

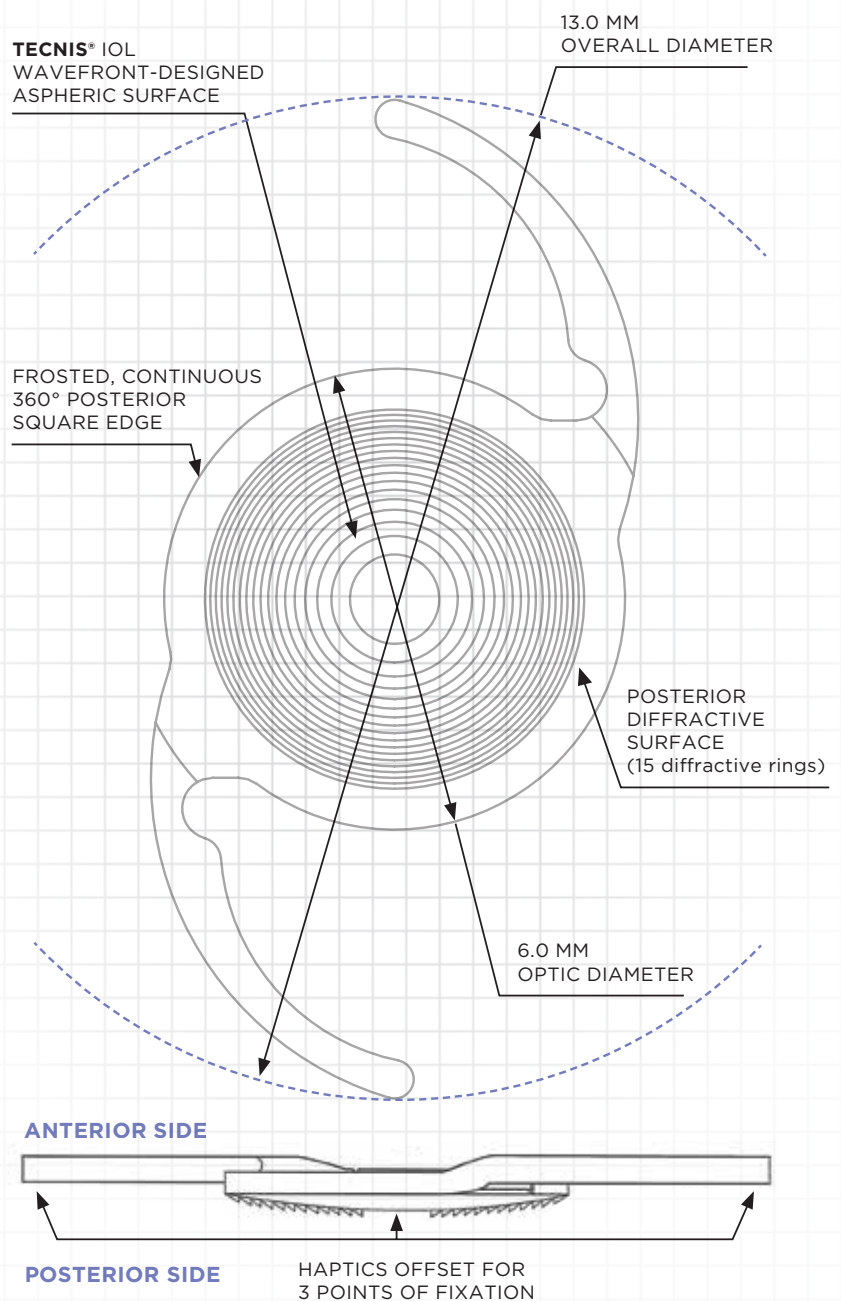
**TECNIS<sup>®</sup>**  
Multifocal IOLs

# Tailored Clarity to Meet Each Patient's Lifestyle.



**TECNIS<sup>®</sup>**  
**MULTIFOCAL**  
**1-PIECE IOL +2.75 D**

**For Enhanced  
Performance at  
50 cm (20 in)<sup>1,2</sup>**  
(Theoretical Reading Distance)





OPTIC CHARACTERISTICS		
Powers:	+5.0 D to 34.0 D in 0.5 diopter increments	
Diameter:	6.0 mm	
Shape:	Biconvex, anterior aspheric surface, posterior diffractive surface	
Add Power (IOL Plane):	<b>+2.75 D</b>	
Add Power (Spec Plane):	<b>+2.01 D</b>	
Material:	UV-blocking hydrophobic acrylic	
Refractive Index:	1.47	
Chromatic Aberration (Abbe Number):	55	
Edge Design:	ProTEC frosted, continuous 360° posterior square edge	
BIOMETRY	CONTACT ULTRASOUND	OPTICAL
A-Constant:	118.8*	119.3†
Theoretical AC Depth:	5.40 mm	5.72 mm
Surgeon Factor <sup>3</sup> :	1.68 mm	1.96 mm
HAPTIC CHARACTERISTICS		
Overall Length:	13.0 mm	
Style:	C	
Material:	UV-blocking hydrophobic acrylic	
Design:	Haptics offset from optic	
RECOMMENDED INSERTION INSTRUMENTS	MODEL	
UNFOLDER® Platinum 1 Series Screw-Style Inserter	DK7796	
UNFOLDER® Platinum 1 Series Cartridge	1MTEC30	

\*Value theoretically derived for a typical 20.00 D lens. Johnson & Johnson Vision 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.

TecnisIOL.com

**INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR THE TECNIS® MULTIFOCAL 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 should weigh the potential risk/benefit ratio for any conditions described in the Directions for Use that could increase complications or impact patient outcomes. 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. The lens should not be placed in the ciliary sulcus. Inform patients about the possibility that a decrease in contrast sensitivity and an increase in visual disturbances may affect their ability to drive a car under certain environmental conditions, such as driving at night or in poor visibility conditions. **PRECAUTIONS:** Prior to surgery, 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. The long-term effects of intraocular lens implantation have not been determined. Secondary glaucoma has been reported occasionally in patients with controlled glaucoma who received lens implants. Do not reuse, resterilize or autoclave. **ADVERSE EVENTS:** The rates of surgical re-interventions, most of which were non-lens related, were statistically higher than the FDA grid rate for both the ZMB00 (+4.00 D) and ZLB00 (+3.25 D) lens models. For the ZMB00, the surgical re-intervention rates were 3.2% for first eyes and 3.3% for second eyes. The re-intervention rate was 3.3% for both the first and second eyes in the ZLB00 group. **ATTENTION:** Reference the Directions for Use for a complete listing of Indications and Important Safety Information.

1. TECNIS® Multifocal 1-Piece IOL DFU, Models ZKB00 and ZLB00. Santa Ana, Calif. Johnson & Johnson Surgical Vision, Inc.
2. TECNIS® Multifocal 1-Piece IOL DFU, Model ZMB00. Santa Ana, Calif. Johnson & Johnson Surgical Vision, Inc.

<sup>3</sup>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. *JCRS*. 1988;14(1)17-24).