enVista® Toric

Hydrophobic Acrylic IOL

MONOFOCAL TORIC

ABERRATION-FREE
OPTIC

enVista® Toric is a proven standard in monofocal performance, delivering predictable outcomes with exceptional rotational stability.[1,2]

AVAILABLE TO TREAT
< 1D OF ASTIGMATISM
AT THE CORNEAL PLANE [2]

94.4% OF EYES HAD **≤5°** OF LENS ROTATION [2,3]

Uniform in power from center to edge across the principle meridian, enVista® Toric is less sensitive to the effects of decentration and tilt.[5]

The IOL's unique fenestration holes facilitate with intraoperative lens manipulation, allowing for both clockwise and counterclockwise manipulation when positioning the lens in the capsular bag.

The TruSight® advanced optic (AO) with SureEdge® design is glistening-free and scratch-resistant based on nanoindentation study.[1] AccuSet® haptics deliver 300% more radial compression than traditional hydrophobic IOLs.[1,4]

enVista® TORIC
HYDROPHOBIC ACRYLIC IOL

BAUSCH + LOMB

enVista® TORIC

HYDROPHOBIC ACRYLIC IOL

ETE order number ETEUCCC+XXX

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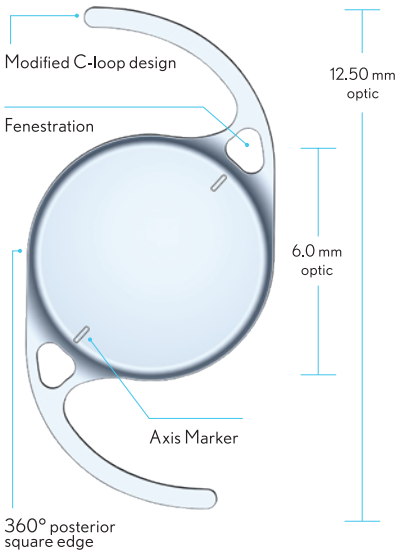

MODEL NUMBER	ETE (non-preload)
OPTIC DESIGN	One-piece Hydrophobic acrylic Aspheric, aberration-free, biconvex, posterior-surface toric
OPTIC SIZE	6mm
LENGTH	12.5mm
HAPTICS	Modified C, fenestrated
OPTICAL BIOMETRY Optical A-constant* ACD Surgeon Factor	 119.1 5.61mm 1.85mm
APPLANATION BIOMETRY Applanation A-constant* ACD Surgeon Factor	 118.7 5.37mm 1.62mm
OTHER FEATURES	Glistening free Refractive index: 1.53 at 35° C UV absorbing Sharp 360° square posterior edge
DIOPTER RANGE	+6 D to +30 D in 0.5-D increments
CYLINDER POWERS IOL PLANE	1.25, 1.50, 2.00, 2.50, 3.00, 3.50, 4.25, 5.00, 5.75

* 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® Ophthalmic Instruments

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

Storz® BLIS Inserter System

FOR INSERTING LENS MODEL ETE; +6D to +30D with X1 cartridge
RECOMMENDED INCISION SIZE BLIS-X1 2.4mm or less
TYPE OF ACTION Screw-type
COMMENTS Controlled delivery. Reusable. Sterilization required.

1. Data on file. Bausch & Lomb Incorporated.
2. enVista toric directions for use. Bausch & Lomb Incorporated; NY.
3. Stephenson D., Astigmatism Correction with New Spherical Aberration Neutral Monofocal Toric IOL with Intraoperative Wavefront-Aberrometry, presented ASCRS 2019.
4. Bozukova D, Pagnoulle C, Jerome C. Biomechanical and optical properties of 2 new hydrophobic platforms for intraocular lenses. J Cataract Refract Surg. 2013; 29:144-1414.
5. Altmann GE, Nichamin LD, Lane SS, Pepose JS. Optical performance of 3 intraocular lens designs in the presence of decantation. J Cataract Refact Surg. 2005 March;31(3):574-85.

ENVISTA® TORIC CALCULATOR

Indications and Important Safety Information for enVista® Toric IOL

Indications: Indicated for primary implantation in the capsular bag of the eye in adult patients for the visual correction of aphakia and corneal astigmatism following removal of a cataractous lens for improved uncorrected distance vision.

WARNINGS: Physicians considering lens implantation in patients with pre-existing conditions, or in the event of surgical difficulties at the time of cataract extraction, should weigh the potential risk/benefit ratio. Rotation of enVista® toric IOL away from the intended axis can reduce the astigmatic correction. Misalignment greater than 30° may increase postoperative refractive cylinder.

PRECAUTIONS: Do not attempt to resterilize this lens. Do not use if the packaging is damaged or if there are signs of leakage. Do not store lenses at temperatures over 43°C (109°F) or lower than 0°C (32°F). Do not reuse the lens. Safety and effectiveness of the enVista® toric IOL have not been substantiated in patients with conditions and intraoperative complications as outlined in the enVista® toric IOL Directions for Use.

ADVERSE EVENTS: As with any surgical procedure, risk is involved. Potential adverse events accompanying cataract or implant surgery may include, but are not limited to, the following: corneal endothelial damage, infection (endophthalmitis), retinal detachment, vitritis, cystoid macular edema, corneal edema, pupillary block, cyclitic membrane, iris prolapse, hypopyon, transient or persistent glaucoma, acute corneal decompensation, toxic anterior segment syndrome (TASS). Secondary surgical interventions include, but are not limited to: lens repositioning, lens replacement, vitreous aspiration or iridectomy for pupillary block, wound leak repair, and retinal detachment repair.

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

ATTENTION: This is not all you need to know. Please refer to the Directions For Use labeling for a complete listing of indications, full risk and safety information, clinical study information, etc.

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