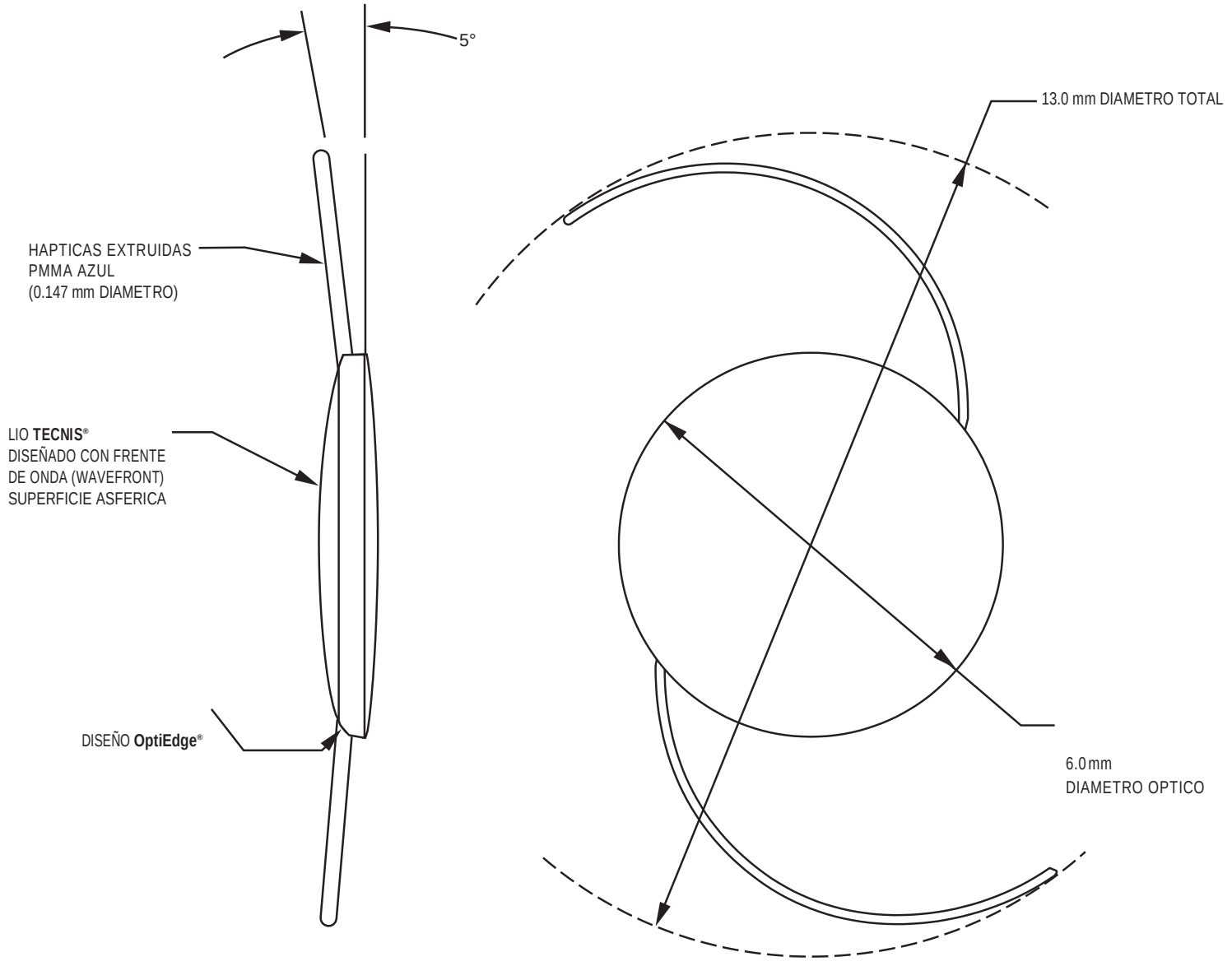
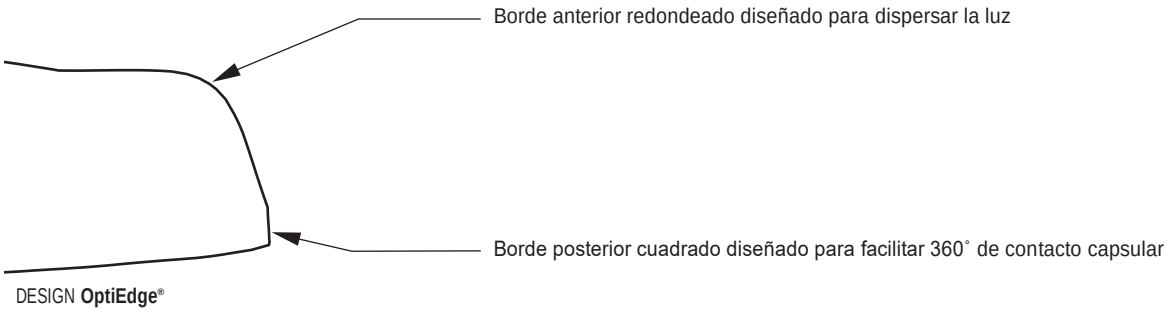
TECNIS®
Aspheric Acrylic IOL

LIO **TECNIS®** 3-piezas Monofocal Asférico
Acrílico Hidrofóbico





Johnson & Johnson VISION

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Model: ZA9003

DESCRIPCIÓN

CARACTERÍSTICAS ÓPTICAS

Potencias:	+10.0 D to +30.0 D en incrementos de 0.5 dioptrías
Diámetro de la óptica:	6.0 mm
Forma:	Biconvexa, anterior asférica
Material:	Acrílico hidrofóbico con filtro UV
Índice refractivo:	1.47 a 35°C
Diseño del borde:	**OptiEdge®** con borde posterior cuadrado de 360°, y borde anterior redondeado

BIOMETRÍA ÓPTICA*

Constante A(SRK/T):	119.1
Profundidad CA (HofferQ):	5.61 mm
Factor de cirujano (Holl.1):	1.84 mm

BIOMETRIA POR ULTRASONIDO CON APLANACIÓN

Constante:†	119.1
Profundidad teórica de CA:	5.6 mm
Factor del cirujano:[1]	1.85 mm

CARACTERÍSTICAS DE LAS HÁPTICAS

Longitud total:	13.0 mm
Configuración:	Modificada C
Material:	Monofilamento 60% azul core Polymethylmethacrylato (PMMA)
Ángulo	5°

INSTRUMENTOS DE PLEGADO RECOMENDADOS	MODELO
The **UNFOLDER®** Emerald XL Series Handpiece The **UNFOLDER®** Emerald XL Series Cartridge	EMERALDXL EMERALDC30

*Mediciones de la página web de ULIB.. http://www.augenklinik.uni-wuerzburg.de/ulib/c1.htm. The A-Constants listed in the ULIB table were derived from and are only valid for measurements with the Zeiss IOL Master, calculated from patient data on file (as of October 22, 2013).
†A-Constantes teóricas obtenidas de biometría por ultrasonido.

INDICATIONS AND IMPORTANT SAFETY INFORMATION for the TECNIS Foldable Acrylic IOLs with OptiEdge design

INDICATIONS
TECNIS Foldable Acrylic IOLs with OptiEdge design are indicated for the visual correction of aphakia in adults in whom a cataractous lens has been removed by extracapsular cataract extraction. The lens is intended to be placed in the capsular bag. **PRECAUTIONS:** Do not resterilize, reuse, or autoclave the lens. Use sterile balanced salt solution or sterile normal saline for soaking or rinsing. Do not store the lens in direct sunlight or at a temperature greater than 113°F. If Implantation Systems are used improperly, the haptics may become crimped or broken. Please refer to the specific instructions for use provided with The UNFOLDER EmeraldT or EmeraldXL Series Implantation Systems for the amount of time the IOL can remain in the cartridge before the IOL must be discarded. **WARNINGS:** Physicians considering lens implantation under any of the following circumstances should weigh the potential risk/benefit ratio described in the Directions for Use. Do not place in ciliary sulcus. **ADVERSE EVENTS:** In the clinical trial of the parent acrylic IOL, no cumulative or persistent reported averse events were above the FDA grid rate. The most frequently reported adverse event that occurred during the trial was anterior lens tissue ongrowth, which occurred at a cumulative rate of 11.3%. In a separate clinical trial of the parent modified prolate anterior surface IOL, the most frequently reported adverse event was macular edema; these reports were just above FDA grid rate at a cumulative rate of 3.8% a (FDA grid 3.5%) and a persistent rate of 0.9% (FDA grid 0.8%).

Rx Only

ATTENTION
Reference the Directions for Use labeling for a complete listing of Indications, and important safety information.

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 and Holladay, J.T. International Intraocular Lens & Implant registry 2003. *J Cataract Refract Surg.* 2003; 29:176-197.

PP2018CT5597
Reorder: TEC16-07

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