

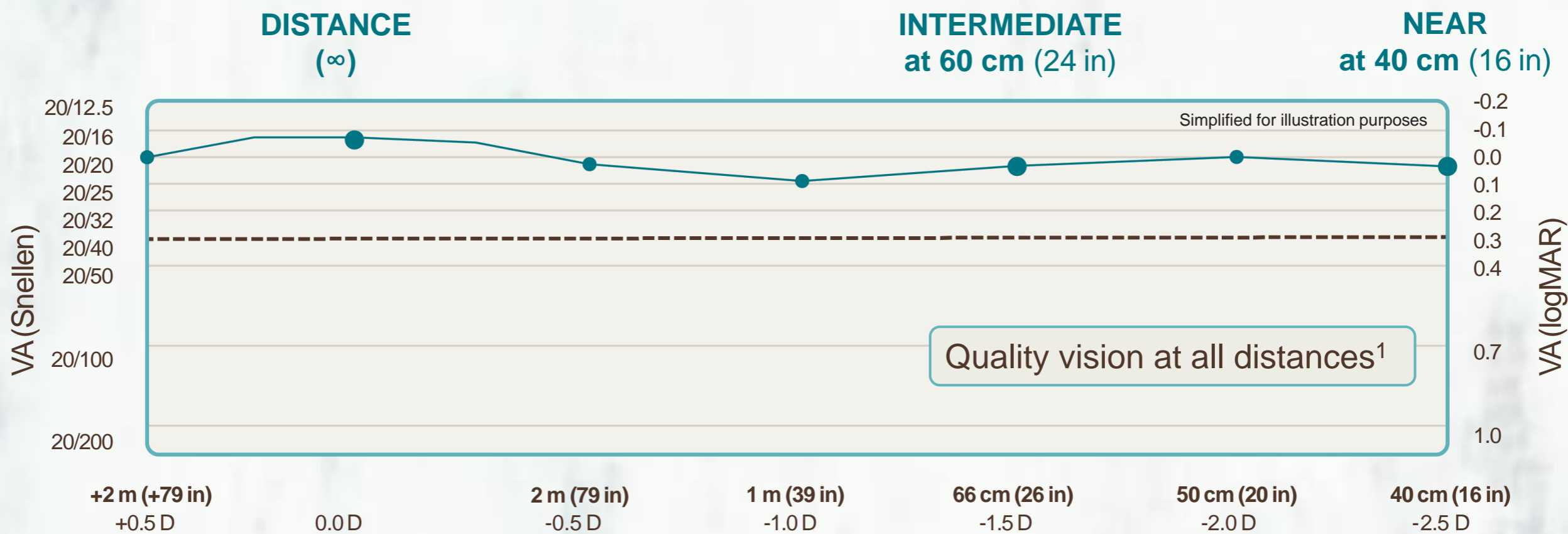
# FEEL THE THRILL

Break free from tradition.  
Unleash the power of the PanOptix® IOL.

START



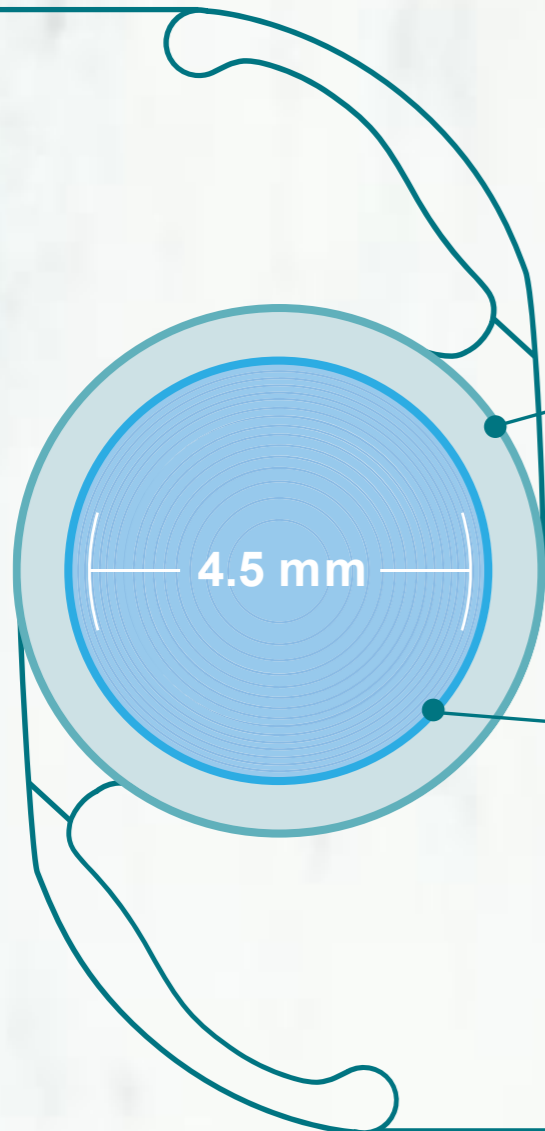
# 20/20 NEAR, INTERMEDIATE AND DISTANCE VISION IS NOW POSSIBLE<sup>\*,†,1</sup>



<sup>\*</sup>Based on mean value of binocular defocus curve at near, intermediate and distance at 6 months (n=127).  
<sup>†</sup>Snellen VA was converted from logMAR VA. A Snellen notation of 20/20<sup>-2</sup> or better indicates a logMAR VA of 0.04 or better, which means 3 or more of the 5 ETDRS chart letters in the line were identified correctly.

# ENLIGHTEN<sup>®</sup> OPTICAL TECHNOLOGY

The PanOptix<sup>®</sup> IOL is equipped with advanced **ENLIGHTEN<sup>®</sup>** Optical Technology — a proprietary design that optimizes intermediate without compromising exceptional near and distance vision.



**88% total light utilization** at a 3 mm pupil size<sup>2</sup>

(Light allocation: 50% distance, 25% intermediate, 25% near)

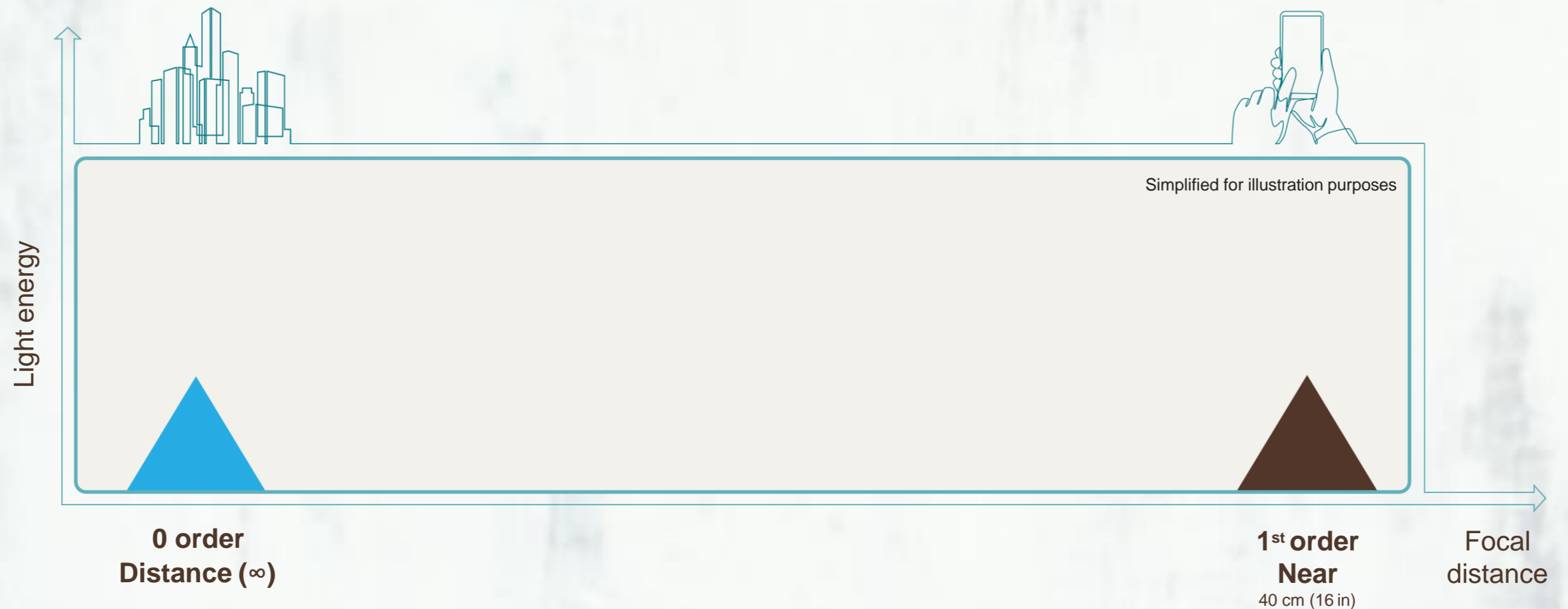
**Reduces dependence on pupil size<sup>2,3</sup>**  
with a 4.5 mm diffractive zone

## THE ENLIGHTEN® OPTICAL DESIGN STORY: STEP 1

# BIFOCAL IOLS

## DESIGN

The first multifocal IOLs offer distance vision and one additional focal point.



## RESULT

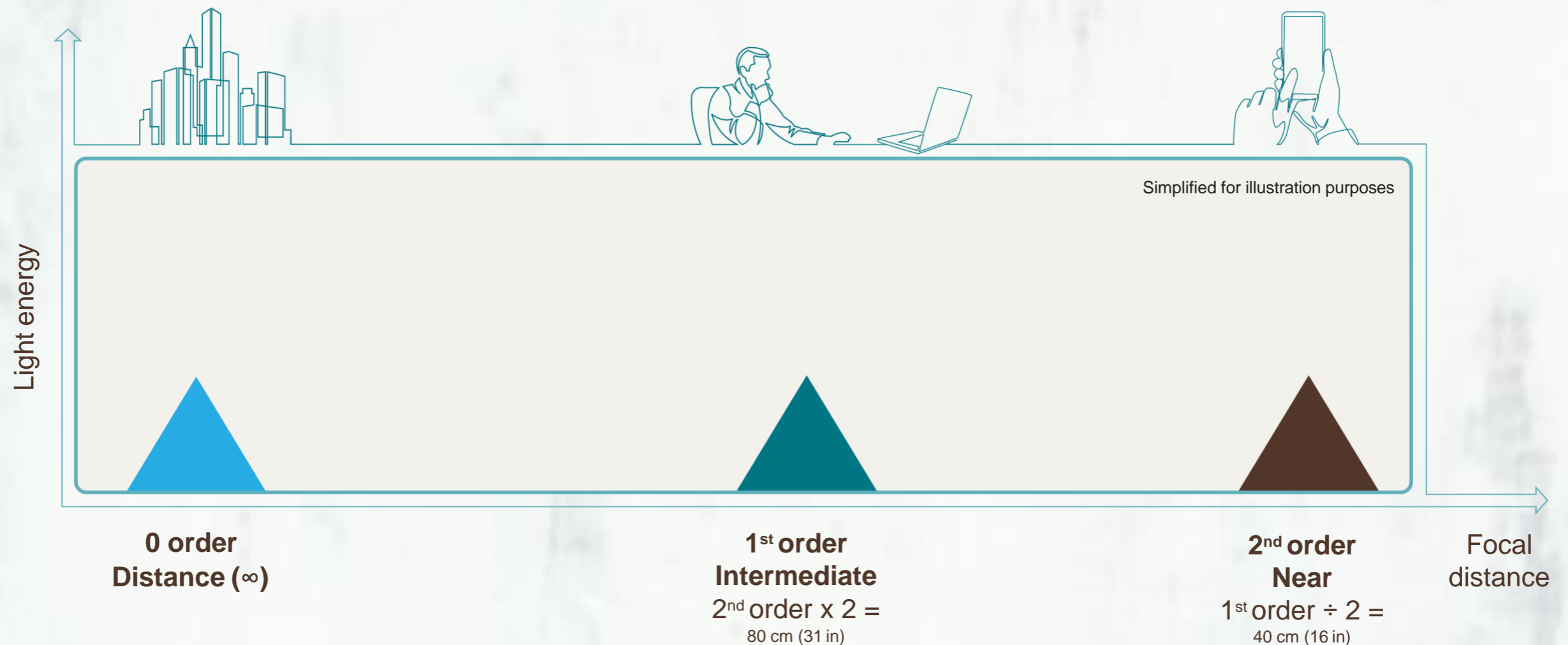
Bifocal IOLs provide two of the three primary focal points.

## THE ENLIGHTEN® OPTICAL DESIGN STORY: STEP 2

## TRADITIONAL TRIFOCALITY

## DESIGN

Based on the rules of diffractive optics, trifocality requires sequential, equally spaced focal points.



## RESULT

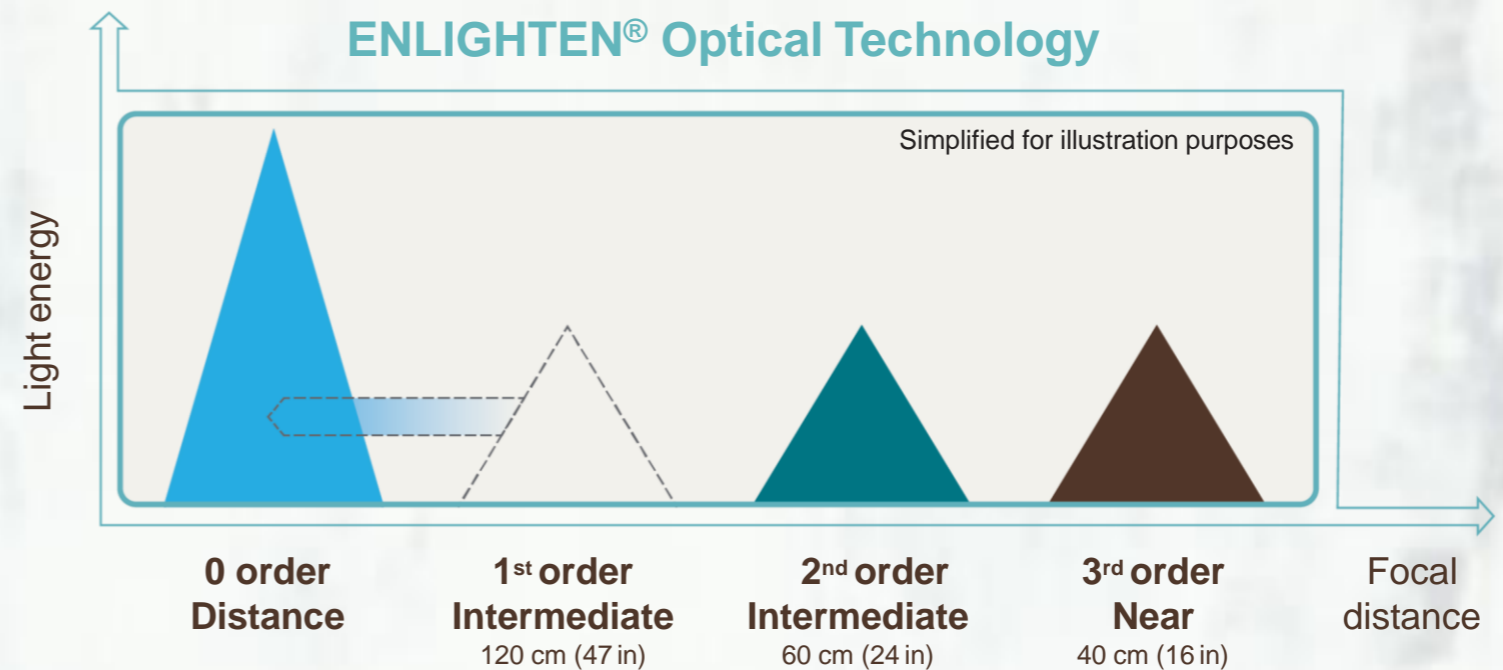
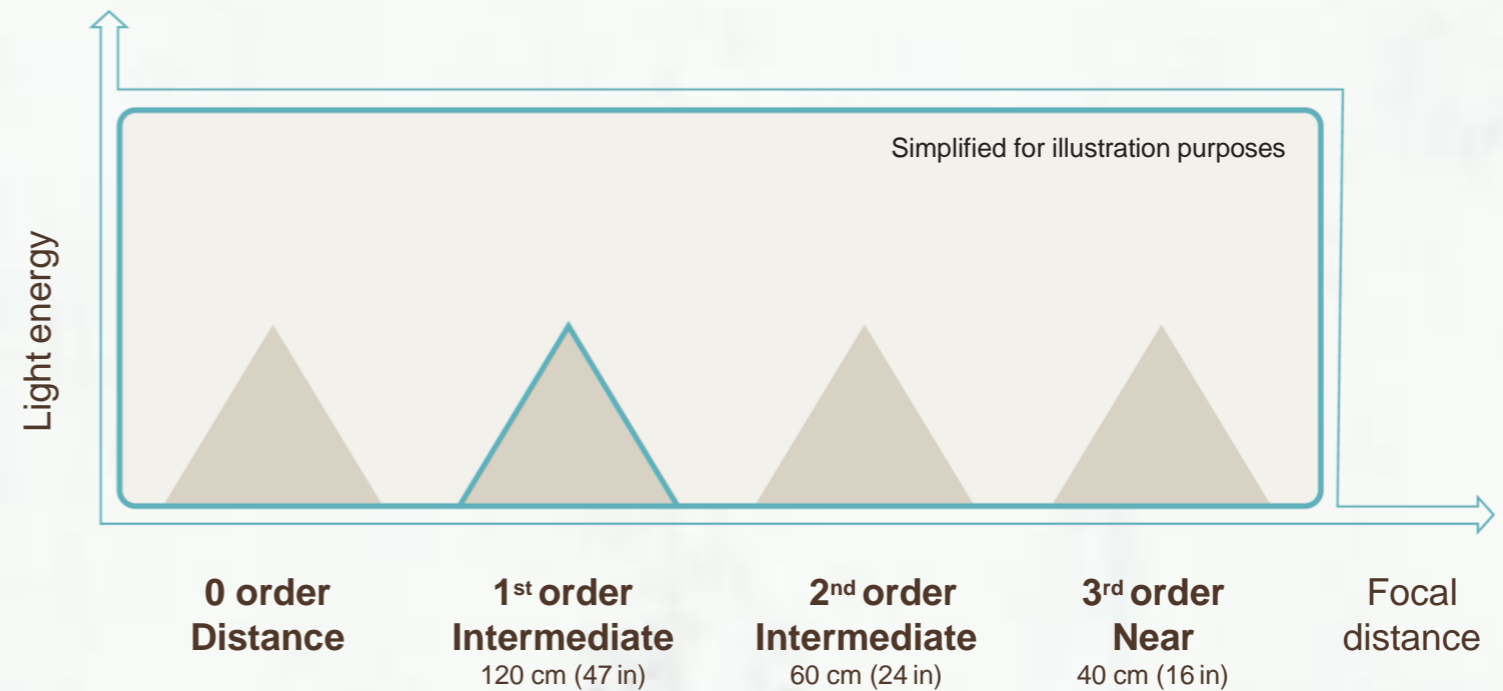
Traditional trifocality has an 80 cm focal point, which is not a comfortable intermediate distance for most patients.<sup>4,5</sup>

## THE ENLIGHTEN<sup>®</sup> OPTICAL DESIGN STORY: STEP 3 **PANOPTIX<sup>®</sup> TRIFOCAL IOL**

### DESIGN

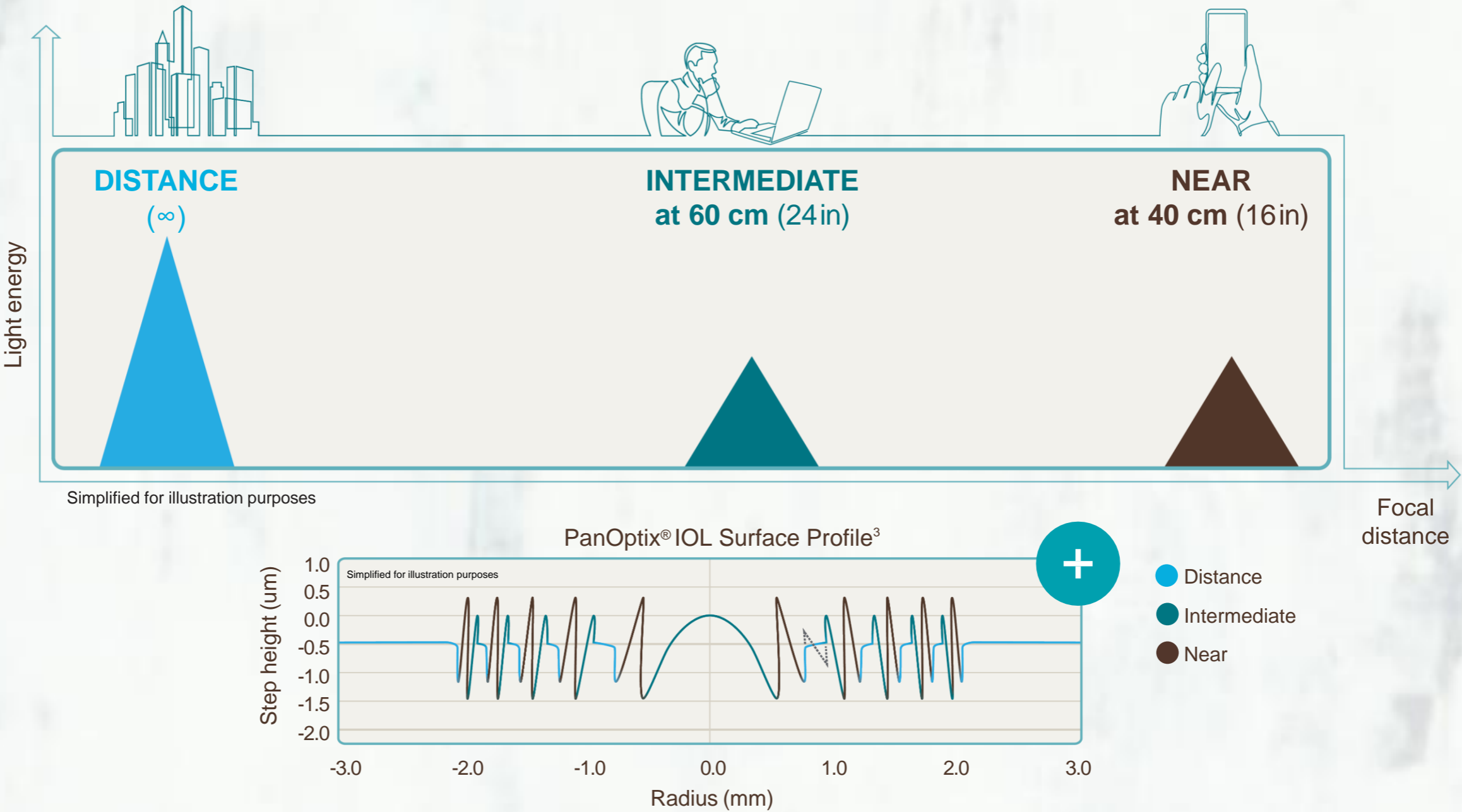
To create **ENLIGHTEN<sup>®</sup>** Optical Technology, we first created an additional focal point at 120 cm.

Then, we redirected the new 1<sup>st</sup> order intermediate focal point's light energy to distance.



REIMAGINE MULTIFOCAL PERFORMANCE

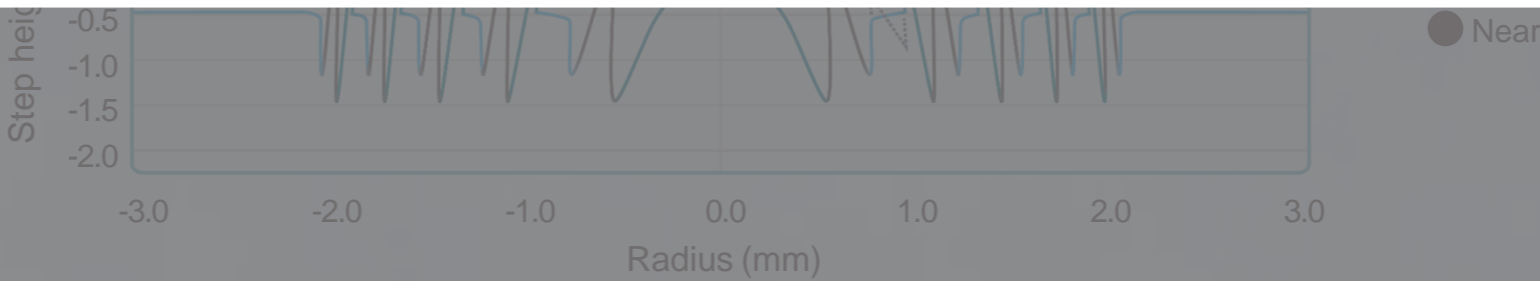
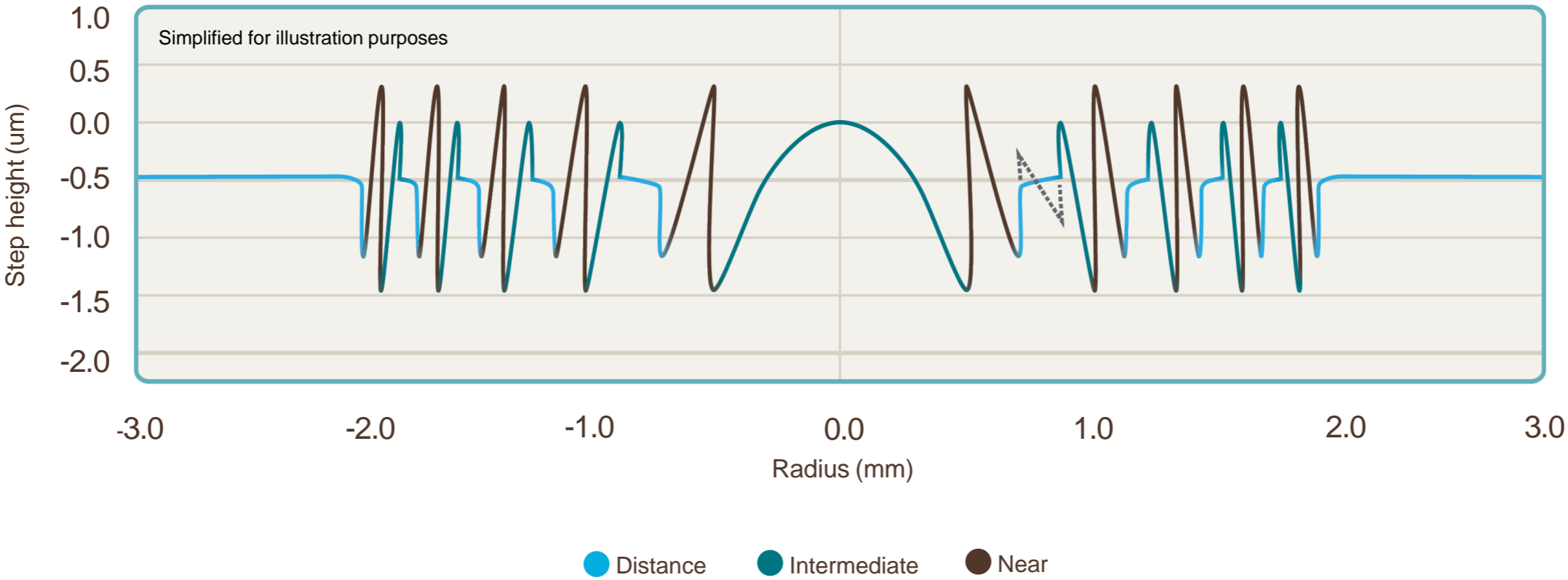
**RESULT** ENLIGHTEN® Optical Technology optimizes intermediate without compromising near and distance vision.



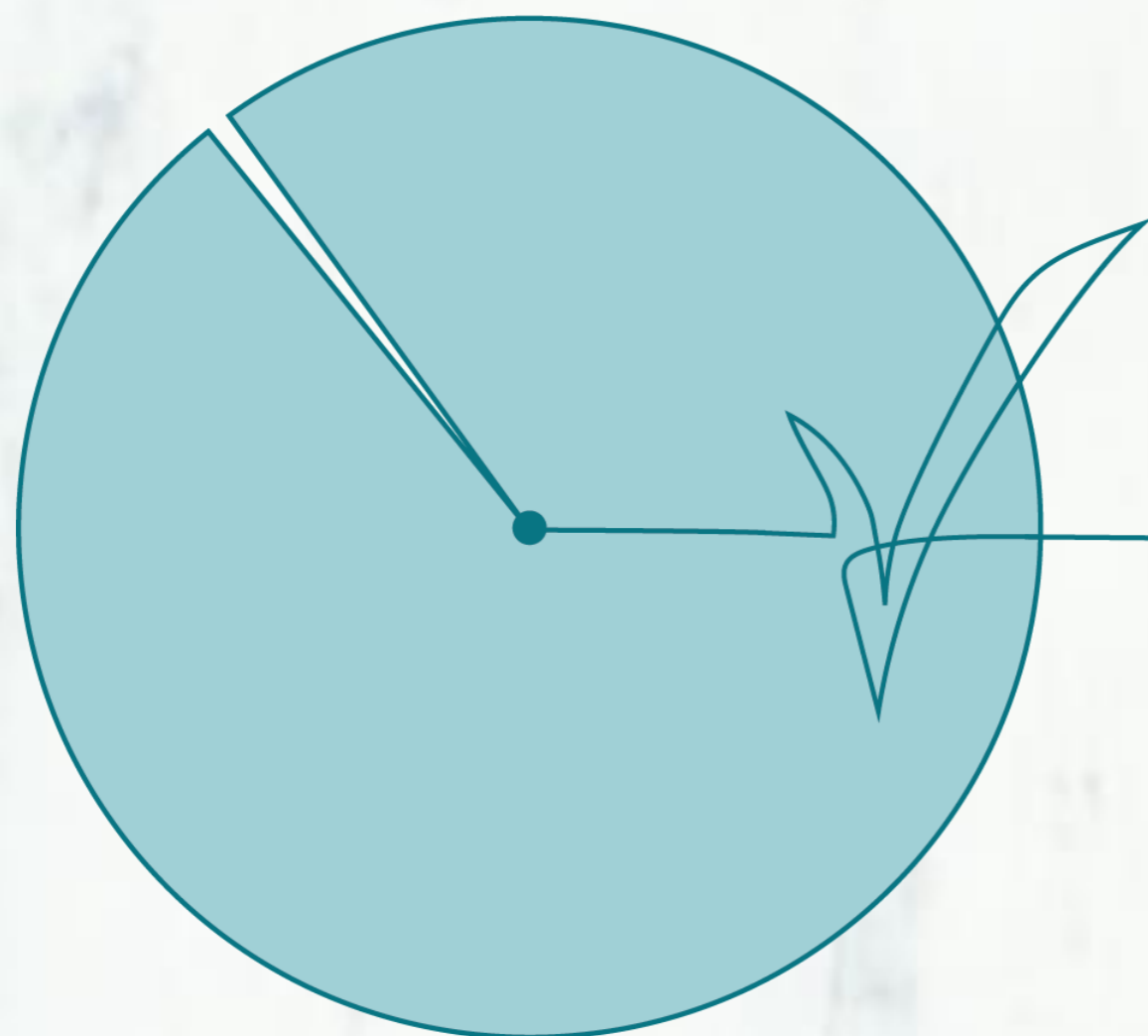
THE ENLIGHTEN® OPTICAL DESIGN STORY: STEP 4  
REIMAGINE MULTIFOCAL PERFORMANCE



PanOptix® IOL Surface Profile<sup>3</sup>



# UNDENIABLE PATIENT SATISFACTION<sup>6</sup>



Data collected 6 months post-op:

# 99.2%

**of patients would have had the  
same lens implanted again.<sup>\*\*,\*‡,6</sup>**

<sup>\*\*</sup>n=127

<sup>‡</sup>Response to the following question on IOLSAT questionnaire (Ver. 1.0, Dec. 20, 2018) at 6 months post-op:

"Given your vision today, if you had to do it all over, would you have the same lenses implanted again?"



# REIMAGINE MULTIFOCAL PERFORMANCE

Break free from tradition and unleash the power of the **PanOptix<sup>®</sup> IOL**.

**20/20 near, intermediate and distance vision is now possible<sup>\*,†,1</sup>**

**Proprietary **ENLIGHTEN<sup>®</sup>** Optical Technology**

**99.2% of patients would have had the same lens implanted again<sup>‡,6</sup>**

\*Based on mean value of binocular defocus curve at near, intermediate and distance at 6 months (n=127).

†Snellen VA was converted from logMAR VA. A Snellen notation of 20/20<sup>-2</sup> or better indicates a logMAR VA of 0.04 or better, which means 3 or more of the 5 ETDRS chart letters in the line were identified correctly.

‡Response to the following question on IOLSAT questionnaire (Ver. 1.0, Dec. 20, 2018) at 6 months post-op: "Given your vision today, if you had to do it all over, would you have the same lenses implanted again?"

Available in toric on the platform you can rely on



# MENU

Select a chapter to learn more about the **PanOptix® IOL**.

VISUAL  
ACUITY

ENLIGHTEN®  
OPTICAL  
TECHNOLOGY

PATIENT  
SATISFACTION

VISUAL  
DISTURBANCES  
PROFILE

CONTRAST  
SENSITIVITY

IMPORTANT  
PRODUCT  
INFORMATION

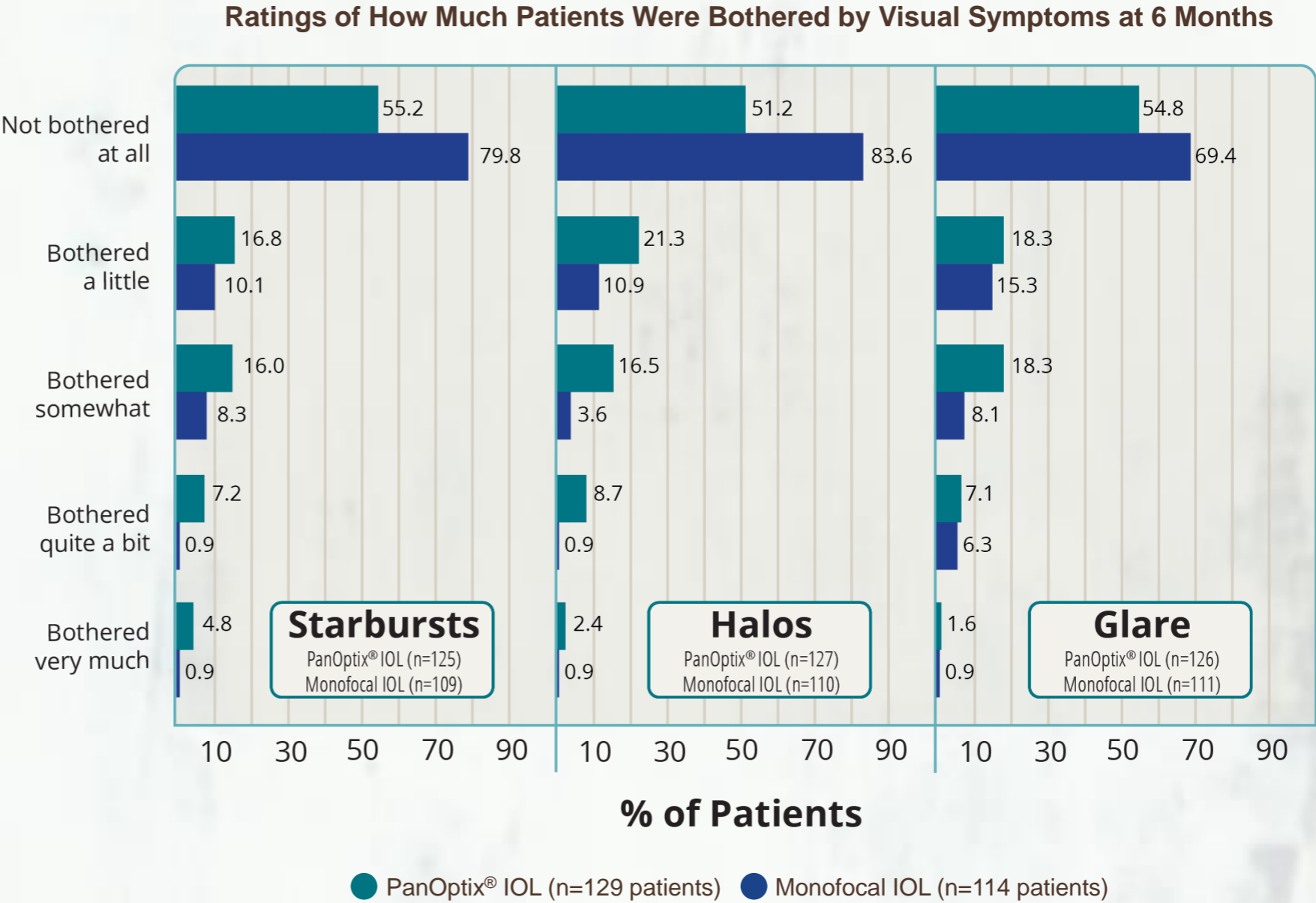
REFERENCES

# PATIENT-REPORTED VISUAL DISTURBANCES<sup>6</sup>

Results from a **patient-prompted** and **validated** QUID questionnaire at 6 months when asked:  
“In the past 7 days, how much were you bothered with starbursts, halos and glare?”

**Most bothersome visual disturbances.** Percent of patients bothered very much by:

- **4.8%** by Starbursts (n=125)
- **2.4%** by Halos (n=127)
- **1.6%** by Glare (n=126)

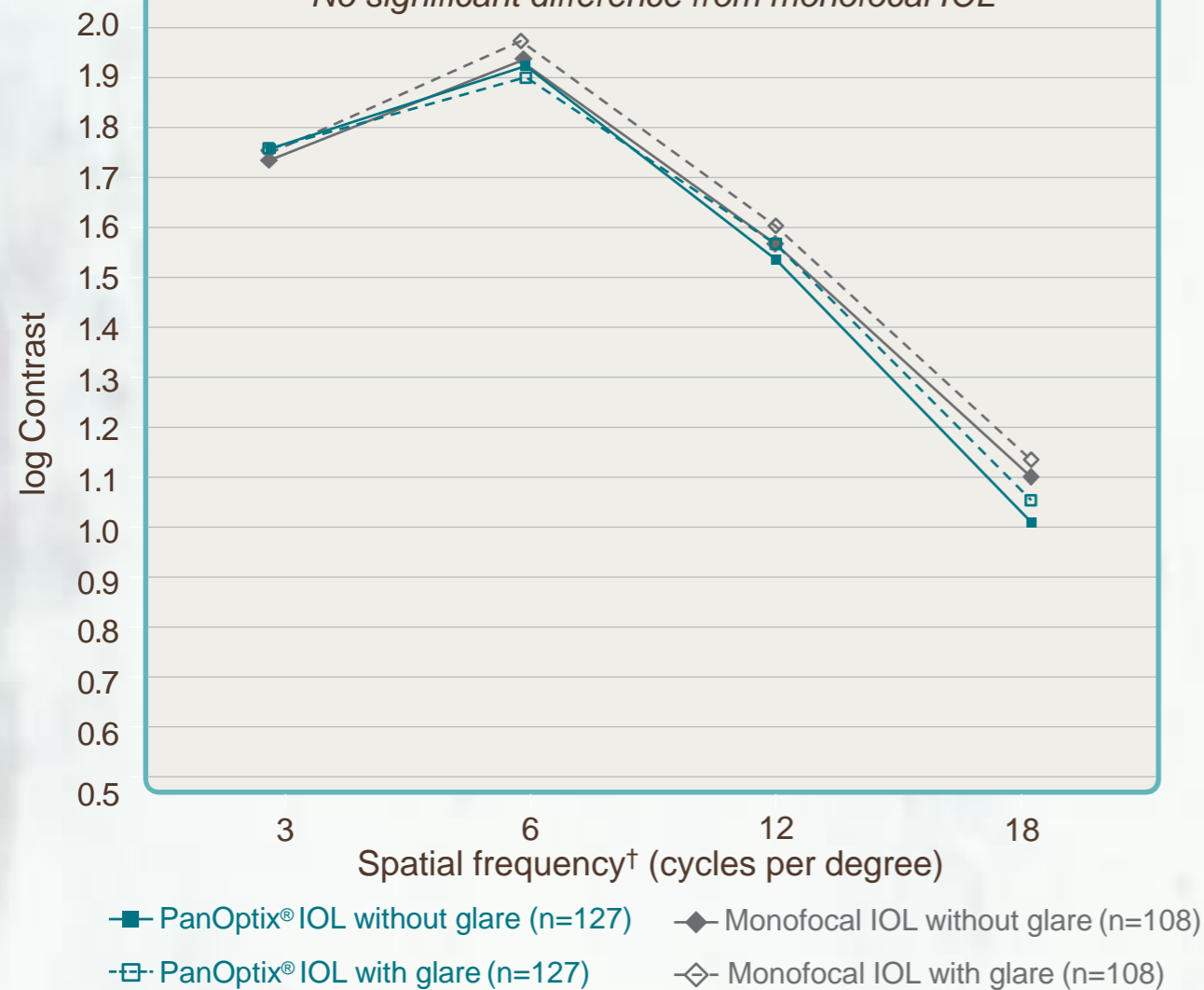


# CONTRAST SENSITIVITY COMPARABLE TO A MONOFOCAL<sup>1</sup>

The **PanOptix® IOL** delivers excellent contrast sensitivity comparable to a monofocal IOL at 6 months — in both photopic and mesopic conditions.\*

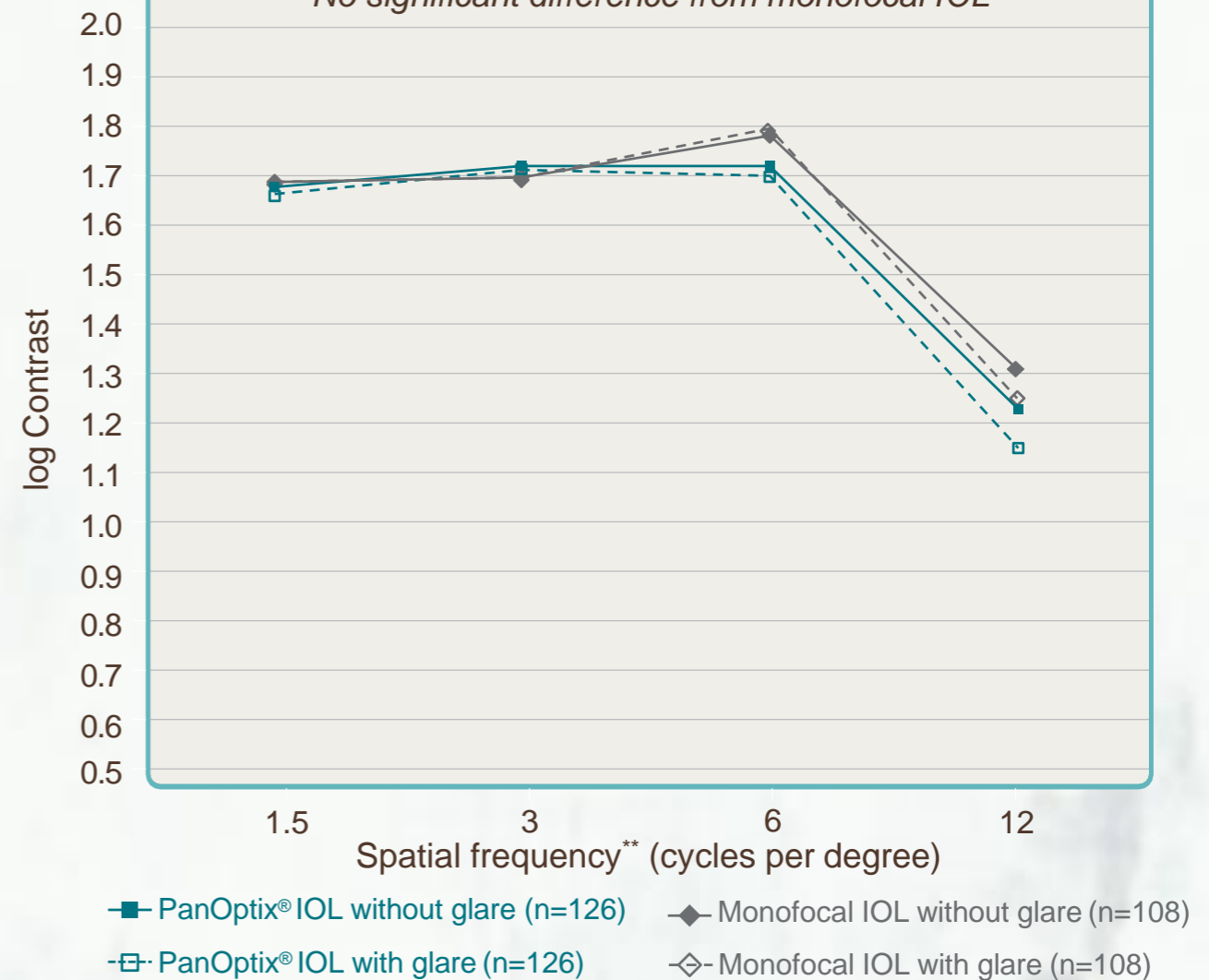
## PHOTOPIC: Mean binocular contrast sensitivity

*No significant difference from monofocal IOL*



## MESOPIC: Mean binocular contrast sensitivity

*No significant difference from monofocal IOL*



\*Contrast above 0.3 is clinically meaningful.

†At 85 cd/m2 in photopic conditions.

\*\*At 3 cd/m2 in mesopic conditions.

# IMPORTANT PRODUCT INFORMATION

## AcrySof® IQ PanOptix® Family of Trifocal IOLs Important Product Information

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

**INDICATIONS:** The AcrySof® IQ PanOptix® Trifocal IOLs include AcrySof® IQ PanOptix® and AcrySof® IQ PanOptix® Toric and are indicated for primary implantation in the capsular bag in the posterior chamber of the eye 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 lens mitigates the effects of presbyopia by providing improved intermediate and near visual acuity, while maintaining comparable distance visual acuity with a reduced need for eyeglasses, compared to a monofocal IOL. In addition, the AcrySof® IQ PanOptix® Toric Trifocal IOL is indicated for the reduction of residual refractive astigmatism.

**WARNINGS/PRECAUTIONS:** 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 with any of the conditions described in the Directions for Use labeling. Physicians should target emmetropia and ensure that IOL centration is achieved. For the AcrySof® IQ PanOptix® Toric Trifocal IOL, the lens should not be implanted if the posterior capsule is ruptured, if the zonules are damaged or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction. If necessary, lens repositioning should occur as early as possible prior to lens encapsulation. Some visual effects may be expected due to the superposition of focused and unfocused multiple images. These may include some perceptions of halos or starbursts, as well as other visual symptoms. As with other multifocal IOLs, there is a possibility that visual symptoms may be significant enough that the patient will request explant of the multifocal IOL. A reduction in contrast sensitivity as compared to a monofocal IOL may be experienced by some patients and may be more prevalent in low lighting conditions. Therefore, patients implanted with multifocal IOLs should exercise caution when driving at night or in poor visibility conditions. 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). As with other multifocal IOLs, patients may need glasses when reading small print or looking at small objects. Posterior capsule opacification (PCO) may significantly affect the vision of patients with multifocal IOLs sooner in its progression than patients with monofocal IOLs. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure, available from Alcon, informing them of possible risks and benefits associated with the AcrySof® IQ PanOptix® Trifocal IOLs.

**ATTENTION:** Reference the Directions for Use labeling for each IOL for a complete listing of indications, warnings and precautions.

# REFERENCES

1. AcrySof® IQ PanOptix® Directions for Use.
2. Alcon Data on File.
3. Alcon Data on File.
4. Carson D, et al. Optical bench performance of 3 trifocal intraocular lenses. *J Cataract Refract Surg*. 2016;42:1361-1367.
5. Kohnen T, et al. Visual performance of a quadrifocal (trifocal) intraocular lens following removal of the crystalline lens. *Am J Ophthalmol*. 2017;184:52-62.
6. Alcon Data on File.