BAUSCH + LOMB

enVista®

Monofocal IOLs

ALL MONOFOCALS
ARE NOT CREATED EQUAL.

MAKE YOURS enVista®

enVista: A **PROVEN STANDARD** in monofocal performance

EXCELLENT TOLERANCE
TO TILT AND DECENTRATION
DELIVERS PREDICTABLE OUTCOMES[1,2]

THE FIRST GLISTENING-FREE IOL IN THE U.S.
AND RESISTANT TO SCRATCHES AND ABRASIONS[3,4]

TREAT MORE ASTIGMATIC PATIENTS WITH MORE PRECISION[3]

EXCEPTIONAL
ROTATIONAL STABILITY
FOR EXCELLENT ASTIGMATIC-CORRECTING OUTCOMES[3,4,5]

enVista® IOL platform technologies

TruSight® optic
Glistening-free material with improved scratch resistance and 25x the hardness of traditional hydrophobic acrylic IOLs.[6,*]

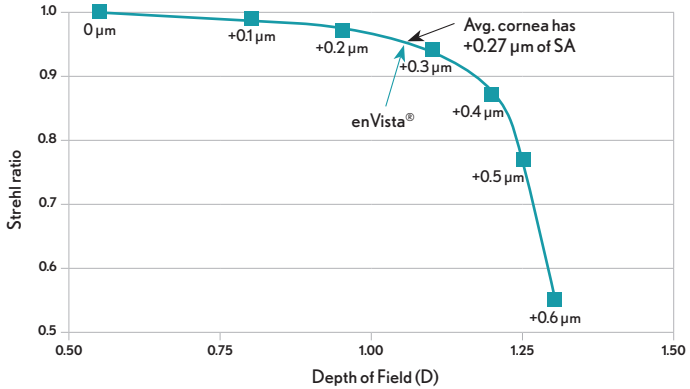
StableFlex® technology
Efficient lens unfolding for excellent optic recovery.[4]

SureEdge® design
Outstanding defense against Posterior Capsular Opacification (PCO).[4,7]

*Based on nanoindentation study

enVista
HYDROPHOBIC ACRYLIC IOL

Aberration-free optics result in excellent visual outcomes for your patients[2,*]



enVista® complements the natural depth of focus provided by the cornea to enhance and promote vision quality.[2]

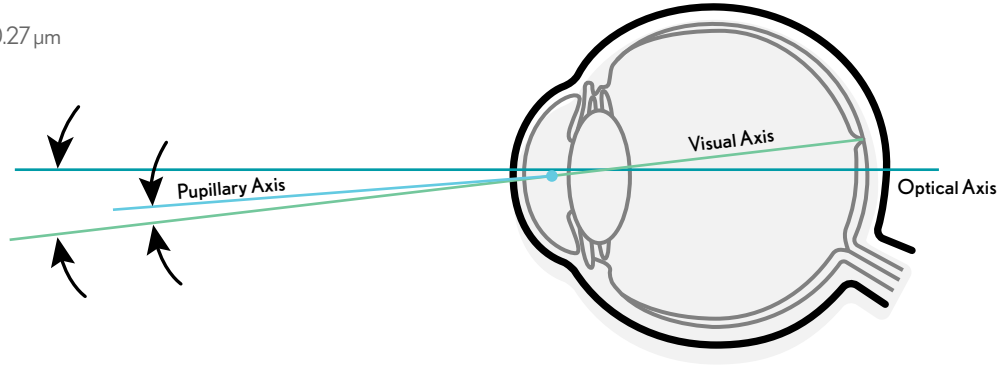
*Bench study of focus images under mesopic conditions using a model cornea with spherical aberration of 0.27 µm over 6.0mm.

enVista® combines tolerability and predictability

Due to the natural misalignment of the eye's visual axis to the cornea, pupil, and lens, a traditional IOL may decenter and cause disruptive defocus, astigmatism, and coma.[8]

The optical system

- Average corneal spherical aberration = 0.27 µm
- Average IOL tilt = 2°
- Average IOL decentration = 0.37 mm



enVista®
HYDROPHOBIC ACRYLIC IOL

The enVista® monofocal is uniquely designed to perform well in all eyes, including eyes with natural defocus. As a result, surgeons can expect excellent visual outcomes and meet the visual acuity needs for a broad range of patients.[2]

Tolerance that puts visual outcomes into focus

Unlike conventional IOLs, enVista® has no spherical aberration, ensuring uniform power and compensating for tilt and decentration.[1,2,4]

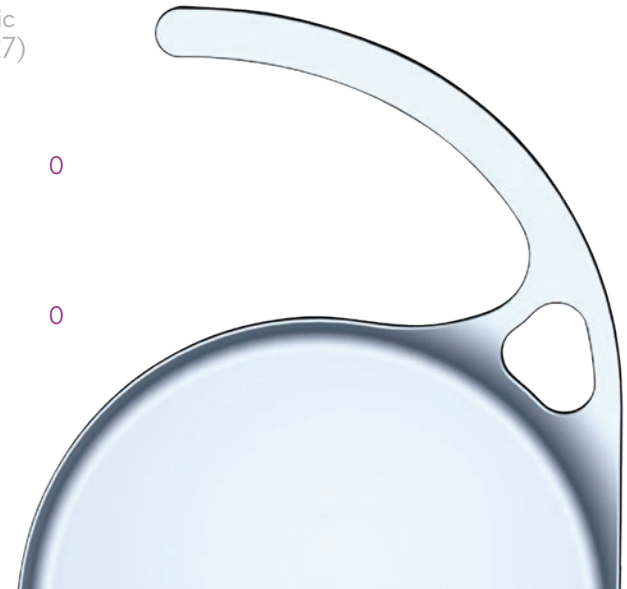
Tolerance of off-axis variables*,4

0.4 mm decentration, 2.6° tilt

	enVista™ Toric (SA = 0)	AcrySof toric (SA = -0.20)	Tecnis toric (SA = -0.27)	
3.0 mm (pupil size)	E	E	E	0
4.5 mm (pupil size)	E	E	E	0

20/40 Letter E, ISO2 Cornea, Polychromatic Light

*Based on theoretical data



enVista® TORIC

The majority of cataract patients have more than 0.5 diopters of corneal astigmatism, and correcting that astigmatism during cataract surgery is a common goal.[9,10]

Removing cataracts. Correcting astigmatism. **BOTH at the same time.**

Benefits of Toric IOLs

- Addresses astigmatism correction during the cataract procedure to minimize the need for secondary procedures.
- Provides greater accuracy and range than corneal-incisional and limbal-relaxing procedures.[12]

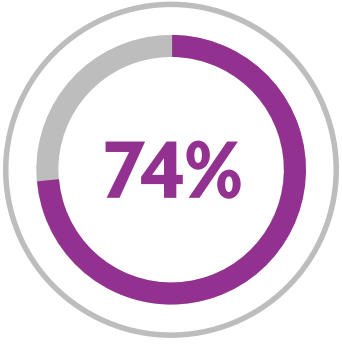
Low-Cyl technology expands options for low astigmatism treatment

With Low-Cyl technology:

Broaden the treatable astigmatism range in cataract surgery to as low as <1.0 D at the corneal plane.[3]

The first and only toric platform available in the US

providing Low-Cyl toric technology (1.25 D at the IOL plane)

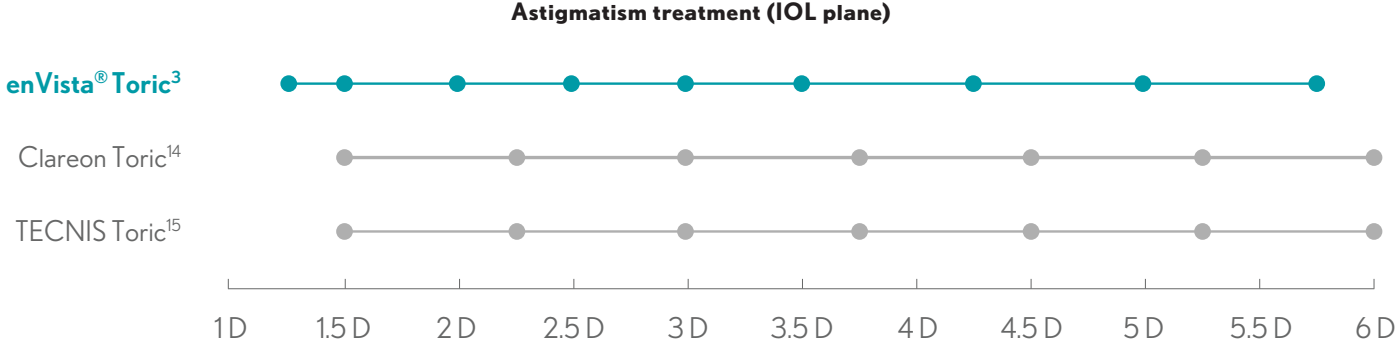


of cataract patients have less than 1.25 D of corneal astigmatism.[9]

enVista TORIC
HYDROPHOBIC ACRYLIC IOL

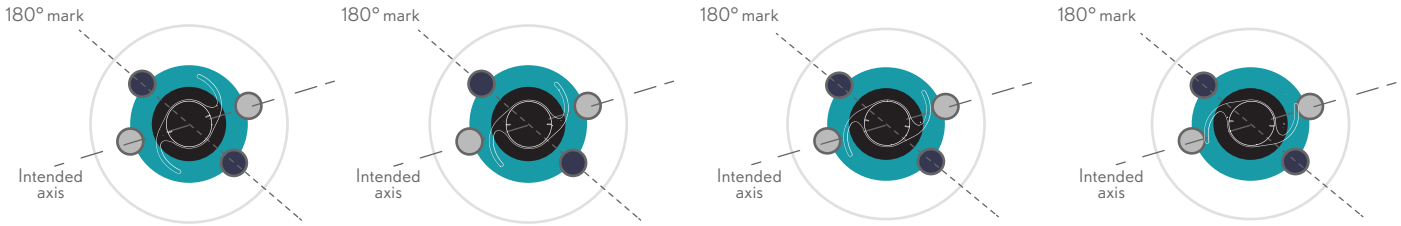
Treat astigmatism with MORE precision[3]

- **Lowest** available cylinder treatment: 1.25 D at IOL plane (<1 D at corneal plane)
- **Only** toric platform that treats half-step cylinders (up to 3.5 D at IOL plane)



The enVista® platform is tailored to OPTIMIZE toric outcomes

Toric alignment and rotational stability are vital for patient satisfaction and visual outcomes.



1° Lens Rotation
Effectiveness 96.7%[16]

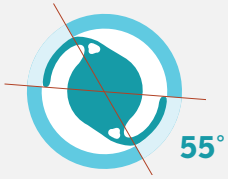
5° Lens Rotation
Effectiveness 83.5%[16]

10° Lens Rotation
Effectiveness 67%[16]

30° Lens Rotation
Effectiveness 1%[16]

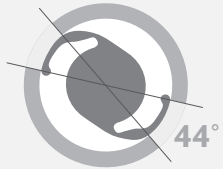
enVista TORIC
HYDROPHOBIC ACRYLIC IOL

110° of capsular bag contact



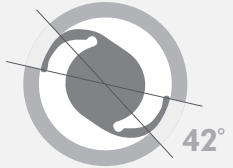
enVista® Toric platform[4]

88° of capsular bag contact



AcrySof IQ/CLAREON[4] toric platform

84° of capsular bag contact

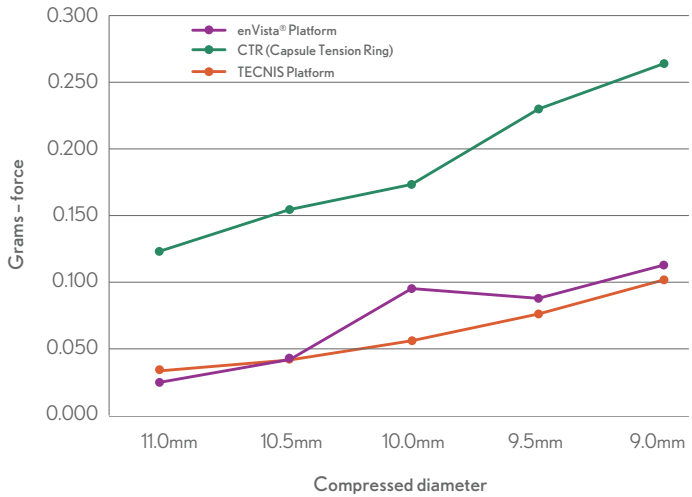


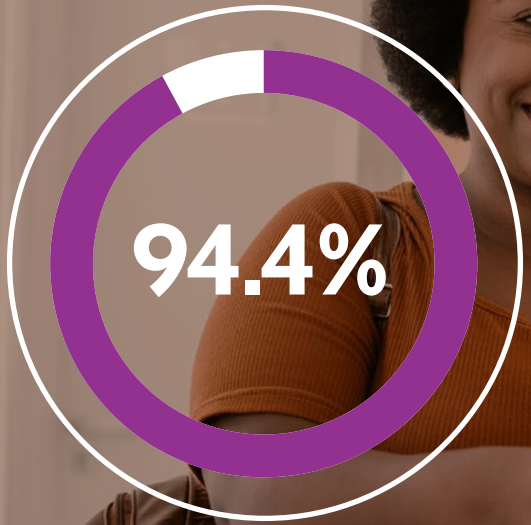
TECNIS toric platform[4]

Achieve reliable rotational stability for precise astigmatism correction

- 110° of capsular bag contact
- Delivers 300% more radial compression force than traditional hydrophobic IOLs[17]
- Demonstrated higher outward radial force compared to the TECNIS IOL toric platform[17]

Radial compression force - IOL platforms[18]





The enVista® toric platform delivers proven rotational stability through **180 days post-surgery**[4]

Percent of eyes ≤ 5° rotation *(n=108)*

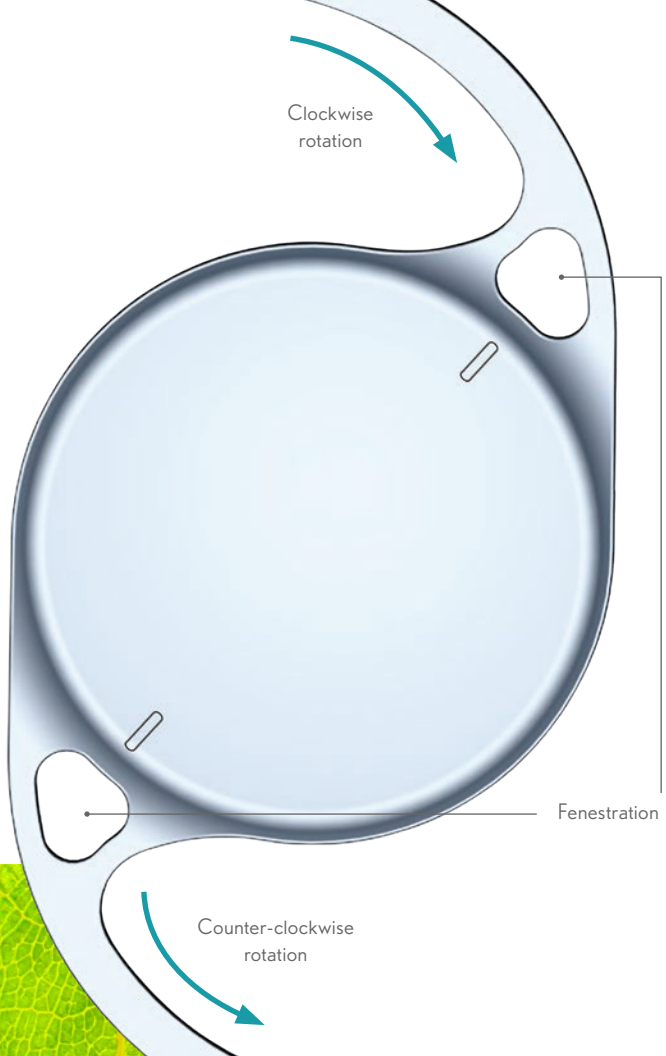
enVista® Toric US Clinial Study

enVista TORIC
HYDROPHOBIC ACRYLIC IOL

Simplified intraoperative lens manipulation

The unique fenestration holes of enVista® Toric simplify lens manipulation during surgery,[13] allowing **both clockwise and counterclockwise** positioning in the capsular bag.

The fenestrated haptics also reduce haptic-to-optic stress, providing lens integrity during capsular bag contraction.



The enVista® Toric Calculator

Your partner in accuracy

Powered by the advanced Emmetropia Verifying Optical (EVO) formula, the enVista® Toric Calculator sets a new standard for predicting spherical equivalence and providing data for low astigmatism cases.[19]

Using the EVO formula:

- Around 80% of patients achieved a targeted range of 0 to 0.5 D, surpassing traditional vergence formulas.[20]
- The proportion of eyes with a refractive astigmatism of ≤1.0 D was statistically superior compared to the Kane formula.[21]
- Improved alignment between predicted and actual refractive astigmatism compared to legacy formulas.[19]

The EVO formula includes posterior corneal astigmatism (PCA) modeling and IOL geometry considerations[4] to determine spherical equivalent refractive error, and the suitable IOL power, based on biometry.

Scan to access the enVista® Toric Calculator
https://envista.toriccalculator.com/

enVista TORIC
HYDROPHOBIC ACRYLIC IOL

Delivery systems

Available for enVista® and enVista® Toric IOLs

BLIS® (reusable solution)

- Quality engineering and built from high-grade titanium
- Requires a small incision size of 2.2mm to 2.4mm, for smooth lens deliveries[22]

INJ100 (alternative singe-use solution)

- Uses a silicone soft-tip to deliver consistent lens folding – reproducible and reliable delivery into the capsular bag[23]
- Requires a small incision size of 2.2mm to 2.6mm, for smooth lens deliveries[23]

With advanced technologies that have supported **over 6 million implants worldwide,** the enVista® platform gives you and your patients confidence in the longevity and performance of our IOLs.

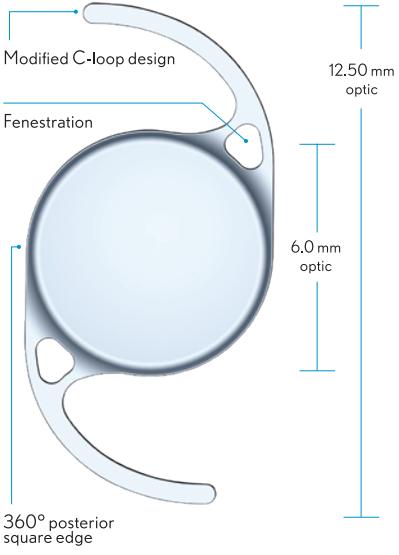
For more information about enVista® & enVista® Toric please visit **bauschsurgical.com**

1. Altmann GE, Nichamin LD, Lane SS, Pepose JS. Optical performance of 3 intraocular lens designs in the presence of decentration. J Cataract Refract Surg. 2005 Mar;31(3):574-85.
2. Packer M. enVista hydrophobic acrylic intraocular lens: glistening free. Expert Review of Ophthalmology. 2015; 10:5,415-420.
3. enVista Toric Directions for Use. Bausch & Lomb Incorporated; NY.
4. Data on file. Bausch & Lomb Incorporated.
5. Stephenson D., Astigmatism Correction with New Spherical Aberration Neutral Monofocal Toric IOL with Intraoperative Wavefront-Aberrometry, presented ASCRS 2019.
6. Elachchabi A, Martin P, Goldberg E, et al. Nanoindentation studies on hydrophobic acrylic IOLs to evaluate surface mechanical properties. Paper presented at: XXV Congress of the European Society of Cataract and Refractive Surgeons (ESCRS); September 8-12, 2007; Stockholm, Sweden.
7. Pai HV, Pathan A, Kamath YS. A comparison of posterior capsular opacification after implantation of three different hydrophobic square edge intraocular lenses. Indian J Ophthalmol. 2019;67(9):1424-1427. doi: 10.4103/ijo.IJO_219_19.
8. Pepose JS. Crystalens AO: Outstanding Refractive Outcomes With High Quality Vision. Ophthalmology Management. Aug 2010.
9. Cataract & Refractive Surgery Today. Now's the Time to Adopt Elective IOLs. Published 2010. Accessed October 17, 2023. Available at: https://crstoday.com/wp-content/themes/crst/assets/downloads/0210_supp.pdf.
10. Market Scope.
11. Nováček LV, Němcová M, Sičová K, et al. Simultaneous Presbyopia and Astigmatism Correction with a Novel Trifocal Toric Intraocular Lens-A One-Year Follow-Up. J Clin Med. 2022 Jul 19;11(14):4194. doi: 10.3390/jcm11144194.
12. Lake JC, Victor G, Clare G, et al. Toric intraocular lens versus limbal relaxing incisions for corneal astigmatism after phacoemulsification. Cochrane Database Syst Rev. 2019;12(12):CD012801. doi: 10.1002/14651858. CD012801.pub2.
13. Wiley WF. Rotational stability of aberration neutral hydrophobic toric IOL with enhanced delivery characteristics. Presented at: ASCRS Annual Meeting; April 22-26, 2022; Washington, D.C.
14. Clareon Toric Directions for Use, Alcon.
15. TECNIS Toric Directions for Use, Johnson & Johnson.
16. Novis C. Astigmatism and Toric Intraocular Lenses. Current Opinion in Ophthalmology 2000; Vol. 11, Issue 1: 47-50.
17. Bozukova D, Pagnoulle C, Jérôme C. Biomechanical and optical properties of 2 new hydrophobic platforms for intraocular lenses. J Cataract Refract Surg. 2013;39(9):1404-1414.
18. Whitman j. Comparative assessment of radial compression forces exerted by various hydrophobic acrylic toric IOLs. Caribbean Eye. Cancun, Mexico. 2020.
19. Pantanelli SM, Kansara N, Smits G. Predictability of residual postoperative astigmatism after implantation of a toric intraocular lens using two different calculators. Clin Ophthalmol. 2020;14:3627–3634. doi: 10.2147/OPTH.S276285.
20. Melles RB, Kane JX, Olsen T, Chang WJ. Update on intraocular lens calculation formulas. Ophthalmol. 2019;126(9):1334-1335.
21. Bordewyk AN, et al. Cataract surgery refractive outcomes in long eyes: a comparison of 7 formulas. The Association for Research in Vision and Ophthalmology Annual Meeting; May 1-7, 2021; Virtual.
22. Data on file. Blis Inserter.
23. Data on file. INJ100 Inserter.

enVista®

HYDROPHOBIC ACRYLIC IOL

MX60PL order number MXUEPLXXXX
MX60E / EE order number MX60UEXXXX / EEUXXXX



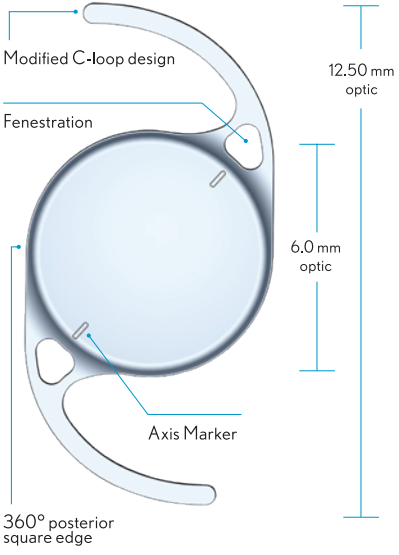
MODEL NUMBER	MX60PL (preload)	MX60E / EE (non-preload)
OPTIC DESIGN	One-piece Hydrophobic acrylic Aspheric, aberration-free, biconvex	One-piece Hydrophobic acrylic Aspheric, aberration-free, biconvex
OPTIC SIZE	6mm	6mm
LENGTH	12.5mm	12.5mm
HAPTICS	Modified C, fenestrated	Modified C, fenestrated
OPTICAL BIOMETRY Optical A-constant* ACD Surgeon Factor	 119.1 5.61mm 1.85mm	 119.1 5.61mm 1.85mm
APPLANATION BIOMETRY Applanation A-constant* ACD Surgeon Factor	 118.7 5.37mm 1.62mm	 118.7 5.37mm 1.62mm
OTHER FEATURES	Glistening free Refractive index: 1.53 UV absorbing Sharp 360° square posterior edge	Glistening free Refractive index: 1.53 UV absorbing Sharp 360° square posterior edge
DIOPTER RANGE	0 to +10 D in 1.0-D increments +10 to +30 D in 0.5-D increments +30 to +34 D in 1.0-D increments	0 to +10 D in 1.0-D increments +10 to +30 D in 0.5-D increments +30 to +34 D in 1.0-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.

enVista® TORIC

HYDROPHOBIC ACRYLIC IOL

MX60PT order number MXUPTCCC+XXX
MX60ET / ETE order number MXUETCCC+XXX / ETEUCCC+XXX



MODEL NUMBER	MX60PT (preload)	MX60ET / ETE (non-preload)
OPTIC DESIGN	One-piece Hydrophobic acrylic Aspheric, aberration-free, biconvex, posterior-surface toric	One-piece Hydrophobic acrylic Aspheric, aberration-free, biconvex, posterior-surface toric
OPTIC SIZE	6mm	6mm
LENGTH	12.5mm	12.5mm
HAPTICS	Modified C, fenestrated	Modified C, fenestrated
OPTICAL BIOMETRY Optical A-constant* ACD Surgeon Factor	 119.1 5.61mm 1.85mm	 119.1 5.61mm 1.85mm
APPLANATION BIOMETRY Applanation A-constant* ACD Surgeon Factor	 118.7 5.37mm 1.62mm	 118.7 5.37mm 1.62mm
OTHER FEATURES	Glistening free Refractive index: 1.53 at 35° C UV absorbing Sharp 360° square posterior edge	Glistening free Refractive index: 1.53 at 35° C UV absorbing Sharp 360° square posterior edge
DIOPTER RANGE	+6 D to +30 D in 0.5-D increments	+6 D to +30 D in 0.5-D increments
CYLINDER POWERS IOL PLANE	1.25, 2.00, 2.75, 3.50, 4.25, 5.00, 5.75	MX60ET: 1.25, 2.00, 2.75, 3.50, 4.25, 5.00, 5.75 ETE: 1.25, 1.50, 2.00, 2.50, 3.00, 3.50, 4.25, 5.00, 5.75

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

Indications and Important Safety Information for enVista® IOL

INDICATIONS: Indicated for primary implantation for the visual correction of aphakia in adult patients in whom the cataractous lens has been removed. The lens is intended for placement in the capsular bag.

WARNINGS: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk / benefit ratio before implanting a lens in a patient.

PRECAUTIONS: Do not resterilize this intraocular lens by any method. Do no use if the packaging is damaged or if there are signs of leakage. Do not store lenses at temperatures over 43°C (109°F) or lower than 0°C (32°F). Do not reuse the lens. Safety and effectiveness of the enVista IOL have not been substantiated in patients with conditions and intraoperative complications as outlined in the enVista IOL Directions for Use.

ADVERSE EVENTS: As with any surgical procedure, there is risk involved. Potential complications accompanying cataract or implant surgery may include, but are not limited to the following: corneal endothelial damage, infection (endophthalmitis), retinal detachment, vitritis, cystoid macular edema, corneal edema, pupillary block, cyclitic membrane, iris prolapse, hypopyon transient or persistent glaucoma, and secondary surgical intervention.

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

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

enVista®
HYDROPHOBIC ACRYLIC IOL

Indications and Important Safety Information for enVista® Toric IOL

INDICATIONS: Indicated for primary implantation in the capsular bag of the eye in adult patients for the visual correction of aphakia and corneal astigmatism following removal of a cataractous lens for improved uncorrected distance vision.

WARNINGS: Physicians considering lens implantation in patients with pre-existing conditions, or in the event of surgical difficulties at the time of cataract extraction, should weigh the potential risk/benefit ratio. Rotation of enVista toric® IOL away from the intended axis can reduce the astigmatic correction. Misalignment greater than 30° may increase postoperative refractive cylinder.

PRECAUTIONS: Do not attempt to resterilize this lens. Do not use if the packaging is damaged or if there are signs of leakage. Do not store lenses at temperatures over 43°C (109°F) or lower than 0°C (32°F). Do not reuse the lens. Safety and effectiveness of the enVista toric IOL have not been substantiated in patients with conditions and intraoperative complications as outlined in the enVista toric IOL Directions for Use.

ADVERSE EVENTS: As with any surgical procedure, risk is involved. Potential adverse events accompanying cataract or implant surgery may include, but are not limited to, the following: corneal endothelial damage, infection (endophthalmitis), retinal detachment, vitritis, cystoid macular edema, corneal edema, pupillary block, cyclitic membrane, iris prolapse, hypopyon, transient or persistent glaucoma, acute corneal decompensation, toxic anterior segment syndrome (TASS). Secondary surgical interventions include, but are not limited to: lens repositioning, lens replacement, vitreous aspiration or iridectomy for pupillary block, wound leak repair, and retinal detachment repair.

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

ATTENTION: This is not all you need to know. Please refer to the Directions For Use labeling for a complete listing of indications, full risk and safety information, clinical study information, etc.

enVista TORIC
HYDROPHOBIC ACRYLIC IOL

For more information about enVista® & enVista® Toric please visit **bauschsurgical.com**

BAUSCH + LOMB