

Solves Rotation Mechanically & Optically

Average of 1.9° rotation reported by 'best practice'



Lens type:	One piece IOL, In the bag fixation
Body:	6.0 mm Transitional Conic Toric Biconvex
Material:	Hydrophilic Acrylic
Overall Ø:	12.5 mm
Angulation:	0°
A-Constant:	118.0 (A Scan) 118.5 (IOL Master; SRK T) 118.7 (IOL Master; SRK II) 1.020 (IOL Master; Haigis a0) 0.400 (IOL Master; Haigis a1) 0.100 (IOL Master; Haigis a2) 5.26 (IOL Master; Hoffer-Q pACD) 1.51 (IOL Master; Holladay 1 sf)
Available Powers:	+1.0 D to +34.0 D (0.5 increments) Cylinder 1.0 D to 10.0 D (0.5 increments)
Refractive index:	1.46
IOL Spherical Aberration:	360° 0 µm

MICS

Features:

Transitional Conic Toric Surface

Blends into the aspheric surface of all meridians leading to a broader toric surface. (Patent pending). This will extend the depth of vision (EDOV) and will keep the toric surface in alignment with the patient's astigmatism even when slightly misaligned.

360° Square Edge Optic

Results in optimized PCO barrier.

Aberration Neutral

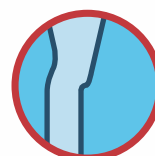
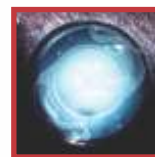
The Precizon family IOLs have an aspherical anterior side, resulting in aberration neutral IOLs.

Mechanical Haptic

The space between the inner haptic stays open with compression down to 9 mm. This opening is designed to allow a "fibrosis anchor". This will enhance the stability and reduce late post-op rotation of the lens.

Offset Haptic

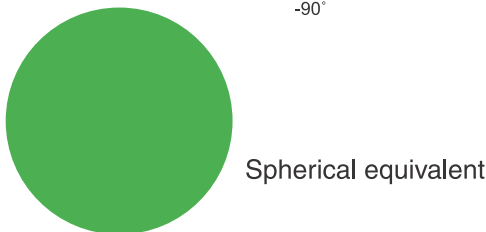
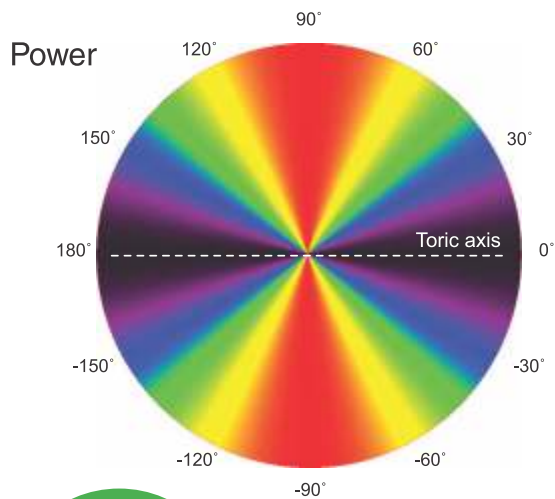
The Precizon family IOLs have offset shaped haptics. This shape enables the lens to adhere to the posterior capsule, to prevent early postoperative rotation and to reduce PCO.



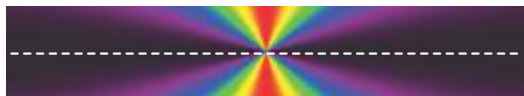
TRANSITIONAL CONIC TORIC IOL

// DESCRIBING PRECIZON™ TORIC TRANSITIONAL CONIC SURFACE

Precizon™ Toric
(Transitional Conic Surface)



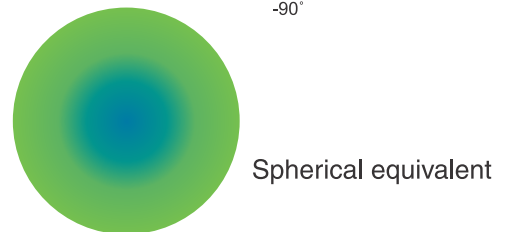
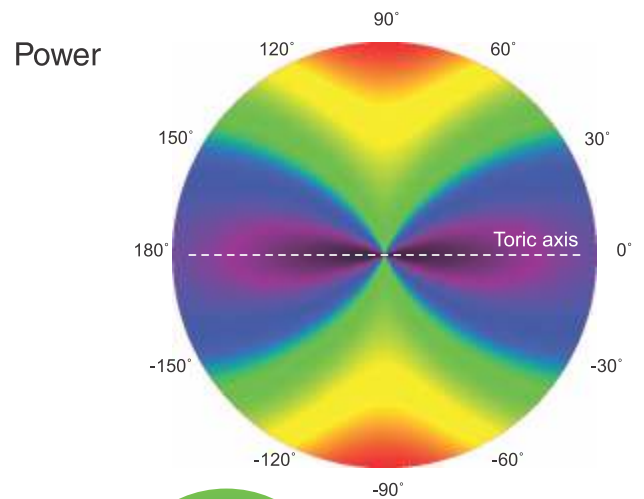
The dioptric power is calculated per meridian resulting in a constant dioptric power from the center of the lens to the edge:



Broader Toric meridian designed to be more tolerant of misalignment, tilt and decentration:



Standard Toric



The dioptric power for a standard toric IOL is calculated as the opposite of the corneal astigmatism including the natural spherical aberrations:

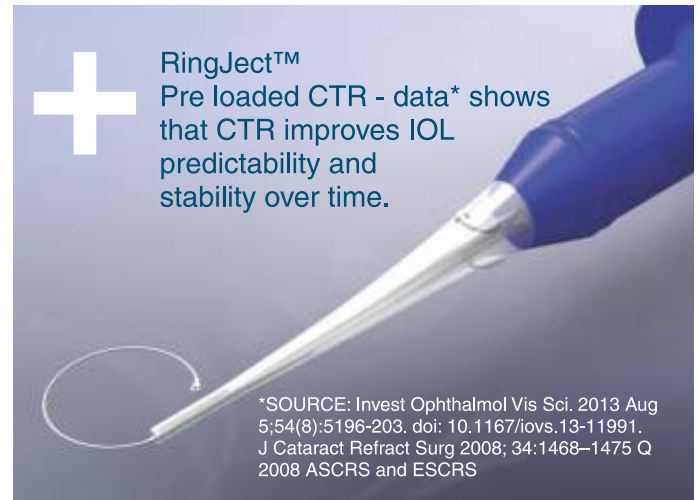
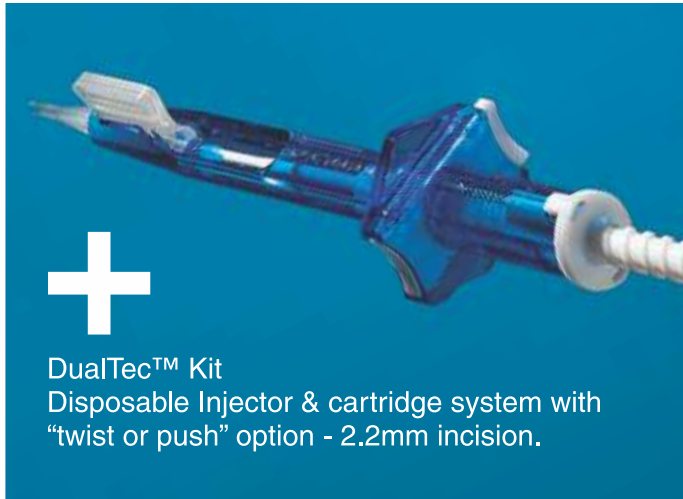


When a standard toric lens is rotated 10 degrees it is out of alignment with corneal astigmatism:



// Precizon™ Toric ADVANTAGES

- ✓ Broader Toric meridian designed to be more tolerant of misalignment
- ✓ Constant power over each meridian, resulting in a constant Spherical Equivalent (SE) power, designed to provide optimal visual acuity
- ✓ Aperture independent Spherical Equivalent power and aberration neutral, designed to provide optimal visual acuity
- ✓ Aperture independent cylinder power, designed to provide optimal visual acuity.



PRECIZON™ ONLINE CALCULATOR

calculator.ophtec.com

Accurate alignment is a function of several factors;

// MEASURING & MARKING PEARLS*

- ✓ K reading: Use multiple measurements when defining the K value. At least one of the devices you use should be a topographer. Look at the average topographer measurements over the central 3 or 4 mm.
- ✓ Consider what the refraction shows. If it is a proper measurement and the patient has acceptable vision, it often gives some clues about the against-the-rule astigmatism that may be present on the posterior corneal surface.
- ✓ Base the cylinder correction on the corneal astigmatism, not the refractive astigmatism. When the patient has cataract surgery, any amount of lenticular astigmatism that was there will be removed.
- ✓ Know your specific surgically induced astigmatism factor. The Precizon™ online calculator takes this factor into account when calculating the implantation axis.
- ✓ Be wary of leaving the patient with against-the-rule astigmatism. Patients generally tolerate with-the-rule astigmatism better than against-the-rule astigmatism. Overcorrecting it could create some against-the-rule astigmatism, which the patient will not tolerate.

// PEARLS FOR THE OR*

- ✓ Bring the toric axis printout into the OR for reference.
- ✓ Consider creating a smaller capsulorhexis. Overlap of the capsulorhexis all around the optic helps with stability.
- ✓ Make sure that all viscoelastic material is removed. Expect the lens to rotate a little clockwise when you remove the viscoelastic. When rotating the lens, stop about 10 to 30 degrees short of the intended axis. After removal the IOL should be positioned in the proper axis.
- ✓ To maintain IOP most surgeons inject saline in the AC. Compared to regular aphakic lens implantation, in toric lens implantation the AC should be filled less than normal. When overinflating the anterior chamber with balanced salt solution the tendency for the IOL to rotate can increase.

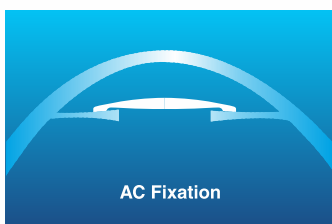
* Source: adapted from: Review of Ophthalmology 1/22/13
- Toric IOLs: Nailing The Alignment



ARTISAN APHAKIA

#1 Secondary IOL

Based on the long term experience of Iris Fixation, the ARTISAN® Aphakia IOL is a predictable, safe, high precision implant, that corrects the eye when it is not correctable by other means. **Small diameter lenses are available on request for Asian eyes and Pediatric cases.**



AC Fixation



Retro Pupillary Fixation

- ✓ Iris fixation
- ✓ One size fits all
- ✓ Long term clinical experience
- ✓ Predictable, stable, reliable

ARTISAN® Aphakia | Model 205



Optic:	5.0 mm biconvex*
Haptics:	Iris Claw®
Overall Ø:	8.5 mm
A-Constant:	115.0 (ultrasound) 115.7 (laser interference, estimated)
AC Depth:	3.3 mm
Dioptric Powers:	2.0 D to 30.0 D (1.0 increments) 14.5 D to 24.5 D (0.5 increments)
Also available:	ARTISAN® Pediatric Aphakia 4.4/6.5 and 4.4/7.5 Designed for small eyes

+2.0 D to +9.0 D Convex-plano

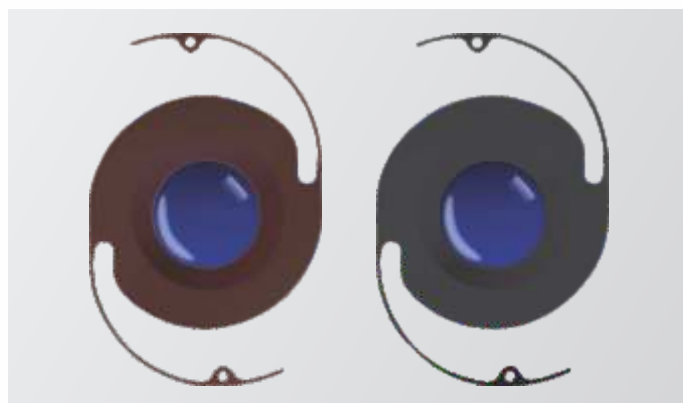
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thrust on service

ANIRIDIA IOLS

Unique & Reliable

A unique solution for the correction of aniridia as well as iris coloboma. Coloured body and haptics and additional optical are available for scleral, sulcus and capsular bag fixation.



Colour specifications of the Iris Reconstruction Implants

Customized

Warning: **1.** The Anterior Segment Reconstruction Prostheses are only available in standard colours and therefore OPHTEC cannot guarantee the perfect colour match with the fellow eye; **2.** After implantation in the eye the colour of the prosthesis might look lighter; **3.** For a better evaluation and choice of the colour match, we suggest you to consult OPHTEC representatives; **4.** Black Polycarbonate is more fragile than other (PMMA) colours.

- ✓ Iris reconstruction & optical correction
- ✓ Scleral, Sulcus and In the Bag fixation
- ✓ Safe, Stable, Reliable

HMK ANI 2 | Models 311



Optic:	4.0 mm other optic diameter on request
Body:	9.0 mm
Loops:	C-loop
Overall Ø:	13.75 mm
A-Constant:	118.5
AC Depth:	4.9 mm
Dioptric Powers:	0.0 D and 1.0 D to 30.0 D (0.5 increments)
Colours:	Brown, green, blue