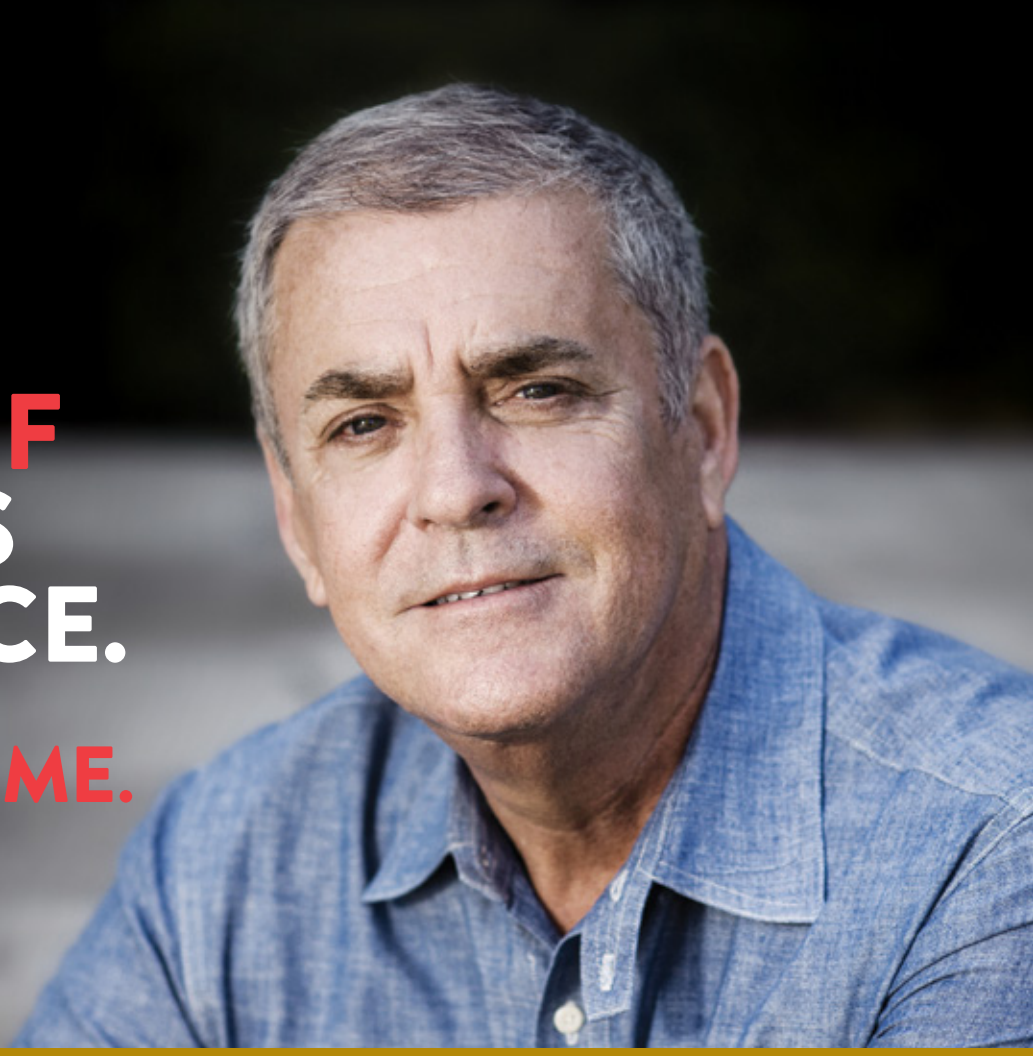
Johnson & Johnson VISION

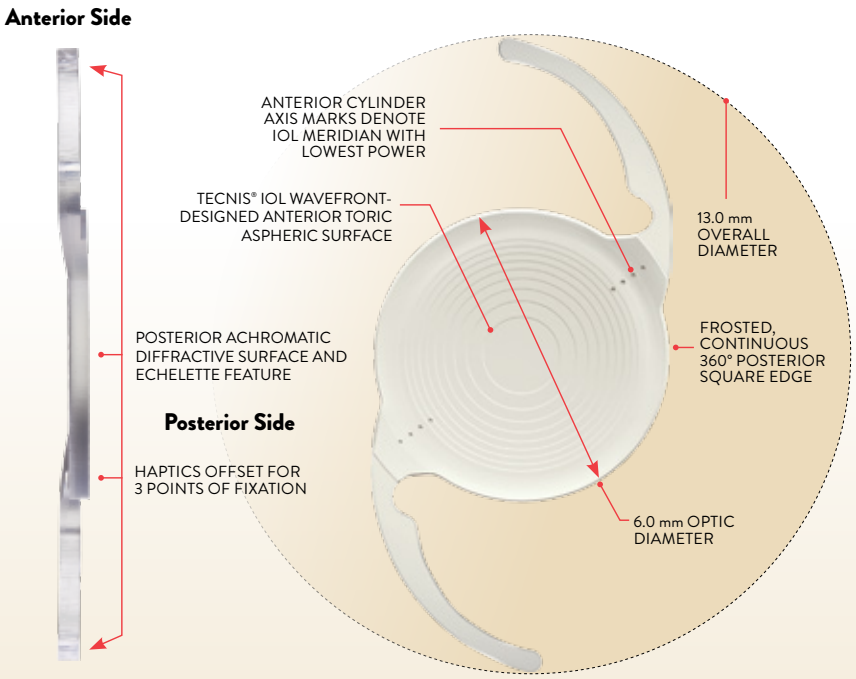
# LEAVE A LEGACY OF SEAMLESS BRILLIANCE.

*Start with* **ME.**



Not actual patient.

## TECNIS Symfony® TORIC IOL is FDA-Approved




## From a Leader in Presbyopia-Correcting IOLs

TECNIS Symfony® TORIC Extended Range of Vision IOL

TECNIS Symfony® TORIC Extended Range of Vision IOL

# Extended Depth of Focus IOL

| OPTICAL CHARACTERISTICS | | | | |
|---|---|---|---|---|
| SE Powers: | +5.0 D to +34.0 D in 0.5 diopter increments | | | |
| Model Numbers: | ZXT150 | ZXT225 | ZXT300 | ZXT375 |
| Cylinder Powers - IOL Plane | 1.50 D | 2.25 D | 3.00 D | 3.75 D |
| Cylinder Powers - Corneal Plane | 1.03 D | 1.54 D | 2.06 D | 2.57 D |
| Diameter: | 6.0 mm | | | |
| Center Thickness: | 0.7 mm (20.0 D) | | | |
| Shape: | Biconvex, wavefront-designed anterior toric aspheric surface. Biconvex posterior achromatic diffractive surface to enhance image contrast and echelette feature to extend the range of vision. | | | |
| Material: | UV-blocking hydrophobic acrylic | | | |
| Refractive Index: | 1.47 at 35° C | | | |
| Edge Design: | **ProTEC** frosted, continuous 360° posterior square edge | | | |

| BIOMETRY* | CONTACT ULTRASOUND† | OPTICAL†† |
|---|---|---|
| A-constant: | 118.8 | 119.3 |
| AC Depth: | 5.4 mm | 5.7 mm |
| Surgeon Factor:[1] | 1.68 mm | 1.96 mm |

| HAPTIC CHARACTERISTICS | |
|---|---|
| Overall Diameter: | 13.0 mm |
| Thickness: | 0.46 mm |
| Style: | C |
| Material: | Soft, Foldable, UV-blocking hydrophobic acrylic |
| Design: | **TRI-FIX**, Haptics offset from optic; 1-piece lens |

## RECOMMENDED INSERTION INSTRUMENTS

**UNFOLDER**® Platinum 1 Series Screw-Style Inserter (DK7796)

**UNFOLDER**® Emerald-AR Inserter (EMERALDAR)

**ONE SERIES** Ultra Syringe-Style Inserter (DK7786)

**UNFOLDER**® Platinum 1 Series Cartridge (1MTEC30)

**UNFOLDER**® Emerald-AR Cartridge (1CART30)

**ONE SERIES** Ultra Cartridge (1VIPR30)

* Value theoretically derived for a typical 22.0 D lens. Johnson & Johnson Surgical Vision, Inc. recommends that surgeons personalize their A-constant based on their surgical techniques and equipment, experience with the lens model and postoperative results.

† IOL constants have been theoretically derived for contact ultrasound.

†† IOL constants have been derived from clinical evaluation results of the 1-Piece IOL Platform.

1. Calculated based on Holladay I formula (Holladay JT, Prager TC, Chandler TY, Musgrove KH, Lewis JW, Ruiz RS. A three-part system for refining intraocular lens power calculations. J Cataract Refract Surg. 1988;14(1):17-24).

For precise results, utilize the TECNIS® Toric IOL calculator at www.TecnisToricCalc.com to determine the appropriate Toric model and power.

**INDICATIONS and IMPORTANT SAFETY INFORMATION for TECNIS SYMFONY TORIC IOLs**

***Rx Only***

**INDICATIONS FOR USE**
The Tecnis Symfony® Toric IOLs, Models ZXT150, ZXT225, ZXT300, and ZXT375, are indicated for primary implantation for the visual correction of aphakia and for reduction of residual refractive astigmatism in adult patients with greater than or equal to 1 diopter of preoperative corneal astigmatism, in whom a cataractous lens has been removed. The lens mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the lens provides improved intermediate and near visual acuity, while maintaining comparable distance visual acuity. The Model Series ZXT IOLs are intended for capsular bag placement only.

**WARNINGS**
Patients with any of the conditions described in the Directions for Use may not be suitable candidates for an intraocular lens because the lens may exacerbate an existing condition, may interfere with diagnosis or treatment of a condition, or may pose an unreasonable risk to the patient's eyesight. Lenses should not be placed in the ciliary sulcus. May cause a reduction in contrast sensitivity under certain conditions, compared to an aspheric monofocal IOL; fully inform the patient of this risk before implanting the lens. Special consideration should be made in patients with macular disease, amblyopia, corneal irregularities, or other ocular disease. Inform patients to exercise special caution when driving at night or in poor visibility conditions. Some visual effects may be expected due to the lens design, including: a perception of halos, glare, or starbursts around lights under nighttime conditions. These will be bothersome or very bothersome in some people, particularly in low-illumination conditions, and on rare occasions, may be significant enough that the patient may request removal of the IOL.

Rotation of the Tecnis Symfony® Toric IOLs away from their intended axis can reduce their astigmatic correction, and misalignment >30° may increase postoperative refractive cylinder. If necessary, lens repositioning should occur as early as possible prior to lens encapsulation.

**PRECAUTIONS**
Interpret results with caution when refracting 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. The ability to perform some eye treatments (e.g. retinal photocoagulation) may be affected by the optical design. Target emmetropia for optimum visual performance. Care should be taken to achieve IOL centration, as lens decentration may result in a patient experiencing visual disturbances under certain lighting conditions.

For the Tecnis Symfony® Toric IOL, variability in any preoperative surgical parameters (e.g. keratometric cylinder, incision location, surgeon's estimated surgically induced astigmatism and biometry) can influence patient outcomes. Carefully remove all viscoelastic and do not over-inflate the capsular bag at the end of the case to prevent lens rotation. Accurate keratometry and biometry, in addition to the use of the Tecnis® Toric Calculator www.TecnisToricCalc.com, are recommended to achieve optimal visual outcomes for the Tecnis Symfony Toric IOL. Note that the Tecnis Toric Calculator incorporates the surgeon's estimated SIA and incision location when providing IOL options.

**SERIOUS ADVERSE EVENTS**
The most frequently reported serious adverse events that occurred during the clinical trial of the Tecnis Symfony lens were cystoid macular edema (2 eyes, 0.7%) and surgical reintervention (treatment injections for cystoid macular edema and endophthalmitis, 2 eyes, 0.7%). No lens-related adverse events occurred during the trial.

**ATTENTION:** Reference the Directions for Use for a complete listing of Indications and Important Safety Information.



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