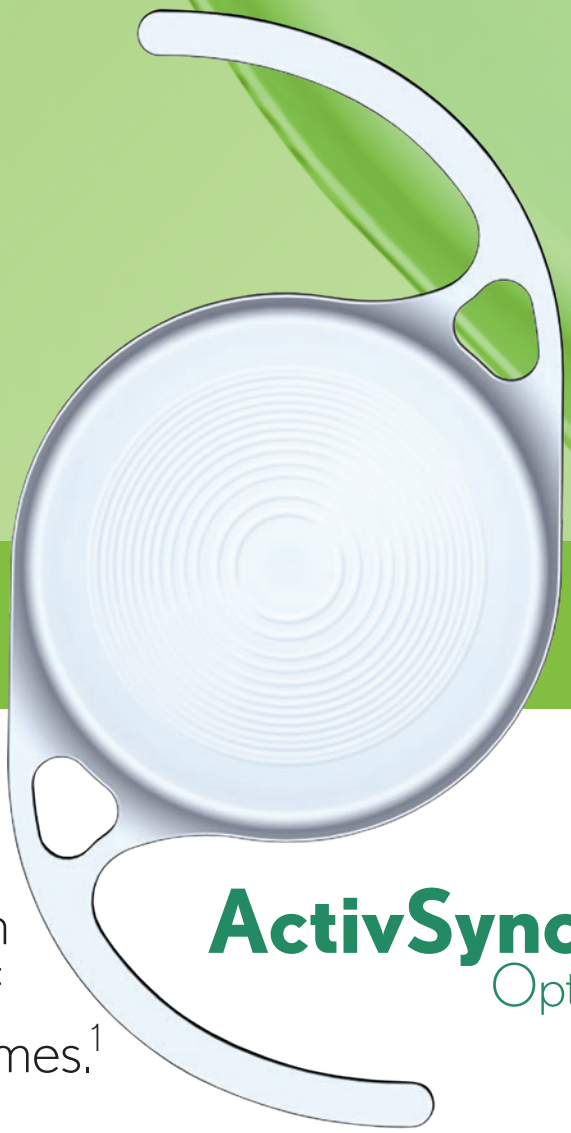
enVista Envy™

Hydrophobic Acrylic IOL

FULL RANGE OF VISION IOL



Flourish at Every Step.
Discover the full range of vision IOL that launches a new era of confidence with enviable outcomes.[1]

ActivSync Optic

SPECTACLE INDEPENDENCE IS ACHIEVABLE[2]

OPTIMIZED
LIGHT DISTRIBUTION[1]

A full range of vision IOL with an enviable tolerance to dysphotopsias.[3]

4 D of continuous range of vision.[4]

ClearPath: Proprietary technology designed to reduce light scattering.[1,4]

enVista ENVY
HYDROPHOBIC ACRYLIC IOL

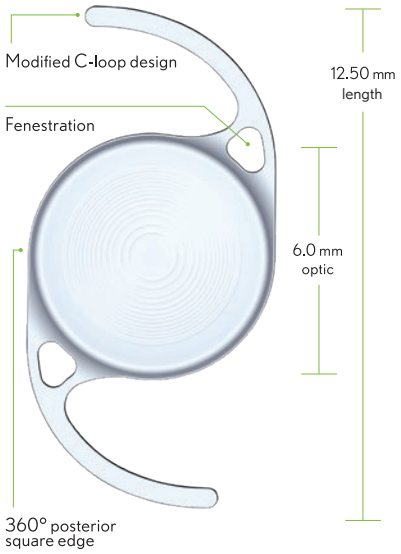
BAUSCH + LOMB

enVista ENVY™

HYDROPHOBIC ACRYLIC IOL

EN order number ENUXXXX

LEARN MORE AT **bauschsurgical.com**



MODEL NUMBER	EN (non-preload)
MATERIAL	Hydrophobic Acrylic
OPTIC DESIGN	One-piece Aspheric, biconvex Anterior apodized diffractive Posterior refractive Posterior aspheric surface 1.6 D intermediate 3.1 D near
OPTIC SIZE	6mm
LENGTH	12.5mm
OPTIC EDGE DESIGN	Sharp 360° square posterior edge
HAPTICS	Modified C, fenestrated
REFRACTIVE INDEX	1.53 at 35° C
UV CUTOFF	389nm at 10% transmittance
OPTICAL BIOMETRY Optical A-constant* ACD Surgeon Factor	 119.5 5.84mm 2.06mm
APPLANATION BIOMETRY Applanation A-constant* ACD Surgeon Factor	 119.2 5.60mm 1.89mm
OTHER FEATURES	Glistening free
DIOPTER RANGE	+6 D to +10 D (1.0 D increments) +10 D to +34 D (0.5 D increments)

* A-constant values are suggested as a guideline. Physicians should calculate lens power based on optimization of their experience and preference with IOL technology.

Storz® BLIS Inserter System

FOR INSERTING LENS MODEL EN; +6 D to +34 D with X1 cartridge
RECOMMENDED INCISION SIZE 2.2mm–2.4mm
TYPE OF ACTION Screw-type
COMMENTS Controlled delivery. Reusable. Sterilization required.

INJ100 Inserter

FOR INSERTING LENS MODEL EN
RECOMMENDED INCISION SIZE 2.2mm–2.6mm
TYPE OF ACTION Silicone tip push-type
COMMENTS Single-handed delivery. Disposable.

*Comparison of non head-to-head clinical studies.

1. Data on File, Bausch + Lomb.
2. Data on File. enVista Envy Canadian Clinical Study.
3. Alcon AcrySof PanOptix Clinical Study.
4. Data on File. enVista Envy US Clinical Study.

storz® Ophthalmic Instruments by Bausch+Lomb

Find B+L IOL surgical equipment online at **www.StorzEye.com**

Indications and Important Safety Information for enVista Envy™ IOL

INDICATIONS: The enVista Envy hydrophobic acrylic IOL is indicated for primary implantation in the capsular bag of the eye in adult patients for visual correction of aphakia with less than or equal to 1.0 D preoperative corneal astigmatism following removal of a cataractous lens to mitigate the effects of presbyopia by providing improved intermediate and near visual acuity, while maintaining comparable distance visual acuity to an aspheric monofocal IOL.

WARNINGS/PRECAUTIONS: Physicians should weigh the potential risk/benefit ratio before implanting the enVista Envy lens under any of the circumstances or conditions outlined in the Instructions for Use labeling. Some visual disturbances may be expected due to the superposition of focused and unfocused multiple images. These may include some perceptions of halos or radial lines around point sources of light (starbursts) under nighttime conditions, glare, double vision, haziness and blurred vision. 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 such as nighttime driving. As with other trifocal IOLs, there is a possibility that visual disturbances may be significant enough that the patient will request explant of the IOL. A reduction in contrast sensitivity as compared to a monofocal IOL may be experienced by some patients, therefore, patients implanted with trifocal IOLs should exercise caution when driving at night or in low light or poor visibility conditions. Care should be taken to achieve IOL centration as IOL decentration may result in patients experiencing visual disturbances or suboptimal vision under certain lighting conditions. The surgeon must target emmetropia to achieve optimal visual performance. 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). Please provide a copy of the Patient Information Brochure, which can be found at www.bausch.com/IFU. Posterior capsule opacification (PCO) may significantly affect the vision of patients with multifocal IOLs earlier in its progression than patients with monofocal IOLs. This may be due to the reduced contrast sensitivity observed with multifocal IOLs.

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

ATTENTION: See the Directions for Use for a complete listing of indications and important safety information.

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