TECNIS® MULTIFOCAL IOL +3.25 D

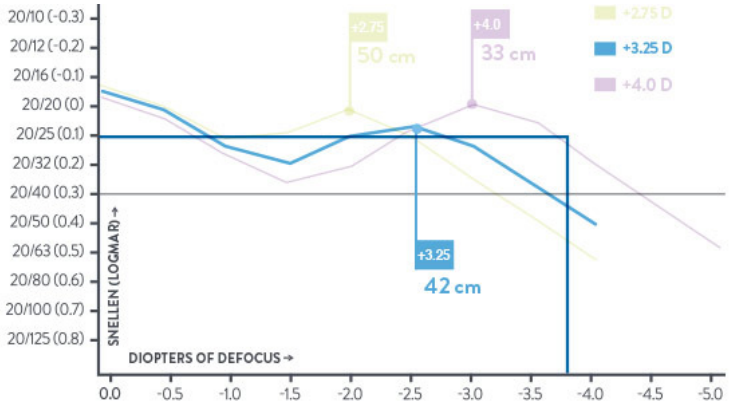
OUTSTANDING, FULL-RANGE VISION TAILORED FOR LONGER READING DISTANCES

TECNIS® Multifocal 1-Piece IOLs come in three options so you can give your patients outcomes with spectacle independence distinctly suited to their visual lifestyles. The **TECNIS®** Multifocal IOL +3.25 D delivers a full range of the sharpest vision tailored for longer reading distances.

DESCRIPTION SPECIFICATIONS

The **TECNIS®** Multifocal IOL +3.25 D is designed with your patients in mind. Optimized for those favoring activities at longer reading distances such as multimedia work, it delivers tailored clarity at a theoretical reading distance of 42 cm.

Binocular Defocus Curve at 6 Months[1,2]



Learn about multifocal lens options optimized for intermediate vision (/us/iols/multifocal/tecnis-multifocal-275d.html) and near vision (/us/iols/multifocal/tecnis-multifocal-40d.html).

SHARPEST VISION ACROSS ALL DISTANCES

The **TECNIS®** Multifocal Family of 1-Piece IOLs features the only multifocal lenses capable of providing a full range of high-quality vision (20/25 or better),[1,2] tailored for each patient's lifestyle.

- The sharpest vision across near, intermediate and distance vision[1,2]
- Optimized for a theoretical reading distance of 42 cm with the +3.25 D lens

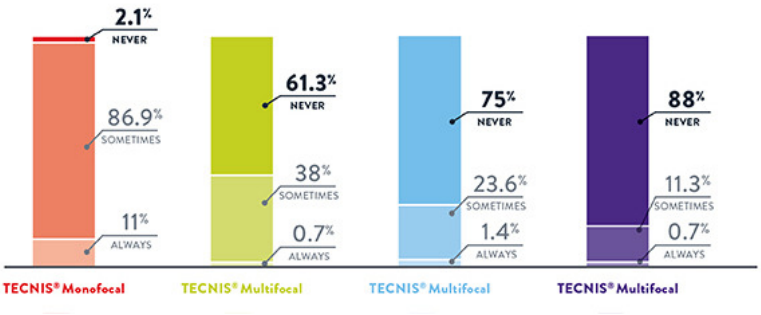
When compared to other leading multifocal IOLs, **TECNIS®** Multifocal IOLs provide:

- Up to 4x higher image contrast at near distance in low light (5 mm pupil)[3]
- 2x higher image contrast at near distance in normal light (3 mm pupil)[3]

ENHANCED FUNCTIONALITY

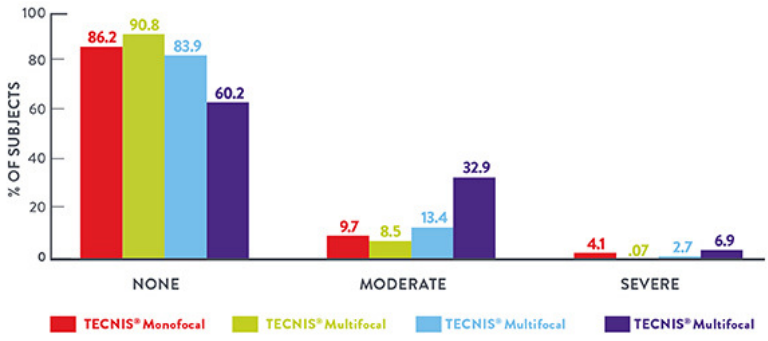
Give your patients a lens designed for real-world performance. The **TECNIS®** Multifocal IOL +3.25 D delivers exceptional spectacle independence and low-light performance for outstanding outcomes, even at night.

How Often Do You Wear Glasses?*[1,2]



+4.0 D (purple) data are historical from a separate clinical study using the same test methodology.

Degree of Difficulty** With Night Vision[1,2]



+4.0 D (purple) data are historical from a separate clinical study using the same test methodology.

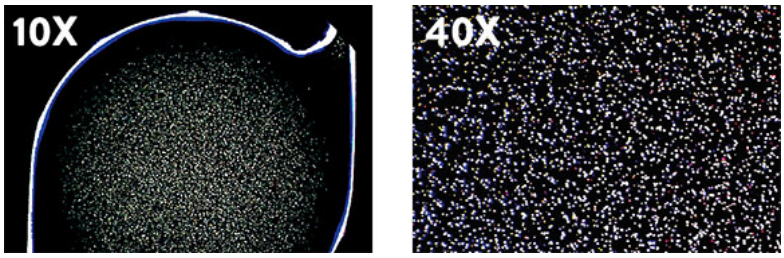
Give your patients outstanding low-light performance:

- 83.9% of patients experienced no difficulty with night vision**[1]
- 69.1% of patients experienced no difficulty with glare**[1]
- 57.0% of patients experienced no difficulty with halos**[1]

LONG TERM SUSTAINABILITY

Unlike another leading IOL, **TECNIS®** IOL material is not associated with glistenings,[4-8] which can inhibit your patients' vision. Glistenings cause light scatter, which can result in a reduction in image contrast.[5,9]

Dark Field Images of Competitor IOL at 10X and 40X Magnification[9]



94% of patients would elect to have the TECNIS® Multifocal IOL +3.25 D again.*[1]

CONTACT

Start a **TECNIS®** IOL trial (/us/contact.html)

RESOURCES

Directions for Use (/content/dam/bss/divisionalsites/amo/DFUs/multifocal/TECNIS%20Multifocal%20Z310970%20Low%20Ad%20DFU.pdf) (PDF, 3.47 MB)

TECNIS® PC-IOLs

Leave a legacy of visual freedom with a lens for each patient's life.

Start Now (/us/tecnis-pciols.html)

RELATED PRODUCTS

(/us/iols/multifocal/tecnis-multifocal-275d.html)

TECNIS® MULTIFOCAL IOL +2.75 D (/us/iols/multifocal/tecnis-multifocal-275d.html)

Tailored clarity for patients who favor intermediate vision activities.

FOOTNOTES

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

**On a scale of 1-7, with glasses as needed

†Value theoretically derived for a typical 20.00 D lens. AMO recommends that surgeons personalize their A-constant based on their surgical techniques and equipment, experience with the lens model and postoperative results.

‡Derived from clinical evaluation results of the **TECNIS®** 1-Piece Platform.

REFERENCES

1. TECNIS® Multifocal 1-Piece IOL DFU, Models ZKB00 and ZLB00. Santa Ana, Calif. Abbott Medical Optics Inc.
2. TECNIS® Multifocal 1-Piece IOL DFU, Model ZMB00. Santa Ana, Calif. Abbott Medical Optics Inc.
3. Data on File. Abbott Medical Optics Inc. 2015.
4. Data on File. Abbott Medical Optics Inc. 2013.
5. Nagata M, et al. Clinical evaluation of the transparency of hydrophobic acrylic intraocular lens optics. *J Cataract Refract Surg*. 2010;36(12):2056-2060.
6. Christiansen G, et al. Glistenings in the AcrySof® intraocular lens: Pilot study. *J Cataract Refract Surg*. 2001;27(5):728-733.
7. Colin J, et al. Incidence of glistenings with the latest generation of yellow-tinted hydrophobic acrylic intraocular lenses. *J Cataract Refract Surg*. 2012;38(7):1140-1146.
8. Gunenc U, et al. Effects on visual function of glistenings and folding marks in AcrySof® intraocular lenses. *J Cataract Refract Surg*. 2001;27(10):1611-1614.
9. Van der Mooren M, Franssen L, Piers P. Effects of glistenings in intraocular lenses. *Biomed Opt Express*. 2013;4(8):1294-1304.
10. Calculated based on Holladay I formula: Holladay JT, Prager TC, Chandler TY, Musgrove KH, Lewis JW, Ruis RS. A three-part system for refining intraocular lens power calculations. *J Cataract Refract Surg*. 1988;14(1):17-24.

INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR THE TECNIS® MULTIFOCAL FAMILY OF 1-PIECE IOLs

Rx Only

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 (~1mm) 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°). 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

INDICATIONS

TECNIS® 1-Piece Lenses are 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.

See Full Indications and Important Safety Information (/us/iols/monofocal/tecnis-1-piece.html).