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 who desire near, intermediate, and distance vision with increased spectacle independence. The intraocular lenses are intended to be placed in the capsular bag.

See Indications and Important Safety Information on page 12.
DO YOU TRUST YOUR IOL TO FIT YOUR PATIENTS’ LIFESTYLES?

Leave a legacy as sharp as they are.

Your patients live every day with the IOL you choose to leave behind, so choose one backed by proven optical excellence. With the TECNIS® Multifocal Family of 1-Piece IOLs, you can give your patients excellent outcomes distinctly suited to their daily needs. Each lens delivers a full range of outstanding vision with enhanced performance at one of three distances so the legacy you leave can be one of exceptional quality — no matter what their lifestyle looks like.

CHOOSE TECNIS® MULTIFOCAL IOLs FOR:

- **SHARPEST VISION**: The sharpest vision across near, intermediate and far distances
- **ENHANCED FUNCTIONALITY**: Enhanced functionality and the best spectacle independence
- **LONG-TERM SUSTAINABILITY**: Long-term satisfaction and performance

The TECNIS® Multifocal Family of 1-Piece IOLs gives you the power to deliver a full range of excellent vision as well as the freedom to tailor your lens selection to your patients’ lifestyles. Each lens provides the sharpest vision across near, intermediate and far distances with enhanced performance where they need it most.

"With all three lens powers, now we are going to have a level of customization for each specific patient that we have not had before."

—Jeffrey Whitsett, MD, Houston, Texas

A FULL RANGE OF OUTSTANDING VISION.
For whatever life’s focus.

The TECNIS® Multifocal Family of 1-Piece IOLs gives you the power to deliver a full range of excellent vision as well as the freedom to tailor your lens selection to your patients’ lifestyles. Each lens provides the sharpest vision across near, intermediate and far distances with enhanced performance where they need it most.

- **33 cm Theoretical Reading Distance**
  - +4.0
  - Optimized for patients favoring near-vision activities such as reading or knitting.

- **42 cm Theoretical Reading Distance**
  - +3.25
  - Optimized for patients favoring near-vision activities such as multimedia work.

- **50 cm Theoretical Reading Distance**
  - +2.75
  - Optimized for patients favoring intermediate-vision activities such as golfing or grocery shopping.
Your patients are far from ready to throw in the towel. Their vision is important to them, so why give them anything but the best in optics? The TECNIS® Multifocal Family of 1-Piece IOLs features the only multifocal lenses capable of providing high-quality vision (20/25 or better) throughout the full range of vision: distance, intermediate and near.¹

LEAVE A LEGACY THAT'S AS SHARP AS YOUR PATIENTS.

OUTSTANDING VISION

One competitor lens leaves a gap in the spectrum of high-quality vision,² while another lens provides visual performance that’s no different than monofocal correction.³ TECNIS® Multifocal IOLs, on the other hand, deliver 20/25 or better vision from 0.0 D to -3.5 D of defocus — as well as optimized acuity at strategic distances.

SUPERIOR IMAGE CONTRAST

Trust your patients’ vision to the IOLs that deliver up to four times greater image contrast at near distance⁵ than other leading multifocal lenses.

“Your patients are far from ready to throw in the towel. Their vision is important to them, so why give them anything but the best in optics? The TECNIS® Multifocal Family of 1-Piece IOLs features the only multifocal lenses capable of providing high-quality vision (20/25 or better) throughout the full range of vision: distance, intermediate and near.”

—Daniel Chang, MD, Bakersfield, California
LEAVE A LEGACY OF LIVING.

The legacy you leave is the life your patients live, so give them a lens designed for real-world performance. Each TECNIS® Multifocal IOL goes beyond high-quality vision, also delivering exceptional spectacle independence1 and low-light performance. Your patients’ vision comes down to your choice in IOL, so give them a lens that helps facilitate less dependence on glasses and delivers excellent visual performance, even at night.

BEST SPECTACLE INDEPENDENCE IN ANY LIGHTING CONDITION1

Many TECNIS® Multifocal IOL patients find they rarely wear glasses, if ever at all. Is there any better way to deliver on premium expectations?

DEGREE OF DIFFICULTY* WITH NIGHT VISION (WITH GLASSES IF YOU NEED THEM)

NO DIFFICULTY* WITH NIGHT VISION (WITH GLASSES IF YOU NEED THEM)

NO DIFFICULTY* WITH GLARE/FLARE (WITH GLASSES IF YOU NEED THEM)

NO DIFFICULTY* WITH HALOS (WITH GLASSES IF YOU NEED THEM)

OUTSTANDING LOW-LIGHT PERFORMANCE

Give your patients the incredible vision they deserve, even in dim lighting. TECNIS® Multifocal IOLs have a full diffractive posterior surface that makes the optic pupil-independent, which is especially important for low-light performance.

Optical imperfections can easily hinder visual quality, but the great majority of TECNIS® Multifocal IOL patients reported no difficulty* with glare/flare and halos. The small percentage of patients who did experience these phenomena was comparable to that of a monofocal IOL.1,2

The legacy you leave is the life your patients live, so give them a lens designed for real-world performance. Each TECNIS® Multifocal IOL goes beyond high-quality vision, also delivering exceptional spectacle independence1 and low-light performance. Your patients’ vision comes down to your choice in IOL, so give them a lens that helps facilitate less dependence on glasses and delivers excellent visual performance, even at night.

BEST SPECTACLE INDEPENDENCE IN ANY LIGHTING CONDITION1

HOW OFTEN DO YOU WEAR GLASSES?

% OF SUBJECTS

WARNINGs:

Contrast sensitivity is reduced with a multifocal lens compared to a monofocal lens. Therefore, patients with mild to severe night driving difficulties should not be prescribed a multifocal IOL. 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 spectacle independence. An indication and important safety information contained on page 12.

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

ENHANCED FUNCTIONALITY

WARNINGS:

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. In these cases, these visual effects may be significant enough that the patient will request removal of the multifocal IOL. The indications and important safety information contained on page 12.

1 Changes as of 01.17

80.7% TECNIS® Multifocal (ZCB00)

69.1% TECNIS® Multifocal (ZKB00)

69% TECNIS® Multifocal (ZLB00)

69.1% TECNIS® Multifocal (ZKB00)

76.8% TECNIS® Multifocal (ZLB00)

57% TECNIS® Multifocal (ZLB00)

84.1% TECNIS® Multifocal (ZCB00)

57% TECNIS® Multifocal (ZKB00)

69% TECNIS® Multifocal (ZLB00)

57% TECNIS® Multifocal (ZLB00)

69% TECNIS® Multifocal (ZKB00)

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57% TECNIS® Multifocal (ZLB00)

69% TECNIS® Multifocal (ZKB00)

57% TECNIS® Multifocal (ZKB00)

69% TECNIS® Multifocal (ZLB00)
LONG-TERM SUSTAINABILITY

LEAVE A LASTING LEGACY.

Secure your legacy with an IOL that lasts. Backed by high patient satisfaction and enduring visual performance, the TECNIS® Multifocal Family of IOLs helps empower you to give your patients beautifully clear vision for years to come.

NOT ASSOCIATED WITH GLISTENINGS

Glistenings can inhibit your patients’ vision by decreasing visual acuity* and causing light scatter, which can result in image contrast reduction.7

TECNIS® IOLs are made using a sophisticated material that is not associated with glistenings, unlike another leading IOL.9

DARK FIELD IMAGES OF COMPETITOR IOLs

UNDENIABLE PATIENT SATISFACTION

Make your legacy one you can truly be proud of with IOLs backed by high degrees of patient satisfaction.1

PERCENT OF PATIENTS WHO WOULD ELECT TO HAVE THE SAME IOL AGAIN1,2

Up to 97% of patients would elect to have the same IOL again.3

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

LONG-TERM SUSTAINABILITY

TECNIS® MULTIFOCAL IOLs

TECNIS® MULTIFOCAL IOLs

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### TECHNICAL SPECIFICATIONS

#### OPTIC CHARACTERISTICS

- **Powers:** +5.0 D to +34.0 D in 0.5 D increments
- **Diameter:** 6.0 mm
- **Shape:** Biconvex, anterior aspheric surface, posterior diffractive surface
- **Add Power (IOL Plane):**
  - +2.75 D (ZKB00)
  - +3.25 D (ZLB00)
  - +4.0 D (ZMB00)
- **Add Power (Spec Plane):**
  - +2.01 D (ZKB00)
  - +2.37 D (ZLB00)
  - +3.0 D (ZMB00)
- **Material:** UV-blocking hydrophobic acrylic
- **Refractive Index:** 1.47
- **Chromatic Aberration (Abbe Number):** 55
- **Spherical Aberration:** -0.27
- **Edge Design:** ProTEC frosted, continuous 360° posterior square edge

#### HAPTIC CHARACTERISTICS

- **Overall Length:** 13.0 mm
- **Style:** C
- **Material:** UV-blocking hydrophobic acrylic
- **Design:** Haptics offset from optic

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**REFERENCES**

1. TECNIS Multifocal IOL DFU. Abbott Medical Optics. Santa Ana, Calif.
2. TECNIS Multifocal IOL DFU. Abbott Medical Optics. Santa Ana, Calif.

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**WHAT WILL YOUR LEGACY BE?**

Your patients’ vision is only as good as the IOL you leave behind.

Don’t wait to give your patients the excellent outcomes they deserve. Start now with the TECNIS® Multifocal Family of 1-Piece IOLs.
INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR THE TECNIS® MULTIFOCAL 1-PIECE IOLs

Rx Only

**ATTENTION:** Reference the Directions for Use for a complete listing of Indications and Important Safety Information. **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 who desire near, intermediate, and distance vision with increased spectacle independence. The intraocular lenses are intended to be placed in the capsular bag. **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 >1.0D 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 patient. 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 re-sterilize 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. **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.

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

Rx Only

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

Dr. Jeffrey Whitsett and Dr. Daniel Chang are paid consultants for Abbott Medical Optics Inc.

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