



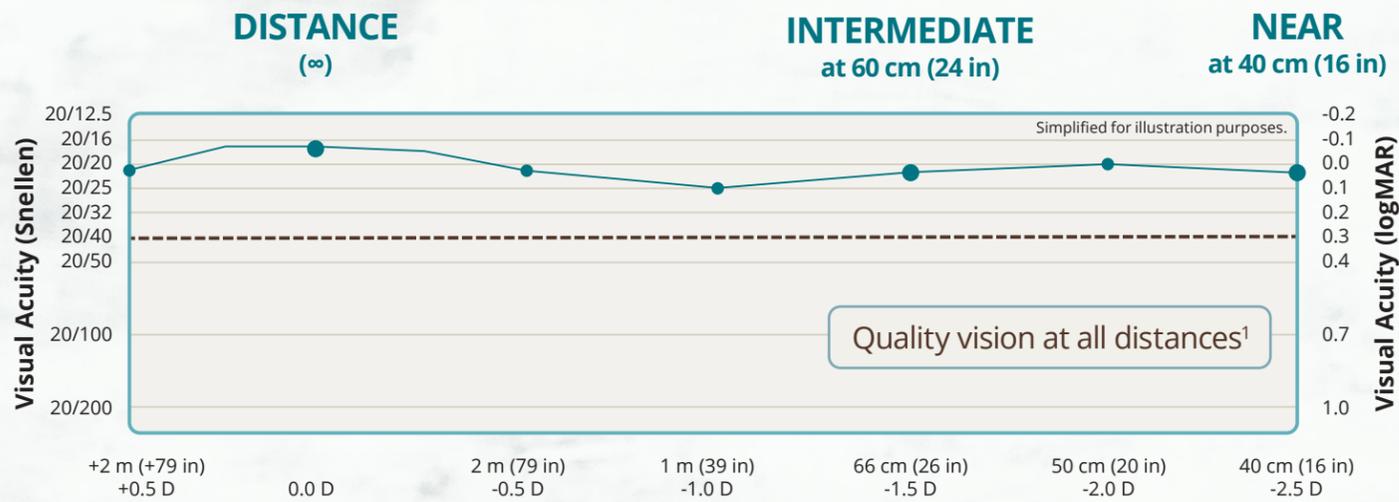
# FEEL THE THRILL

Break free from tradition.  
Unleash the power of the PanOptix® IOL.

**Alcon**

 AcrySof® IQ PanOptix® | Trifocal IOL  
Toric Trifocal IOL

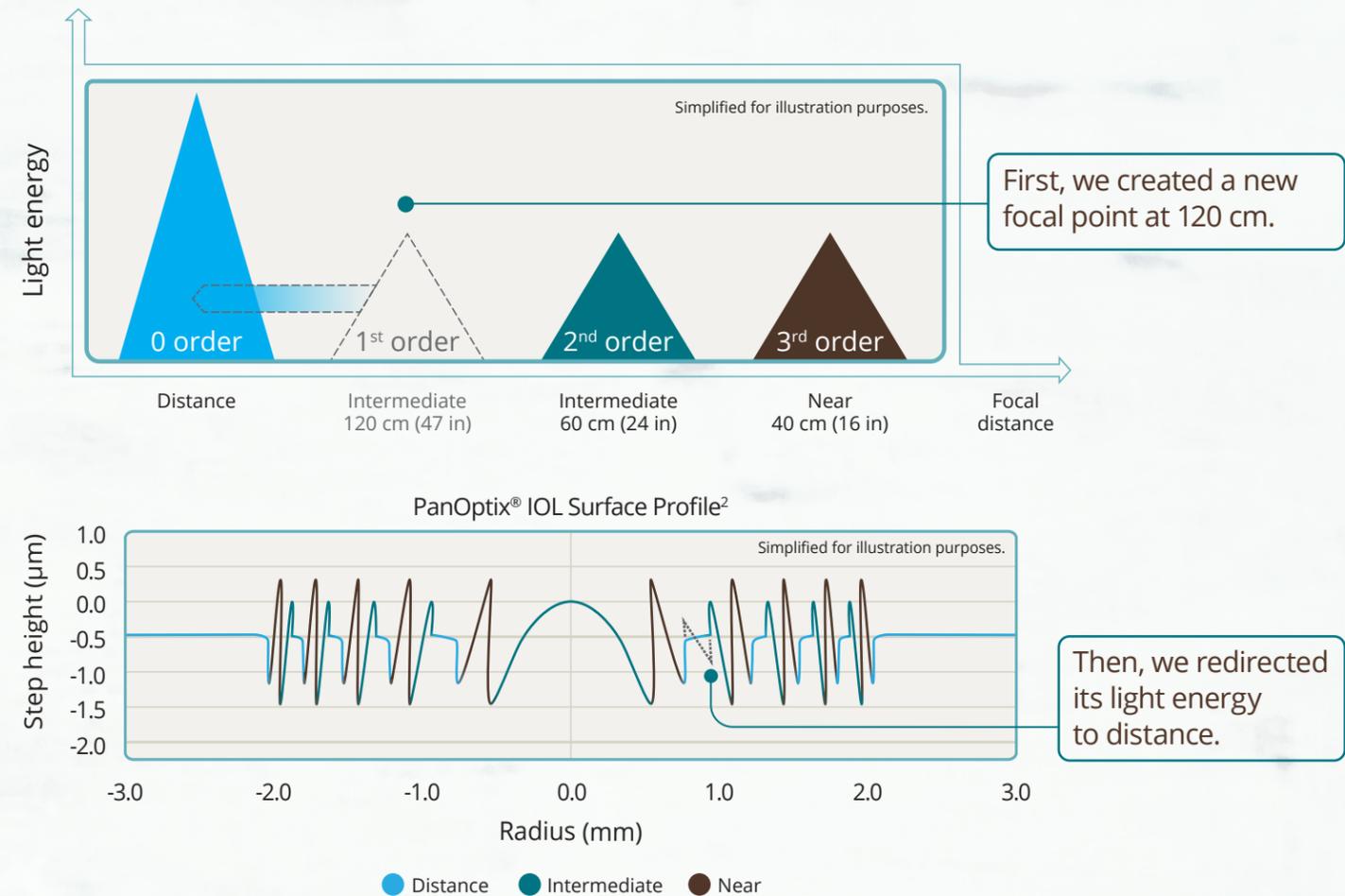
# 20/20 NEAR, INTERMEDIATE, AND DISTANCE VISION IS NOW POSSIBLE<sup>\*†1</sup>



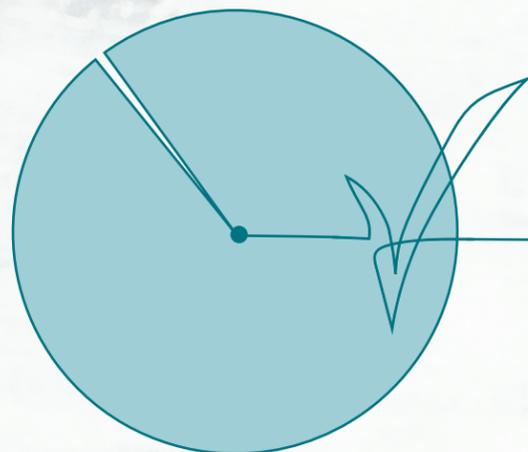
<sup>\*</sup>Based on mean value of binocular defocus from curve at near, intermediate, and distance at 6 months (n=127).  
<sup>†</sup>Snellen VA was converted from logMAR VA. A Snellen notation of 20/20<sup>2</sup> or better indicates a logMAR VA of 0.04 or better, which means 3 or more of the 5 Early Treatment Diabetic Retinopathy Study chart letters in the line were identified correctly.

# ENLIGHTEN<sup>®</sup> Optical Technology

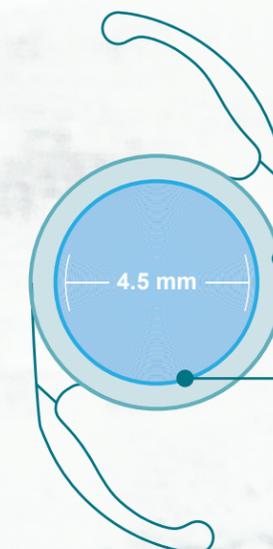
The PanOptix<sup>®</sup> IOL is equipped with advanced ENLIGHTEN<sup>®</sup> Optical Technology—a proprietary design that optimizes intermediate vision without compromising exceptional near and distance vision.



# UNDENIABLE Patient Satisfaction<sup>1</sup>



Data collected 6 months' post-op:  
**99.2%**  
 of patients would have had the same lens implanted again.<sup>\*†1</sup>



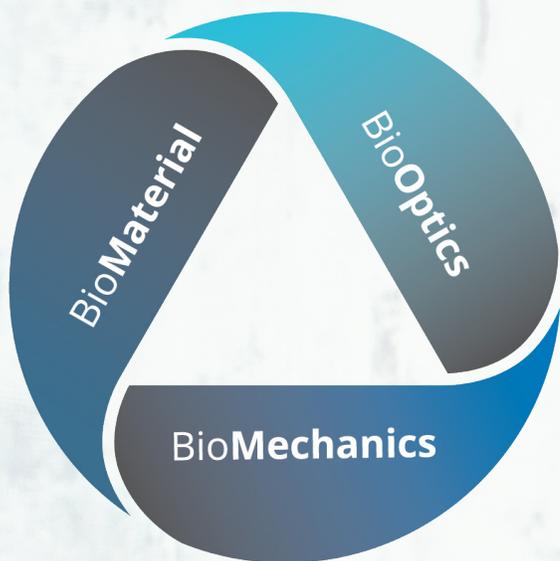
## Optimized Light Energy Distribution

**88% total light utilization** at a 3 mm pupil size<sup>3</sup>  
 (Light allocation: 50% distance, 25% intermediate, 25% near)

**Reduces dependence on pupil size<sup>2,3</sup>** with a 4.5 mm diffractive zone

<sup>\*</sup>n=127.  
<sup>†</sup>Response to the following question on IOLSAT questionnaire (Version 10, December 20, 2018) at 6 months' post-op: "Given your vision today, if you had to do it all over, would you have the same lenses implanted again?"

# BUILT on the Proven AcrySof® IQ Platform



- Excellent Clarity, Low Nd:YAG Rates<sup>4</sup>
- Unrivalled Stability, Visual Protection<sup>5-7</sup>
- Exceptional Performance, Real-World Benefits



## ACRYSOF® IQ PANOPTIX® FAMILY OF TRIFOCAL IOLS IMPORTANT PRODUCT INFORMATION

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

**INDICATIONS:** The AcrySof® IQ PanOptix® Trifocal IOLs include AcrySof® IQ PanOptix® and AcrySof® IQ PanOptix® Toric and are indicated for primary implantation in the capsular bag in the posterior chamber of the eye 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 lens mitigates the effects of presbyopia by providing improved intermediate and near visual acuity, while maintaining comparable distance visual acuity with a reduced need for eyeglasses, compared to a monofocal IOL. In addition, the AcrySof® IQ PanOptix® Toric Trifocal IOL is indicated for the reduction of residual refractive astigmatism.

**WARNINGS/PRECAUTIONS:** 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. Physicians should target emmetropia, and ensure that IOL centration is achieved.

For the AcrySof® IQ PanOptix® Toric Trifocal IOLs, the lens 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.

Some visual effects may be expected due to the superposition of focused and unfocused multiple images. These may include some perceptions of halos or starbursts, as well as other visual symptoms. As with other multifocal IOLs, there is a possibility that visual symptoms may be significant enough that the patient will request explant of the multifocal IOL. A reduction in contrast sensitivity as compared to a monofocal IOL may be experienced by some patients and may be more prevalent in low lighting conditions. Therefore, patients implanted with multifocal IOLs should exercise caution when driving at night or in poor visibility conditions.

Patients should be advised that unexpected outcomes could lead to continued spectacle dependence or the need for secondary surgical intervention (e.g., intraocular lens replacement or repositioning).

As with other multifocal IOLs, patients may need glasses when reading small print or looking at small objects. Posterior capsule opacification (PCO), may significantly affect the vision of patients with multifocal IOLs sooner in its progression than patients with monofocal IOLs. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon informing them of possible risks and benefits associated with the AcrySof® IQ PanOptix® Trifocal IOLs.

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

**REFERENCES:** 1. AcrySof® IQ PanOptix® Directions for Use. 2. Alcon Data on File, 2014. 3. Alcon Data on File, 2016. 4. AcrySof® IQ Directions for Use. 5. Lee SB, Chang DF. Comparison of the rotational stability of two toric intraocular lenses in 1273 consecutive eyes. *Ophthalmology*. 2018;125(9):1325-1331. 6. Potvin R, Brent AK, Hardten DR, Berdahl JP. Toric intraocular lens orientation and residual refractive astigmatism: an analysis. *Clin Ophthalmol*. 2016;10:1829-1836. 7. Wirtitsch MG, Findl O, Menapace R, et al. Effect of haptic design on change in axial lens position after cataract surgery. *J Cataract Refract Surg*. 2004;30(1):45-51.

