

Bausch + Lomb Advanced Optics technology

A larger sweet spot gives you the edge in power



Not Optimized

AcrySof

Drop-off in power
center to edge



Optimized

enVista[®]

Uniform power
center to edge

enVista[®]
hydrophobic acrylic IOL

BAUSCH + LOMB

Bausch + Lomb aberration-free,

enVista preserves enhanced contrast sensitivity despite common degrees of tilt and decentration^{1,2}

- The eye is a decentered optical system with non-rotationally symmetric components. Even an IOL perfectly centered in the capsular bag may be significantly decentered with respect to the visual axis
- Decentration of an IOL with either positive or negative spherical aberration induces defocus, astigmatism, and coma

Mean optical decentration in average eye ~ 0.5mm²



Aberration-free aspheric IOL (enVista[®])



Aspheric IOL with negative SA

Centered Decentered 0.5mm Decentered 1.0mm

Both Charts: 20/40 letter E, 100% contrast, 4-mm pupil, photopic retinal sensitivity

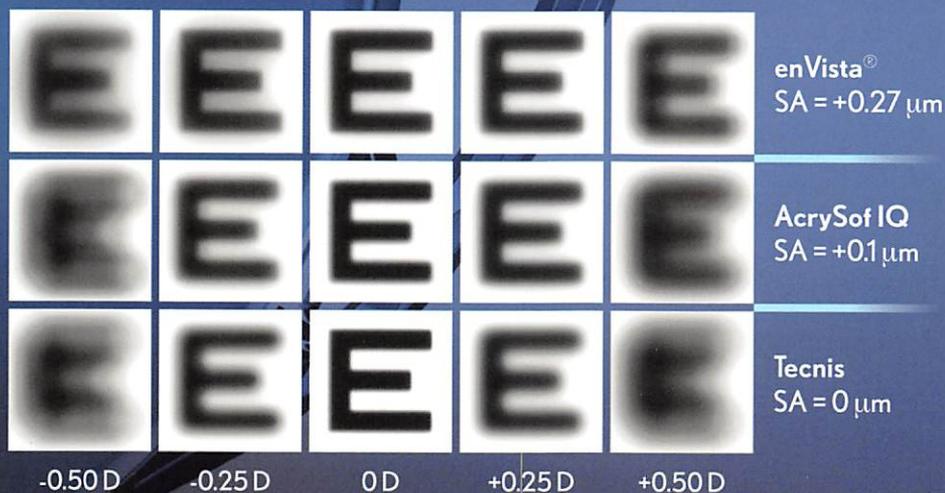
The Bausch + Lomb unique Advanced Optics design has uniform power center to edge, which, in turn, makes enVista less sensitive to decentration or misalignment

aspheric Advanced Optics design

enVista is engineered to provide the optimal balance between optical quality and depth of field^{1,2}

- When there is defocus, spherical aberration (SA) improves image quality by extending depth of field. When there is no defocus, reducing SA enhances contrast sensitivity
- According to peer reviewed literature, specifically Gale et al referencing over 4,500 surgeries, approximately 55% of cataract procedures hit within ± 0.5 D³

Only 55% of cataract procedures fall within ± 0.5 D³



Aberration-free, aspheric optics are designed for the optimal balance of image quality AND depth of field!

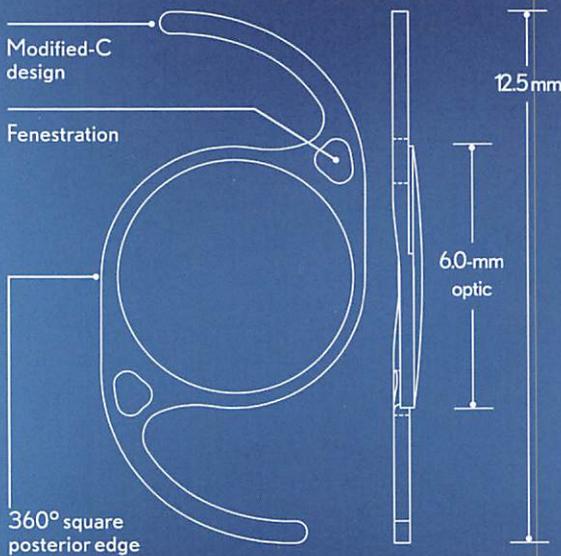
enVista[®]
hydrophobic acrylic IOL

Excellence. The ultimate outcome.

Give your patients long-term clarity and quality of vision⁴

- No glistenings were reported at any time in controlled clinical studies⁴
- Aberration-free, aspheric Advanced Optics
- Designed to minimize PCO⁵

enVista Lens Specifications



- Model Number: MX60
- Diopter range
 - 0.0 D to +34.0 D (0.0 D to +10.0 D in 1.0-D increments; +10.0 D to +30.0 D in 0.5-D increments; and +30.0 D to +34.0 D in 1.0-D increments)
- Applanation A-scan
 - A-Constant[†] 118.7
 - ACD[†] 5.37
 - Surgeon Factor[†] 1.62
- IOL Master or Immersion A-scan
 - A-Constant[†] 119.1
 - ACD[†] 5.61
 - Surgeon Factor[†] 1.85
- Refractive index
 - 1.54 at 35°C

enVista[®]
hydrophobic acrylic IOL

INDICATIONS: Indicated for primary implantation for the visual correction of aphakia in adult patients 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.

1. Altmann GE, Edwards KH. The aberration-free IOL: Advanced optical performance independent of patient profile. Presented at: 2004 Symposium on Cataract, IOL, and Refractive Surgery; May 1-5, 2004; San Diego, CA. 2. Altmann GE, Nichamin LD, Lane SS, Pepose JS. Optical performance of 3 intraocular lens designs in the presence of decentration. J Cataract Refract Surg. 2005;31(3):574-585. 3. Gale et al. Benchmark standards for refractive outcomes after NHS cataract surgery. Eye (Lond). 2009 Jan;23(1):149-52. Epub 2007 Aug 24. 4. Bausch & Lomb Incorporated Study #658 - "A Prospective Multicenter Clinical Study to Evaluate the Safety and Effectiveness of a Bausch + Lomb One Piece Hydrophobic Acrylic Intraocular Lens in Subjects Undergoing Cataract Extraction." Final Clinical Study Report, dated 24 Aug 2011. 5. Nishi O, Nishi K, Osakabe Y. Effect of intraocular lenses on preventing posterior capsule opacification: design versus material. J Cataract Refract Surg. 2004;30(10):2170-2176.

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