my CATARACT SURGERY

THINK YOU MIGHT HAVE **CATARACTS?**

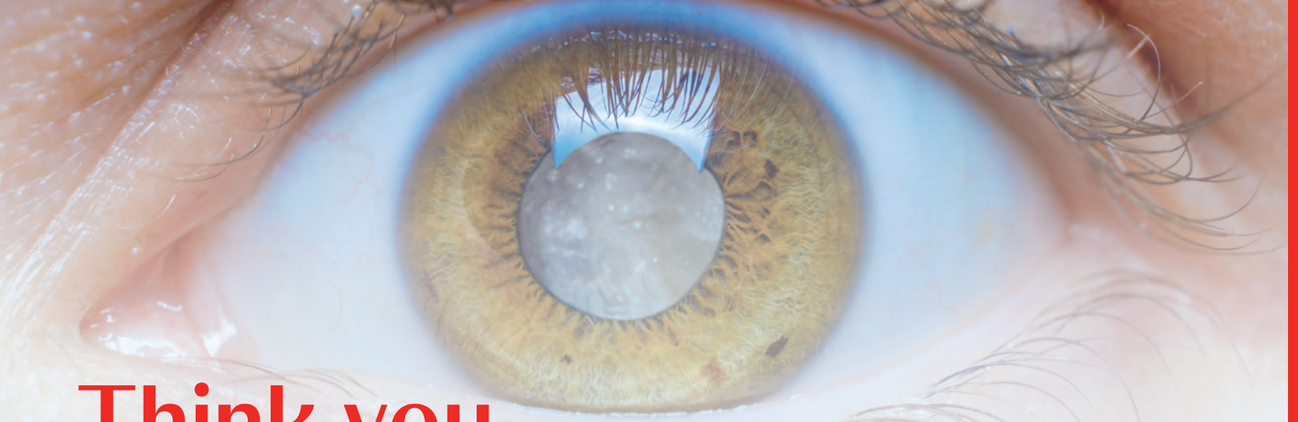
NEW VISION, NEW LIFE:

HOW CATARACT SURGERY CAN TRANSFORM YOUR DAILY ROUTINE

CHOOSING THE RIGHT LENS FOR YOU

MATCHING OUTCOMES TO MEET YOUR LIFESTYLE GOALS

Johnson&Johnson



Think you might have cataracts?

Learning about your eyes and understanding changes in your vision helps you make informed decisions about your eye health.

How we see

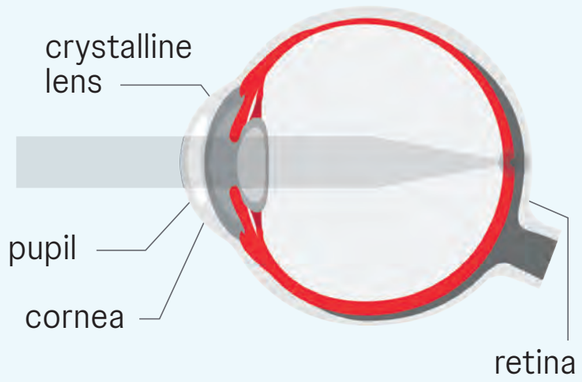
Light enters your eye and passes through several structures before focusing at the back of your eye, where it's converted into signals that travel to your brain. This natural process allows us to see clearly until cataracts begin to interfere.

What exactly is a cataract?

Your eye has a natural lens that helps you see objects at different distances. A cataract happens when your eye's crystalline lens becomes cloudy. Imagine looking through a foggy window—things appear blurry, dim, or yellowed. It's not a film over your eye, but rather a change to the lens itself that happens gradually over time.

When do people get cataracts?

While cataracts are more common as we age, they can affect anyone. Some people have a higher chance of getting cataracts at a younger age based on a variety of factors.



Cataracts affect

>24 MILLION Americans[1]

>50% of all Americans will develop cataracts by age **80**[2]

What are some signs or symptoms of cataracts?

You might notice everyday tasks becoming more difficult. Common signs include:

Needing brighter light to read

Colors looking faded or yellowish

Trouble driving at night

What should I do if I think I have cataracts?

Regular eye exams are key to catching cataracts early. If you notice vision changes, schedule an appointment with your eye care professional. They can check for cataracts during a routine exam and help you understand your options. Early cataracts might not need immediate treatment, but your doctor will want to monitor them.

Important terms

Understanding the terms related to cataracts can help you feel more confident and informed when discussing your condition with your eye care professional.

Cornea: The clear layer covering the front of the eye which allows light to pass through

Iris: The colored part of the eye, regulates how much light comes through

Pupil: The circular opening in the center of the iris

Crystalline lens (lens): The natural lens helps you see objects at different distances

Retina: The thin layer of tissue lining the back of the eye that captures and transmits light signals to the brain so you can see

Optic nerve: A bundle of nerve fibers that, like a cable, sends visual messages to the brain to allow you to see

Astigmatism: A distortion in the cornea or natural lens causing blurry or distorted vision

Accommodation: The crystalline lens' ability to adjust focus to see at difference distances

Presbyopia: A natural part of your eye's aging process where your crystalline lens gradually loses its ability to accommodate, resulting in difficulty seeing up close

Cataract: The gradual clouding of the eye's crystalline lens that can make vision less colorful and blurry

Intraocular lens (IOL): The artificial lens implant that replaces your natural crystalline lens after cataract surgery. There are two main types of IOLs: monofocal, and presbyopia-correcting. Both available in toric versions for astigmatism correction.

Dysphotopsia: Some lens implants (IOLs) have rings allowing patients to see at multiple distances. Dysphotopsia is the medical term to describe seeing these rings, halo, or glare typically at night, which is inherent to this technology design.

Neuroadapation: The process after cataract surgery where your brain adapts to your new way of seeing

The majority of patients reported being satisfied with the outcome of cataract surgery 6 months postoperatively.[3]

New vision, New life:

How cataract surgery can transform your daily routine

Simple activities like reading recipes, watching TV, driving or recognizing faces may become harder over time. Colors might appear faded, and you might need more light to see clearly. These changes don't have to be permanent—they're common signs that cataracts may be developing in your eyes.

The good news is that cataract surgery can help you get back to doing the things you enjoy.

Why surgery makes sense

Cataract surgery is the only effective treatment for cataracts. It's one of the most common and successful surgeries performed today, with 9 out of 10 people seeing better after surgery, according to the National Institutes of Health.[2]

An estimated 20.5 million Americans have cataracts in one or both eyes, and 6.1 million (5.1%) have had their lens removed by surgery.[4]

Understanding the procedure: a simple solution

During surgery, your eye surgeon removes the cloudy lens and replaces it with a clear lens implant (IOL)—much like replacing a foggy camera lens with a clear one. The procedure usually takes less time than watching your favorite TV show, about 15 to 20 minutes. **Some surgeons may elect to use a laser to assist with part of the cataract removal process**.

Most patients will be awake but comfortable with numbing eye drops, and many people say they only notice gentle pressure or a light sensation during surgery.

Recovery: back to your routine

While vision might be blurry at first, many people notice improvement within days. This initial blurriness is most likely your brain adapting to your new vision. Most people return to their normal activities within 24 to 48 hours.[4]

Your doctor will give you supplies to prevent infection and help healing. You'll need to avoid touching your eye and keep water out of it for a short time.

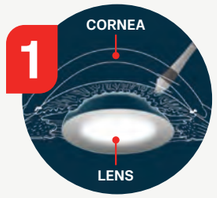
Your transformed daily life

After recovery, you'll likely notice colors appear brighter and more vivid. Daily activities may become easier, and many people find they can drive more confidently.

Whether it's returning to your favorite hobbies, feeling more confident walking and moving around, or simply enjoying clearer vision, cataract surgery can help you regain independence and joy in your daily activities.

Cataract surgery is safe and corrects vision problems caused by cataracts.[2]

What happens during cataract surgery?



A very small incision will be made in your cornea.

Using ultrasonic energy, your surgeon breaks up the cataract and then removes it from the eye.

An artificial intraocular lens (IOL) is then implanted into your eye, replacing your natural lens.

Myths and Misconceptions:

Debunking common cataract concerns

When it comes to cataracts, what you've heard might not be the whole story.

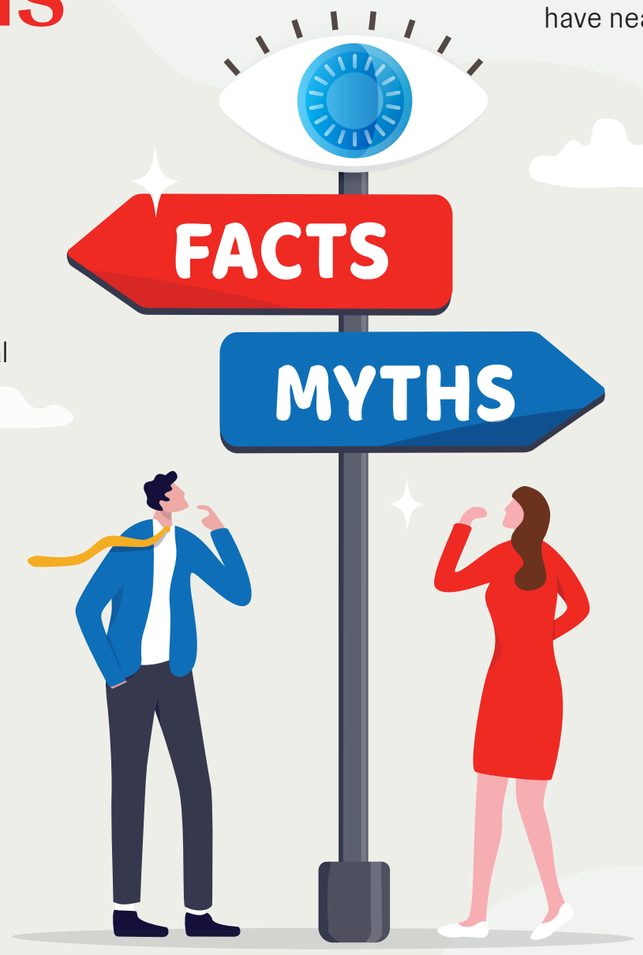
MYTH: After cataract surgery I can only have distance vision.

FACT: As we learned, cataract surgery is the removal of your natural crystalline lens and replacement with an artificial IOL. There are several types of IOLs on the market. While some only offer distance vision, others provide intermediate and/or near vision in addition to distance. Your eye care professional will look at your eye anatomy and lifestyle to help choose which is right for you. There are two things to remember:

- Not all IOLs are covered by insurance, so there may be an out-of-pocket cost
- No IOL is perfect. It is important to understand the benefits and trade-offs of each technology

MYTH: Cataract surgery is the same as refractive surgery (or LASIK).

FACT: Refractive surgery uses a laser to reshape the cornea to help focus light on your retina minimizing your need for glasses and contact lenses. Cataract surgery is removing the cloudy lens and replacing with an artificial IOL implant. It is important to remember that typically refractive surgery is very customized, but cataract surgery may have more limitations. The procedures are not the same.



MYTH: If I have near vision before surgery, I will have near vision after surgery.

FACT: There are a few reasons why you may have good near vision, even with a cataract. Your natural lens may still retain some ability to adjust focus (accommodate) or you may be naturally able to see up close, while your IOL implant will allow you to see at specified distances. The IOL you receive determines where and how you see. It is important to remember, just because you have near vision prior to cataract surgery, does not mean you will have it after.

MYTH: I will never need reading glasses again.

FACT: While there are types of IOLs designed to minimize your need for glasses, it is not realistic to think you will never need reading glasses after cataract surgery.

MYTH: My vision will be immediately improved, probably one day after surgery.

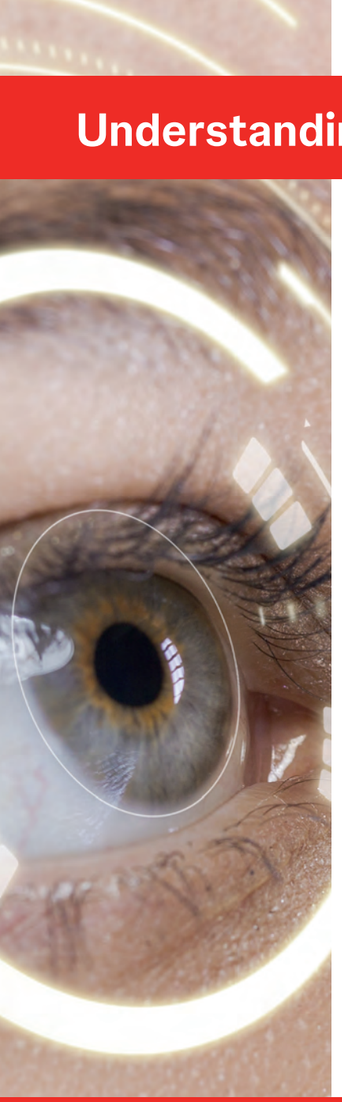
FACT: In any surgery there is healing time. The same goes for cataract surgery, give your eyes time to heal and your brain to adjust to a new way of seeing.

MYTH: If, after surgery, I see rings when looking at lights, something is wrong.

FACT: Some types of IOLs manipulate light to give you more than just distance vision. Seeing rings at night is a common result of this light manipulation and does not mean something is wrong. It is important to understand these trade-offs prior to cataract surgery, so talk to your eye care professional about what option is right for you.

MYTH: If I have a cataract, I am a candidate for any IOL.

FACT: Depending on your eye anatomy and medical history, you may not be a candidate for certain IOLs. Talk to your eye care professional about what IOLs you are a candidate for and which best would suit your lifestyle.



How your eye's shape affects your vision

Your eye's cornea and crystalline lens work together to focus light properly. In a typical eye, both the cornea and lens have a smooth, round curve, like the surface of a dome. But with astigmatism, the cornea and/or crystalline lens curves more steeply in one direction than the other, like a football lying on its side.[5,6] This can cause your vision to look more like a funhouse mirror at the circus!

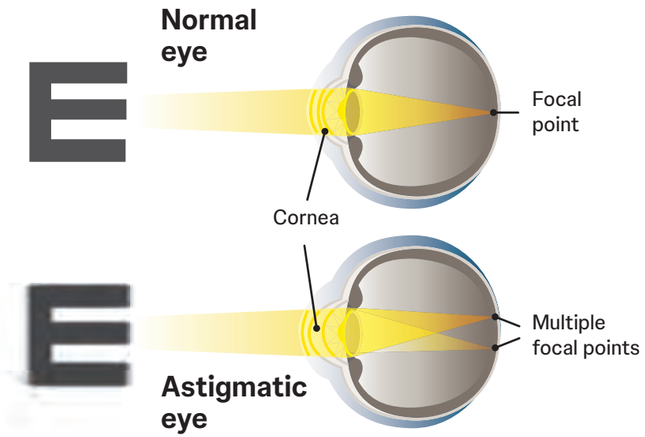
When light enters an eye with astigmatism, it can't focus to a single clear point. Instead, the light focuses at different points, creating blurry or distorted vision.[5] There are different ways to correct your astigmatism, depending on the amount and other factors. Typically, you can treat your astigmatism during cataract surgery using a toric IOL.

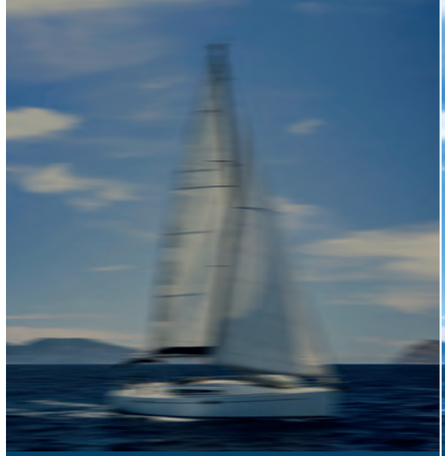
Did you know?

40%

of people with cataracts have astigmatism.[7]

Normal Vision vs Astigmatic Vision





Eye with Astigmatism and Cataracts

Eye with Astigmatism and Monofocal IOL

Eye with Astigmatism and Toric IOL

Images for illustrative purposes only. Actual results may vary.

IOL Options for Patients with Astigmatism

Monofocal: Only corrects for cataracts, not astigmatism. You will likely need glasses at all distances.

Monofocal Toric: Will correct for cataracts and astigmatism. You will likely need glasses for intermediate and near vision.

Presbyopia-Correcting Toric: Advanced technology that will correct for cataracts and astigmatism at multiple distances minimizing your need for glasses.

Types of Astigmatism

Most people have a common type called "regular astigmatism," where the cornea curves more in one direction than the other. Less commonly, some people have "irregular astigmatism," where the surface has more complex curves. Depending on the type of astigmatism, you may be a candidate for a toric IOL.

Choosing a toric IOL over a standard IOL may have the following benefits:

- Better vision after cataract surgery[7,8]
- Potentially lower risk of falls due to improved vision and decreased reliance on glasses[6,9]
- Less likely to need glasses for distance vision after surgery, which can be costly[7,10]

Ask your eye care professional for more information.

How your eyes change with age

Normal Eye

Eye with Presbyopia

Images for illustrative purposes only. Actual results may vary.

Your eye's natural crystalline lens is remarkably flexible in your younger years. Like a camera's autofocus system, it constantly changes shape to accommodate and help you see clearly at all distances.

As part of your eye's natural aging process, your crystalline lens gradually becomes less flexible and focusing on close objects becomes more challenging. This natural change is called presbyopia and is why many people need reading glasses, or "cheaters," as they age.

How Vision Changes

Presbyopia develops gradually as you age, typically impacting near vision as the crystalline lens inside your eye becomes denser and less elastic over time. Think of it like a rubber band that's lost some of its stretch – it can still work, but it doesn't snap back as easily as before.

Presbyopia and Your Cataract Surgery Options:

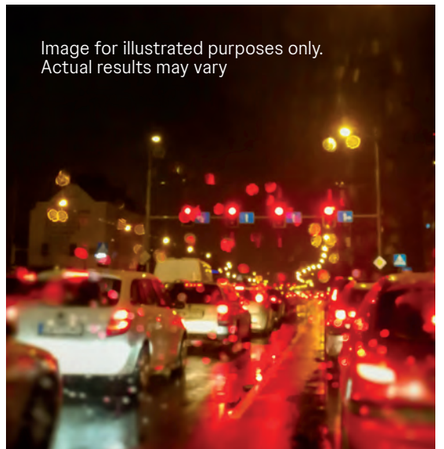
If you are a candidate for cataract surgery and have presbyopia, your eye care professional may talk to you about presbyopia-correcting IOLs, which use advanced technology to correct for cataracts and presbyopia. Your eye care professional will go over the benefits and trade-offs of different IOL technologies.

What is dysphotopsia?

Presbyopia-correcting IOLs may have special rings on them that help you see at different distances without glasses.

Seeing rings at night are inherent to the technology behind most presbyopic-correcting IOLs. You may hear your doctor call these halo, glare, or dysphotopsia. Most patients will notice no or mild dysphotopsias that may get better with time.[11]

It's important to know that while presbyopia-correcting IOLs can reduce your need for glasses, dysphotopsia is something to consider when deciding if this treatment is right for you.



Presbyopia-correcting IOLs are advanced technology implants that can help you see at different distances, minimizing your need for glasses.

Your doctor will consider IOL options based on your lifestyle, vision needs, and eye health. Review the lifestyle topics on the last page to prepare for that discussion.

Understanding your IOL options

In addition to electing to have cataract surgery, another important decision is selecting what type of intraocular lens (IOL) is best for you and your goals. Just like choosing the right pair of glasses, selecting the right type of IOL impacts your vision. Your eye care professional will help recommend a technology based on your unique needs.

Some lenses may not be covered by insurance and have an out-of-pocket expense.

What IOLs do

Different IOL technologies offer different visual expectations after surgery. Your eye care professional will talk about your vision at three points: intermediate, distance, and near.

Intermediate Vision
Seeing things at arm's length, like your computer screen

Distance Vision
Seeing things far away, like road signs

Near Vision
Seeing things up close, like reading a book

Eye with Cataracts
People who suspect or have been diagnosed with cataracts experience vision that is less colorful and blurry.

Types of IOLs

There are two main categories of IOLs: monofocal lenses that provide clear vision at one distance, presbyopia-correcting lenses that help you see at multiple distances. Both categories include a toric version that corrects astigmatism.

Your eye care professional can discuss the best choice for your eyesight.

Monofocal IOLs
These are like having your vision set to one main distance, usually distance. Reading glasses will likely be needed for intermediate and near vision. Monofocal IOLs are also available in a toric version for astigmatism correction.

Presbyopia-Correcting IOLs
Presbyopia-Correcting IOLs use advanced technology to correct for cataracts and presbyopia, minimizing your need for glasses. Presbyopia-Correcting IOLs are also available in a toric version for astigmatism correction.

Images for illustrative purposes only. Actual results may vary.

Remember: No single IOL is right for all patients. Your eye care professional will go over the benefits and trade-offs of your IOL options with you in more detail.

IOL Type	Distance	Intermediate	Near	Astigmatism
Monofocal	✓			
Monofocal Toric	✓			✓
Presbyopia-Correcting	✓	✓	✓	
Presbyopia-Correcting Toric	✓	✓	✓	✓

After cataract surgery

What does my eye care professional look for after surgery?

First and foremost, your eye care professional wants to ensure your eye is healing well after surgery. Additionally, your eye care professional will want to ensure your new lens is meeting your vision goals. This is measured both quantitatively and qualitatively.

1 QUANTITY of Vision
Numerical measurement of how much you can see at various distances. You may hear them use terms such as 20/20 or J2 to describe this.

2 QUALITY of Vision
Qualitative measure of how you are seeing, typically described as vibrancy or contrast.

Things to remember:

Like any other surgery, there is a healing time for cataract surgery. Typically, your eye can be swollen for a few days after surgery, causing distorted vision.

Concept of neuroadaptation—With your new IOL, it will take some time for your brain to adjust to your new way of seeing; be patient with the process!

LIFESTYLE CONSIDERATIONS

SURVEY FOR CATARACT PATIENTS

You have an important decision to make about your vision future.

To prepare you for upcoming discussions with your eye care professional, use the topics below to better understand reflect on current lifestyle and goals for your vision.

1 Think through which activities are most relevant to your lifestyle.

DISTANCE

- Driving
- Golf
- Sporting events
- Scenery

INTERMEDIATE

- Car dashboard
- Computer
- Grocery shopping
- Mobile phone or tablet

NEAR

- Fine print
- Games & puzzles
- Sewing
- Makeup

2

Thinking long term, how important is it that you rely on your glasses less often?

- I do not mind wearing glasses
- It would be nice not to wear glasses
- I hate wearing glasses

3

How often do you drive in low-light conditions (dusk, night, dawn, rain)?

- Never
- Not often, but I'd like to
- Occasionally
- Often

4

As best you can, determine where your personality type fits on this scale.

- Easygoing
- Perfectionist
- Somewhere in between

5

If my procedure is not fully covered by insurance, I want to learn about financing options.

- Yes
- No
- Maybe

REFERENCES:

1. 2025REF5001
2. 2025REF5002
3. 2025REF5078
4. 2025REF5003
5. 2025REF5004
6. 2025REF5005
7. 2025REF5061
8. 2025REF5007
9. 2025REF5008
10. 2025REF5009
11. 2025REF5072

INDICATIONS and IMPORTANT SAFETY INFORMATION for TECNIS Eyhance™ and TECNIS Eyhance™ Toric II IOLs with TECNIS Simplicity™ Delivery System
Rx Only

INDICATIONS FOR USE: The TECNIS SIMPLICITY™ Delivery System is used to fold and assist in inserting the TECNIS Eyhance™ IOL for the visual correction of aphakia in adult patients in whom a cataractous lens has been removed by extracapsular cataract extraction. The lens is intended to be placed in the capsular bag. The TECNIS Simplicity™ Delivery System is used to fold and assist in inserting the TECNIS Eyhance™ Toric II IOLs for the visual correction of aphakia and pre-existing corneal astigmatism of one diopter or greater in adult patients with or without presbyopia in whom a cataractous lens has been removed by phacoemulsification and who desire reduction in residual refractive cylinder. The lens is intended to be placed in the capsular bag. **CONTRAINDICATIONS:** There are no known conditions under which the TECNIS Eyhance™ and TECNIS Eyhance™ Toric II IOLs should not be used. RISKS: There are risks to routine cataract surgery. This is irrelevant to the lens you choose. The problems could be minor, temporary, or affect your vision permanently. Complications are rare. These may include worsening of your vision, bleeding, or infection. Similar to other monofocal IOLs, patients implanted with the TECNIS Eyhance™ or TECNIS Eyhance™ Toric II IOLs may require glasses for some tasks. Discuss all risks and benefits with your eye doctor prior to surgery. **WARNINGS:** Pre-existing diseases or conditions may place you at higher risk of experiencing complications (e.g., more difficult recovery) after routine cataract surgery. Examples of pre-existing diseases or conditions include, but are not limited to: ocular inflammation, surgical difficulties at the time of cataract extraction, suspected eye infection, congenital bilateral cataract, history or predisposition to retinal detachment, patients with only one good eye with potentially good vision, medically uncontrollable glaucoma, diabetes, heart disease, and previous trauma to your eye good eye with potentially good vision, medically uncontrollable glaucoma, diabetes, heart disease, and previous trauma to your eye. The TECNIS Eyhance™ Toric II IOL corrects astigmatism when it is placed correctly in the eye. There is a chance that the TECNIS Eyhance™ Toric II IOL could be placed incorrectly or could move within the eye, resulting in visual distortions. A second surgery may be needed to properly position the lens. These lenses have not been evaluated for use in children. **PRECAUTIONS:** The effects of the TECNIS Eyhance™ and TECNIS Eyhance™ Toric II IOL optical

design on quality of vision, contrast sensitivity, and subjective visual disturbances (glare, halo, etc.) have not been evaluated clinically. If your eye is not healthy (including glaucoma), your vision may not be good even after your cataract is removed. In this case, you may not get the full benefit of the TECNIS Eyhance™ and TECNIS Eyhance™ Toric II IOLs. Before surgery, your eye doctor will check if you have any eye diseases that may influence your IOL selection. In rare instances, the TECNIS Eyhance™ and TECNIS Eyhance™ Toric II IOLs may make some types of retinal treatment (e.g., retinal tear repair) more difficult. Take all prescribed medicines and apply eye drops as instructed to avoid inflammation and infection. Your eye doctor may tell you if you should avoid certain activities after surgery. **SIDE EFFECTS:** Side effects of cataract surgery with the TECNIS Family of 1-Piece IOLs may include swelling/thickening of an area of the retina, and/or the need for a second surgery to reposition the lens, repair the retina, or remove the new lens. **ATTENTION:** Reference the Directions for Use for a complete listing of Indications and Important Safety Information..

INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR TECNIS SYMFONY™ OPTIBLUE™ AND TECNIS SYMFONY™TORIC II OPTIBLUE™ EXTENDED RANGE OF VISION IOLS WITH TECNIS Simplicity™ DELIVERY SYSTEM

CAUTION: Federal law restricts this device to sale and use by or on the order of a physician. **INDICATIONS FOR USE:** The TECNIS SIMPLICITY™ Delivery System is used to fold and assist in inserting the TECNIS Symfony™ OptiBlue™ Extended Range of Vision IOL, Model DXR00V, which is indicated for primary implantation 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 TECNIS SIMPLICITY™ Delivery System is used to fold and assist in inserting The TECNIS Symfony™ Toric II OptiBlue™ Extended Range of Vision IOLs, Models DXW150, DXW225, DXW300, DXW375, which 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. These models of IOLs, DXR00V, DXW150, DXW225, DXW300, DXW375, mitigate the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, these models of IOLs provide improved intermediate and near visual acuity, while maintaining comparable distance visual acuity. These models of IOLs are intended for capsular bag placement only. **CONTRAINDICATIONS:** None. **RISKS:** Routine cataract surgery risks, irrespective of lens selection, could be minor, temporary, or affect patients' vision permanently. Rare complications include worsening of vision, bleeding, or infection. Risks related to use of this lens include a slight loss in vision sharpness. Even with glasses, loss of sharpness may worsen under poor visibility conditions such as dim light or fog. This may lead to driving difficulties and not detecting road hazards as quickly at night or in fog. Patients may also notice halos, starbursts, glare, and other visual symptoms. This may impact patients when there are bright lights at night. Patients should discuss all risks and benefits with their eye doctor before surgery. **WARNINGS:** A small number of patients may want their TECNIS Symfony™ OptiBlue™ IOL removed because of lens-related optical/visual symptoms. Patients with pre-existing diseases or conditions (i.e., diabetes and heart disease) may have higher risk of experiencing complications (e.g., more difficult recovery) after routine cataract surgery. Patients should not receive this lens if they have had previous trauma to their eye. The lens has not been evaluated for use in children. **PRECAUTIONS:** If a patient's eye is unhealthy, vision may not improve following cataract surgery in cases where other ocular conditions are present (e.g., glaucoma); patients may not get the full benefit of the TECNIS Symfony™ OptiBlue™ IOL. Before surgery, the eye doctor will check for any eye diseases. After surgery, patients should take all prescribed medicines and apply eye drops as instructed to avoid inflammation and infection.

During recovery, patients should avoid bending down and playing sports, which can harm the eye. The eye doctor will tell patients what activities to avoid. Patients' vision with the IOL may be limited when performing detailed 'up-close' work without glasses, and rarely, may make some types of retinal treatment (e.g., retinal tear repair) more difficult.

INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR TECNIS ODYSSEY™ IOL AND TECNIS ODYSSEY™ TORIC II WITH TECNIS SIMPLICITY™ DELIVERY SYSTEM, MODEL DRN00V

CAUTION: Federal law restricts this device to sale, distribution and use by or on the order of a physician. **INDICATIONS FOR USE:** The TECNIS SIMPLICITY™ Delivery System is used to fold and assist in inserting the TECNIS Odyssey™ IOL, which is indicated for primary implantation 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 TECNIS SIMPLICITY™ Delivery System is used to fold and assist in inserting the TECNIS Odyssey™ Toric II IOLs that are indicated for primary implantation for the visual correction of aphakia and for reduction of 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. Compared to an aspheric monofocal lens, the TECNIS Odyssey™ IOLs mitigate the effects of presbyopia by providing improved visual acuity at intermediate and near distances to reduce eyeglass wear, while maintaining com-parable distance visual acuity. The lens is intended for capsular bag placement only. **CONTRAINDICATIONS:** None. **RISKS:** Routine cataract surgery risk, irrespective of lens selection, could be minor, temporary, or affect patients' vision permanently. Rare complications are worsening of vision, bleeding, or infection. Risks related to use of this lens include halo or glare in nighttime or poor visibility conditions. These may be perceived as an annoyance or hindrance, which, on rare occasions, may be significant enough for the patient to request removal of the IOL. Patients should discuss all risks and benefits with their eye doctor before surgery. **PRECAUTIONS:** Recent contact lens usage may affect the patient's refraction; therefore, in contact lens wearers, surgeons should establish corneal stability without contact lenses prior to determining IOL power. 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 the patient. Patients with a predicted postoperative astigmatism greater than 1.0 D may not be suitable candidates for implantation with the TECNIS Odyssey™ and TECNIS Odyssey™ Toric II IOLs, as they may not obtain the benefits of reduced spectacle wear or improved intermediate and near vision seen in patients with lower postoperative astigmatism. The safety and effectiveness of the TECNIS Odyssey™ IOL have not been substantiated in patients under the age of 22 or those with preexisting ocular conditions and intraoperative complications. **WARNINGS:** Physicians considering lens implantation should weigh the potential risk/benefit ratio. Well-informed patients with well-defined visual needs and preferences should be selected for lens implantation. Patients should be informed of the possibility of visual effects (such as halo or glare around lights), which may be expected in nighttime or poor visibility conditions. As with any medical procedure, risks and potential complications may occur. Please consult your eye care specialist for detailed information and to discuss these possible risks and complications with you prior to the procedure.

Cataracts can limit you. Choose a lens that won't.

For over 20 years, Johnson & Johnson has collaborated, innovated, and worked hard to care for patients at every stage of their eye health journey.

Ask your eye care professional which TECNIS™ IOL may work for you.

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For additional information visit **clearvisionforyou.com**

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See Indications and Important Safety Information on pages 17 to 19.