TECNIS® IOL WAVEFRONT-DESIGNED ANTERIOR TORIC ASPHERIC SURFACE

OVERALL DIAMETER 13.0 mm

OPTIC DIAMETER 6.0 mm

HAPTICS OFFSET FOR 3 POINTS OF FIXATION

FROSTED, CONTINUOUS 360° POSTERIOR SQUARE EDGE

TECNIS® IOL WAVEFRONT-DESIGNED ANTERIOR TORIC ASPHERIC SURFACE

POSTERIOR ACHROMATIC DIFFRACTIVE SURFACE AND ECHELETTE FEATURE

ANTEOR CYLINDER AXIS MARKS DENOTE IOL MERIDIAN WITH LOWEST POWER

6.0 mm OPTIC DIAMETER

13.0 mm OVERALL DIAMETER

LEAVE A LEGACY OF SEAMLESS BRILLIANCE.

Start with ME.

TECNIS Symfony® TORIC IOL is FDA-Approved

From the Leader in Presbyopia-Correcting IOLs
ATTENTION:

edema and endophthalmitis, 2 eyes, 0.7%). No lens-related adverse events occurred during the trial.

The most frequently reported serious adverse events that occurred during the clinical trial of the Tecnis Symfony lens were cystoid macular edema (2 eyes, 0.7%) and surgical reintervention (treatment injections for cystoid macular edema and endophthalmitis, 2 eyes, 0.7%). No lens-related adverse events occurred during the trial.

Precautions

Rotation of the Tecnis Symfony® Toric IOLs away from their intended axis can reduce their astigmatic correction, and misalignment >30° may increase postoperative refractive cylinder. If necessary, lens repositioning should occur as early as possible prior to lens encapsulation.

Visual effects such as halos and starbursts may be expected in some patients due to the IOL design and may be more prominent under low-illumination conditions. Some visual effects may be expected due to the lens design, including: a perception of halos, glare, or starbursts around lights under nighttime conditions. These will be bothersome or very bothersome in some people, particularly in low-illumination conditions, and on rare occasions, may be significant enough that the patient may request removal of the IOL.

Rotation of the Tecnis Symfony® Toric IOLs away from their intended axis can reduce their astigmatic correction, and misalignment >30° may increase postoperative refractive cylinder. If necessary, lens repositioning should occur as early as possible prior to lens encapsulation.

For precise results, utilize the TECNIS® Toric IOL calculator at www.TecnisToricCalc.com to determine the appropriate Toric model and power.

For the Tecnis Symfony® Toric IOL, variability in any preoperative surgical parameters (e.g. keratometric cylinder, incision location, surgeon’s estimated surgically induced astigmatism and biometry) can influence patient outcomes.

The Tecnis Symfony® Toric 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 preoperative corneal astigmatism, in whom a cataractous lens has been removed.

INDICATIONS FOR USE

The Tecnis Symfony® Toric 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 preoperative corneal astigmatism, in whom a cataractous lens has been removed.

INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR TECNIS SYMFONY TORIC IOls

Rx Only

INDICATIONS FOR USE

The Tecnis Symfony® Toric 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 preoperative corneal astigmatism, in whom a cataractous lens has been removed.

WARNINGS

Patients with any of the conditions described in the Directions for Use may not be suitable candidates for an intraocular lens because the lens may exacerbate an existing condition, may interfere with diagnosis or treatment of a condition, or may pose an unreasonable risk to the patient’s eyesight. Lenses should not be placed in the ciliary sulcus. May cause a reduction in contrast sensitivity under certain conditions, compared to an aspheric monofocal IOL; fully inform the patient of this risk before implanting the lens. Special consideration should be made in patients with macular disease, amblyopia, corneal irregularities, or other ocular disease. Inform patients to exercise special caution when driving at night or in poor visibility conditions. Some visual effects may be expected due to the lens design, including: a perception of halos, glare, or starbursts around lights under nighttime conditions. These will be bothersome or very bothersome in some people, particularly in low-illumination conditions, and on rare occasions, may be significant enough that the patient may request removal of the IOL.

Rotation of the Tecnis Symfony® Toric IOLs away from their intended axis can reduce their astigmatic correction, and misalignment >30° may increase postoperative refractive cylinder. If necessary, lens repositioning should occur as early as possible prior to lens encapsulation.

PRECAUTIONS

Interpret results with caution when refracting using autorefractors or wavefront aberometers that utilize infrared light, or when performing a duochrome test. Confirmation of refraction with maximum plus manifest refraction technique is recommended. The ability to perform some eye treatments (e.g. retinal photocoagulation) may be affected by the optical design. Target emmetropia for optimum visual performance. Care should be taken to achieve IOL centration, as lens decentration may result in a patient experiencing visual disturbances under certain lighting conditions.

For the Tecnis Symfony® Toric IOL, variability in any preoperative surgical parameters (e.g. keratometric cylinder, incision location, surgeon’s estimated surgically induced astigmatism and biometry) can influence patient outcomes. Carefully remove all viscoelastic and do not over-inflate the capsular bag at the end of the case to prevent lens rotation. Accurate keratometry and biometry, in addition to the use of the Tecnis® Toric Calculator www.TecnisToricCalc.com, are recommended to achieve optimal visual outcomes for the Tecnis Symfony/Toric IOL. Note that the Tecnis Toric Calculator incorporates the surgeon’s estimated SIA and incision location when providing IOL options.

SERIOUS ADVERSE EVENTS

The most frequently reported serious adverse events that occurred during the clinical trial of the Tecnis Symfony lens were cystoid macular edema (2 eyes, 0.7%) and surgical reintervention (treatment injections for cystoid macular edema and endophthalmitis, 2 eyes, 0.7%). No lens-related adverse events occurred during the trial.

ATTENTION: Reference the Directions for Use for a complete listing of Indications and Important Safety Information.