Now Aspheric

AcrySof® IQ Toric takes precise astigmatism correction to a whole new level.

ACRYSof® IQ
TORIC
ASTIGMATISM IOL

Precisely where you need to be.

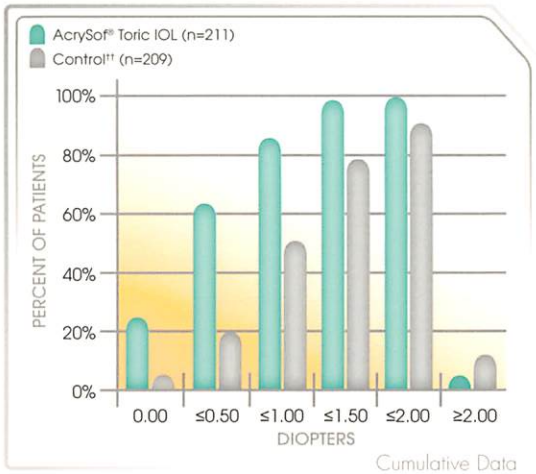
Alcon®

Precise Astigmatism Correction

The AcrySof® IQ Toric IOL reduces astigmatism, for increased spectacle-independent distance vision and high patient satisfaction[1,2].

Your cataract surgery patients with astigmatism depend on you to restore their vision, and **AcrySof® IQ Toric** is the IOL you can trust to confidently provide **precise astigmatism correction.**

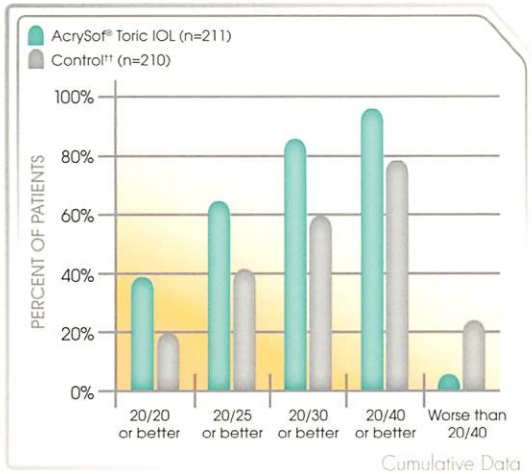
REDUCTION OF RESIDUAL REFRACTIVE CYLINDER



63% of patients implanted achieved ≤ 0.50 diopters of residual refractive cylinder. 87% achieved ≤ 1.00 diopters[1].

†† AcrySof® Single-Piece (SA60AT)

IMPROVED UNCORRECTED DISTANCE VISUAL ACUITY



94% of patients implanted achieved uncorrected distance visual acuity of 20/40 or better[1].

Unparalleled Rotational Stability

The AcrySof® Single-Piece platform makes the difference.

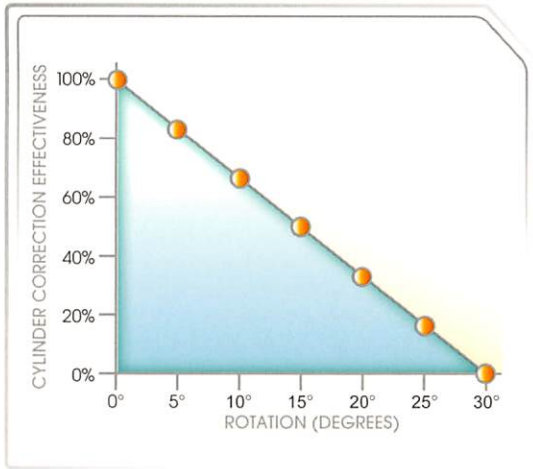
Proven biomechanics and biomaterial ensure minimal rotation— **less than 4° average rotation** 6 months after implantation[1,2].

> STABLEFORCE® haptics keep AcrySof® IQ Toric **highly stable and centered** in the capsular bag[2]

> Flexible haptic design provides **optimal placement** in capsular bag, regardless of size[2]

> AcrySof® lens material binds to fibronectin, **ensuring adhesion** to the anterior/posterior capsule[3]

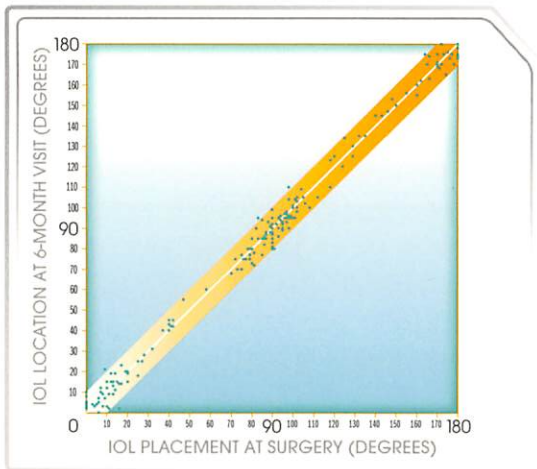
IMPACT OF ROTATION ON CORRECTION



Generally, for every degree of IOL rotation, 3.3% of lens cylinder power is lost. A complete loss of cylinder power can occur with a rotation of 30° or greater[2].

LENS AXIS ORIENTATION

(Operative vs 6 Months Postoperative)



81.1% of patients were ≤ 5° of intended axis[2], and 97.1% were ≤ 10° of intended axis[1].

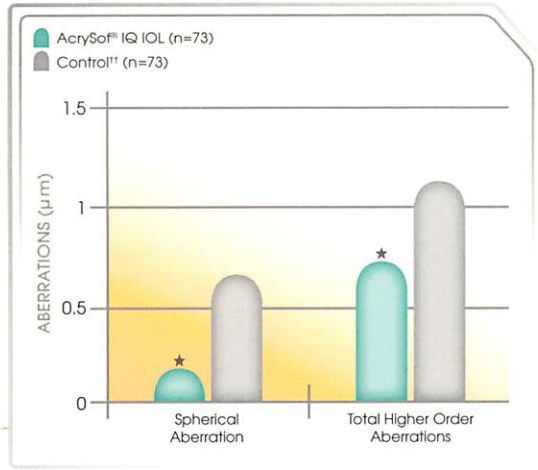
ACRYSof® IQ TORIC
ASTIGMATISM IOL

AcrySof® Aspheric Technology

Reduced Spherical Aberration

AcrySof® IQ Toric is designed with negative spherical aberration** to compensate for the positive aberration of the average cornea, which **reduces both spherical and total higher order aberrations,** for enhanced visual performance[4].

SPHERICAL AND TOTAL HIGHER ORDER ABERRATIONS 90–120 DAYS AFTER 2ND EYE IMPLANT



A statistically significant reduction in both spherical and total higher order aberrations[4].

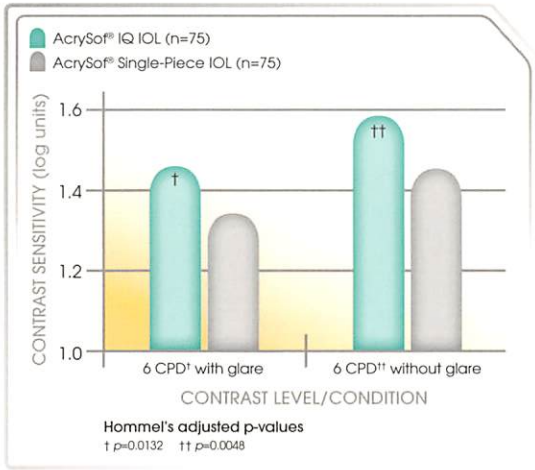
★ Differences favor AcrySof® IQ IOL overall and at each visit ($p<0.0001$).

†† AcrySof® Single-Piece (SA60AT)

Increased Contrast Sensitivity

Engineered to improve contrast sensitivity in low-light conditions[4], the aspheric design of **AcrySof® IQ Toric** plays a vital role in image quality.**

CONTRAST SENSITIVITY* IN MESOPIC CONDITIONS 90–120 DAYS AFTER 2ND EYE IMPLANT

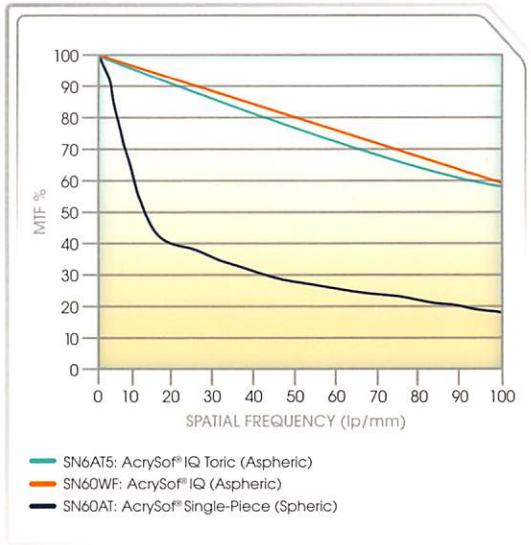


AcrySof® IQ IOL showed statistically significant improvement[4] in mesopic contrast sensitivity over the control lens in situations with and without glare at 6 cycles per degree (cpd) using the Vector Vision CSV-1000§.**

* Contrast sensitivity was measured using Vector Vision CSV-1000.

§ At 3 cpd, there was no significant change in mesopic contrast sensitivity.

MODULATION TRANSFER FUNCTION (MTF) VALUES 5 mm APERTURE[5]



AcrySof® IQ Toric IOL has similar performance to the AcrySof® IQ IOL in mesopic conditions.

** The effects of this aspheric design have been clinically assessed on AcrySof® IQ IOL Model SN60WF. See Directions for Use.

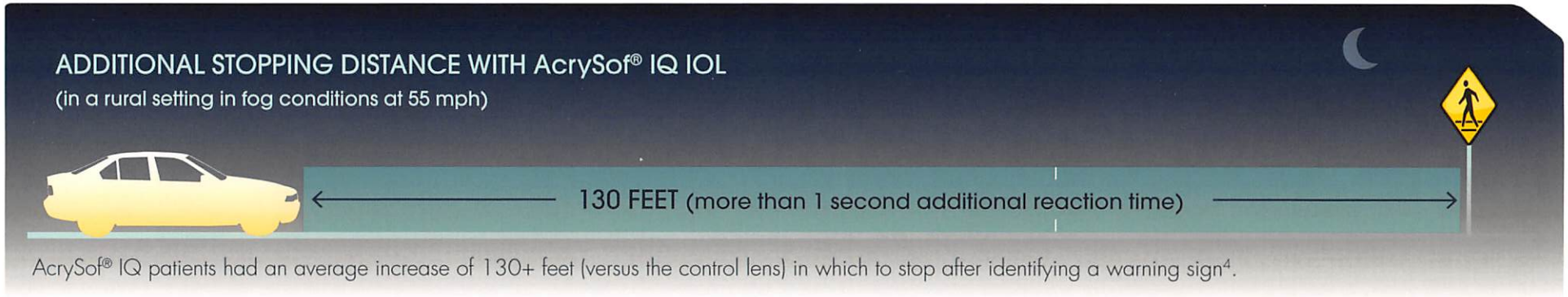
Delivers Exceptional Image Quality

Improved Functional Vision

Functional vision is an important consideration for your patients with astigmatism. When it comes to object detection and identification, **seconds can matter**—particularly in low visibility conditions, like night driving.

Offering clinically and statistically significant improvement in night driving test conditions[4], the aspheric design of the AcrySof® IQ IOL provides **improved functional vision in challenging, low-visibility environments.****

AcrySof® IQ FUNCTIONAL VISION STUDY[4]



Improved functional vision in challenging environments:

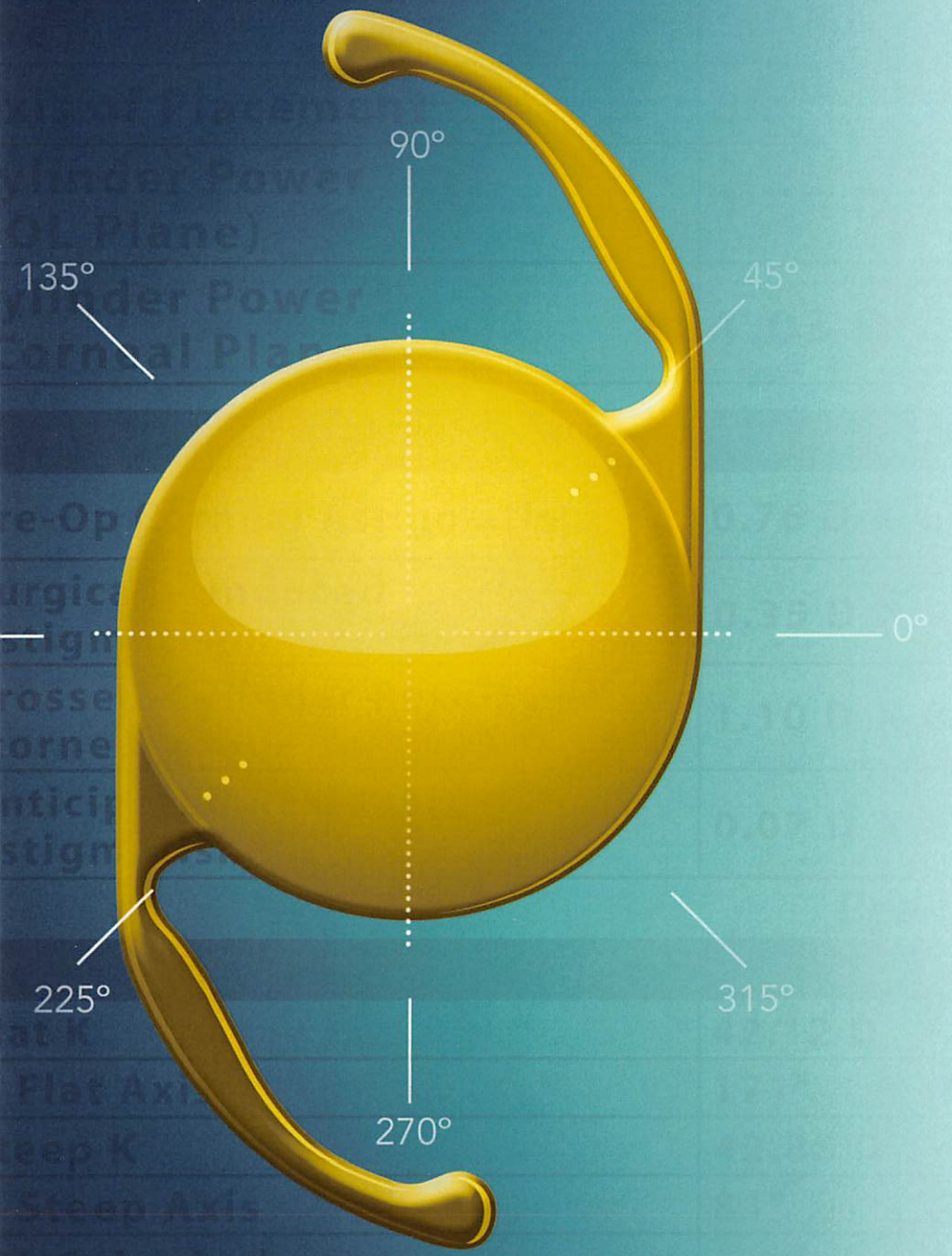
> Patients were tested in night driving conditions that simulated city and rural settings under normal, glare and fog conditions.

> Patients were asked to detect and identify various types of visual targets.

AcrySof® IQ IOL performed functionally better in 34 of 36 conditions tested:

> Performance in 12 of these conditions was statistically significant, with the greatest advantage observed in detection and identification of city pedestrians and rural warning signs under glare and fog conditions.

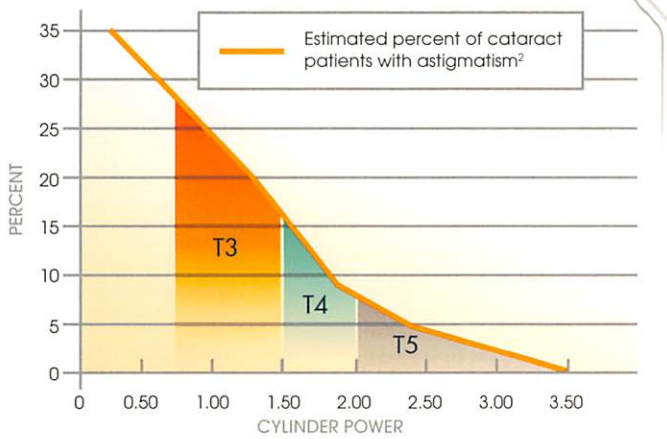
> AcrySof® IQ IOL improved functional vision (versus the control lens) by giving patients greater time to take appropriate action.



Expanded Range of Cataract Patients

With a wide range of cylinder powers, **AcrySof® IQ Toric** is designed to accommodate a variety of cataract patients with astigmatism, including those with lower levels of astigmatism.

ESTIMATED DISTRIBUTION OF PREOPERATIVE CYLINDER



LENS MODEL	SN6AT3	SN6AT4	SN6AT5
Cylinder Power			
IOL Plane	1.50 D	2.25 D	3.00 D
*Corneal Plane**	1.03 D	1.55 D	2.06 D
Recommended Corneal Astigmatism Correction Range	0.75 to 1.50 D	1.50 to 2.00 D	2.00 D and up

*Based on average pseudophakic human eye.

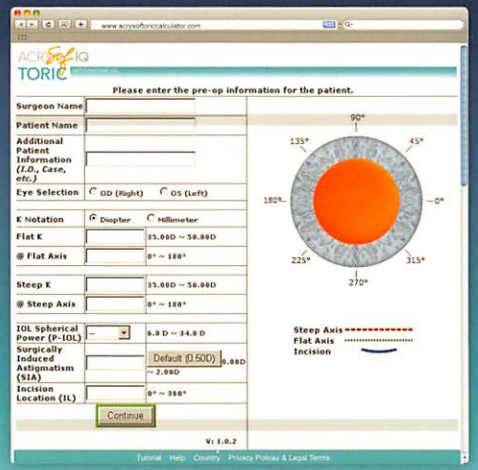
www.AcrySofToricCalculator.com

AcrySof® IQ Toric Calculator

To ensure the best outcomes, you need a sound surgical plan. And precise surgical planning has never been easier, thanks to the **AcrySof® IQ Toric Calculator**. Easy input, powerful output—the AcrySof® IQ Toric Calculator is an innovative tool to help you perform your best.

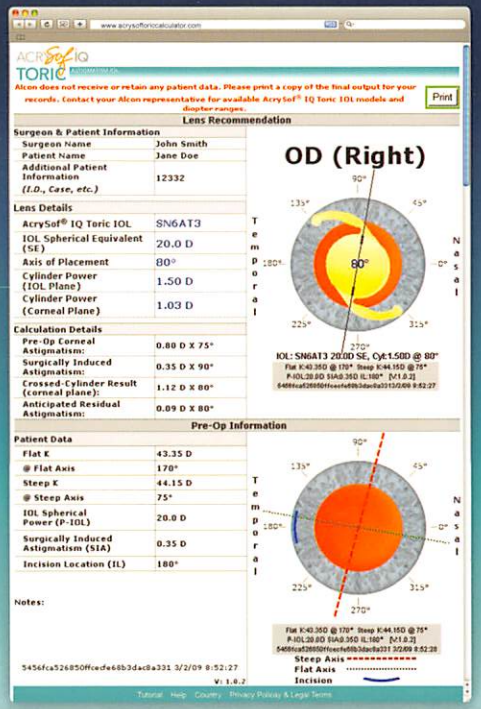
Easy Input

- > Patient data
- > Keratometry
- > IOL spherical power
- > Surgically induced astigmatism
- > Incision location



Powerful Output

- > Recommended IOL model and spherical equivalent power
- > Optimal axis placement
- > Magnitude and axis of anticipated residual astigmatism

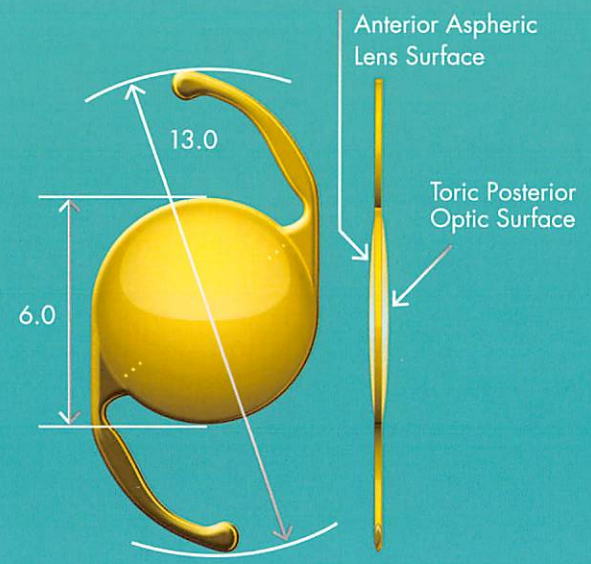


ACRYSof® IQ TORIC ASTIGMATISM IOL

SPECIFICATIONS

Model Number	SN6AT3, SN6AT4, SN6AT5
Optic Diameter	6.0 mm
Overall Length	13.0 mm
Optic Type	Biconvex Toric Aspheric Optic
IOL Powers (spherical equivalent diopters)	+6.0 to +30.0 D
IOL Cylinder Powers	1.50 D, 2.25 D and 3.00 D
Haptic Angulation	0 degrees (planar)
Haptic Configuration	STABLEFORCE® modified L haptic
Suggested A-Constant	119.0†
Refractive Index	1.55
Light Filtration	UV and Blue Light

†Provided as a guideline only.



INTREPID micro-coaxial system

References:

1. Based on unilateral clinical study results (Models SA60T3, SA60T4, SA60T5). See package insert.
2. Data on file. Alcon, Inc.
3. Linnola RJ, Sund M, Ylönen R, Pihlajaniemi T. Adhesion of soluble fibronectin, laminin, and collagen type IV to intraocular lens materials. *J Cataract Refract Surg*. 1999;25:1486-1491.
4. Results of a controlled, randomized, double-masked, multicenter, contralateral implant clinical study of the AcrySof® IQ IOL versus an AcrySof® Single-Piece IOL (SA60AT). See Directions for Use.
5. Image quality was characterized by measuring MTF in a model eye that utlized a simulated cornea exhibiting typical adult human spherical aberration. Using the modified model eye, MTF measurements were made using both 3 and 5 mm apertures.

www.AcrySofIQToric.com

CAUTION: Federal law restricts this device to sale by or on the order of a physician. **INDICATIONS:** AcrySof® IQ Toric IOL Models SN6AT3, SN6AT4, and SN6AT5 Posterior Chamber Intraocular lenses are intended for primary implantation in the capsular bag of the eye for the visual correction of aphakia and pre-existing corneal astigmatism secondary to the removal of a cataractous lens in adult patients with or without presbyopia, who desire improved uncorrected distance vision, reduction of residual refractive cylinder and increased spectacle independence for distance vision. **WARNINGS:** Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling. Toric IOLs should not be implanted if the posterior capsule is ruptured, if the zonules are damaged, or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction; if necessary lens repositioning should occur as early as possible prior to lens encapsulation. All viscoelastics should be removed from both the anterior and posterior sides of the lens; residual viscoelastics may allow the lens to rotate. **PRECAUTIONS:** Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySof® Natural IOL and normal color vision. The effect on vision of the AcrySof® Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve diseases) has not been studied. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions. **ATTENTION:** Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.

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ASTIGMATISM IOL

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