patient has an adverse reaction related to the use of BIOVANCE 3L Ocular, immediately discontinue its use. BIOVANCE 3L Ocular should not be used on clinically infected wounds. The pouch contents are sterile if the pouch is unopened and undamaged. Do not use if package seal is broken. Discard material if mishandling has caused possible damage or contamination. Do not resterilize. BIOVANCE 3L Ocular must be used prior to the expiration date on the product pouch. BIOVANCE 3L Ocular should not be used together with a collagenase product on the wound.



View Biovance 3L Ocular
Clinical Application Process
with pressure patch

Biovance 3L Ocular should not be used with a bandage contact lens.

If placing a bandage contact lens with Biovance single layer graft^{6,7}:

- Open the bandage contact lens* and using toothless forceps place the bandage contact lens over the graft.

6 convenient shapes & sizes to support your treatment application needs



Available in 3-layer & single-layer designs

For product information, contact 1-800-397-0670. For adverse reaction reporting, contact 1-844-963-2273.
Please refer to the Biovance 3L Ocular package insert for complete product information.

1.Rivera-Morales P, et al; Surgical Time and Postoperative Symptoms Study in Pterygium Excision and Amniotic Membrane Graft Using Celularity Triple Layer Dehydrated Amniotic Membrane; Clin Ophthal; June 2023; <https://doi.org/10.2147/OPHT.S410452>. 2.Maqsood S, Eisawah K, Dhillon N, Soliman S, Laginaf M, Lodhia V, Lake D, Hamada S, Elalfy M. Management of Persistent Corneal Epithelial Defects with Human Amniotic Membrane-derived Dry Matrix. Clin Ophthalmol. 2021 May 28;15:2231-2238. 3.Baig IF, Le NT, Al-Mohtaseb Z. Amniotic membrane transplantation: an updated clinical review for the ophthalmologist. Ann Eye Sci 2023;8:5. 4. Linsey, K. Use of an Eyelid Pressure Patch Concomitantly with a Decellularized Dehydrated Amniotic Membrane for Ocular Surface Disease Management. Ophthalmol Ther (2025). <https://doi.org/10.1007/s40123-025-01094-2> 5.Stevens S. How to apply an eye pad, shield, and bandage. Community Eye Health. 2010 Dec;23(74):56. 6.Efron N, Jones L, Bron AJ, et al. The TFOS International Workshop on Contact Lens Discomfort: Report of the Contact Lens Interactions With the Ocular Surface and Adnexa Subcommittee. Invest Ophthalmol Vis Sci. 2013;54:TFOS98-TFOS122. 7.Richdale, Kathryn OD, MS; Sinnott, Loraine T PhD; Skadahl, Elisa BS; Nichols, Jason J OD, MPH, PhD. Frequency of and Factors Associated With Contact Lens Dissatisfaction and Discontinuation. Cornea 26(2);p 168-174, February 2007.