TECNIS® 1-Piece Aspheric Multifocal IOL
Hydrophobic Acrylic

- HAPTICS OFFSET FOR 3 POINTS OF FIXATION
- POSTERIOR DIFFRACTIVE SURFACE
- FROSTED, CONTINUOUS 360° POSTERIOR SQUARE EDGE
- 13.0 mm OVERALL DIAMETER
- 6.0 mm OPTIC DIAMETER
- TECNIS® IOL WAVEFRONT-DESIGNED ASPHERIC SURFACE
- Anterior Side
- Posterior Side
DESCRIPTION

OPTIC CHARACTERISTICS

- Powers: +5.0 D to +34.0 D in 0.5 diopter increments
- Diameter: 6.0 mm
- Shape: Biconvex, anterior aspheric surface, posterior diffractive surface
- Near Add: +4.0 D
- Material: UV-blocking hydrophobic acrylic
- Refractive Index: 1.47
- Edge Design: ProTEC frosted, continuous 360° posterior square edge

OPTICAL BIOMETRY*

- A-constant: 119.3

ULTRASOUND BIOMETRY†

- A-constant: 118.8
- Theoretical AC Depth: 5.4 mm
- Surgeon Factor: 1.68 mm

HAPTIC CHARACTERISTICS

- Overall Length: 13.0 mm
- Style: C
- Material: UV-blocking hydrophobic acrylic
- Design: Haptics offset from optic

RECOMMENDED INSERTION INSTRUMENTS

- UNFOLDER® Platinum 1 Series Screw-Style Inserter
- UNFOLDER® Platinum 1 Series Cartridge
- ONE SERIES Ultra Syringe-Style Inserter
- ONE SERIES Ultra Screw-Style Inserter
- ONE SERIES Ultra Cartridge

*Derived from clinical evaluation results of the TECNIS® 1-Piece platform.
†Value theoretically derived for a typical 20.0 D lens. AMO recommends that surgeons personalize their A-constant based on their surgical techniques and equipment, experience with the lens model and postoperative results.

To learn more and to view important safety information, please visit www.TECNISMultifocal.com. Or call 1-877-AMO-4-LIFE.

Caution: Federal law restricts this device to sale by or on the order of a physician.

Important Safety Information for TECNIS® Multifocal IOL

Indications: TECNIS® Multifocal IOLs are indicated for primary implantation for the visual correction of aphakia in adult patients with and without presbyopia in whom a cataractous lens has been removed by phacoemulsification and who desire near, intermediate, and distance vision with increased spectacle independence. The IOLs are intended to be placed in the capsular bag. Warnings: Physicians considering lens implantation under any of the conditions described in the Directions for Use labeling should weigh the potential risk/benefit ratio prior to implanting a lens. Some visual effects associated with multifocal IOLs may be expected because of the superposition of focused and unfocused images. These may include a perception of halos/glare around lights under nighttime conditions. It is expected that, in a small percentage of patients, the observation of such phenomena will be annoying and may be perceived as a hindrance, particularly in low-illumination conditions. On rare occasions, these visual effects may be significant enough that the patient will request removal of the multifocal IOL. Under low-contrast conditions, contrast sensitivity is reduced with a multifocal lens compared with a monofocal lens. Therefore, patients with multifocal lenses should exercise caution when driving at night or in poor-visibility conditions. Patients with a predicted postoperative astigmatism >1.0 diopters may not be suitable candidates for multifocal IOL implantation since they may not fully benefit from a multifocal IOL in terms of potential spectacle independence. Care should be taken to achieve centration, as lens decentration may result in patients experiencing visual disturbances, particularly in patients with large pupils under mesopic conditions. Precautions: The central one-millimeter area of the lens creates a far image focus; therefore, patients with abnormally small pupils (~1 mm) should achieve, at a minimum, the prescribed distance vision under photopic conditions; however, because this multifocal design has not been tested in patients with abnormally small pupils, it is unclear whether such patients will derive any near-vision benefit. Autorefractors may not provide optimal postoperative refraction of multifocal patients; manual refraction is strongly recommended. In contact lens wearers, surgeons should establish corneal stability without contact lenses prior to determining IOL power. Care should be taken when performing wavefront measurements, as two different wavefronts are produced (one will be in focus [either far or near], and the other will be out of focus); therefore, incorrect interpretation of the wavefront measurements is possible. The long-term effects of IOL implantation have not been determined; therefore, implant patients should be monitored postoperatively on a regular basis. Secondary glaucoma has been reported occasionally in patients with controlled glaucoma who received lens implants. The intraocular pressure of implant patients with glaucoma should be carefully monitored postoperatively. Do not resterilize or autoclave. Use only sterile irrigating solutions such as balanced salt solution or sterile normal saline. Do not store in direct sunlight or in temperatures over 45°C. Emmetropia should be targeted, as this lens is designed for optimum visual performance when emmetropia is achieved. Adverse Events: The most frequently reported adverse event that occurred during the clinical trial of the TECNIS® Multifocal IOL was surgical reintervention, which occurred at a rate of 3.7% (lens-related: 0.6%; non-lens-related: 3.1%). Surgical reintervention included lens exchange, retinal repair, iris prolapse/wound repair, trabeculectomy, lens repositioning and lens removal due to patient dissatisfaction. The second most frequent adverse event was macular edema, which occurred at a rate of 2.6%. Other reported reactions were hypopyon and endophthalmitis, each occurring at a rate of 0.3%.

[Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.]


TECNIS, ProTEC, UNFOLDER and ONE SERIES are trademarks owned by or licensed to Abbott Laboratories, its subsidiaries or affiliates.

©2012 Abbott Medical Optics Inc. www.AbbottMedicalOptics.com 2012.07.03-CT5546

Reorder: TEC10-04