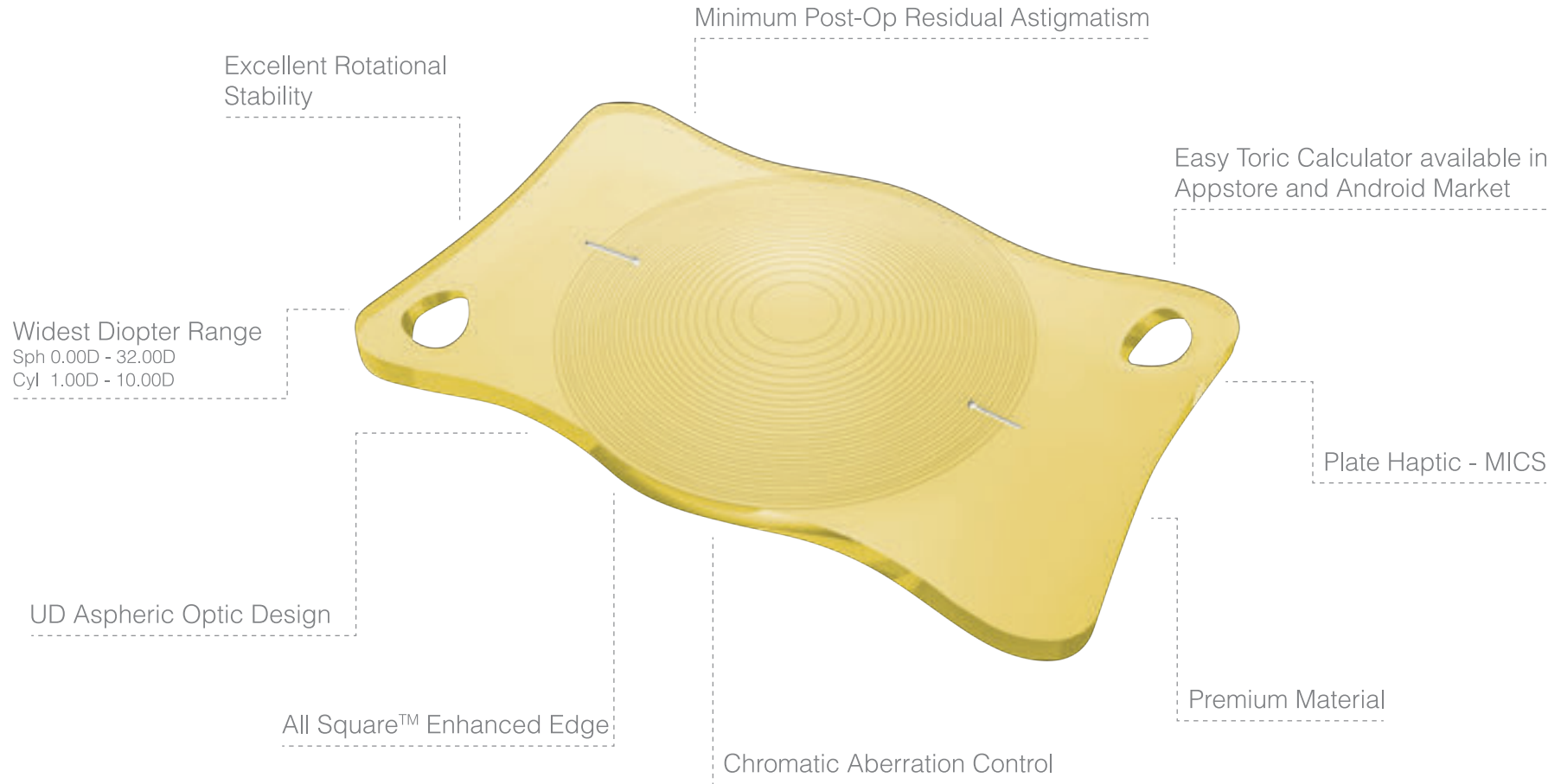


Acriva^{LD}
Reviol^{BB}
Blue Filter Multifocal Toric Intraocular Lens *toric*

Toric &
Multifocal Toric

All Features in One Design

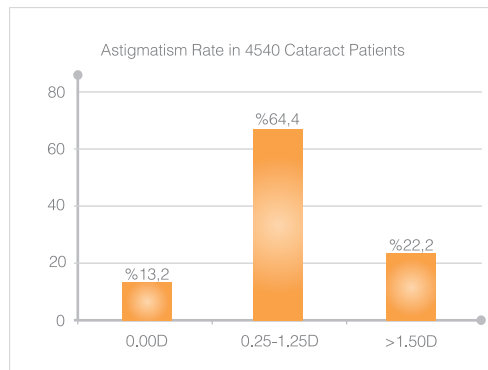


Treat Astigmatism

1 Prevalence of Astigmatism

More Than Expected

Prevalence of astigmatism is much more than expected among cataract patients. High prevalence of corneal astigmatism has been reported in many different articles. After toric implantation, residual postoperative corneal astigmatism of 0.75D or lower may improve uncorrected visual acuity and reduce symptomatic blur, ghosting of images and halos¹.



40% of Cataract Patients Exhibit ≥ 1.0 D Astigmatism

The study published by Ferrer-Blasco T et al. in 2009, consisting of 4540 patients with cataract showed corneal astigmatism to be prevalent in 87% of patients².



Clear Vision for Astigmatic Patients

You can make more patients happy. Patients will begin enjoyable life after surgery with clear vision and spectacle independence. Acryva[®] Toric has the largest diopter range in the astigmatism correcting IOLs which is defining as **Custom Made Perfection**. Spherical power starts from 0.00D to 32.00D and cylinder power range is available up to 10.00D with half diopter increments.

References

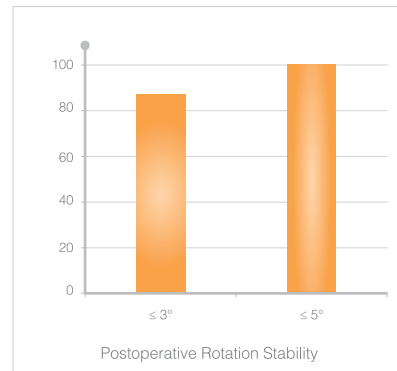
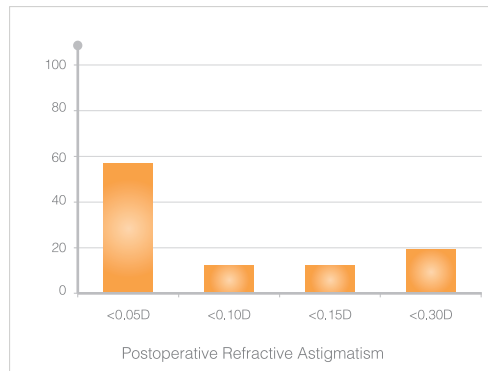
1- Nishamin LD. Astigmatism control. Ophthalmol. Clin. North Am. 19, 485-493 (2006). 2- Prevalence of astigmatism in cataract patients. Ferrer-Blasco T et al. Prevalence of corneal astigmatism before cataract surgery. J Cataract Refract Surg 2009; 35:70-75.

Proven Platform

2 Clinical Outcomes

Minimum Residual Astigmatism

Clinical study of Acryva^{UD} Toric included 26 patients demonstrated that only below 0.3D residual astigmatism have been reported in all patients and there were no residual astigmatism in 57.6% of patients after 3 months follow-up.



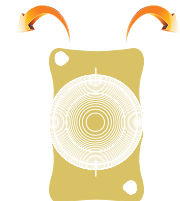
Excellent Rotation Stability

The same study also presented that Acryva^{UD} Toric had an excellent rotation stability in the capsular bag. Based on the mean axis deviation, 84% of all eyes had less than 3° rotation and all patients had less than 5° rotation after surgery³.

3 Best Solution is Plate Haptic

Minimum SIA, Excellent Stability in MICS Design

Larger incision causes itself surgically induced astigmatism and directly effects post-operative refractive outcomes. Acryva^{UD} Toric Plate haptic is the best choice platform enables implantation through sub 2.0mm incision, it can minimize surgically induced astigmatism and stays in capsular bag without rotation.



Alignment of the Acryva^{UD} Toric lens in both side makes easier rotation during operation. It is always excellent rotational stability seen with plate haptic design as toric IOL hold on to posterior capsular bag in four points.

References
3- Data on file.

Plan Your Surgery

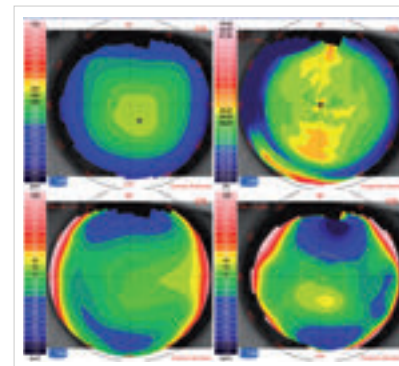
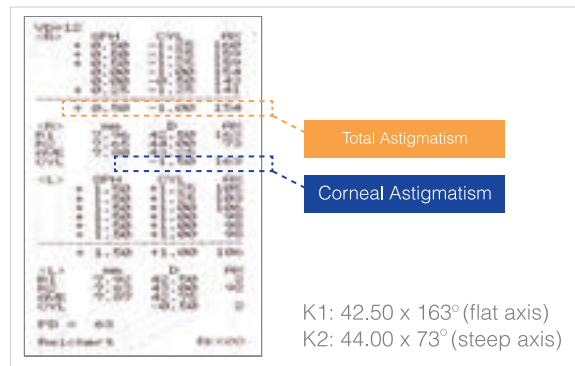


A Preoperative Diagnosis

Amount and Axis of Astigmatism

Successful toric implantation starts with precise examination and evaluation of the amount and axis of corneal astigmatism. Selection of an ideal patient for toric application keratometry, biometry, pupillometry, aberrometry, videokeratoscopy or any other devices are recommended to use as a preoperative diagnostic evolution.

Measurements should be repeated under suitable conditions if big differences are found among different methods. Determine the axis of astigmatism is equally important with its amount which involves directly outcomes after implantation. Regular astigmatism should be assured by checking topographic map of the cornea.



Inclusion Criteria

Optimum post-operative results are based on correct patient selection and recommend inclusion criteria should be followed in pre-operative toric surgery plan. Total astigmatism of the eye is the value measured in routine clinical practice which includes both cornea dependent external astigmatism and neutral lens dependent internal astigmatism. Only external astigmatism must be kept consideration in toric IOL calculation since lens is removed during surgery⁴.

Recent studies have shown the importance of considering the posterior corneal surface when determining total corneal astigmatism and planning astigmatism correction. The posterior cornea acts as a minus lens and it should be evaluated during pre-operative planning^{5,6}.

References

- 4 -Ferreira TB, Marques EF, Rodrigues A, Montes-Mico R. Visual and optical outcomes of a diffractive multifocal toric intraocular lens. J Cataract Refract Surg. 2013;39(7):1029-35. 5- Visser N, Nuijts RM, de Vries NE, Bauer NJ. Visual outcomes and patient satisfaction after cataract surgery with toric multifocal intraocular lens implantation. J Cataract Refract Surg. 2011;37(11):2034-42. 6- Munoz G, Cardoner A, Albarran-Diego C, Ferrer-Blasco T, Belda-Salmeron L. Iris-fixated toric phakic intraocular lens for myopic astigmatism. J Cataract Refract Surg. 2012;38(7):1166-75.

Plan Your Surgery

B Acryva^{UD} Easy Toric Calculator

Simple Tool For Toric Surgical Plan

Acryva^{UD} Easy Toric Calculator is developed to assist you easily planning your surgery and helping you reach precious toric outcomes.



To download
Acryva^{UD} Easy Toric Calculator



You can access the Acryva^{UD} Easy Toric Calculator by visiting www.vsybiotechnology.com and you can download the application available for iPhone and iPad from the Apple Store and for all devices link to android market.

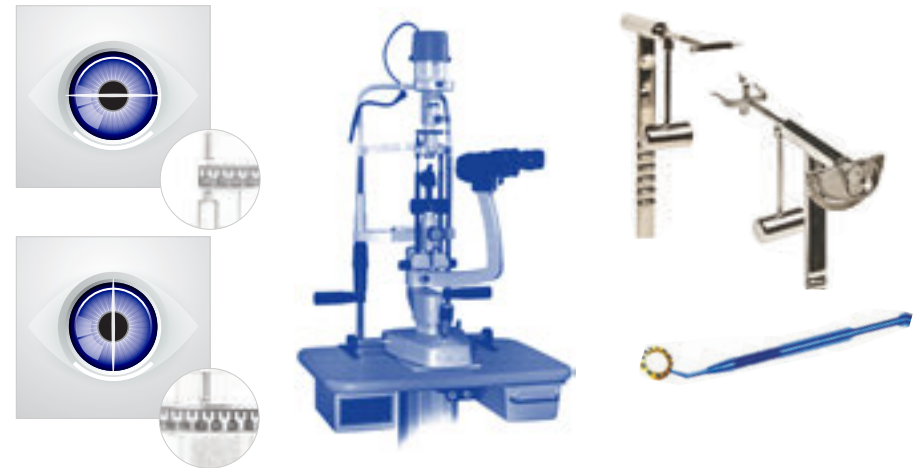
For more information Acryva^{UD} Easy Toric Calculator's User Guide.



C Marking the Eye

Preoperative Marking

Preoperative reference marking is recommended in the patient's sitting position to limit cyclotorsional effect the eye exposed when switch from vertical to horizontal position. Mark a reference axis, ideally with the help of slit lamp, with a marking pen or ink pad. Slit lamp may also be used for targeted axis by changing lamp position to desired angle or axis marking may be done in conjunction with preop markers.



Intraoperative Marking

After changing patient sitting position to supine position, mark the targeted axis with fixation rings as Mendez with the guide of reference point. Pendulum markers is another option in which gravity allows the precious marking. Accurate axis marking is crucial in toric implantation as in case of rotational misalignment can be result of no cylindrical correction.



toric

BB T UDM 611



*multifocal
toric*

BB T MFM 611

Material	Hydrophobic surface, acrylic with 25% water content, blue filter
Optic Size	6.00mm
Optic Design	Biconvex
Haptic Size	11.00mm
Haptic Design	Plate Haptic
Haptic Angle	0°
Recommended Ac. A Constant	118.0
Recommended Op. A Constant	Srk-T:118.3 - Srk-II:118.5
Diopter Power Range (CUSTOM MADE)	Spheric: From 0.00D to +32.00D (0.50D increments) Cylindric: From +1.00D to +10.00D (0.50D increments)
Refractive Index Dry	20°C /35°C 1.509 / 1.509 ± 0.002
Refractive Index Wet	20°C /35°C 1.462 / 1.462 ± 0.002
Recommended Injector & Cartridge System	Acrijet

Material	Hydrophobic surface, acrylic with 25% water content, blue filter
Optic Size	6.00mm
Optic Design	Active-Diffractive Multifocal Toric
Haptic Size	11.00mm
Haptic Design	Plate Haptic
Haptic Angle	0°
Recommended Ac. A Constant	118.0
Recommended Op. A Constant	Srk-T:118.3 - Srk-II:118.5
Diopter Power Range (CUSTOM MADE)	Spheric: From 0.00D to +32.00D (0.50D increments) Cylindric: From +1.00D to +10.00D (0.50D increments)
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