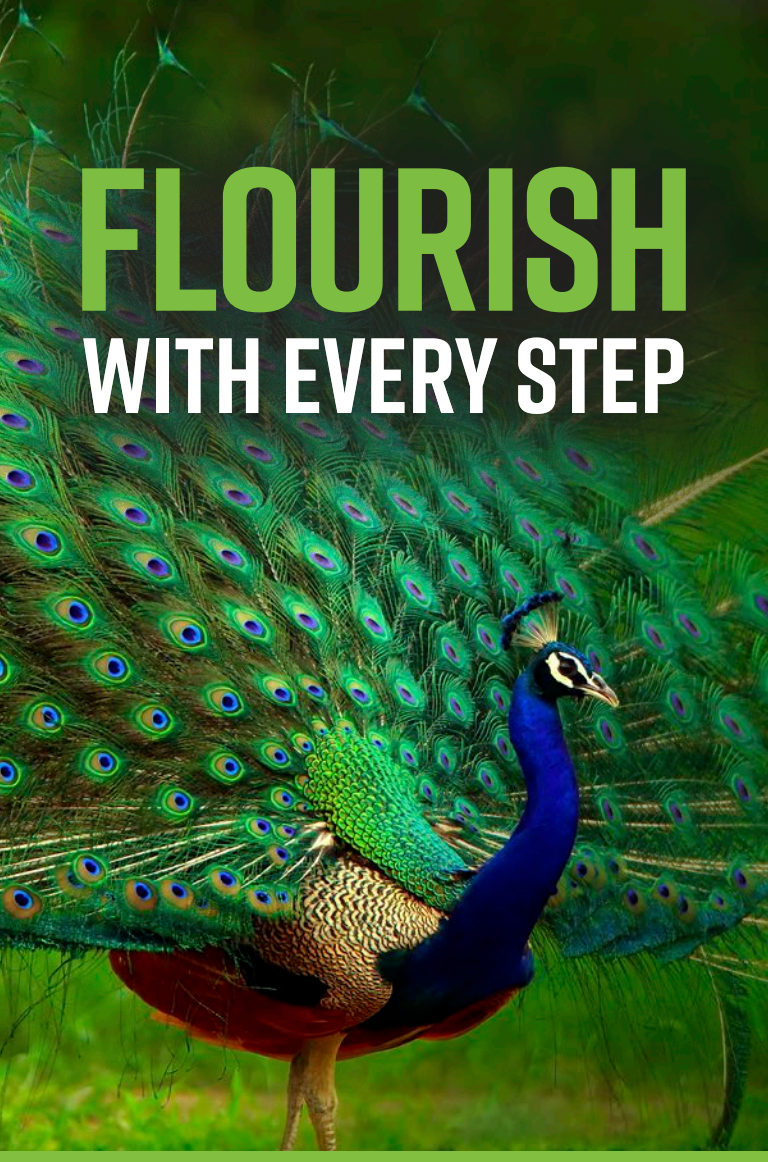


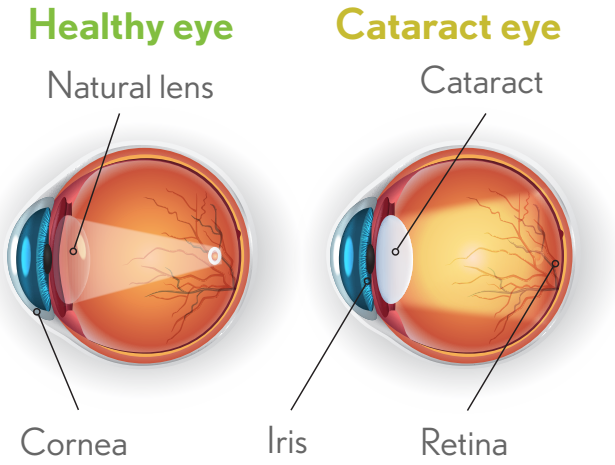
enVista Envy™ and enVista Envy™ Toric

Full Range of Vision IOLs

BAUSCH + LOMB

The truth about cataracts

Cataracts are a natural part of aging and cause cloudy vision. Many experience additional distorted vision caused by astigmatism.



If you have cataracts, you may have noticed:

- Blurry vision
- Dull, yellow, or muted colors
- Difficulty seeing, even with glasses
- Sensitivity to bright lights and glare
- Difficulty seeing at night

You may also have:

- Distorted vision (astigmatism)

A clear solution

Cataract removal is the world's most common surgical procedure.[1] Each year, millions embrace the opportunity to restore their vision to fit their needs.

Cataract removal

The cloudy lens is removed from the eye.

Lens insertion

Your surgeon replaces the cataract with a glistening-free **enVista Envy**™ IOL.

Vision restored

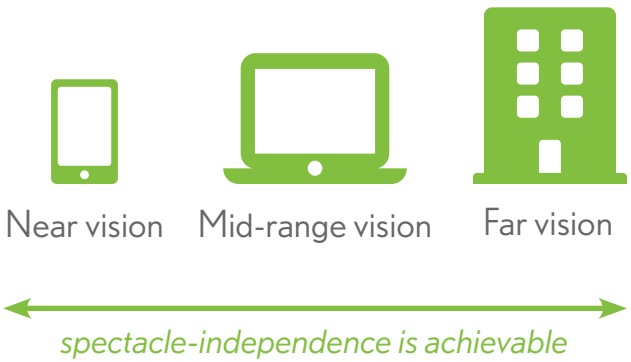
See clearly at all distances.

Before you know it, you'll be back to enjoying everyday activities with a fresh look on life.

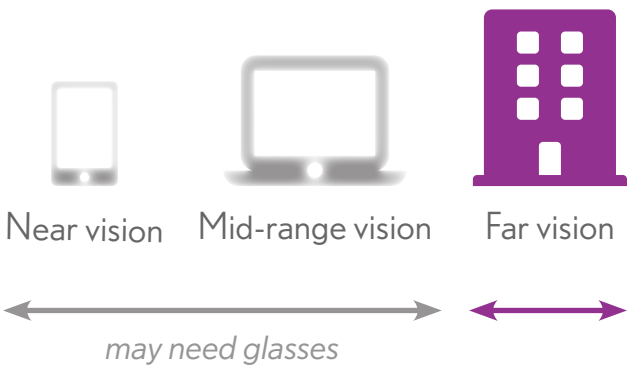
Freedom from glasses is possible.[2]

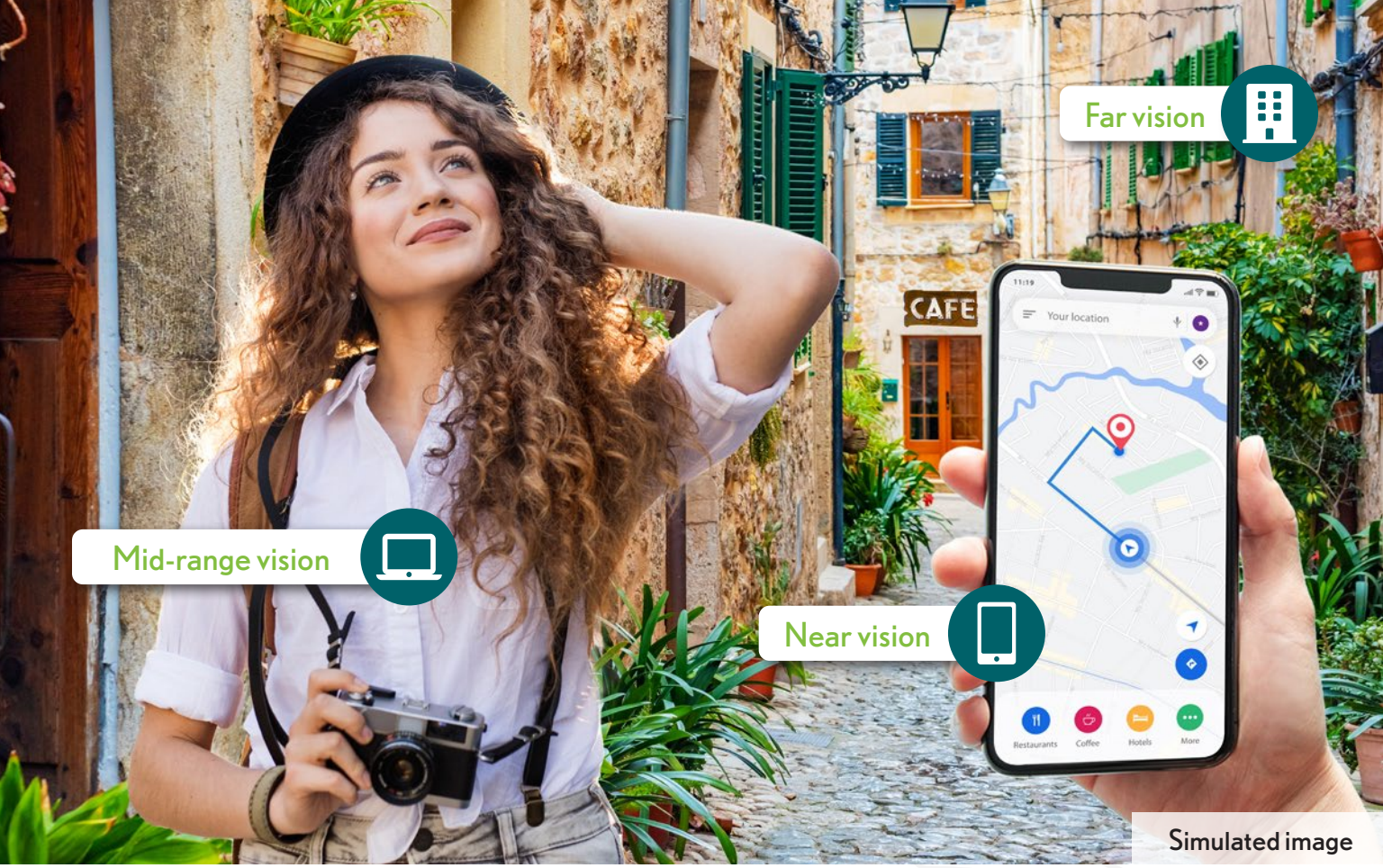
Full range of vision IOLs can offer a glasses-free experience for daily activities, outperforming standard monofocal IOLs with clear vision across all distances and lighting conditions.[3,4,5]

enVista Envy™ full range of vision IOL



Monofocal IOL





Simulated image

More than just a lens, enVista Envy™ is vision for a life filled with clarity.

enVista Envy™ full range of vision IOLs use **ActivSync** technology to distribute light for clear, spectacle-independent vision at any distance and environment.

What patients are saying about enVista Envy™

In a randomized and controlled clinical trial which included a 1-year follow-up period, patients reported the following:

91% little to no difficulty reading mobile screen[2*]

94% little to no difficulty viewing close objects[2*]

95% little to no difficulty reading computer screen[2*]

*enVista Envy n=110 patient reported outcomes 6-month post-op, bilateral

93%

of patients were completely to moderately satisfied with their vision[2*]

enVista Envy™ corrects astigmatism.

Astigmatism means your eye is shaped more like an oval than a perfect circle. This shape causes entering light to bend unevenly, **making things look blurry or distorted**.

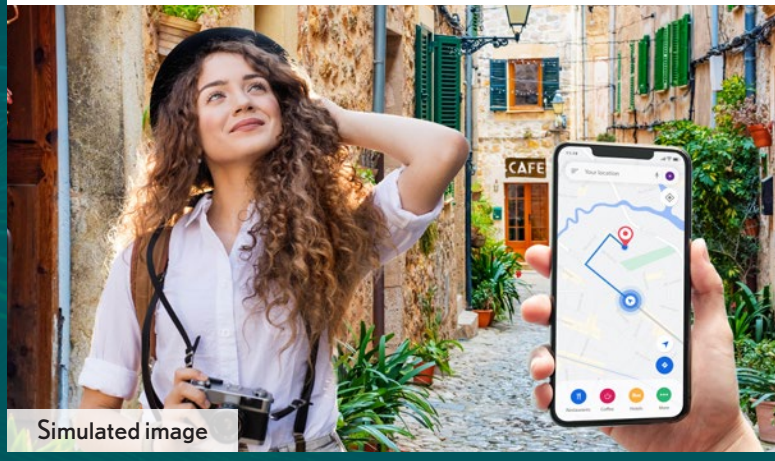
VISION WITH **UNCORRECTED ASTIGMATISM**

Simulated image

enVista ENVY™ TORIC
HYDROPHOBIC ACRYLIC IOL

enVista Envy™ will correct astigmatism, to help you achieve a glasses free lifestyle.

VISION WITH **CORRECTED ASTIGMATISM**



Simulated image

Dedicated to helping people
SEE BETTER TO LIVE BETTER.

1853
INNOVATING SINCE

Founded in 1853, Bausch + Lomb has over 170 years of eye health experience and has been at the forefront of some of the most significant lens technology advancements in eye health.

Talk to your doctor

They have been trained on Bausch + Lomb lens technologies, and can explain your lens options considering your current personal vision profile and your vision goals. Your doctor can also explain the risks and benefits, and how to prepare for cataract surgery.

FAQs

Will I feel anything during surgery?

Your surgeon will use a special device to stabilize your eye and keep your eyelids open. It is typical you may experience some slight pressure during the procedure, but you should experience very little to no pain. Ask your doctor about their pain management plan.

How long does cataract surgery take?

Typical cataract surgery takes between 10–15 minutes. Expect the entire visit to take a few hours.

Will I be able to see without glasses?

Every patient case, surgery plan, and eye recovery is different, but with enVista Envy™ IOLs, the goal is for you to be spectacle-free. Talk with your doctor on what outcomes you can expect with your personal vision.

When can I return to normal activities?

You will need transportation assistance on the day of your surgery. Typically, you will be able to return to normal activities within several days. Your eyes may be sensitive to touch for a few days, and you should avoid rubbing them. It is important to avoid any lifting or straining that could increase pressure on your eyes. Make sure you follow all of your doctor's post-operative instructions.

How often will I need my eyes checked after surgery?

Your doctor will advise you based on your procedure. Patients typically have follow-ups up to 30 days after surgery. Make sure you follow the appropriate recommendations from your doctor for the best outcomes.

Does my insurance cover my lens choice?

Premium IOLs like enVista Envy™ and enVista Envy™ Toric incur a patient out-of-pocket cost. Speak with your doctor on available payment plans or other ways you can invest in your personal vision if cost is a factor in making a decision.

What if I choose not to treat my astigmatism with an IOL?

If you choose a trifocal lens without the astigmatic correction, your astigmatism will not be corrected. Your vision will still appear brighter and less hazy since the cataract was removed, but you may still suffer from blurriness and contrast issues. To correct this, you will normally need to wear glasses.

Indications and Important Safety Information for enVista Envy™ IOL

INDICATIONS: The enVista Envy hydrophobic acrylic IOL (non-preloaded model: EN / preloaded models: EPN, EC20N, EC24N) is indicated for primary implantation in the capsular bag of the eye in adult patients for visual correction of aphakia following removal of a cataractous lens to provide improved intermediate and near visual acuity, while maintaining comparable distance visual acuity to a monofocal IOL.

WARNINGS: As with any surgical procedure, there is risk involved. Physicians considering IOL implantation under any of the following circumstances should weigh the potential risk/benefit ratio: 1. Recurrent severe anterior or posterior segment inflammation or uveitis. 2. Patients in whom the IOL may affect the ability to observe, diagnose, or treat posterior segment diseases. 3. Surgical difficulties at the time of cataract extraction, which might increase the potential for complications (e.g., persistent bleeding, significant iris damage, uncontrolled positive pressure, or significant vitreous prolapse or loss). 4. A distorted eye due to previous trauma or developmental defect in which appropriate support of the IOL is not possible. 5. Circumstances that would result in damage to the endothelium during implantation. 6. Suspected microbial infection. 7. Patients in whom neither the posterior capsule nor zonules are intact enough to provide support. 8. Some visual effects may be expected due to the superposition of focused and unfocused multiple images. These may include some perceptions of halos or radial lines around point sources of light (starbursts) under nighttime conditions, glare, double vision, haziness and blurred vision. It is expected that, in a small percentage of patients, the observation of such phenomena will be annoying and may be perceived as a hindrance, particularly in low illumination conditions such as nighttime driving. As with other trifocal IOLs, there is a possibility that visual symptoms may be significant enough that the patient will request explant of the IOL. 9. A reduction in contrast sensitivity as compared to a monofocal IOL may be experienced by some patients, therefore, patients implanted with trifocal IOLs should exercise caution when driving at night or in low light or poor visibility conditions. 10. Patients with predicted postoperative astigmatism > 1.0 D may not fully benefit from a trifocal IOL in terms of spectacle independence. 11. Care should be taken to achieve IOL centration as IOL decentration may result in patients experiencing visual disturbances or suboptimal vision under certain lighting conditions.

PRECAUTIONS FOR USE AND STORAGE: Do not attempt to resterilize the IOL as this can produce undesirable side effects. 2. Prior to opening, inspect vial pouch and vial for signs of damage that may affect integrity of device sterility. If damaged, do not use. The IOL should be used immediately after opening. 3. Do not use if product sterility or quality is thought to be compromised due to damaged packaging or signs of leakage (such as the loss of saline storage solution, or the presence of salt crystallization). 4. Store at room temperature. Do not freeze. Avoid high temperatures (>43°C / >109°F). Keep dry. Keep away from sunlight. Do not use if the packaging is exposed to environmental conditions outside of those specified. 5. Do not soak or rinse the IOL with any solution other than sterile balanced salt solution or sterile normal saline. 6. Do not place the IOL in contact with surfaces where such contamination can occur. 7. Do not autoclave the IOL. 8. Do not re-use the IOL. It is intended for permanent implantation. If explanted, sterility and proper function cannot be ensured. 9. The safety and effectiveness of the IOL have not been substantiated in patients with pre-existing ocular conditions and intraoperative complications (see below). Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the benefit/risk ratio before implanting an IOL in a patient with one or more of these conditions. Physicians considering IOL implantation in such patients should explore the use of alternative methods of aphakic correction and consider IOL implantation only if alternatives are deemed unsatisfactory in meeting the needs of the patient. For complete physician labeling information, refer to the enVista Envy™ product package insert and the Directions for Use.

This is not all you need to know. Please talk to your doctor about risks, benefits and whether this procedure is right for you.

Indications and Important Safety Information for enVista Envy™ Toric IOL

INDICATIONS: The enVista Envy toric hydrophobic acrylic IOL (non-preloaded model: ETN / preloaded models: ETPN, ETC20N, ETC24N) is indicated for primary implantation in the capsular bag of the eye in adult patients for visual correction of aphakia and corneal astigmatism following removal of a cataractous lens to provide improved intermediate and near visual acuity, while maintaining comparable distance visual acuity to a monofocal IOL.

WARNINGS: As with any surgical procedure, there is risk involved. Physicians considering IOL implantation under any of the following circumstances should weigh the potential risk/benefit ratio: 1. Recurrent severe anterior or posterior segment inflammation or uveitis. 2. Patients in whom the IOL may affect the ability to observe, diagnose, or treat posterior segment diseases. 3. Surgical difficulties at the time of cataract extraction, which might increase the potential for complications (e.g., persistent bleeding, significant iris damage, uncontrolled positive pressure, or significant vitreous prolapse or loss). 4. A distorted eye due to previous trauma or developmental defect in which appropriate support of the IOL is not possible. 5. Circumstances that would result in damage to the endothelium during implantation. 6. Suspected microbial infection. 7. Patients in whom neither the posterior capsule nor zonules are intact enough to provide support. 8. Some visual effects may be expected due to the superposition of focused and unfocused multiple images. These may include some perceptions of halos or radial lines around point sources of light (starbursts) under nighttime conditions, glare, double vision, haziness and blurred vision. It is expected that, in a small percentage of patients, the observation of such phenomena will be annoying and may be perceived as a hindrance, particularly in low illumination conditions such as nighttime driving. As with other trifocal IOLs, there is a possibility that visual symptoms may be significant enough that the patient will request explant of the IOL. 9. A reduction in contrast sensitivity as compared to a monofocal IOL may be experienced by some patients, therefore, patients implanted with trifocal IOLs should exercise caution when driving at night or in low light or poor visibility conditions. 10. Patients with predicted postoperative astigmatism > 1.0 D may not fully benefit from a trifocal IOL in terms of spectacle independence. 11. Care should be taken to achieve IOL centration as IOL decentration may result in patients experiencing visual disturbances or suboptimal vision under certain lighting conditions. 12. Rotation of the IOL away from the intended axis can reduce its astigmatic correction. Misalignment greater than 30° may increase postoperative refractive cylinder. If necessary, IOL positioning should occur prior to capsule fibrosis and IOL encapsulation.

PRECAUTIONS FOR USE AND STORAGE: 1. Do not attempt to resterilize the IOL as this can produce undesirable side effects. 2. Prior to opening, inspect vial pouch and vial for signs of damage that may affect integrity of device sterility. If damaged, do not use. The IOL should be used immediately after opening. 3. Do not use if product sterility or quality is thought to be compromised due to damaged packaging or signs of leakage (such as the loss of saline storage solution, or the presence of salt crystallization). 4. Store at room temperature. Do not freeze. Avoid high temperatures (>43°C / >109°F). Keep dry. Keep away from sunlight. Do not use if the packaging is exposed to environmental conditions outside of those specified. 5. Do not soak or rinse the IOL with any solution other than sterile balanced salt solution or sterile normal saline. 6. Do not place the IOL in contact with surfaces where such contamination can occur. 7. Do not autoclave the IOL. 8. Do not re-use the IOL. It is intended for permanent implantation. If explanted, sterility and proper function cannot be ensured. 9. The safety and effectiveness of the IOL have not been substantiated in patients with pre-existing ocular conditions and intraoperative complications (see below). Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the benefit/risk ratio before implanting an IOL in a patient with one or more of these conditions. Physicians considering IOL implantation in such patients should explore the use of alternative methods of aphakic correction and consider IOL implantation only if alternatives are deemed unsatisfactory in meeting the needs of the patient. For complete physician labeling information, refer to the enVista Envy™ Toric product package insert and the Directions for Use.

This is not all you need to know. Please talk to your doctor about risks, benefits and whether this procedure is right for you.

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enVista ENVY™
HYDROPHOBIC ACRYLIC IOL

enVista ENVY™ TORIC
HYDROPHOBIC ACRYLIC IOL

For more information about enVista Envy™ and enVista Envy™ Toric, please visit
bauschsurgical.com/patient

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