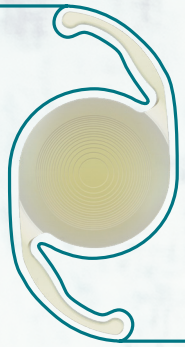

PanOptix® IOL Patient Selection Guide

As you prepare to implant the AcrySof® IQ PanOptix® IOL with your first 5 bilateral patients, use the following guidelines to determine ideal candidates and help ensure optimal IOL outcomes. After gaining familiarity with PanOptix® IOLs, subsequent candidates will depend on your clinical discretion.

Key Considerations for Patient Selection

For ideal PanOptix® IOL candidates, start with patients who:

- Are candidates for bilateral implantation
- Have not undergone refractive surgery
- Do not have glaucoma or retinal pathology
- Have a healthy cornea - NOTE: If moderate to severe ocular surface disease, such as dry eye, is diagnosed, treat and resolve prior to cataract surgery.
- Check patients astigmatism levels and the available toric range as the PanOptix® IOL is available up to T6

Identifying Ideal Candidates and Setting Expectations

An important step in patient care and satisfaction is ensuring that your staff educates patients about what to expect after surgery.

- To further determine candidacy for the PanOptix® IOL, learn about your patient's post-surgery vision goals, including:
  - Hobbies, activities, and current lifestyle
  - Tolerance of potential visual disturbances, including halos or rings around lights at night
- Educate your staff on the potential outcomes for the PanOptix® IOL
  - Teach your staff to communicate to your patients the benefits of the PanOptix® IOL, including uninterrupted near, intermediate, and distance vision
- Ensure your staff knows how to perform preoperative testing and measurements for optimal postoperative outcomes
- Determine the magnitude of your patient's preoperative astigmatism and target ≤ 0.5 D of postoperative residual astigmatism
  - Identify potential candidates for the PanOptix® Toric IOL by looking for patients with ≥ 0.5 D of astigmatism
  - Use the Alcon Online Toric IOL Calculator that incorporates the Barrett Toric Algorithm to account for posterior corneal astigmatism
- Make a firm IOL recommendation based on your patient's lifestyle and vision goals

Alcon

AcrySof® IQ PanOptix®
TRIFOCAL IOL
TRIFOCAL TORIC IOL

ENLIGHTEN® OPTICAL TECHNOLOGY

PanOptix® IOL Patient Selection Guide

Preparing to Implant the PanOptix® IOL

Resources developed specifically for PanOptix® IOL surgeons help ensure accurate outcomes during the implantation process.

- Start by using the provided theoretically derived A-constant of 119.1, from the PanOptix® product labeling*
  - Globally Optimized in ORA SYSTEM® Technology
- Its highly recommended to personalize your Lens Constant
- Consider dedicating one person from your practice to complete biometry measurements, specifically for your first 5 bilateral patients to ensure consistency
  - Consider using the same biometer to measure every time
- When selecting your IOL power, aim for emmetropia by selecting the IOL closest to plano
- Use modern formulas, such as Barrett Universal II or Hill-RBF, from the chart below that take into account your patient's anatomy

Formula	Parameters for ELP Prediction	Uses	Optimal Axial Length[1]
Barrett Universal II	**AL, K, ACD, WTW, LT**	**Lens Factor**	**Short, Normal, Long**
Hill-RBF	**AL, K, ACD**	**A-Constant**	**Short, Normal, Long**
Hoffer Q	AL, K	ACD	Short, Normal
Haigis	AL, ACD	a0, a1, and a2	Short, Normal, Long
Holladay I	AL, K	Surgeon Factor	Short, Normal, Long
Holladay II	AL, K, ACD, WTW, LT, age, pre-op refraction	ACD	Short, Normal, Long
Olsen	Uses pre-op ACD and lens thickness to provide a C-Constant for effective lens position	C-Constant	Short, Normal, Long
SRK/T	AL, K	A-Constant	Normal, Long

Managing Postoperative Care

- Schedule and see your PanOptix® IOL patients at the 1-day and 1-week postoperative visit to evaluate the lens' performance
  - After the first 5 bilateral patients, if you have a network of referring ODs, collaborate with them during the early postoperative visits so that they can also assess how the PanOptix® IOL performs
- Remind your patients to avoid evaluating their vision until surgery is complete
  - Explain that the brain has difficulty accepting the difference between the vision in the two eyes
  - Assure them that once surgery is performed in the second eye, the eyes will work together and adjust to their new vision
- Encourage patients to share their experiences with their new vision and validate their comments regarding their visual outcomes

Alcon

AcrySof® IQ PanOptix®
TRIFOCAL IOL
TRIFOCAL TORIC IOL

ENLIGHTEN® OPTICAL TECHNOLOGY

PanOptix® IOL Patient Selection Guide

AcrySof® IQ PanOptix® Family of Trifocal IOLs

IMPORTANT PRODUCT INFORMATION

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

INDICATIONS: The AcrySof® IQ PanOptix® Trifocal IOLs include AcrySof® IQ PanOptix® and AcrySof® IQ PanOptix® Toric and are indicated for primary implantation in the capsular bag in the posterior chamber of the eye for the visual correction of aphakia in adult patients, with less than 1 diopter of pre-exitsting corneal astigmatism, in whom a cataractous lens has been removed. The lens mitigates the effects of presbyopia by providing improved intermediate and near visual acuity, while maintaining comparable distance visual acuity with a reduced need for eyeglasses, compared to a monofocal IOL. In addition, the AcrySof® IQ PanOptix® Toric Trifocal IOL is indicated for the reduction of residual refractive astigmatism.

WARNINGS/PRECAUTIONS: 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. Physicians should target emmetropia and ensure that IOL centration is achieved.

For the AcrySof® IQ PanOptix® Toric Trifocal IOL, the lens 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.

Some visual effects may be expected due to the superposition of focused and unfocused multiple images. These may include some perceptions of halos or starbursts, as well as other visual symptoms. As with other multifocal IOLs, there is a possibility that visual symptoms may be significant enough that the patient will request explant of the multifocal IOL. A reduction in contrast sensitivity as compared to a monofocal IOL may be experienced by some patients and may be more prevalent in low lighting conditions. Therefore, patients implanted with multifocal IOLs should exercise caution when driving at night or in poor visibility conditions.

Patients should be advised that unexpected outcomes could lead to continued spectacle dependence or the need for secondary surgical intervention (e.g., intraocular lens replacement or repositioning).

As with other multifocal IOLs, patients may need glasses when reading small print or looking at small objects. Posterior capsule opacification (PCO) may significantly affect the vision of patients with multifocal IOLs sooner in its progression than patients with monofocal IOLs. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure, available from Alcon, informing them of possible risks and benefits associated with the AcrySof® IQ PanOptix® Trifocal IOLs.

ATTENTION: Reference the Directions for Use labeling for each IOL for a complete listing of indications, warnings and precautions.

Alcon

AcrySof® IQ PanOptix®
TRIFOCAL IOL
TRIFOCAL TORIC IOL

ENLIGHTEN® OPTICAL TECHNOLOGY