Trulign® Toric

Posterior Chamber Silicone IOL

PRESBYOPIA CORRECTING TORIC

Delivers outstanding rotational stability, effective cylinder correction, and precise refractive predictability.[1]

ADVANCED
OPTIC

96.1% OF EYES ACHIEVED

≤5° OF ROTATION, PROVIDING EXCELLENT STABILITY [2]

The Trulign® Toric IOL enables surgeons to offer patients a broader range of vision than a standard toric IOL. With its innovative design, the Trulign® Toric IOL brings more of the world into focus while delivering the benefits of an advanced aspheric optic.[2]

The aberration-optimized (AO) delivers 100% of the light, 100% of the time for excellent contrast sensitivity and minimized issues with halos and glare.[3,4]

The advanced AO optic also delivers uniform power, center to edge for consistent results[5,7] and excellent visual acuity in low light, and is less sensitive to decentration.[6]

BAUSCH + LOMB

TRULIGN® TORIC
POSTERIOR CHAMBER INTRAOCULAR LENS

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BL1UT order number BL1UTXXXXCCC

MODEL NUMBER	BL1UT (non-preload)
OPTIC DESIGN	Plate with hinge haptics Biosil (Silicone Elastomer) Aspheric, aberration-free, biconvex toric posterior surface
OPTIC SIZE	5mm
LENGTH	11.5mm
OPTICAL BIOMETRY SUGGESTED A-CONSTANT ACD-CONSTANT*	119.1 5.61mm
OTHER FEATURES	UV protection 10% UV cutoff at 400nm 360° posterior square edge Refractive index at 35°C: 1.43
DIOPTER RANGE	+4 to +10 D in 1.0-D increments +10 to +33 D in 0.5-D increments
CYLINDER POWERS IOL PLANE	1.25, 2.00, 2.75 D

storz® Ophthalmic Instruments | Find B+L IOL surgical instruments online at **www.StorzEye.com**

1. Data on File, Bausch+Lomb Incorporated. Study 650.
2. Crystalens / Trulign Directions for Use.
3. Ang R, Martinez G, Cruz E, Tiongson A, Dela Cruz A. Prospective evaluation of visual outcomes with three presbyopia-correcting intraocular lenses following cataract surgery. Clin Ophthalmol. 2013;7:1811-23. Doi10.2147/OPTH.S4948.
4. Pepose JS, Qazi MA, Davies J, et al. Visual performance of patients with bilateral vs combination Crystalens, ReZoom, and ReSTOR intraocular lens implants. Am J Ophthalmol. 2007;144(3):347-357.
5. 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; 31:574-585.
6. Santhiago MR, Netto MV, Barreto J Jr, et al. Wavefront analysis, contrast sensitivity, and depth of focus after cataract surgery with aspherical intraocular lens implantation. Am J Ophthalmol. 2010;149(3):383-389.
7. 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;31:574-585.
8. Johansson B, Sundel in S, Wikberg-Matsson A, Unsbo P, Behndig A. Visual and optical performance of the Akreos® Adapt Advanced Optics and Tecnis Z9000 intraocular lenses: Swedish multicenter study. J Cataract Refract Surg. 2007;33(9):1565-1572.

Trulign® Toric Inserter System

FOR INSERTING LENS MODEL BL1UT
RECOMMENDED INCISION SIZE 2.8mm-3.0mm
TYPE OF ACTION Push-type
COMMENTS Single-handed delivery. Disposable.

TRULIGN® TORIC CALCULATOR

Indications and Important Safety Information for TRULIGN® toric posterior chamber IOL

Indications: The TRULIGN® toric posterior chamber intraocular lens (IOL) is intended for primary implantation in the capsular bag of the eye for the visual correction of aphakia and postoperative refractive astigmatism secondary to removal of a cataractous lens in adult patients with or without presbyopia who desire reduction of residual refractive cylinder with increased spectacle independence and improved uncorrected near, intermediate and distance vision.

WARNINGS: Careful preoperative evaluation and sound clinical judgement should be used by the surgeon to decide the benefit/risk ratio before implanting a lens in a patient. Rotation of toric lenses away from their intended axis can reduce their effectiveness, and misalignment can increase postoperative refractive cylinder. The TRULIGN® Toric IOL should only be repositioned when the refractive needs of the patient outweigh the potential risks inherent in any surgical reintervention into the eye. Unlike most other IOLs, the TRULIGN® Toric IOL optic has hinges connecting it to the haptic; please see adverse events section below for more information.

PRECAUTIONS: The safety and effectiveness of the TRULIGN® Toric intraocular lenses have not been substantiated in patients with preexisting ocular conditions and intraoperative complications. Long-term stability in the human eye has not been established; therefore postoperative monitoring after implant should be performed on a regular basis. The potential for the lens to rotate causing misalignments that will reduce the effectiveness of the TRULIGN® Toric IOL may be greater in some eyes. Lens rotation less than 5° may not warrant reorientation. Do not resterilize this intraocular lens by any method. Do not store lenses at temperatures over 45°C (113°F).
Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the benefit/risk ratio before implanting a lens in a patient with conditions as outlined in the TRULIGN® Toric IOL directions for use.

ADVERSE EVENTS: The incidence of adverse events experienced during the clinical trial was comparable to or lower than the incidence reported in the historic control ("FDA grid") population. As with any surgical procedure, risk is involved. Vaulting is a post-operative adverse event where the TRULIGN® Toric IOL optic hinges move into and remain in a displaced configuration. If vaulting occurs, please see Directions for Use for a detailed listing of symptoms, information regarding diagnosis, potential causes, and sequelae. Physicians should consider the characteristics of each individual vaulting case prior to determining the appropriate treatment. Data on long-term follow-up after treatment of vaulting is not available.

ATTENTION: Refer to the Directions for Use labeling for a complete listing of indications, warnings and precautions, clinical trial information, etc.

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

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