enVista Envy™ Toric

Hydrophobic Acrylic IOL

FULL RANGE OF VISION IOL



ActivSync Optic

Flourish at Every Step.

Discover the full range of vision IOL that launches a new era of confidence with enviable outcomes.[1]

SPECTACLE INDEPENDENCE IS ACHIEVABLE[3]

AVAILABLE TO TREAT
<1.0D OF ASTIGMATISM
AT THE CORNEAL PLANE[2]

Low-Cyl technology broadens the treatable astigmatism range in cataract surgery to as low as <1.0 D at the corneal plane.[2]

Half step cylinder correction in low cylinders provides greater accuracy in treating the majority of astigmatic patients.[2]

Exceptionally reliable rotational stability for precise astigmatism correction.[2]

enVista ENVY TORIC
HYDROPHOBIC ACRYLIC IOL

BAUSCH + LOMB

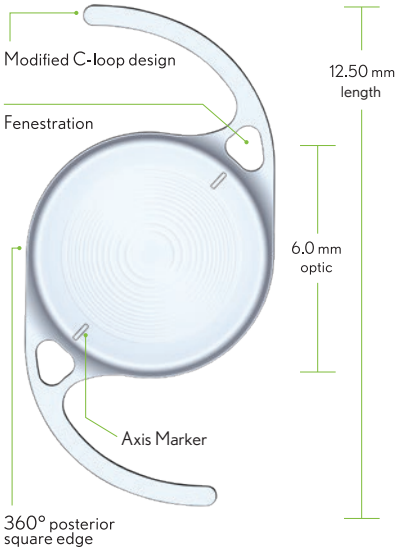
enVista ENVY™ TORIC

HYDROPHOBIC ACRYLIC IOL

LEARN MORE AT **bauschsurgical.com**

ETN order number ETNU CCC+XXX
ETPN order number ETPNU CCC+XXX

c represents the cylinder, x represents the diopter



MODEL NUMBER	ETN (non-preload)	ETPN (preloaded)
MATERIAL	Hydrophobic Acrylic	Hydrophobic Acrylic
OPTIC DESIGN	One-piece Aspheric, biconvex Anterior apodized diffractive Posterior refractive Posterior toricity 1.6 D intermediate 3.1 D near	One-piece Aspheric, biconvex Anterior apodized diffractive Posterior refractive Posterior toricity 1.6 D intermediate 3.1 D near
OPTIC SIZE	6mm	6mm
LENGTH	12.5mm	12.5mm
OPTIC EDGE DESIGN	Sharp 360° square posterior edge	Sharp 360° square posterior edge
HAPTICS	Modified C, fenestrated	Modified C, fenestrated
REFRACTIVE INDEX	1.53 at 35° C	1.53 at 35° C
UV CUTOFF	389nm at 10% transmittance	389nm at 10% transmittance
OPTICAL BIOMETRY (OPTIMIZED) Optical A-constant* ACD Surgeon Factor	 119.24 5.788mm 1.981mm	 119.24 5.788mm 1.981mm
OTHER FEATURES	Glistening free	Glistening free
DIOPTER RANGE	+6 D to +10 D (1.0 D increments) +10 D to +34 D (0.5 D increments)	+10D to +30D (0.5 D increments)

* A-constant values are suggested as a guideline. Physicians should calculate lens power based on optimization of their experience and preference with IOL technology.

Storz® BLIS Inserter System



FOR INSERTING LENS MODEL EN; +6 D to +34 D with X1 cartridge
RECOMMENDED INCISION SIZE 2.2mm–2.4mm
TYPE OF ACTION Screw-type
COMMENTS Controlled delivery. Reusable. Sterilization required.

EyeGility™ Inserter



FOR INSERTING LENS MODEL ETPN
RECOMMENDED INCISION SIZE 2.4mm
TYPE OF ACTION Push-type
COMMENTS Semi-preload. Single use. Disposable.

1. Data on File, Bausch + Lomb.
2. enVista Envy Toric Directions for Use, Bausch & Lomb.
3. Data on File. enVista Envy Canadian Clinical Study.

storz® Ophthalmic Instruments by Bausch+Lomb

Find B+L IOL surgical equipment online at **www.StorzEye.com**

Indications and Important Safety Information for enVista Envy™ Toric IOL

INDICATIONS: The enVista Envy toric hydrophobic acrylic IOL 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 mitigate the effects of presbyopia by providing improved intermediate and near visual acuity, while maintaining comparable distance visual acuity to an aspheric monofocal IOL.

WARNINGS/PRECAUTIONS: Physicians should weigh the potential risk/benefit ratio before implanting the enVista Envy lens under any of the circumstances or conditions outlined in the Instructions for Use labeling. Some visual disturbances 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 disturbances may be significant enough that the patient will request explant of the IOL. 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. 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. The surgeon must target emmetropia to achieve optimal visual performance. Patients should be advised that unexpected outcomes could lead to continued spectacle dependence or the need for secondary surgical intervention (e.g., intraocular lens replacement or repositioning). Please provide a copy of the Patient Information Brochure, which can be found at www.bausch.com/IFU. Posterior capsule opacification (PCO) may significantly affect the vision of patients with multifocal IOLs earlier in its progression than patients with monofocal IOLs. This may be due to the reduced contrast sensitivity observed with multifocal IOLs. The enVista Envy Toric IOL has not been evaluated in a clinical study. In general, astigmatism that is corrected with a higher cylinder power IOL can result in clinically significant residual astigmatism. The effect of residual astigmatism at distance, intermediate, and near was evaluated in a clinical study of patients who had been implanted with non-toric enVista Envy IOLs and were induced with cylinder power to simulate various levels of residual astigmatism. If a secondary surgical intervention is necessary to reposition the IOL, explantation should be considered as some patients may have recurrent or persistent issues related to rotational instability and misalignment.

CAUTION: Federal law restricts this device to sale by or on the order of a physician.

ATTENTION: See the Directions for Use for a complete listing of indications and important safety information.

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