

Newly Approved Expanded Range of Cylinder Powers



Recognize both.
Recommend AcrySof® IQ Toric IOL.

Alcon

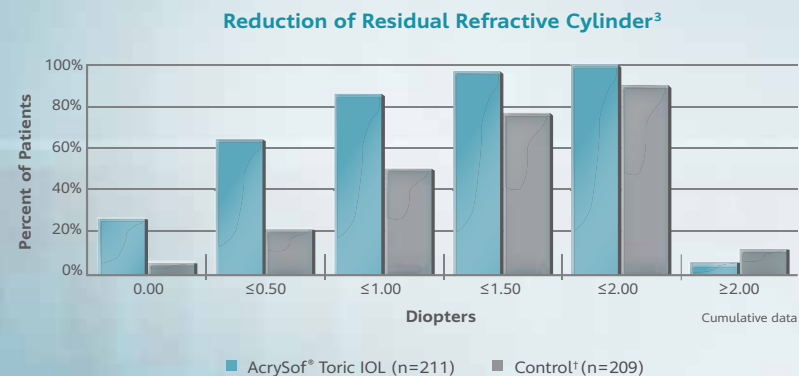
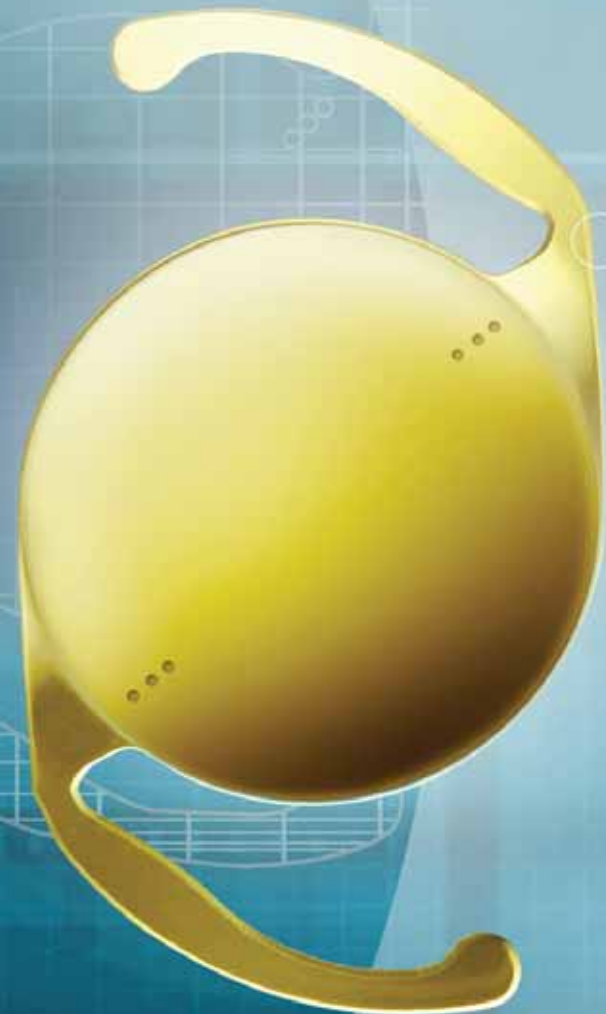
ACRY*Sof* IQ
TORIC
ASTIGMATISM IOL



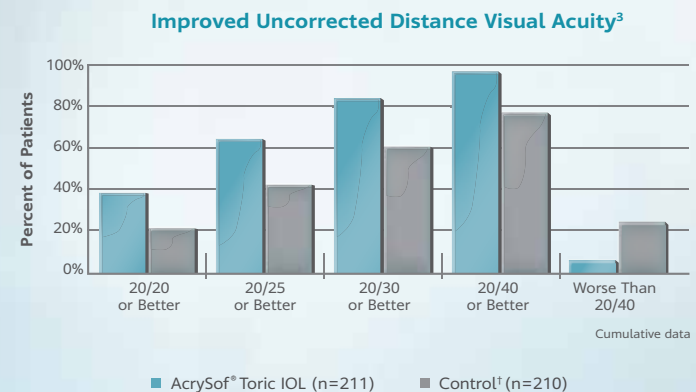
Precise Astigmatism Correction

With the AcrySof® IQ Toric IOL, you can confidently treat your patient's cataract and help to provide precise astigmatism correction in a single procedure.

The AcrySof® IQ Toric IOL reduces astigmatism for increased spectacle-independent distance vision and high patient satisfaction.^{1,2}



**63% of patients implanted achieved ≤0.50 diopters of residual refractive cylinder.
87% achieved ≤1.00 diopters.¹**



94% of patients implanted achieved uncorrected distance visual acuity of 20/40 or better.¹

†AcrySof® Single-Piece IOL (SA60AT)

Unparalleled Rotational Stability

The AcrySof® Single-Piece platform makes the difference.

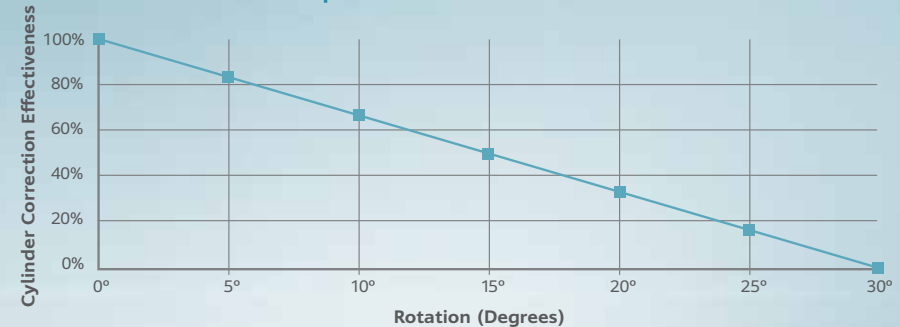
Proven biomechanics and biomaterial helps to ensure minimal rotation — less than 4° average rotation six months after implantation.^{1,2}

STABLEFORCE® haptics keep the AcrySof® IQ Toric IOL highly stable and centered in the capsular bag²

Flexible haptic design provides optimal placement in capsular bag, regardless of size²

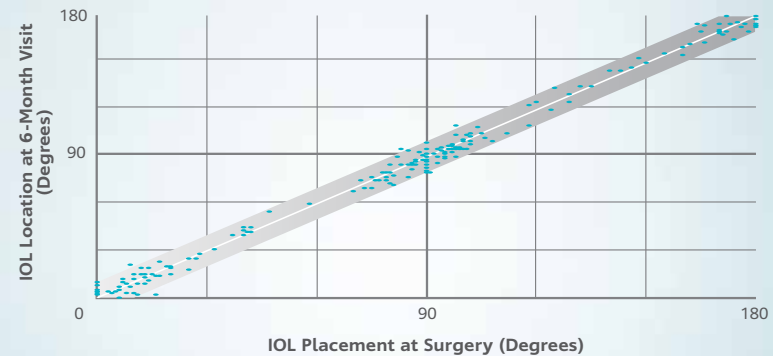
AcrySof® lens material binds to fibronectin, ensuring adhesion to the anterior/posterior capsule⁴

Impact of Rotation on Correction³



Generally, for every degree of IOL rotation, 3.3% of lens cylinder power is lost. A complete loss of cylinder power can occur with a rotation of 30° or greater.²

Lens Axis Orientation³
(Operative vs Six Months Postoperative)



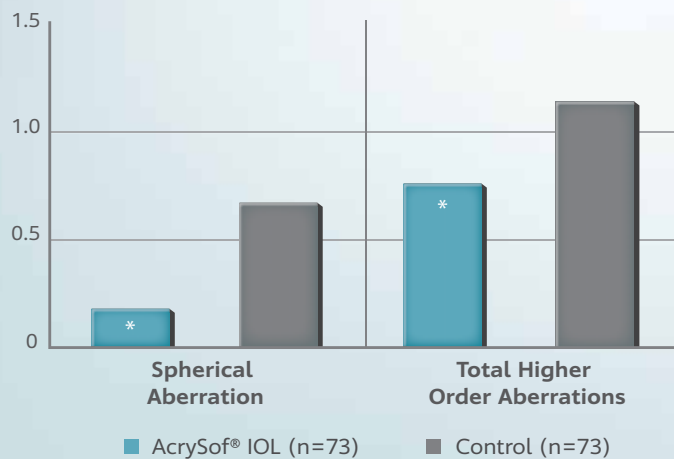
81.1% of patients were ≤5° of intended axis,² and 97.1% were ≤10° of intended axis.¹

Excellent Visual Performance

Reduced Spherical Aberration

The AcrySof® IQ Toric IOL is designed with negative spherical aberration to compensate for the positive aberration of the average cornea, which reduces both spherical and total higher order aberrations for enhanced visual performance.⁵

**Spherical and Total Higher Order Aberrations
90-120 Days After 2nd Eye Implant⁵**



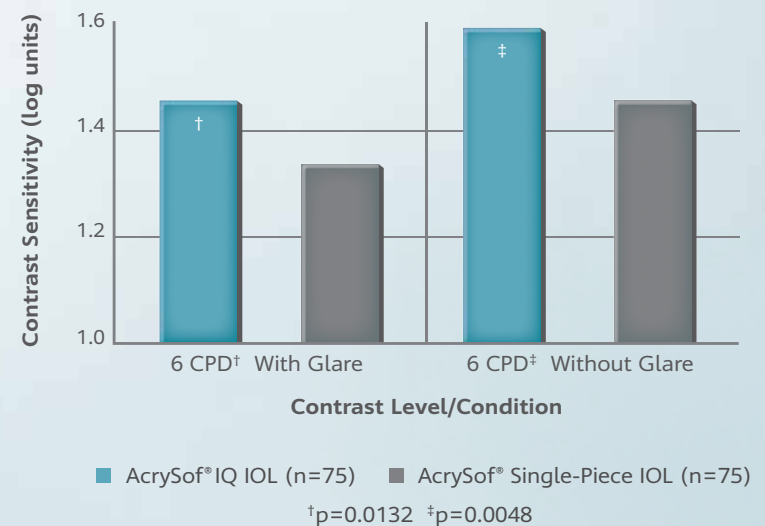
*Differences favor AcrySof® IOL overall and at each visit ($p < 0.0001$).

AcrySof® IQ IOL showed statistically significant reduction in both spherical and total higher order aberrations.⁵

Increased Contrast Sensitivity

Engineered to improve contrast sensitivity in low-light conditions,⁵ the aspheric design of the AcrySof® IQ Toric IOL plays a vital role in image quality.

Contrast Sensitivity in Mesopic Conditions⁶**



**Contrast sensitivity was measured using Vector Vision CSV-1000.

AcrySof® IQ IOL showed statistically significant improvement⁶ in mesopic contrast sensitivity over the control lens in situations with and without glare at 6 cycles per degree (cpd).

Improved Functional Vision

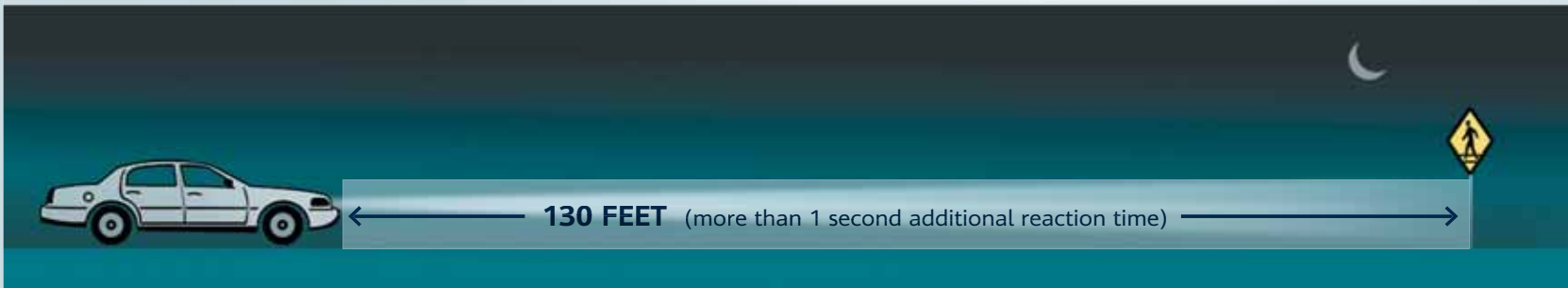
Functional vision is an important consideration for your patients with astigmatism. When it comes to object detection and identification, a fraction of a second can make all the difference.

■ Improved Nighttime Driving

The AcrySof® IQ IOL has demonstrated statistically significant superiority when patients need it most — in nighttime conditions. When measured against the control lens, the AcrySof® IQ IOL:

- Performed functionally better in 34 of 36 conditions⁵
- Improved functional vision under real-world challenges⁵
- Allowed patients more time to take appropriate action⁵

Additional Stopping Distance With AcrySof® IQ IOL (in a rural setting in fog conditions at 55 mph)



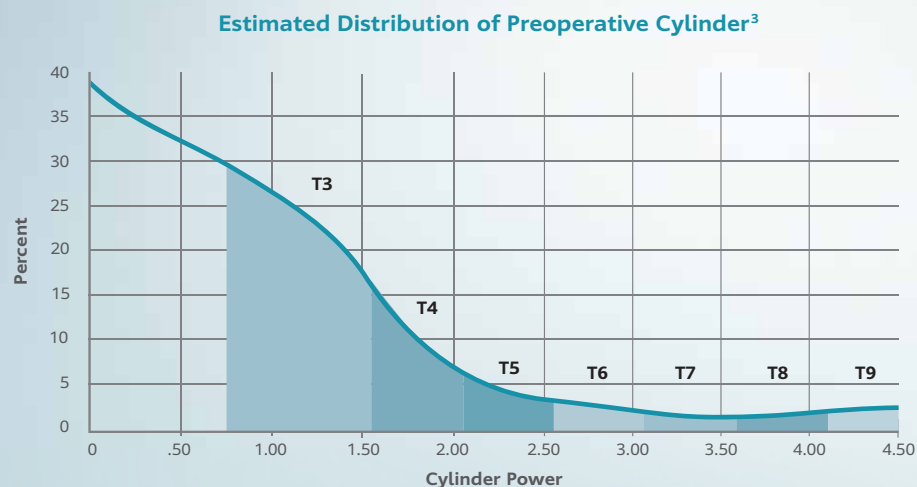
AcrySof® IQ IOL patients had an average increase of 130+ feet (versus the control lens) in which to stop after identifying a warning sign.

Results of a controlled, randomized, double-masked, multicenter, contralateral implant clinical study of the AcrySof® IQ IOL versus an AcrySof® Single-Piece IOL (SA60AT).
See Directions for Use.

More Powers for More Patients

An Expanded Range of Options

With cylinder powers from T3 to T9, the AcrySof® IQ Toric IOL can accommodate more cataract patients with astigmatism, including those with low, medium and high levels of astigmatism.



ALCON® LENS MODEL		SN6AT3	SN6AT4	SN6AT5	SN6AT6	SN6AT7	SN6AT8	SN6AT9
Cylinder Power	IOL Plane	1.50 D	2.25 D	3.00 D	3.75 D	4.50 D	5.25 D	6.00 D
	Corneal Plane*	1.03 D	1.55 D	2.06 D	2.57 D	3.08 D	3.60 D	4.11 D
Recommended Corneal Astigmatism Correction Range		0.75D to 1.54 D	1.55 D to 2.05 D	2.06 D to 2.56 D	2.57 D to 3.07 D	3.08 D to 3.59 D	3.60 D to 4.10 D	4.11 D and up

*Based on average pseudophakic human eye.

— Estimated Percent of Cataract Patients with Astigmatism

AcrySof® IQ Toric IOL Calculator

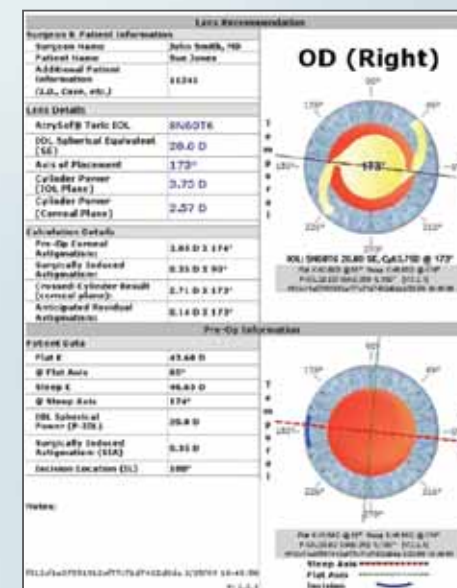
The AcrySof® IQ Toric IOL Calculator is an innovative tool designed to help improve toric outcomes. Designed for precise surgical planning, this online application allows for:

Easy Input

- Patient data
- Keratometry
- IOL spherical power
- Incision location
- Surgically induced astigmatism

Powerful Output

- IOL recommendation
- Axis placement
- Anticipated residual astigmatism



■ The AcrySof® Family



The Power of a Proven Platform

Built on the proven AcrySof® IQ platform, the AcrySof® IQ Toric IOL shares the same benefits of the entire AcrySof® IQ family:

Excellent Biomechanics

- Single-piece design for rotational stability
- Patented STABLEFORCE® haptics for capsular bag stability

Optimal Biomaterials

- High refractive index for thinner IOL profile
- UV and blue-light filtration

Advanced Optics

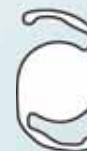
- Proven aspheric design for image quality
- Thin edge profile

Ease of Implantation

- Consistent design
- Consistent delivery
- Slowly unfolds
- Easier centration

Trusted Leadership

- Over 50 million AcrySof® IOL implants
- Backed by the Alcon network of support



IQ
IOL



Toric
IOL



ReSTOR®
IOL

Specifications

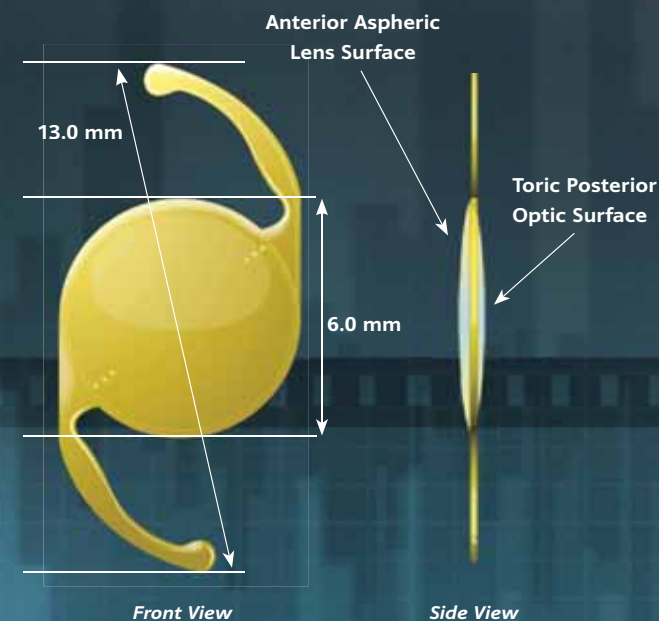
Model Number	SN6AT3	SN6AT4	SN6AT5	SN6AT6	SN6AT7	SN6AT8	SN6AT9
IOL Cylinder Power	1.50 D	2.25 D	3.00 D	3.75 D	4.50 D	5.25 D	6.00 D
Optic Diameter	6.0 mm						
Overall Length	13.0 mm						
Optic Type	Biconvex Toric Aspheric Optic						
IOL Powers (Spherical Equivalent Diopters)	+6.0 D to +30.0 D						
Haptic Angulation	0 Degrees (Planar)						
Haptic Configuration	STABLEFORCE® Modified L Haptic						
Suggested A-Constant	119.0†						
Refractive Index	1.55						
Light Filtration	UV and Blue-Light						

† Provided as a guideline only.

References:

1. Based on unilateral clinical study results (Models SA60T3, SA60T4, SA60T5). See package insert.
2. Lane SS, Ernest P, Miller KM, Hileman KS, Harris B, Waycaster CR. Comparison of clinical and patient reported outcomes with bilateral AcrySof® Toric or spherical control intraocular lenses. *J Refract Surg.* In press.
3. Data on file. Alcon, Inc.
4. Linnola RJ, Sund M, Ylönen R, Pihlajaniemi T. Adhesion of soluble fibronectin, laminin, and collagen type IV to intraocular lens materials. *J Cataract Refract Surg.* 1999;25:1486-1491.
5. Results of a controlled, randomized, double-masked, multicenter, contralateral implant clinical study of the AcrySof® IQ IOL versus an AcrySof® Single-Piece IOL (SA60AT). See Directions for Use.
6. The effects of the aspheric design feature have been clinically assessed on the AcrySof® IQ IOL Model SN60WF.
7. Image quality was characterized by measuring MTF in a model eye that utilized a simulated cornea exhibiting typical adult human spherical aberration. Using the modified model eye, MTF measurements were made using both 3 and 5mm apertures.

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

INDICATIONS: AcrySof® IQ Toric IOL Models SN6AT3, SN6AT4, SN6AT5, SN6AT6, SN6AT7, SN6AT8, and SN6AT9 Posterior Chamber Intraocular lenses are intended for primary implantation in the capsular bag of the eye for the visual correction of aphakia and pre-existing corneal astigmatism secondary to the removal of a cataractous lens in adult patients with or without presbyopia, who desire improved uncorrected distance vision, reduction of residual refractive cylinder and increased spectacle independence for distance vision.

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 with any of the conditions described in the Directions for Use labeling. Toric IOLs should not be implanted if the posterior capsule is ruptured, if the zonules are damaged, or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction; if necessary lens repositioning should occur as early as possible prior to lens encapsulation. All viscoelastics should be removed from both the anterior and posterior sides of the lens; residual viscoelastics may allow the lens to rotate. **PRECAUTIONS:** Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySof® Natural IOL and normal color vision. The effect on vision of the AcrySof® Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve diseases) has not been studied. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.

ACRY^{sof} IQ
TORIC
ASTIGMATISM IOL

