INCISE®
MICROINCISION IOL

LESS IS MORE

LESS INVASIVE SURGERY, MORE RAPID VISUAL RECOVERY

INCISE combines high quality optics with new 1.8mm in the bag implantation, enabling you to perform sub 2mm MICS with ease:

- Enhanced acrylic material with new Viscoject technology allows **1.8mm in the bag** and **1.4mm wound assist implantation** when combined with improved Stellaris capabilities
- Designed to minimise PCO with the sharpest edge of any injectable IOL
- Aspheric advanced optics designed to enhance visual quality.

Delivering less invasive surgery for more rapid visual recovery.

BAUSCH + LOMB
See better. Live better.

Specifications

Material

- Unique advanced acrylic material with 22% water content
- Outstanding optical quality: More durable optical surface resists abrasion and wear
- UV protection: 10% transmittance at 371 nm for +20.0D

Design

- Designed to minimise PCO: New sharper 360° barrier edge (<5microns)
- Optimal stability and excellent centration in the capsular bag, provided by stiffer 4-point fixation haptic design
- Orientation features to indicate the anterior side

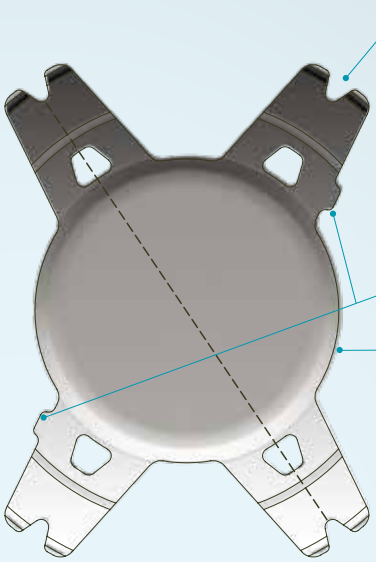
Optic

- Aberration free aspheric anterior and posterior surfaces provide excellent optical quality
- Refractive Index: 1.47 at 35°C

Use and Implantation

- Insertion in the bag through a 1.8mm incision or 1.4mm wound assisted technique
- Controlled unfolding facilitates precise positioning in the capsular bag and removal of viscoelastic

Anterior side



Side

Overall diameter
- +0.0D to +30.0D: 11.0mm

Optic body diameter
- 6.0mm at 20.0D

Diopter range
- 0D to 30D
  From 0.0D to +10.0D in 1D increments
  From +10.0D to +30.0D in 0.5D increments

Order Code: MJ14T

Angulation
- 3° to 10° across the range

Applanation A-scan
- A-constant* 118.4
- ACD* 5.20
- Surgeon Factor* 1.45

Optical biometry
- A-constant* 119.1
- ACD* 5.61
- Surgeon Factor* 1.85

* A-Constant, ACD, and Surgeon Factor are estimates only. It is recommended that each surgeon develop his or her own values.

PREMED PHARMA KFT.
CÍM 2040 Budaörs, Gyár u. 2.
TELEFON 06 23 889 700
FAX 06 23 889 710
E-MAIL info@premedpharma.hu
WEB www.premedpharma.hu

INCISE® MICROINCISION IOL

INDICATIONS: The INCISE Microincision posterior chamber lens is indicated for primary implantation for the visual correction of aphakia in adult patients where a cataractous lens has been removed. The lens is designed to be folded prior to insertion in the eye and implantation in the capsular bag. **WARNINGS:** Physicians considering lens implantation must weigh the risk/benefit ratio in any of the following (but not limited to) circumstances: Recurrent severe anterior or posterior segment inflammation or uveitis; patients in whom the IOL may affect the ability to observe, diagnose, or treat posterior segment diseases; distorted eyes in which appropriate support of the IOL is not possible; patients in whom neither the posterior capsule, nor the zonule are intact enough to provide IOL support; surgical difficulties increasing the potential for complications (such as but not limited to: iris damage, persistent bleeding, vitreous prolapse or loss, uncontrollable positive intraocular pressure); suspected microbial infection; uncontrolled glaucoma; endothelial corneal dystrophy. Patients under the age of 2 years are not suitable candidates for IOL. As with any surgical procedure, there are risks involved. Potential complications of cataract surgery are, but not limited to: wound leak, corneal edema, hyphema, iridocyclitis, vitritis, pupillary membrane, CME, TASS, endophthalmitis, pupillary block, iris prolapse, iris atrophy, raised IOP, glaucoma, vitreous prolapse, retinal detachment, IOL decentration or tilt, IOL silicone adhesion, IOL optic deposits or opacities, and secondary surgical interventions (such as but not limited to wound leak repair, vitreous aspiration, iridectomy, IOL repositioning, or replacement and retinal detachment repair). **PRECAUTIONS FOR USE AND STORAGE:** Do not store at temperature greater than 45°C – Do not freeze. Do not use the IOL if the carton box or its seal integrity have been opened or damaged. The IOL model, its power and expiration date should be verified before opening the protective packaging and before opening the individual sterile pouch. Sterility of the IOL is guaranteed only if the individual sterile pouch has not been opened or damaged. The IOL can absorb substances that it contacts (such as disinfectant or drugs). IOL must be carefully rinsed with sterile balanced salt solution. Do not attempt to resterilize the IOL – Do not reuse the IOL. If a YAG laser posterior capsulotomy is performed, assure that the laser beam is focused slightly behind the posterior capsule.

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