LEAVE A LEGACY OF VISUAL FREEDOM.

Start with ME.

TECNIS® PRESBYOPIA-CORRECTING IOLs
The TECNIS® portfolio of presbyopia-correcting IOLs empowers you to hand select a lens that can deliver the visual freedom your patients need to live the life they desire.

Now you can offer your patients, including those with astigmatism, a full range of high-quality vision that is as deliberate as the care you provide.
INDICATIONS FOR USE: The TECNIS Symfony® Extended Range of Vision IOL, Model ZXR00, is indicated for primary implantation for the visual correction of aphakia, in adult patients with less than 1 diopter of pre-existing corneal astigmatism, in whom a cataractous lens has been removed. The TECNIS Symfony® Extended Range of Vision IOL mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the TECNIS Symfony® Extended Range of Vision IOL, Model ZXR00, delivers a full range of continuous high-quality vision. The TECNIS Symfony® TORIC Extended Range of Vision IOLs, Models ZXT150, ZXT225, ZXT300, and ZXT375, are indicated for primary implantation for the visual correction of aphakia and for reduction of residual refractive astigmatism in adult patients with greater than or equal to 1 diopter of pre-existing corneal astigmatism, in whom a cataractous lens has been removed. The TECNIS Symfony® TORIC Extended Range of Vision IOL mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the TECNIS Symfony® TORIC Extended Range of Vision IOL delivers a full range of continuous high-quality vision, for patients with astigmatism.

INDICATIONS: The TECNIS® Multifocal 1-Piece intraocular lenses are indicated for primary implantation for the visual correction of aphakia in adult patients with and without presbyopia in whom a cataractous lens has been removed by phacoemulsification and intraocular lens implantation. The intraocular lenses are intended to be placed in the capsular bag.

FIRST & ONLY EXTENDED DEPTH OF FOCUS IOLs

TECNIS® Symfony® IOL
The first and only extended depth of focus IOL that delivers a full range of continuous high-quality vision.

TECNIS® Symfony® TORIC IOL
The first and only extended depth of focus IOL that delivers a full range of continuous high-quality vision, for patients with astigmatism.

MULTIFOCAL 1-PIECE IOLs

+4.0 D
Optimized for patients favoring activities such as reading or knitting.

+3.25 D
Optimized for patients favoring activities such as computer work or cooking.

+2.75 D
Optimized for patients favoring activities such as golfing or grocery shopping.

WHATEVER THEIR LIFESTYLE, CHOOSE TECNIS® IOLs TO DELIVER:

SHARPEST VISION

ENHANCED FUNCTIONALITY

LONG-TERM SUSTAINABILITY

THE COMPLETE PORTFOLIO OF LEADING IOLs
A FULL RANGE OF VISUAL FREEDOM FOR YOUR PATIENTS.

The TECNIS® portfolio of presbyopia-correcting IOLs. Enhanced performance you can depend on.
**TECNIS® PRESBYOPIA-CORRECTING IOLs**

**OUTSTANDING VISIBILITY IN ANY LIGHTING CONDITION.**

**TECNIS Symfony® IOL demonstrated a low incidence of visual symptoms.**

**SHARPEST VISION**

LEAVE A LEGACY OF SEAMLESS BRILLIANCE.
CONTINUOUS, HIGH-QUALITY VISION AT ALL DISTANCES.

**WARNING:** The TECNIS Symfony® IOL may cause a reduction in contrast sensitivity under certain conditions, compared to an aspheric monofocal IOL. The physician should carefully weigh the potential risks and benefits for each patient, and should fully inform the patient of the potential for reduced contrast sensitivity before implanting the lens in patients with left uncorrected, amblyopia, corneal irregularities, or other visual diseases which may cause present or future reduction in acuity or contrast sensitivity. Patients implanted with the lens should be informed to exercise special caution when driving at night or in poor visibility conditions.

**WARNING:** Some visual effects associated with the TECNIS Symfony® IOL may be expected due to the lens design that delivers elongation of focus. These may include a perception of halos, glare, or starbursts around lights under nighttime conditions. The experience of these phenomena will be bothersome or very bothersome in some people, particularly in low-illumination conditions. On rare occasions, these visual effects may be significant enough that the patient may request removal of the IOL. See page 17 for more safety information.

**TECNIS Symfony® IOL PUPIL INDEPENDENCE ENABLES OPTIMAL PERFORMANCE IN ALL LIGHTING CONDITIONS.**

**VISUAL SYMPTOMS AT 6 MONTHS**

**85% OF PATIENTS WORE GLASSES NONE OR A LITTLE BIT OF THE TIME.**

Although the questionnaire was not determined to be a psychometrically valid assessment of the concept of spectacle independence, data showed that the Symmetry IOL achieved the secondary effectiveness endpoint of reduced overall visual symptoms at 6 months compared to the control monofocal IOL.

Some of the differences exceeded 0.3 log units at two or three spatial frequencies with the Symmetry IOL demonstrating a low incidence of visual symptoms.
Proprietary achromatic technology corrects chromatic aberration for enhanced image contrast.

Proprietary diffractive echelette design creates an extended depth of focus, resulting in an extended range of vision.

"My TECNIS presbyopia-correcting family just got bigger with the addition of the TECNIS Synergy® EDOF lenses to the already high-performing TECNIS® low-add Multifocals. Now I can customize the focus to fit each patient’s unique lifestyle.”

— Scott Mower, MD
Wake Forest Eye Center
Warrenton, VA

"With the TECNIS Synergy® IOL platform, I can confidently offer a full range of vision to more patients than ever before. The TECNIS Synergy® TORIC IOL in particular is a game changer.”

— David Chang, MD
Empire Eye & Laser Center
Bakersfield, CA

"Orchestrating light for better vision through advanced technology you can see.”

通过先进的技术，你可以看到更好的视觉，通过深入的光线来实现。
TECNIS® PRESBYOPIA-CORRECTING IOLs

- Deliver up to 4x greater image contrast at near distance than other leading multifocal lenses.
- Multifocal IOLs deliver up to 4x greater image contrast at near distance than other leading multifocal lenses.

**WARNING:** Some visual effects associated with multifocal IOLs may be expected because of the superposition of focused and unfocused images. These may include perceptions of halos/glare around lights under nighttime conditions. It is important that, on a scale of 1-7, the questionnaire is not determined to be a psychometrically valid assessment of the concept of spectacle independence. A score of 5 is considered to be poor visibility conditions. Patients with a predicted postoperative astigmatism > 1.0 D may not be suitable candidates for multifocal IOL implantation since they may not fully benefit from a multifocal IOL in terms of potential spectacle independence. See Indications and Important Safety Information continued on page 18.

**WARNINGS:** Some visual effects associated with multifocal IOLs may be expected because of the superposition of focused and unfocused images. These may include perceptions of halos/glare around lights under nighttime conditions. It is important that, on a scale of 1-7, the questionnaire is not determined to be a psychometrically valid assessment of the concept of spectacle independence. A score of 5 is considered to be poor visibility conditions. Patients with a predicted postoperative astigmatism > 1.0 D may not be suitable candidates for multifocal IOL implantation since they may not fully benefit from a multifocal IOL in terms of potential spectacle independence. See Indications and Important Safety Information continued on page 18.

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LONG-TERM SUSTAINABILITY

TECNIS® IOLs are manufactured utilizing a sophisticated material that is NOT associated with glistenings, unlike another leading IOL.4

GLISTENINGS CAUSE LIGHT SCATTER
Which can result in a reduction in image contrast.5,6

DELIVERING HIGH PATIENT SATISFACTION.

TECNIS Symfony® IOLs1
- Continuous range of high-quality vision at all distances.
- High image contrast due to active correction of chromatic aberration.
- Low incidence of halo and glare.
- Available for patients with and without astigmatism.

TECNIS® MULTIFOCAL 1-PIECE IOLs
- Tailored clarity to meet each patient’s lifestyle.
- Improved image contrast compared to other leading multifocal lenses.
- The best spectacle independence in any lighting condition.7

*The questionnaire was not determined to be a psychometrically valid assessment of the concept of spectacle independence.
**TECHNICAL SPECIFICATIONS**

**TECNIS® PRESBYOPIA-CORRECTING IOLs**

**OPTICAL SPECIFICATIONS**

<table>
<thead>
<tr>
<th>Model</th>
<th>Diameter</th>
<th>Add Power (IOL Plane)</th>
<th>Add Power (Spec Plane)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZAX00</td>
<td>6.0 mm</td>
<td>+2.01 D</td>
<td>+1.50 D</td>
</tr>
<tr>
<td>ZAX150</td>
<td>6.0 mm</td>
<td>+2.37 D</td>
<td>+2.25 D</td>
</tr>
<tr>
<td>ZAX300</td>
<td>6.0 mm</td>
<td>+3.25 D</td>
<td>+3.00 D</td>
</tr>
<tr>
<td>ZAX375</td>
<td>6.0 mm</td>
<td>+4.00 D</td>
<td>+4.00 D</td>
</tr>
</tbody>
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**BIOMETRY**

- Contact Ultrasound: 1.47 at 35ºC
- Optical: 1.47 at 35ºC

**HEMA**

- C: 1.34
- D: 1.50
- M: 1.54
- I: 1.67

**IOL CHARACTERISTICS**

- Shape: Biconvex, anterior aspheric surface, posterior diffractive surface
- Diameter: 6.0 mm
- Cylinder Powers - Corneal Plane: +5.0 D to +34.0 D in 0.5 diopter increments
- Cylinder Powers - IOL Plane: +2.01 D to +4.00 D in 0.25 diopter increments
- Model Numbers: ZAX00, ZAX15, ZAX30, ZAX37
- SE Powers: +2.01 D to +4.00 D in 0.25 diopter increments

**PHARAONIC INSERTION INSTRUMENTS**

- Ultra Syringe-Style Inserter (DK7786)
- ONE SERIES® Platinum 1 Series Cartridge (1VIPR30)
- Emerald-AR Cartridge (1CART30)
- Platinum 1 Series Screw-Style Inserter (DK7796)
- Emerald-AR Inserter (EMERALDAR)

**REFERENCES**

2. Johnson & Johnson Vision recommends that surgeons personalize their A-constant based on their surgical techniques and equipment, experience with the lens model and postoperative results.
3. Johnson & Johnson Vision recommends that surgeons personalize their A-constant based on their surgical techniques and equipment, experience with the lens model and postoperative results.

**PRESBYOPIA-CORRECTING IOLs**

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LEAVE A LEGACY OF VISUAL FREEDOM.

Start with ME.

INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR TECNIS Symfony® and TECNIS Symfony TORIC EXTENDED RANGE OF VISION IOLs

As Only.

WARNINGS.

Physicians considering lens implantation under any of the following circumstances should weigh the potential risk/benefit ratio: Patients with any of the following conditions may not be candidates for an intraocular lens because the lens may not be totally implantable, or may interfere with diagnosis or treatment of a condition, or may cause an intolerable risk to the patient’s eye. Patients with previous serious anterior or posterior segment inflammatory or ocular surgery history, or any disease producing an inflammatory reaction in the eye. Patients in whom intraocular pressure is elevated after the ability to detect flow or produce a normal anterior segment diagnosis. Sympathetic ophthalmia at the time of surgery, which may increase the potential for complications in any eye, cannot receive a posterior chamber lens. The effect of the use of the device include the following: Infection (endophthalmitis), Hypopyon, IOL dislocation, Cystoid macular edema, Corneal edema, Pupillary Block, Iritis, Retinal detachment, Raised IOP, Visual symptoms requiring lens removal, Tilt and decentration requiring repositioning, Secondary interventions requiring a pseudophakic IOL, amniotic membrane treat.

Include, but are not limited to: Lens repositioning (due to decentration, rotation, subluxation, etc.), Lens replacement, Vitreous aspirations or iridectomy for pupillary block, Wound leak repair, Retinal detachment, patients with only one good eye with potentially good vision, medically uncontrollable glaucoma, corneal endothelial dystrophy, proliferative diabetic retinopathy. The Tecnis Symfony® IOL design incorporates the following: Infection (endophthalmitis), Hypopyon, IOL dislocation, Cystoid macular edema, Corneal edema, Pupillary Block, Iritis, Retinal detachment, Raised IOP, Visual symptoms requiring lens removal, Tilt and decentration requiring repositioning, Secondary interventions requiring a pseudophakic IOL, amniotic membrane treat.

The Tecnis Toric IOL is intended for use with the Tecnis Toric Calculator (see Tecnis Toric Calculator). Note that the Tecnis Symfony® IOL design incorporates the following: Infection (endophthalmitis), Hypopyon, IOL dislocation, Cystoid macular edema, Corneal edema, Pupillary Block, Iritis, Retinal detachment, Raised IOP, Visual symptoms requiring lens removal, Tilt and decentration requiring repositioning, Secondary interventions requiring a pseudophakic IOL, amniotic membrane treat. The Tecnis Toric Calculator incorporates the surgeon’s estimated SIA and incision location when providing IOL options. Potential adverse effects (e.g., complications) associated with the use of the device include the following: Infection (endophthalmitis), Hypopyon, IOL dislocation, Cystoid macular edema, Corneal edema, Pupillary Block, Iritis, Retinal detachment, Raised IOP, Visual symptoms requiring lens removal, Tilt and decentration requiring repositioning, Secondary interventions requiring a pseudophakic IOL, amniotic membrane treat. The Tecnis Toric Calculator incorporates the following: Infection (endophthalmitis), Hypopyon, IOL dislocation, Cystoid macular edema, Corneal edema, Pupillary Block, Iritis, Retinal detachment, Raised IOP, Visual symptoms requiring lens removal, Tilt and decentration requiring repositioning, Secondary interventions requiring a pseudophakic IOL, amniotic membrane treat. The Tecnis Toric Calculator incorporates the following: Infection (endophthalmitis), Hypopyon, IOL dislocation, Cystoid macular edema, Corneal edema, Pupillary Block, Iritis, Retinal detachment, Raised IOP, Visual symptoms requiring lens removal, Tilt and decentration requiring repositioning, Secondary interventions requiring a pseudophakic IOL, amniotic membrane treat. The Tecnis Toric Calculator incorporates the following: Infection (endophthalmitis), Hypopyon, IOL dislocation, Cystoid macular edema, Corneal edema, Pupillary Block, Iritis, Retinal detachment, Raised IOP, Visual symptoms requiring lens removal, Tilt and decentration requiring repositioning, Secondary interventions requiring a pseudophakic IOL, amniotic membrane treat. The Tecnis Toric Calculator incorporates the following: Infection (endophthalmitis), Hypopyon, IOL dislocation, Cystoid macular edema, Corneal edema, Pupillary Block, Iritis, Retinal detachment, Raised IOP, Visual symptoms requiring lens removal, Tilt and decentration requiring repositioning, Secondary interventions requiring a pseudophakic IOL, amniotic membrane treat. The Tecnis Toric Calculator incorporates the following: Infection (endophthalmitis), Hypopyon, IOL dislocation, Cystoid macular edema, Corneal edema, Pupillary Block, Iritis, Retinal detachment, Raised IOP, Visual symptoms requiring lens removal, Tilt and decentration requiring repositioning, Secondary interventions requiring a pseudophakic IOL, amniotic membrane treat.
INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR THE TECNIS® MULTIFOCAL 1-PIECE IOLs

Rx Only

WARNINGS: Physicians considering lens implantation under any of the conditions described in the Directions for Use should weigh the potential risk/benefit ratio prior to implanting a lens. Some visual effects associated with multifocal IOLs may be expected because of the superposition of focused and unfocused images. These may include a perception of halos/glare around lights under nighttime conditions. 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. On rare occasions, these visual effects may be significant enough that the patient will request removal of the multifocal IOL. Contrast sensitivity is reduced with a multifocal lens compared to a monofocal lens. Therefore, patients with multifocal lenses should exercise caution when driving at night or in poor visibility conditions. Patients with a predicted postoperative astigmatism > 1.0 D may not be suitable candidates for multifocal IOL implantation since they may not fully benefit from a multifocal IOL in terms of potential spectacle independence. Care should be taken to achieve centration, as lens decentration may result in patients experiencing visual disturbances, particularly in patients with large pupils under mesopic conditions. Multifocal IOL implants may be inadvisable in patients where central visual field reduction may not be tolerated, such as macular degeneration, retinal pigment epithelium changes, and glaucoma. Patients with certain medical conditions may not be suitable candidates for IOLs. Consult the Directions for Use for more information. PRECAUTIONS: Prior to surgery, the surgeon must inform prospective patients of the possible risks and benefits associated with the use of this device and provide a copy of the patient information brochure to patients. There were no patients 21 years old or younger included in the clinical studies; therefore there are insufficient clinical data to demonstrate safety and effectiveness in this age group. The central one millimeter area of the lens creates a far image focus, therefore patients with abnormally small pupils (~1 mm) should achieve, at a minimum, the prescribed distance vision under photopic conditions; however, because this multifocal design has not been tested in patients with abnormally small pupils, it is unclear whether such patients will derive any near vision benefit. Autorefractors may not provide optimal postoperative refraction of multifocal patients; manual refraction is strongly recommended. In contact lens wearers, surgeons should establish corneal stability without contact lenses prior to determining IOL power. Care should be taken when performing wavefront measurements as two different wavefronts are produced (one will be in focus (either far or near) and the other wavefront will be out of focus); therefore incorrect interpretation of the wavefront measurements is possible. The long-term effects of intraocular lens implantation have not been determined; therefore implant patients should be monitored postoperatively on a regular basis. Secondary glaucoma has been reported occasionally in patients with controlled glaucoma who received lens implants. The intraocular pressure of implant patients with glaucoma should be carefully monitored postoperatively. Do not resterilize or autoclave. Use only sterile irrigating solutions such as balanced salt solution or sterile normal saline. Do not store in direct sunlight or over 45°C (113°F). Emmetropia should be targeted as this lens is designed for optimum visual performance when emmetropia is achieved. Please refer to the specific instructions for use provided with the insertion instrument or system for the amount of time the IOL can remain folded before the IOL must be discarded. When the insertion system is used improperly, the haptics of the IOL may become broken. Please refer to the specific instructions for use provided with the insertion instrument or system for the amount of time the IOL can remain folded before the IOL must be discarded. When the insertion system is used improperly, the haptics of the IOL may become broken. Please refer to the specific instructions for use provided with the insertion instrument or system. ADVERSE EVENTS: The most frequently reported adverse event that occurred during the clinical trials of the TECNIS® Multifocal Lenses was surgical re-intervention, most of which were non-lens-related. Lens-related re-interventions occurred at a rate of 0.6% to 1.0%. Other surgical re-interventions included lens exchanges (for incorrect IOL power), retinal repair, ruptured globe repair, macular hole repair, removal of retained lens material, treatment injections for cystoid macular edema and iritis, and blepharoplasty. ATTENTION: Reference the Directions for Use for a complete listing of Indications and Important Safety Information.

INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR THE TECNIS® MONOFOCAL 1-PIECE IOL

Rx Only

INDICATIONS: The TECNIS® 1-Piece Lens is indicated for the visual correction of aphakia in adult patients in whom a cataractous lens has been removed by extra capsular cataract extraction. These devices are intended to be placed in the capsular bag. WARNINGS: Physicians considering lens implantation should weigh the potential risk/benefit ratio for any conditions described in the TECNIS® 1-Piece IOL Directions for Use that could increase complications or impact patient outcomes. The TECNIS® 1-Piece IOL should not be placed in the ciliary sulcus. PRECAUTIONS: Do not reuse, resterilize, or autoclave. ADVERSE EVENTS: In 3.3% of patients, reported adverse events of cataract surgery with the TECNIS® 1-Piece IOL included macular edema. Other reported reactions occurring in less than 1% of patients were secondary surgical intervention (pars plana vitrectomy with membrane peel) and lens exchange (due to torn lens haptic). ATTENTION: Reference the Directions for Use for a complete listing of Indications and Important Safety Information.

Not actual patients. Images are for illustrative purposes only.