



Abbott

VISION

LEAVE A LEGACY OF  
EXCELLENT OUTCOMES FOR  
PATIENTS WITH ASTIGMATISM.

*Start with* **ME.**

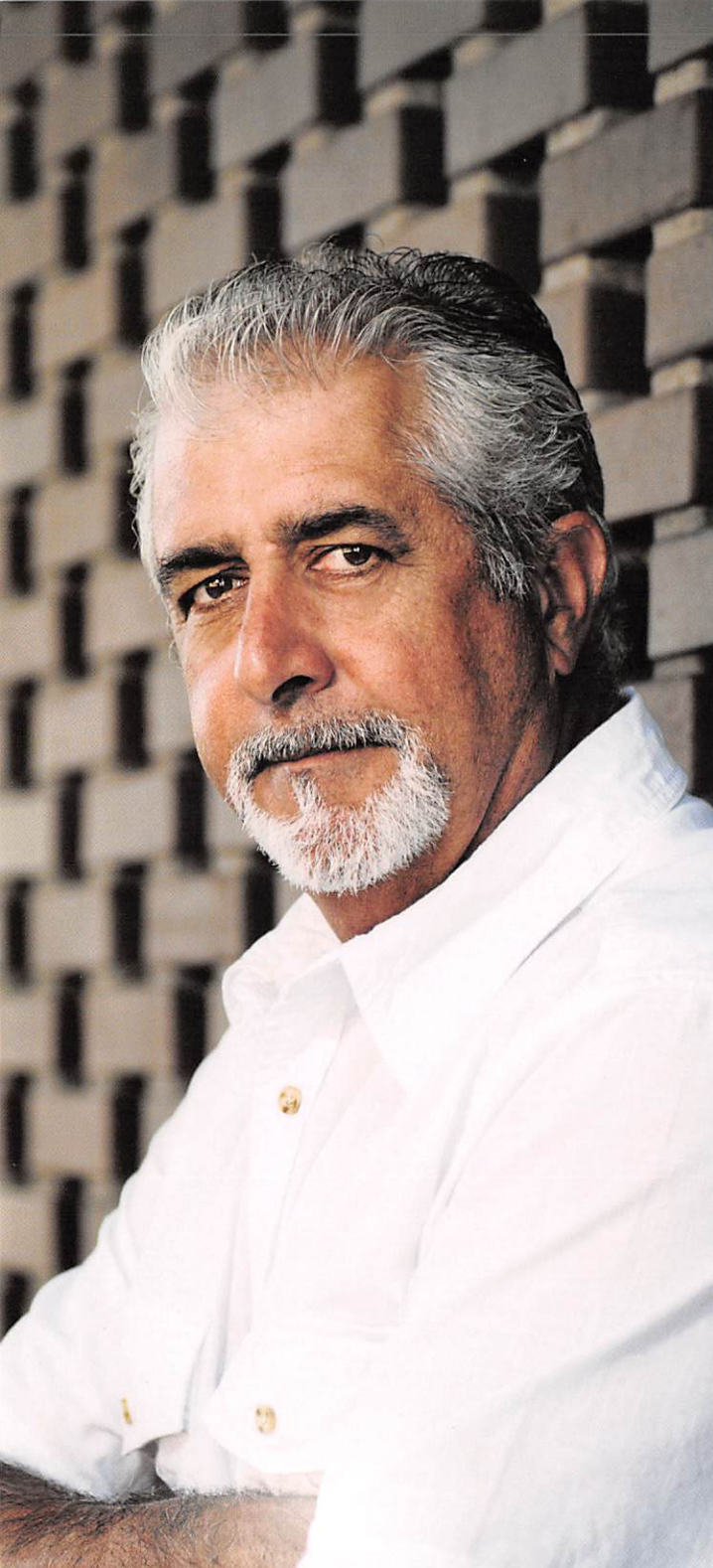
## TECNIS® TORIC 1-PIECE IOL

From  
**1.50 D**  
— to —  
**6.00 D**

**INDICATIONS:** The TECNIS® Toric 1-Piece Posterior Chamber Lens is indicated for the visual correction of aphakia and pre-existing corneal astigmatism of one diopter or greater in adult patients with or without presbyopia in whom a cataractous lens has been removed by phacoemulsification and who desire improved uncorrected distance vision, reduction in residual refractive cylinder, and increased spectacle independence for distance vision. The device is intended to be placed in the capsular bag. See *Indications and Important Safety Information* on page 12.

**T E C N I S**®  
TORIC ASPHERIC IOL





**TECNIS®**

TORIC ASPHERIC IOL

## THE LEGACY YOU LEAVE IS THE LIFE I LIVE.

*For patients with astigmatism, that legacy is just as critical.*

Your patients' vision is only as good as the IOL you leave behind, so don't leave a legacy that's lacking. The **TECNIS®** Toric 1-Piece IOL not only provides excellent spherical correction but also delivers beautifully sharp vision and sustainable performance, even in low-light conditions. And since it's backed by proven optical excellence, the legacy you leave can be truly remarkable for patients with cataracts and astigmatism.

CHOOSE THE **TECNIS®** TORIC IOL FOR:



### SHARPEST VISION

The sharpest vision for patients  
with astigmatism



### ENHANCED FUNCTIONALITY

Enhanced functionality and the  
best low-light performance



### LONG-TERM SUSTAINABILITY

Long-term stability  
and satisfaction

# ALIGN YOUR OPPORTUNITIES

*Meet cataract and astigmatism demand, all at once.*

More than **one third of the population has >1 D of astigmatism**. Yet, only **7% of IOLs implanted in the U.S. are toric IOLs**.<sup>\*1</sup> With plenty of opportunity yet to be tapped, toric procedures are already a rapidly growing premium market segment,<sup>2</sup> forecasting ≈268,000 procedures (projected) in 2014 alone.<sup>1</sup>

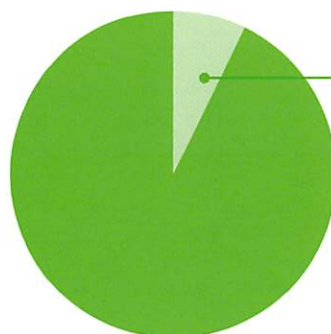
As demand rises, will you be prepared to face the challenges of combined cataract and astigmatism management? With **TECNIS®** Toric IOLs, you'll have the tools you need to give your patients the consistent, high-quality outcomes they deserve.



*"Advanced technology IOL patients are paying for the best possible visual outcomes. Based on my experience, the **TECNIS®** Toric IOL decreases astigmatism while improving visual quality. I've implanted many **TECNIS®** Toric IOLs within the closely monitored IDE study. I know this IOL delivers exceptional results."*

*—Kevin Waltz, OD, MD,  
Indianapolis, Indiana*

**MORE 1/3**  
of the U.S.  
population  
has >1 D of  
astigmatism



**ONLY 7%**  
of lenses  
delivered are  
toric IOLs

\* Data forecasted for 2013.



# LEAVE A LEGACY OF OUTSTANDING VISION.

*Sharpest Vision for Patients with Astigmatism*

As the quantity of toric procedures increases, trust your legacy to an IOL that delivers exceptional visual quality. The **TECNIS®** Toric IOL adheres to a high standard of optical excellence so you can give each patient the sharp, brilliant vision they never thought possible.

## EXCELLENT ASTIGMATISM CORRECTION

In a clinical study evaluating the efficacy of **TECNIS®** Toric IOLs for astigmatism correction in cataract patients, 94% of eyes achieved  $\leq 0.5$  D of residual refractive cylinder, and 98% of eyes achieved  $\leq 0.75$  D.\*<sup>3</sup>

### POST-OP CYLINDER CORRECTION RESULTS:

---

Mean  
**0.18 D**  
SD 0.30

**94%**  
of eyes have  $\leq 0.5$  D

**98%**  
of eyes have  $\leq 0.75$  D

\*In a separate (IDE) study, 72.3% of ZCT150 eyes achieved  $\leq 0.50$  diopters of residual refractive cylinder. By comparison, 69.3% AcrySof® IQ Toric SA60T3 eyes achieved  $\leq 0.50$  D of residual refractive cylinder.

\*\*Modular Transfer Function (MTF) is a measure of the amount of contrast transferred by the optics in a visual system. The higher the MTF value, the more contrast transferred to the image, resulting in higher image contrast.

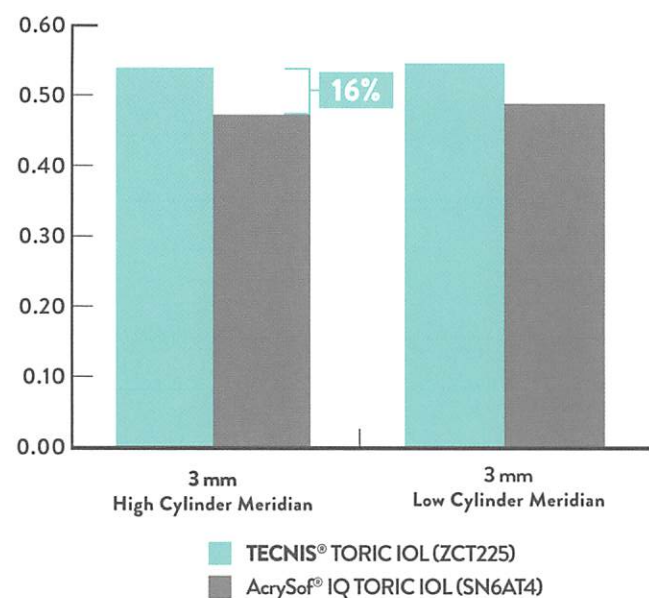


## SUPERIOR IMAGE CONTRAST

Your patients deserve vision that's as sharp as it is clear, so give them a lens that delivers extraordinary image contrast.

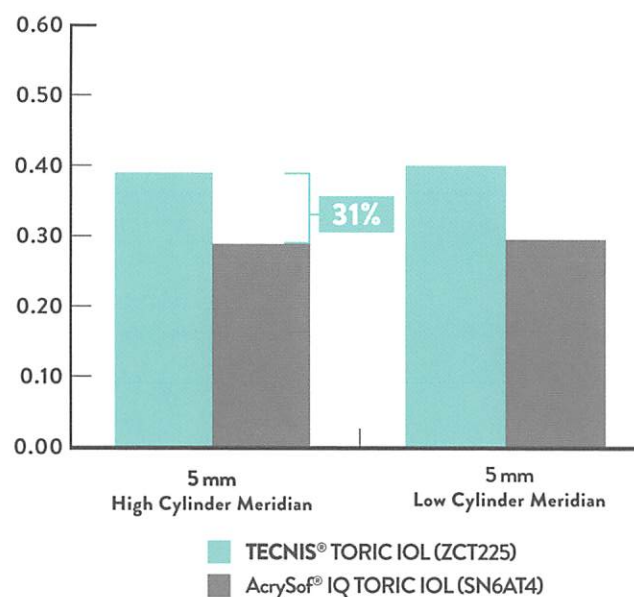
Up to **16% better**  
image contrast in 3 mm pupils<sup>5</sup>

MTF\*\* AT 50C/MM WHITE, 3 MM PUPIL



Up to **31% better**  
image contrast in 5 mm pupils<sup>5</sup>

MTF\*\* AT 50C/MM WHITE, 5 MM PUPIL



**88%**  
of patients  
achieved  
**20/20**  
or better monocular  
corrected distance  
visual acuity<sup>4</sup>



# LEAVE A LEGACY OF LIVING.

*Enhanced Functionality — Even in Low Light*

Your patients are far from ready to throw in the towel. They've got places to go and sights to see — and they'll see them all through the IOL you choose. Give them a lens designed to function in real-world conditions, such as in low light or without glasses, so they can experience each day with outstanding clarity.

## CONFIDENT DRIVING AT NIGHT WITHOUT GLASSES\*

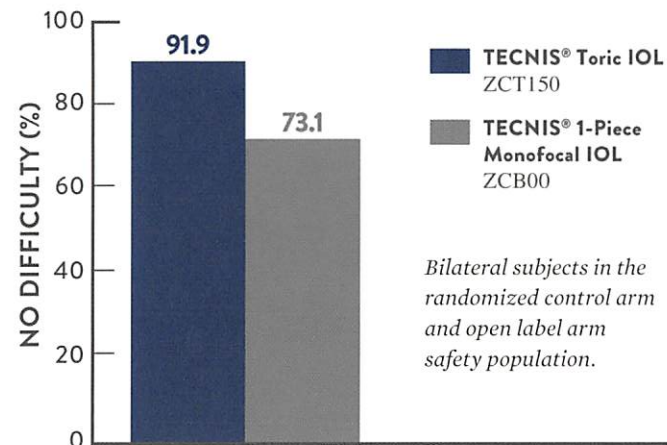
Your legacy is for life, not just perfect lighting conditions. Empower your patients to get back to their everyday activities, such as driving, with an IOL that delivers excellent functional vision and low-light performance.



**91.9%**

of patients reported no difficulty with night driving without glasses at 6 months.<sup>4</sup>

## DIFFICULTY WITH DRIVING AT NIGHT WITHOUT GLASSES AT 6 MONTHS\*\*



\*As control eyes had  $\leq 1.5$  D of preoperative Kcyl, results for all toric eyes pooled are not to be compared to control values. \*\*Difficulty with certain activities without glasses at six months, bilateral subjects in the randomized control arm and the open label arm safety population.





Best low-light  
performance







# LEAVE A LASTING LEGACY.

*Long-Term Sustainability*

What good is a lens if it's not built to last? Make your legacy one you can continually be proud of with an IOL that delivers exceptional stability, high patient satisfaction and stunning visual performance.

## OUTSTANDING POST-OP ROTATIONAL STABILITY

Stability is especially important for those with astigmatism. TECNIS® Toric IOLs demonstrate an excellent **2.74° mean axis change** between the baseline and six months.<sup>4</sup>

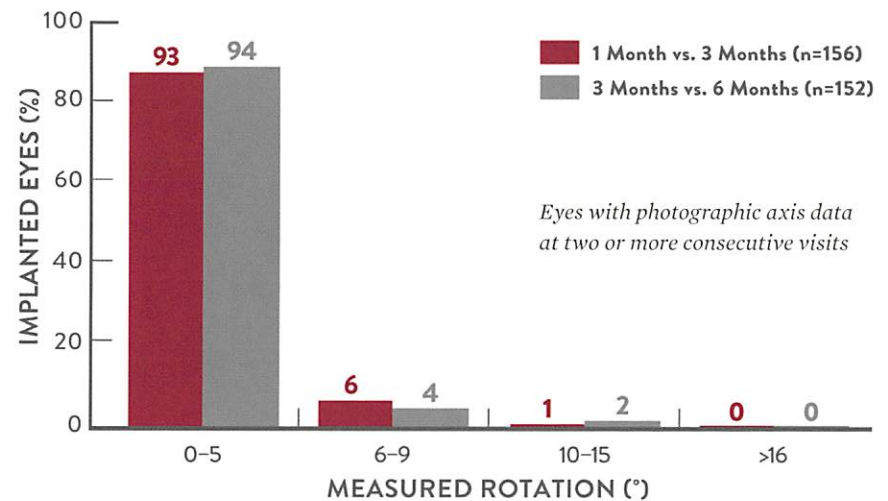
**2.74°** Mean Axis Change



*“Accurate positioning and rotational stability are crucial to the proper function and consistent performance of any toric IOL. In my experience, the TECNIS® Toric IOL has demonstrated exceptional stability, which helps me deliver the great outcomes that patients expect from a premium lens.”*

—Douglas Koch, MD, Houston, Texas

## POST-OP ROTATIONAL STABILITY FOR ALL TORIC FIRST EYES<sup>4</sup>



**WARNINGS:** Rotation of the TECNIS® Toric 1-Piece IOL away from its intended axis can reduce its astigmatic correction. Misalignment greater than 30° may increase postoperative refractive cylinder. If necessary, lens repositioning should occur as early as possible prior to lens encapsulation.

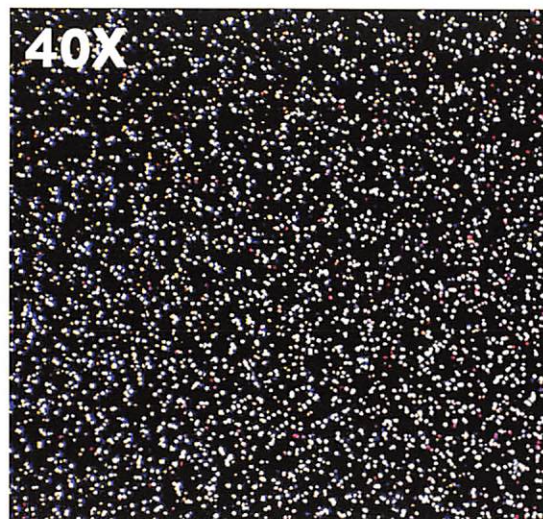
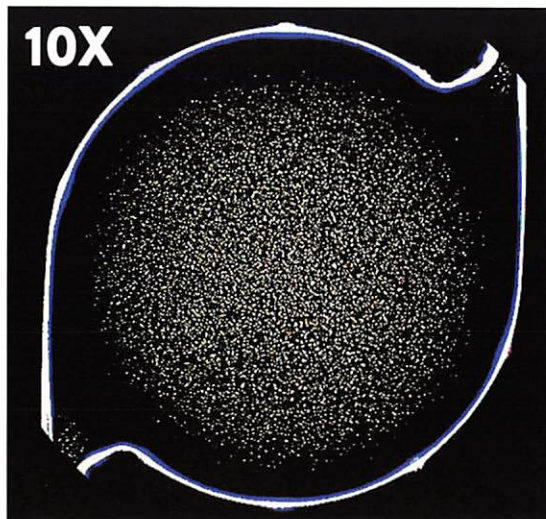


## NOT ASSOCIATED WITH GLISTENINGS

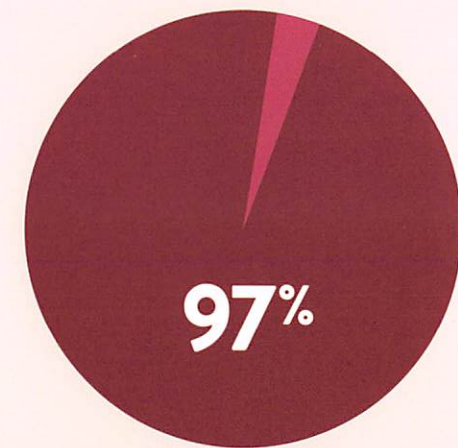
Glistenings can inhibit your patients' vision by decreasing visual acuity<sup>6</sup> and causing light scatter, which can result in image contrast reduction.<sup>7,8</sup>

**TECNIS®** IOLs are made using an innovative material that is not associated with glistenings, unlike another leading IOL.<sup>9</sup>

### DARK FIELD IMAGES OF COMPETITOR IOL<sup>8</sup>



High  
patient satisfaction



of patients would choose to  
have the **TECNIS®** Toric IOL  
**implanted** again<sup>4</sup>

## TECHNICAL SPECIFICATIONS

Powers:	+5.0 D to +34.0 D in 0.5 diopter increments:						
<b>Lens Model:</b>	ZCT150	ZCT225	ZCT300	ZCT400	ZCT450	ZCT525	ZCT600
Cylinder Powers:	1.50 D	2.25 D	3.00 D	4.00 D	4.50 D	5.25 D	6.00 D
Corneal Plane:*	1.03 D	1.54 D	2.06 D	2.74 D	3.08 D	3.60 D	4.11 D
Corneal Astigmatism Correction Range:	0.75–1.50 D	1.50–2.00 D	2.00–2.75 D	2.75–3.25 D	3.00–3.50 D	3.50–4.00 D	4.00–4.75 D
Diameter:	6.0 mm						
Optic Overall Length:	13.0 mm						
Shape:	Biconvex, anterior toric aspheric surface						
Material:	UV-blocking hydrophobic acrylic						
Refractive Index:	1.47						
Edge Design:	ProTEC continuous 360° posterior, frosted square edge						
Haptic Design:	Offset from optic with Tri-Fix 3-point fixation						
A-Constant:	119.3† (Optical biometry)						
	118.8‡ (Ultrasound biometry)						

## REFERENCES

1. Market Scope, Data as of 2013. Comprehensive Report on Global IOL Market.
2. Market Scope, Data as of 2013. Ophthalmic Market Perspectives.
3. Black D. Efficacy of Hydrophobic Acrylic Toric IOL to Correct Astigmatism in Cataract Patients. Presented at ASCRS 2015.
4. TECNIS® Toric 1-Piece IOL [package insert]. Santa Ana, Calif: Abbott Medical Optics Inc.
5. Data on File, Abbott Medical Optics Inc., 2015.
6. Christiansen G, et al. Glistenings in the AcrySof intraocular lens: pilot study. *J Cataract Refract Surg* 2001;27:728-33.
7. Nagata M, et al. Clinical evaluation of the transparency of hydrophobic acrylic intraocular lens optics. *J Cataract Refract Surg*. 2010 Dec;36(12):2056-60.
8. Van der Mooren M, Franssen L, Piers P. Effects of glistenings in intraocular lenses. *Biomed Opt Express*. 2013 Jul 11;4(8):1294-3041.
9. Data on File, Abbott Medical Optics Inc., 2013.

\*Based on average pseudophakic human eye. †Derived from clinical evaluation results of the TECNIS® 1-Piece platform. ‡Value theoretically derived for a typical 20.0 D lens. Abbott Medical Optics recommends that surgeons personalize their A-constant based on their surgical techniques and equipment, experience with the lens model, and postoperative results.





# WHAT WILL YOUR LEGACY BE?

*Your patients' vision is only as good as  
the IOL you leave behind.*

Toric demand is on the rise — and though astigmatism can present challenges, your patients expect incredible outcomes. With the **TECNIS®** Toric 1-Piece IOL, you can be confident you're giving each patient the sharpest vision, outstanding functionality and incredible stability and satisfaction. Your patients live their lives with the IOL you choose, so give them a dependable, high-quality solution for cataracts and astigmatism, all at once.

Don't wait to give your patients with  
astigmatism a legacy of excellent outcomes.  
Start now with the **TECNIS®** Toric IOL.



## INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR THE TECNIS® TORIC 1-PIECE IOLs

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

**INDICATIONS:** The TECNIS® Toric 1-Piece Posterior Chamber Lens is indicated for the visual correction of aphakia and pre-existing corneal astigmatism of one diopter or greater in adult patients with or without presbyopia in whom a cataractous lens has been removed by phacoemulsification and who desire improved uncorrected distance vision, reduction in residual refractive cylinder, and increased spectacle independence for distance vision. The device is intended to be placed in the capsular bag.

**WARNINGS:** Physicians considering lens implantation should weigh the potential risk/benefit ratio for any circumstances described in the TECNIS® Toric 1-Piece IOL Directions for Use that could increase complications or impact patient outcomes. These circumstances include recurrent severe anterior or posterior segment inflammation or uveitis; surgical difficulties at the time of cataract extraction, which may increase the potential for complications (e.g., persistent bleeding, significant iris damage, uncontrolled positive pressure or significant vitreous prolapse or loss); a compromised eye due to previous trauma or developmental defects in which appropriate support of the IOL is not possible; circumstances that would result in damage to the endothelium during implantation; suspected microbial infection; or patients in whom neither the posterior capsule nor the zonules are intact enough to provide support for the IOL. Children under the age of 2 years are not suitable candidates for intraocular lenses. The clinical study for the TECNIS® Toric 1-Piece IOL did not show evidence of effectiveness for the treatment of preoperative corneal astigmatism of less than one diopter. The TECNIS® Toric 1-Piece IOL should not be placed in the ciliary sulcus. Rotation of the TECNIS® Toric 1-Piece IOL away from its intended axis can reduce its astigmatic correction. Misalignment greater than 30° may increase postoperative refractive cylinder. If necessary, lens repositioning should occur as early as possible prior to lens encapsulation.

**PRECAUTIONS:** Prior to surgery, the surgeon must inform prospective patients of the possible risks and benefits associated with the use of this device and provide a copy of the patient information brochure to the patient. Do not soak or rinse with any solution other than sterile balanced salt solution or sterile normal saline. Do not store in direct sunlight or at greater than 113°F. Carefully remove all viscoelastic and do not over-inflate the capsular bag at the end of the case. Residual viscoelastic and/or over-inflation of the capsular bag may allow the lens to rotate, causing misalignment of the TECNIS® Toric 1-Piece IOL with the intended axis of placement. When the insertion system is used improperly, the haptics of the TECNIS® Toric 1-Piece IOL may become broken. Please refer to the specific instructions for use provided with the insertion instrument or system. The use of methods other than the TECNIS Toric Calculator to select cylinder power and appropriate axis of implantation were not assessed in the clinical study and may not yield similar results. Accurate keratometry and biometry in addition to the use of the TECNIS Toric Calculator ([www.TecnisToricCalc.com](http://www.TecnisToricCalc.com)) are recommended to achieve optimal visual outcomes. The safety and effectiveness of the toric intraocular lens have not been substantiated in patients with certain preexisting ocular conditions, and intraoperative complications. Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the benefit/risk ratio before implanting a lens in a patient with one or more of these conditions. Preexisting conditions include: choroidal hemorrhage, chronic severe uveitis, concomitant severe eye disease, extremely shallow anterior chamber, medically uncontrolled glaucoma, microphthalmos, non-age-related cataract, proliferative diabetic retinopathy (severe), severe corneal dystrophy, severe optic nerve atrophy, or irregular corneal astigmatism. Intraoperative conditions include: excessive vitreous loss, capsulotomy by any technique other than a circular tear, the presence of radial tears known or suspected at the time of surgery, situations in which the integrity of the circular tear cannot be confirmed by direct visualization, cataract extraction by techniques other than phacoemulsification or liquefaction, situations where the need for a large capsulotomy can be anticipated (e.g., diabetics, retinal detachment in the fellow eye, peripheral retinal pathology, etc.), capsular rupture, significant anterior chamber hyphema, uncontrollable positive intraocular pressure, zonular damage. All preoperative surgical parameters are important when choosing a toric lens for implantation, including preoperative keratometric cylinder (magnitude and axis), incision location, surgeon's estimated surgically induced astigmatism (SIA) and biometry. Variability in any of the preoperative measurements can influence patient outcomes and the effectiveness of treating eyes with lower amounts of preoperative corneal astigmatism. All corneal incisions were placed temporally in the clinical study. If the surgeon chooses to place the incision at a different location, outcomes may be different from those obtained in the clinical study. Note that the TECNIS Toric Calculator incorporates the surgeon's estimated SIA and incision location when providing IOL options. Do not reuse, resterilize, or autoclave.

**ADVERSE EVENTS:** Potential adverse events during or following cataract surgery with implantation of an IOL may include but are not limited to: endophthalmitis/intraocular infection, hypopyon, pupillary block, retinal detachment, IOL dislocation, persistent corneal stromal edema, persistent cystoid macular edema, or secondary surgical intervention (including implant repositioning, removal, or other surgical procedure). The most frequently reported cumulative adverse event that occurred during the TECNIS® Toric 1-Piece IOL clinical trial was surgical re-intervention which occurred at a rate of 3.4% (lens repositioning procedures and retinal repair procedures). Other reported events included cystoid macular edema which occurred at a rate of 2.9% and retinal detachment which occurred at a rate of 0.6%.

TECNIS, Tri-Fix and ProTEC are trademarks owned by or licensed to Abbott Laboratories, its subsidiaries or affiliates. AcrySof is a trademark owned by or licensed to Novartis AG Corp., its subsidiaries or affiliates.

© 2015 Abbott Medical Optics Inc. | [www.AbbottMedicalOptics.com](http://www.AbbottMedicalOptics.com) | PP2015CT0757

TEC15-14

