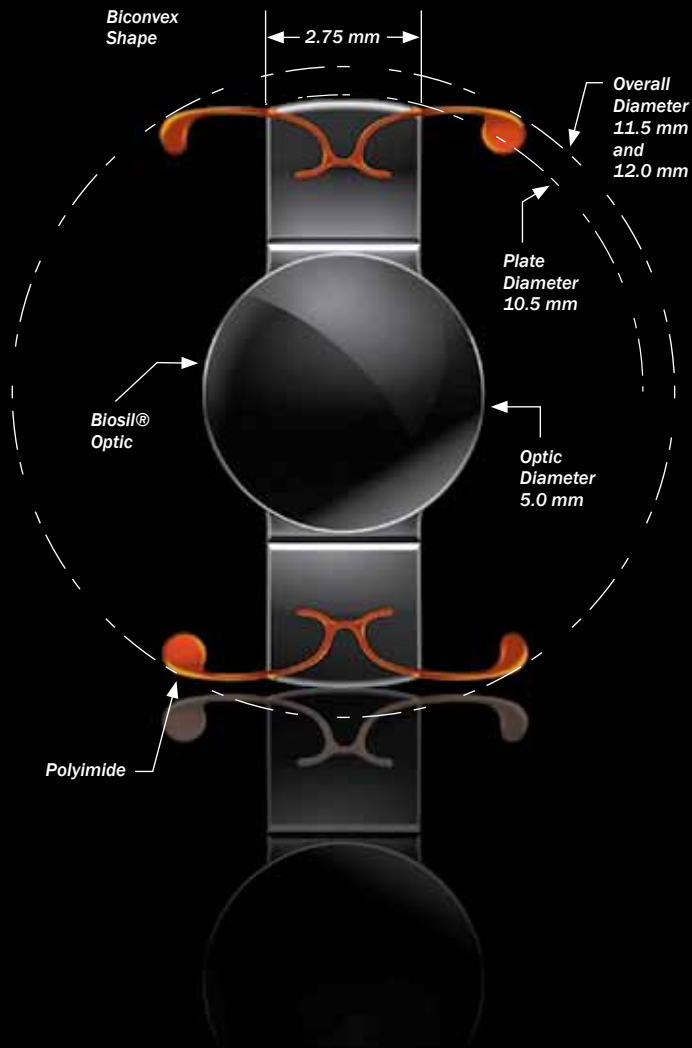


Clinical Pearls For Technicians

A Quick Guide




Crystalens®

Crystalens® Accommodating Posterior Chamber Intraocular Lens
BRIEF STATEMENT

Rx only.
Indications for Use: The Crystalens® is intended for primary implantation in the capsular bag of the eye for the visual correction of aphakia secondary to the removal of a cataractous lens in adult patients with and without presbyopia. The Crystalens® provides approximately one diopter of monocular accommodation which allows for near, intermediate, and distance vision without spectacles.
Warnings: 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. Some adverse events which have been associated with the implantation of intraocular lenses are: hypopyon, intraocular infection, acute corneal decompensation, and secondary surgical intervention.
Precautions: Do not resterilize; do not store over 45°C.
ATTENTION: Refer to the Physician Labeling for complete prescribing information.
This resource is intended for use by physicians and other healthcare professionals involved in patient care. It is not intended and should not be construed as medical advice, nor is it intended to replace sound clinical judgment in the delivery of healthcare services. All medical and clinical data contained or made available in this resource is intended to supplement the knowledge of physicians and other healthcare professionals involved in patient care. The absence of a warning for a given procedure, technique or suggestion contained in this resource should not be construed to indicate that such procedure, technique or suggestion is safe, appropriate or effective in any given patient.

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Crystalens®

Call Center Information

Clinical Call Center: 1-888-393-6642
Holladay II calculations can be done by Bausch + Lomb

<http://IOLSurgeon.SurgiVision.net> (Sign Up)
<http://IOLSummary.SurgiVision.net> (Current User)
<http://IOLComprehensive.SurgiVision.net> (New User)

Pre-Op Measurements

- Make sure the instrumentation used is calibrated on a regular basis
- Use the IOL Master and/or manual keratometry to obtain keratometric readings
 - For contact lens wearers, ensure that contact lens use has been discontinued long enough to provide corneal stability
- Use the IOL Master and/or immersion ultrasonography to measure axial length
 - The SD for axial length should be ≤ 0.09
 - The difference between eyes should not be greater than 0.50 (K) or 0.30 mm (AL) unless you can explain
- Make sure As and Ks correlate with oldest known refraction

Pearls For Accurate Biometry

Things to consider:

- Measure K readings on an untouched clear cornea (no drops, applanations, etc.)
 - Ks should be within 0.12 in each meridian after repeated measurements
- Take note of any ocular pathology that may affect the corneal surface and fixation
- For contact lens wearers, ensure that contact lens use has been discontinued long enough to provide corneal stability
 - Take two readings one week apart showing stable measurements before accepting measurement for IOL calculations



Crystalens® Nomogram For Short Eyes

Axial Length	Formula	Target To Achieve		
		+0.25	Plano	-0.25
21.0 mm or Less	Holladay II	-0.25	-0.50	-0.75
21.01 mm to 22.0 mm	Holladay II	PI	-0.25	-0.50

SPECIFICATIONS

Product Specification for all Crystalens Models:

Optic Diameter: 5.0 mm
Shape: Biconvex
Material: Biosil®

	Model	Recommended Starting A Constant	Recommended Starting ACD	Overall Diameter	Diopter Power
Crystalens AO™	AT50AO	119.1	5.61 mm	11.5 mm	+17 to +33 in 0.50 steps +18 to +22 in 0.25 steps
	AT52AO	119.1	5.61 mm	12.0 mm	+10 to +16.50 in 0.50 steps
Crystalens HD™	HD500	118.8	5.43 mm	11.5 mm	+17 to +33 in 0.50 steps +18 to +22 in 0.25 steps
	HD520	118.8	5.43 mm	12.0 mm	+10 to +16.50 in 0.50 steps
Crystalens Five-0™	AT50SE	119.0	5.55 mm	11.5 mm	+17 to +27 in 0.25 steps +27 to +33 in 0.50 steps
	AT52SE	119.0	5.55 mm	12.0 mm	+4 to +10 in 1.0 steps +10 to +16 in 0.50 steps +16 to +16.75 in 0.25 steps

Post-Op Pearls

- **Remember to measure intermediate VA**
- Patient must be encouraged during VA measurements
 - Do not rely on auto-refractions (they tend to OVER-MINUS)
 - Be sure to use appropriate lighting
 - Give the patient time to focus
 - Near VA should be measured at 16" with light on the Acuity Card
 - Intermediate VA should be measured at 32"
- Day 1 post-op examination
 - Uncorrected distance VA
 - Ocular health evaluation
 - IOP
 - Encourage the patient
- Days 10 to 14 post-op examination
 - Check uncorrected distance, intermediate, and near VA (in that order), both monocular and binocular
 - K readings will indicate the approximate amount of cylinder and the axis
 - Complete a controlled maximum plus refraction (treat the patient as a young myope)
 - Verify refractive findings with a cycloplegic refraction when VAs and refraction do not correlate, or if near VA is not J3 or better. See the *Expected Outcomes Chart* below for correlation.

Expected Outcomes

Distance	Intermediate	Near	Spherical Equivalent
20/60	20/20	J1+	-1.25
20/50	20/20	J1+	-1.00
20/40	20/20	J1	-0.75
20/30	20/20	J2+	-0.50
20/25	20/20	J2	-0.25
20/15	20/20	J3+	0.00
20/15-20	20/20	J5	+0.25
20/20-30	20/25	J5	+0.50