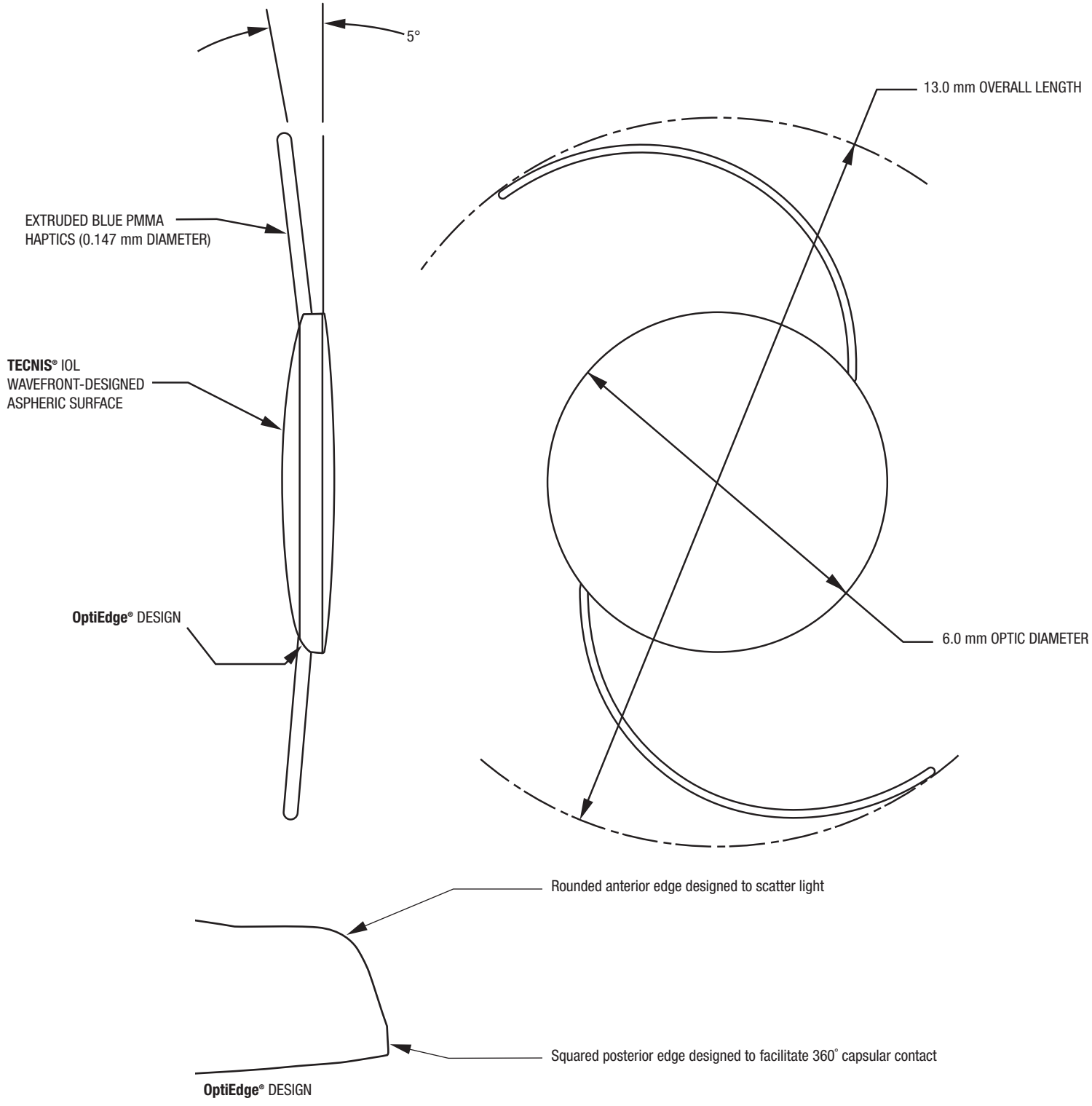
TECNIS®

Aspheric
Acrylic IOL

TECNIS® 3-piece Aspheric Monofocal IOL

Hydrophobic Acrylic



Johnson & Johnson VISION

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Aspheric
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Model: ZA9003

DESCRIPTION	
OPTIC CHARACTERISTICS	
Powers:	+10.0 D to +30.0 D in 0.5 diopter increments
Diameter:	6.0 mm
Shape:	Biconvex, anterior aspheric
Material:	UV-blocking hydrophobic acrylic
Refractive Index:	1.47 at 35°C
Edge Design:	**OptiEdge®** with 360° square edge, and round anterior edge
OPTICAL BIOMETRY*	
A-Constant (SRK/T):	119.1
AC Depth (HofferQ):	5.61 mm
Surgeon Factor (Holl.1):	1.84 mm
APPLANATION ULTRASOUND BIOMETRY	
A-Constant:†	119.1
Theoretical AC Depth:	5.6 mm
Surgeon Factor:†	1.85 mm
HAPTIC CHARACTERISTICS	
Overall Length:	13.0 mm
Style:	Modified C
Material:	60% Blue Core Polymethylmethacrylate (PMMA) Monofilament
Angle:	5°
RECOMMENDED INSERTION INSTRUMENTS	**MODEL**
The **UNFOLDER®** Emerald XL Series Handpiece The **UNFOLDER®** Emerald XL Series Cartridge	EMERALDXL EMERALDC30

*Measurement from the ULIB website. http://www.augenklinik.uni-wuerzburg.de/ulib/c1.htm. The A-Constants listed in the ULIB table were derived from and are only valid for measurements with the Zeiss IOL Master, calculated from patient data on file (as of October 22, 2013).
†A-Constant theoretically derived for ultrasound biometry.

To learn more and to view important safety information, please visit www.TECNISIOL.com. Or call 1-877-266-4543.

INDICATIONS AND IMPORTANT SAFETY INFORMATION for the TECNIS Foldable Acrylic IOLs with OptiEdge design

INDICATIONS
TECNIS Foldable Acrylic IOLs with OptiEdge design are indicated for the visual correction of aphakia in adults in whom a cataractous lens has been removed by extracapsular cataract extraction. The lens is intended to be placed in the capsular bag. **PRECAUTIONS:** Do not resterilize, reuse, or autoclave the lens. Use sterile balanced salt solution or sterile normal saline for soaking or rinsing. Do not store the lens in direct sunlight or at a temperature greater than 113°F. If Implantation Systems are used improperly, the haptics may become crimped or broken. Please refer to the specific instructions for use provided with The UNFOLDER EmeraldT or EmeraldXL Series Implantation Systems for the amount of time the IOL can remain in the cartridge before the IOL must be discarded. **WARNINGS:** Physicians considering lens implantation under any of the following circumstances should weigh the potential risk/benefit ratio described in the Directions for Use. Do not place in ciliary sulcus. **ADVERSE EVENTS:** In the clinical trial of the parent acrylic IOL, no cumulative or persistent reported averse events were above the FDA grid rate. The most frequently reported adverse event that occurred during the trial was anterior lens tissue ongrowth, which occurred at a cumulative rate of 11.3%. In a separate clinical trial of the parent modified prolate anterior surface IOL, the most frequently reported adverse event was macular edema; these reports were just above FDA grid rate at a cumulative rate of 3.8% a (FDA grid 3.5%) and a persistent rate of 0.9% (FDA grid 0.8%).

Rx Only

ATTENTION
Reference the Directions for Use labeling for a complete listing of Indications, and important safety information.

1. Calculated based on Holladay I formula: Holladay JT, Prager TC, Chandler TY, Musgrove KH, Lewis JW, Ruiz RS. A three-part system for refining intraocular lens power calculations. *J Cataract Refract Surg.* 1988;14(1):17-24 and Holladay, J.T. International Intraocular Lens & Implant registry 2003. *J Cataract Refract Surg.* 2003; 29:176-197.

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Reorder: TEC16-07

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