Personalizing Vision:
A patient-centric approach to delivering outstanding outcomes.

• How to assess patients’ visual goals
• Lens design and materials
• Tips for your first Personalized Vision cases
• Post implantation outcomes with extended depth of focus and multifocals
• Visual outcomes and patient satisfaction with Personalized Vision strategies

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Personalizing Vision: A patient-centric approach to delivering outstanding outcomes.

Cataract surgery presents a wonderful opportunity for patients to be less dependent on glasses so they have the freedom to enjoy a youthful lifestyle and their favorite activities—sometimes, for decades to come. Consider that last year nearly one million Americans had cataract surgery at age 65 or younger. Unlike previous generations, today’s cataract patients are not only having surgery while they’re still very active, they are also increasingly engaged in visually-demanding activities. For example, more than 70% of Americans over age 50 own smart-phones and spend about 4 hours per week on social media. The boomer generation is also working longer, constituting about one-forth of the workforce. In fact, one in ten predict they will never retire.

Our goal as cataract surgeons should center on finding out what’s important to each patient and then selecting a surgical plan that is unique to that patient.

Personalized Vision is an excellent way to achieve this and it’s much easier than you might suppose. In the pages that follow, surgeons who have studied and embraced Personalized Vision share their strategies and advice, as well as findings from clinical studies evaluating the implantation of a TECNIS Symfony IOL in one eye and a TECNIS Multifocal +3.25 D IOL in the fellow eye.

— Eric Donnenfeld, MD

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Assessing Cataract Patients’ Visual Goals and Expectations

By Karolinne Maia Rocha, MD, PhD

No matter what IOL you choose, assessing a patient’s unique visual goals is crucial to providing a satisfactory outcome. Once patients are in your chair, engage them in conversation to find out what they do and how they spend their time. Are they having trouble hitting a golf ball, driving or reading? Which of these do they most want you to address?

You can get the information to begin a conversation from the Johnson & Johnson Surgical Vision Questionnaire. But don’t stop there. Keep in mind that you want to also provide as much continuous vision as possible. Personalized Vision is a great way to do just that.

Keep It Simple

Standardize the surgical consult. Train your staff and referring optometrists on how to educate patients on premium technologies. Everyone should be speaking the same language and using the same materials at all times. This ensures consistency and quality of the patient conversations.

When you’re ready to discuss options, keep the conversation simple. Don’t get mired down in a complex discussion about technology and optics—this is generally too technical to be meaningful to the patient. Instead, focus your conversation on visual goals.

For example, a conversation about mitigating the visual handicap of presbyopia will make much more sense to most patients than comparing and contrasting multifocality versus extended depth of focus. These are concepts that are important for surgeons to understand, but most patients can’t relate. That being said, we can still explain how these two options are experienced differently. For instance, if you want to proceed with bilateral TECNIS Symfony® IOLs, you might explain that your goal is to make it easier for the patient to drive, use a computer, and scroll through messages on a cell phone, but they still may have difficulty reading the fine print on a medicine bottle.

If you are considering Personalized Vision with a TECNIS Symfony® IOL in one eye and a TECNIS® Multifocal +3.25 D IOL in the fellow eye, you could expand upon the previous description by adding that this combination may also make the patient less dependent on glasses when they’re enjoying the Sunday paper or sewing or working on a crossword puzzle. Whatever the near task may be, if it’s something that the patient is very passionate about, we should factor that into our treatment plan.
The Importance of Lens Design and Materials in IOL Selection
By Daniel H. Chang, MD

Many attributes deserve consideration when selecting an IOL platform. Many of these are practical concerns such as how well the IOL handles in the OR and how easily it unfolds. But optics is at the top of my “must-have list” and this can’t be measured using only a Snellen chart. If you ask patients what quality of vision looks like, they’ll likely describe it using terms like vibrancy, sharpness, color, and contrast. This is how patients experience their everyday lives.

Spherical Aberration
Scientifically speaking, quality of vision is about minimizing aberrations, such as spherical aberration and chromatic aberration. Spherical aberration is a fourth order aberration that generally reduces retinal image contrast and affects visual quality—particularly under mesopic conditions.

IOL material and design affects aberrations, and minimizing aberrations maximizes optical quality. In other words, correcting corneal spherical aberration can improve image quality, and as spherical aberration is reduced, image contrast is increased.

Spherical aberration is additive and young healthy eyes have little net spherical aberration. In patients undergoing cataract surgery, we should endeavor to correct it. While it is different for everyone, average corneal spherical aberration is 0.27 microns, and only TECNIS® IOLs correct the full spherical aberration of the average cornea.

Chromatic Aberration
Chromatic aberration is caused by the chromatic dispersion of light through optical materials. The phakic eye has a baseline longitudinal chromatic aberration due to the cornea and the crystalline lens. In pseudophakic eyes, the IOL implanted can potentially increase or decrease the eye’s longitudinal chromatic aberration relative to the phakic state, depending on the properties of the IOL. Both the cornea and the lens induce chromatic aberration in the eye, causing light to blur. As white light passes through an optical system, each of its component wavelengths bends independently. By Snell’s law, faster-moving, longer wavelengths bend less than slower-moving, shorter wavelengths, dispersing the various

Safety/Falls
By Daniel H. Chang, MD
Presbyopia correction isn’t just a luxury or a convenience—it’s a question of safety. Falls are the leading cause of serious injury in the elderly and bifocal, multifocal, and progressive glasses increase patients’ risk of falling. In fact, this eyewear makes patients 2.3 times more likely to fall, and more than one in every three falls are attributable to bifocal glasses.

What happens when our elderly patients fall? In a typical year, 800,000 elderly people are hospitalized for falls, with more than 27,000 of these resulting in death—meaning more elderly people die from falling than they do from breast or prostate cancer.

These statistics are not usually at the top of our minds as ophthalmologists because we don’t see these patients as a result of their falls. They don’t come to our clinic and complain, they go to the emergency room, or to the funeral home. But we can (and do) help these patients all the time, perhaps without even realizing it. That’s because cataract surgery reduces the fall rate by one third. And for patients who say they regularly take part in outdoor activities, eliminating bifocal glasses can reduce falls by up to 40%.12

TECNIS® deliver highest-quality* vision by addressing both chromatic and spherical aberrations

Simulated images for illustrative purposes only. *Against IOLs that correct only spherical aberrations based on technical features.
colors to different focal points along the optical axis. This dispersion is referred to as longitudinal chromatic aberration.

Unlike spherical aberration, chromatic aberration is similar in all eyes. The average amount of chromatic aberration in an aphakic eye (from the cornea alone) is 1.69D. Importantly, chromatic aberration is additive, which means that the IOL you choose will add to whatever chromatic aberration is already present in the cornea. TECNIS® IOLs were designed to minimize chromatic aberration and avoid making it worse than the aphakic eye.

What’s even more remarkable is that the TECNIS Symfony® doesn’t simply minimize the addition of chromatic aberration; it was engineered to reduce it. In fact, the TECNIS Symfony® IOL delivers contrast sensitivity with no clinically significant difference compared to a high quality aphakic monofocal IOL,* yet patients enjoy the added benefit of continuous range of vision.16,17

Quantity and Quality

TECNIS® IOLs were designed to deliver high quality vision. This optical platform quality, combined with the unique extended depth of focus properties of the TECNIS Symfony® IOLs provide high-quality, continuous vision at all distances, day and night.16,17 Consider:

• 91.2% achieved 20/25 or greater uncorrected distance visual acuity.18
• 96.6% achieved 20/25 or greater uncorrected intermediate visual acuity.18
• 84.4% achieved 20/32 or greater uncorrected near visual acuity.18

As our experience with EDOF has grown, so too has our ability to Personalize Vision even further, providing more options for patients who have greater near vision desires.

You’re The Expert: Make a Recommendation

Once you have a clear understanding of the patient’s desires and have reviewed the history and relevant pre-operative exam findings, review the treatment options with the patient. Importantly, do not make assumptions about patients’ financial situations.

Explain the benefits and the possibility of visual complications with each option. Patients usually have questions, so be ready to answer them. Furthermore, if a family member is present at the exam, ask him or her if they have any questions.

Once you agree upon a plan to achieve the patient’s visual goals, confidently articulate the steps. If your plan depends upon the outcome of pending tests, say so, but make it clear that you know what you will do with the results.

Patients are twice as likely to choose a presbyopia-correcting IOL when you make a recommendation.20

*WARNING: The TECNIS Symfony® IOL may cause a reduction in contrast sensitivity under certain conditions, compared to an aspheric monofocal IOL. The physician should carefully weigh the potential risks and benefits for each patient, and should fully inform the patient of the potential for reduced contrast sensitivity before implanting the lens in patients. Special consideration of potential visual problems should be made before implanting the lens in patients with vascular disease, amblyopia, corneal irregularities, or other ocular disease which may cause present or future reduction in acuity or contrast sensitivity. Patients implanted with the lens should be informed to exercise special caution when driving at night or in poor visibility conditions.
As surgeons, we know that refractive cataract surgery involves compromise that’s difficult for patients to understand without experiencing it. With out-of-pocket presbyopia-correcting procedures, patient expectations are understandably high. The reality is that patients expect exceptional outcomes and quality of vision at all distances. Fortunately, as our experience with TECNIS Symfony® IOLs has grown, we have found ways to personalize vision so that each patient’s treatment plan is customized to their unique preference and visual demands. For a growing number of our colleagues Personalized Vision using the TECNIS Symfony® in one eye and the TECNIS® Multifocal +3.25D in the fellow eye has proven to deliver outstanding results and high patient satisfaction.

**First Cases**
If you are new to TECNIS Symfony® IOLs, we recommend that you begin with several bilateral implantations before personalizing vision by combining treatment with a multifocal. TECNIS Symfony® is very unique in that it is the ONLY FDA-approved extended depth of focus IOL and it provides high-quality, continuous vision at all distances, day and night. Multifocal IOLs heralded a change in our ability to offer good visual acuity at distance and near, but many patients reported a gap in intermediate vision or a less than optimal vision experience at night or in dim environments. The introduction of the extended depth of focus IOL was therefore a breakthrough in the ability to better meet the evolving needs of our active presbyopic patients. However, since this is a very different kind of IOL, it may be helpful to have a full understanding of how patients experience and react to extended depth of focus before combining it with other types of IOLs.

In our own practices, we are moving in the direction of Personalized Vision more often but we still perform bilateral TECNIS Symfony® procedures often.

### Clinical Options
Two important considerations when selecting Personalized Vision using the TECNIS Symfony® in one eye and the TECNIS® Multifocal +3.25D in the fellow eye are:

1. **Which eye should you start with?**
2. **How should you combine lenses based on eye dominance?**

In most cases, we begin with the TECNIS Symfony® IOL in the dominant eye. If you perform surgery on the non-dominant eye first, from a neuroadaptation standpoint, it can throw patients off a bit because you’ve improved the vision in the weaker eye. This can make the period between the two surgeries more challenging for the patient. The other risk when starting with the non-dominant eye is that the patient won’t even realize the improvement because they are still relying so heavily on the vision in their dominant eye.
Although we typically start with the dominant eye, in certain cases starting with the TECNIS® Multifocal +3.25D in the non-dominant may be wise—particularly if you have significant concerns that the patient will have a hard time adjusting to any potential night vision symptoms based on personality or concerns that the patient may have voiced during the consult. If the patient is happy after the first surgery, we’ll usually proceed as planned by implanting the TECNIS Symfony® IOL in the dominant eye. However, if the patient is not responding in a positive way to the TECNIS® Multifocal +3.25D in the non-dominant eye, we can put a monofocal in the dominant eye.

A New Era
As the studies here reveal, Personalized Vision can offer outstanding outcomes, and the skills required to achieve them are not foreign to experienced cataract surgeons. For example, just as with any presbyopia-correcting procedure, Personalized Vision requires close inspection of lifestyle, history, exam findings and measurements.

TECNIS Symfony® IOLs gave us so much of what we were looking for in an IOL, and with the option of Personalized Vision, we can further refine this for those patients who want to achieve superb vision from near to far, and anywhere in between.

Pre-operative Dry Eye and MGD Management Essentials
In a cataract and refractive surgical practice, it is imperative to diagnose dry eye disease preoperatively, since this can affect your preoperative biometry measurements. Research shows that patients who had osmolarity scores within normal limits were within a half diopter of intent, whereas 17% of those with hyperosmolarity would have missed their IOL calculation by more than a diopter.25

Look at the tear film, the topography, the cornea, the conjunctiva and the lids. Importantly, express the meibomian glands to assess meibomian gland function and, if it is available in your practice, perform meibography with LipiScan™ or LipiView® to assess meibomian gland structure. Meibomian gland dysfunction (MGD) has been shown to affect 86% of patients with dry eye. MGD has also been shown to worsen in the post-operative period, after cataract surgery.27,28

Personalized Vision with the TECNIS Symfony® IOL and the TECNIS® Multifocal +3.25 D provides excellent full range of vision with outstanding near visual acuity as evidenced in several recent studies.

Canadian study conducted by Dr. Jeffrey Machat.22
US study conducted by Dr. Mark Kontos.23
US study conducted by Dr. Kerry Solomon.24

<table>
<thead>
<tr>
<th>Study</th>
<th>Results</th>
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<tr>
<td>Canadian</td>
<td>91% achieved 20/25 at near (n=24)</td>
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<tr>
<td>US</td>
<td>92.9% achieved 20/25 at near (n=14)</td>
</tr>
<tr>
<td>US</td>
<td>94.1% achieved 20/25 at near (n=17)</td>
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Percentage of patients with dry eye affected by MGD26

86% of patients with hyperosmolarity missed the IOL calculation by more than a diopter.25

Patients who had osmolarity scores within normal limits were within a 1/2 diopter.25
Since their introduction, we’ve been implanting TECNIS Symfony® IOLs bilaterally with great success but have continued to look for ways to deliver a little more near vision. Over the years, we’ve collected historical data on patients implanted with bilateral TECNIS Symfony® IOLs targeted for emmetropia OU or nanovision* (dominant eye: emmetropia and non-dominant eye: -0.50 D). For this current study, we used these two groups as a historical control, comparing them to patients receiving a Personalized Vision procedure using a TECNIS Symfony® IOL in the dominant eye and a TECNIS Multifocal +3.25 D in the non-dominant eye.

After reviewing the data for 71 patients (emmetropia n=29, nanovision n=25, Personalized Vision n=17), we found that:

• Binocular UCNVA uncorrected near vision acuity was significantly better in the Personalized Vision group (p<0.001) compared to the emmetropia OU and nanovision groups. In fact, 94.1% of patients who received TECNIS Symfony® IOL in the dominant eye and a TECNIS Multifocal +3.25 D in the non-dominant eye had uncorrected near of 20/25 or better.

• Personalized Vision and nanovision appear to improve near visual acuity without decreasing distance or intermediate visual acuities.

Given the outstanding results we have seen thus far with a Personalized Vision approach, we have chosen to continue enrolling patients in this ongoing study.

**Avoid Common Pitfalls**

Many problems stem from poor communication. Consider the following pitfalls:

- Whatever lens combination you select, be **honest and upfront** with patients about what they can expect postoperatively.
- Be very careful when patients say they want to “get rid of glasses.” **Don’t over promise.** Focus on the words “less often” when referring to post-op reliance on glasses.
- **Set reasonable timelines** for neuro-adaptation of reading at intermediate and near distances.
- **Explain visual disturbances,** letting patients know that these should become less noticeable over time but some patients might notice them permanently.
- Keep in mind that low myopes in particular are used to sharp near without glasses and binocularity. It’s especially hard for this group to relate to the reality of any visual struggle, so **choose your words wisely** when describing presbyopia-correcting IOLs.
- If a low myope requests a monofocal, **be certain to clarify** how their refractive status will change after surgery.
- Always aim to **under promise and over deliver.** Emphasize that the surgery is intended to help reduce dependence on glasses, not restore their 20-year-old eyes.

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*Since the Symfony IDE protocol states that emmetropia is within +/- 0.5D, then targeting Nanovision which is also within +/- 0.5D, then Nanovision in this case is equivalent to emmetropia.
I’ve been implanting bilateral TECNIS Symfony® IOLs for two years. These patients report good quality of vision and high levels of satisfaction, but as I began exploring personalized vision with TECNIS Symfony® IOLs and TECNIS® Multifocal +3.25 D, I discovered that mixing the two often gave patients outstanding near vision. As such, I initiated a study in my practice. My goal was to capture the best of both IOLs—the continuous vision from the TECNIS Symfony® and the near from the TECNIS® Multifocal +3.25 D.

We broke the study participants up into two groups:^{23}

- Group 1 consisted of 11 patients who had TECNIS Symfony® IOLs implanted bilaterally.
- Group 2 consisted of 14 patients with a TECNIS Symfony® IOL in one eye and TECNIS® Multifocal +3.25 D IOL in the other eye.

At four months post-op we measured bilateral uncorrected visual acuity, spectacle independence, and overall satisfaction and found that 92.9% of patients with a TECNIS Symfony® IOL in one eye and TECNIS® Multifocal +3.25 D IOL in the other eye achieved 20/25 or better uncorrected bilateral distance vision, as well as 20/25 or better uncorrected bilateral near vision and likewise stated that they were satisfied or very satisfied overall.

I don’t promise my patients that they won’t wear glasses after surgery, which means that in the majority of these cases I’m over delivering and giving my patients more than what I told them I was going to give them, which is outstanding for my practice as well as for the patient.

Since presenting this data at ASCRS in 2019, I have continued to collect data and have been moving more of my patients into Personalized Vision with a TECNIS Symfony® IOL in one eye and TECNIS® Multifocal +3.25 D IOL in the other eye with continued success.
1. 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.

2. When performing refraction in patients implanted with the TECNIS® Symfony IOL, interpret results with caution when using autorefractors or wavefront aberrometers that utilize infrared light, or when performing a duochrome test. Confirmation of refraction with maximum plus manifest refraction technique is recommended.

3. Before implating a lens in a patient with one or more of these conditions:

4. Because the TECNIS® Symfony IOL may cause a reduction in contrast sensitivity compared to a monofocal IOL, patients implanted with the lens should be informed to exercise special caution when driving at night or in poor visibility conditions.

5. Some visual effects associated with the TECNIS® Symfony IOL may be expected due to the lens design that delivers elongation of focus. These may include a perception of halos, glare, or starbursts around lights under nighttime conditions. The experience of these phenomena will be bothersome or very bothersome in some people, particularly in low-illumination conditions. In case of these, visual effects may become unacceptable to some patients and the patient may request removal of the IOL.

6. Patients with a predicted postoperative astigmatism greater than 1.0 diopter may not be suitable candidates for implantation with the TECNIS® Symfony Toric IOL because the lens does not compensate for the major portion of the astigmatism.

7. The effectiveness of TECNIS Symfony Toric IOLs in reducing postoperative residual astigmatism in patients with presbyopic corneal astigmatism — 1.0 diopter has not been demonstrated.

8. Rotation of TECNIS® Symfony Toric IOls away from their intended axis can reduce their astigmatic correction.

9. Misalignment greater than 30° may result in postoperative refractive cylinder. If necessary, lens repositioning should occur as early as possible prior to lens encapsulation.

10. AMD IOls are single-use devices only. Do not re-use this IOL.

PRECAUTIONS:

1. Patients with inflammatory ocular diseases, such as uveitis, should not be considered suitable candidates for the lens implantation.

2. The TECNIS® Symfony Toric IOL cannot be used in eyes with significant pre-existing astigmatism (greater than 3.0 diopters) to correct the astigmatism.

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INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR LIPIVIEW® II OCULAR SURFACE INTERFEROMETER
Rx Only

INDICATIONS
The LipiView II Ocular Surface Interferometer is an ophthalmic imaging device that is indicated for use by a physician in adult patients to capture, archive, manipulate and store digital images of the specular (interferometric) observations of the tear film. Using these images, LipiView II measures the absolute thickness of the tear film lipid layer. Meibomian glands under near infrared (NIR) illumination. The ocular surface and eyelids under white illumination.

CONTRAINDICATIONS
Contraindications are conditions in which the device should not be used because of the risk of use clearly outweighs any benefit. No contraindications have been identified for LipiView II.

PRECAUTIONS
The following patient conditions may affect the interferometry assessment of a patient’s tear film using LipiView II:

- Use of ophthalmic drops such as artificial tear lubricants, ointments, and medications. Advise patients not to instill oil-based ophthalmic drops (e.g., Baciophthet, Restasis, Systane Balance®) for at least 12 hours prior to device use.
- Soft or rigid contact lens wear. Advise patients to remove contact lenses at least four hours prior to device use.
- Use of all-based facial cosmetics around the eye.
- Eye rubbing.
- Recent swimming in a chlorinated pool. Advise patients to not to swim for at least 12 hours prior to device use.
- Any ocular surface condition that affects the stability of the tear film. These conditions include-disease, dystrophy, trauma, scarring, surgery, or abnormality.

ADVERSE EFFECTS
There are no known or anticipated adverse effects associated with use of this device.

Attention
Reference the LipiView II Ocular Surface Interferometer Instructions for Use for a complete listing of indications, warnings, and precautions.

INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR MEIBOMIAN GLAND EVALUATOR (MGE)
Rx Only

INDICATIONS
The Meibomian Gland Evaluator is a handheld instrument used by a physician to evaluate Meibomian gland secretions in adult patients during a routine eye examination. The instrument provides a standardized method to apply consistent, gentle pressure to the outer skin of the lower eyelid while visualizing the secretions from the Meibomian glands through a slit lamp biomicroscope.

CONTRAINDICATIONS
No contraindications are known.

PRECAUTIONS
Do not depress the shaft to the endpoint of the spring. Do not apply any additional force after the shaft has been depressed approximately 6 mm. Applying additional force negates the benefit of using the instrument to apply standard force.

Attention
Reference the Meibomian Gland Evaluator Package Insert for a complete listing of indications, warnings, and precautions.

INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR TECNIS TORIC INTRAOCULAR LENSES
Rx Only

INDICATIONS
- The Tecnis Multifocal Family of 1-Piece IOLs (Tecnis Symfony, Tecnis Toric, Tecnis Toric MFI) are indicated for implantation in the capsular bag in adult patients with the following conditions: post-cataract surgery, aphakia, or where a cataractous lens has been removed by phacoemulsification and who desire near, intermediate, and distance vision.

Attention
Reference the Directions for Use labeling for a complete listing of Indications and Important Safety Information.

IMPORTANT SAFETY INFORMATION: Inertial patient of possible contrast sensitivity reduction and increases in visual disturbances that may affect their ability to drive at night or in poor visibility conditions. The lens should not be placed in the ciliary sulcus. Weight the potential risk/benefit ratio that could increase pre-existing complications or impact patient outcomes. Variability in any preoperative measurements can influence outcomes.

Attention
Reference the Directions for Use labeling for a complete listing of Indications and Important Safety Information.