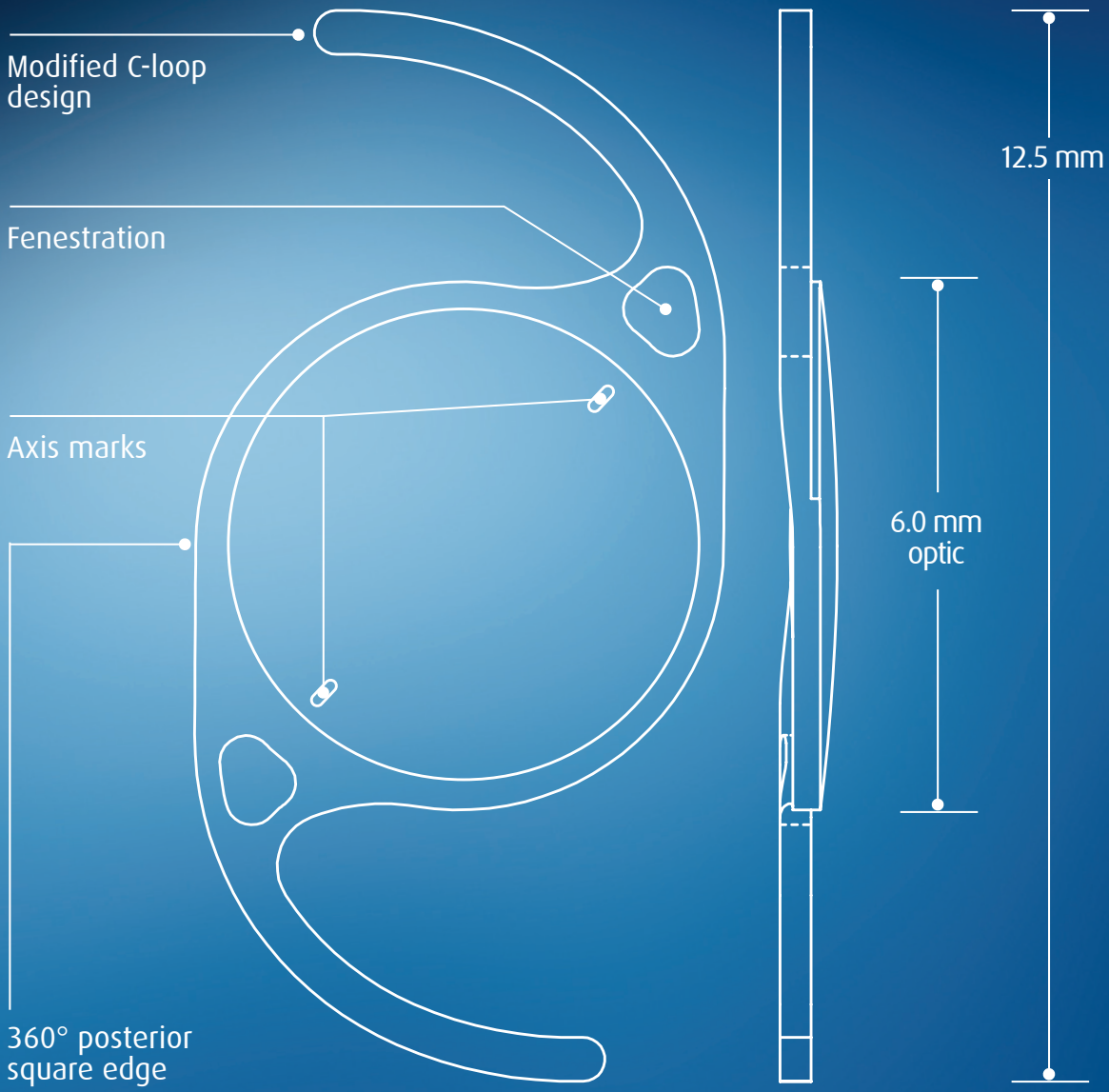
enVista® TORIC Specifications

One-Piece Hydrophobic Acrylic IOL



100% of patients had ≤ 5° of rotation at 1 to 6 months[1]

- 91% of patients had ≤ 5° of rotation at 24 to 48 hours[1]

new enVista® TORIC
Hydrophobic Acrylic Intraocular Lens
the new measure in toric stability

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One-Piece Hydrophobic Acrylic IOL

SPECIFICATIONS

Model: MX60T

LENS CHARACTERISTICS				
Power range	+6.0 D to +30.0 D in 0.5-D increments with 1.25-D, 2.00-D, or 2.75-D cylinder			
Cylinder powers—IOL plane	1.25 D	2.00 D	2.75 D	
Cylinder powers—corneal plane	0.90 D	1.40 D	1.93 D	
Optic body diameter	6.0 mm			
Overall length with haptics	12.5 mm			
Design	One-piece, aspheric optic			
Material	Hydrophobic acrylic material with UV absorber			
Refractive index	1.54 at 35°C			
Edge design	360° posterior square edge			

100% of patients had ≤ 5° of rotation at 1 to 6 months[1]

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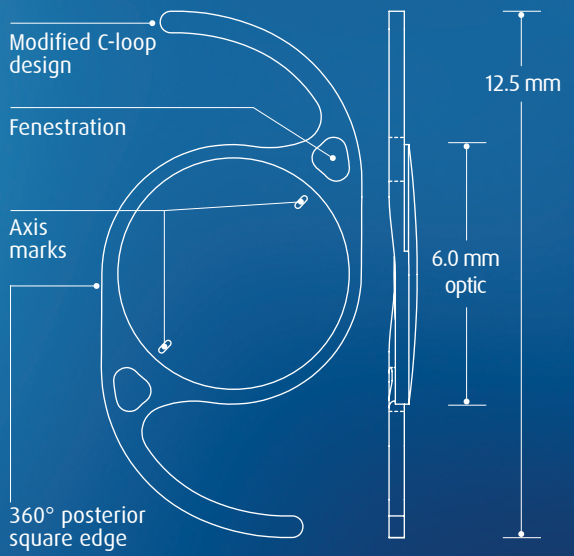
OPTICAL BIOMETRY	
Suggested A-Constant*	119.1
Theoretical AC depth*	5.61 mm
Surgeon factor*	1.85
APPLANATION	
Suggested A-Constant*	118.7
Theoretical AC depth*	5.37 mm
Surgeon factor*	1.62
HAPTIC CHARACTERISTICS	
Design	Modified C-loop, step-vaulted
Thickness	0.35 mm
RECOMMENDED INSERTION INSTRUMENT	
Medicel ACCUJECT 2.2† Model: MX60T	



enVista® TORIC is not approved for sale in the United States.

*A-Constant, ACD, and surgeon factor are estimates only. It is recommended that each surgeon develop his or her own values.

†Medicel ACCUJECT 2.2 1P Rev. 2.

1. Data on file, Bausch & Lomb Incorporated.

INDICATIONS: Indicated for primary implantation for the visual correction of aphakia in adult patients with pre-existing corneal astigmatism in whom the cataractous lens has been removed by an extracapsular cataract extraction method. The lens is intended for placement in the capsular bag. **WARNINGS:** Physicians considering lens implantation under any of the following circumstances should weigh the potential risk/benefit ratio: 1. Recurrent severe anterior or posterior segment inflammation or uveitis. 2. Patients in whom the intraocular lens may affect the ability to observe, diagnose, or treat posterior segment diseases. 3. Surgical difficulties at the time of cataract extraction, which might increase the potential for complications (eg, persistent bleeding, significant iris damage, uncontrolled positive pressure, or significant vitreous prolapse or loss). 4. A distorted eye due to previous trauma or developmental defect in which appropriate support of the IOL is not possible. 5. Circumstances that would result in damage to the endothelium during implantation. 6. Suspected microbial infection. 7. Children under the age of 2 years are not suitable candidates for intraocular lenses. 8. Patients in whom neither the posterior capsule nor zonules are intact enough to provide support. **PRECAUTIONS:** Do not attempt to resterilize the lens as this can produce undesirable side effects. Do not soak or rinse the intraocular lens with any solution other than sterile balanced salt solution or sterile normal saline. Do not store the lens at a temperature greater than 43°C (110°F). DO NOT FREEZE. Do not autoclave the intraocular lens. Do not reuse the lens. It is intended for permanent implantation. If explanted, sterility and proper function cannot be assured. For complete physician labeling information, refer to the enVista® product package insert.

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