

FINEVISION

TRIFOCAL OPTIC

TORIC

PhysIOL

ADVANCED OPTICAL SOLUTIONS



FINEVISION TORIC

Trifocal toric diffractive IOL

Technical specifications

| | | | | | | | | |
|--|--|---------------|---------------|----------------|---------------|---------------|----------------|---------------|
| Commercial name | Pod FT | | | | | | | |
| Material | 26% hydrophilic acrylic | | | | | | | |
| Overall diameter | 11.40 mm | | | | | | | |
| Optic diameter | 6.00 mm | | | | | | | |
| Optic | Biconvex aspheric (-0.11 μ SA) toric trifocal diffractive FineVision | | | | | | | |
| Filtration | UV & blue light | | | | | | | |
| Refractive index | 1.46 | | | | | | | |
| Abbe number | 58 | | | | | | | |
| Angulation | 5° | | | | | | | |
| Additional power | + 1.75D for intermediate vision & + 3.50D for near vision | | | | | | | |
| Injection system | Medicel Accuject 2.0 from 6D to 24.5D & Medicel Accuject 2.1 / 2.2 from 25D to 35D | | | | | | | |
| Incision size | ≥ 2.0 mm | | | | | | | |
| Spherical power | 6D to 35D (0.5D steps) | | | | | | | |
| Cylinder power (IOL plane) | 1.00 - 1.50 - 2.25 - 3.00 - 3.75 - 4.50 - 5.25 - 6.00D | | | | | | | |
| Square edge | 360° | | | | | | | |
| Nominal manufacturer A constant | 118.95 | | | | | | | |
| Suggested A constant* | | | | Interferometry | | | Ultrasound | |
| | Hoffer Q: pACD | | | 5.59 | | | 5.35 | |
| | Holladay 1: Sf | | | 1.83 | | | 1.57 | |
| | Barrett: LF | | | 1.86 | | | - | |
| | SRK/T: A | | | 118.95 | | | 118.73 | |
| | Haigis**: a0; a1; a2 | | | 1.36; 0.4; 0.1 | | | 1.13; 0.4; 0.1 | |
| Cylinder power at IOL plane | Pod FT 1.0 | Pod FT 1.5 | Pod FT 2.25 | Pod FT 3.0 | Pod FT 3.75 | Pod FT 4.5 | Pod FT 5.25 | Pod FT 6.0 |
| | 1.00D | 1.50D | 2.25D | 3.00D | 3.75D | 4.50D | 5.25D | 6.00D |
| Cylinder power at corneal plane | 0.68D | 1.03D | 1.55D | 2.06D | 2.57D | 3.08D | 3.60D | 4.11D |
| Recommended corneal astigmatism correction range | 0.50D - 0.89D | 0.90D - 1.28D | 1.29D - 1.80D | 1.81D - 2.32D | 2.33D - 2.82D | 2.83D - 3.33D | 3.34D - 3.85D | 3.86D - 4.36D |

* Estimates only; surgeons are recommended to use their own values based upon their personal experience. Refer to our website for updates.

** Not optimized.



INJECTION GUIDELINES

The Medical Accject injection system is recommended for implanting the FineVision Toric lenses.

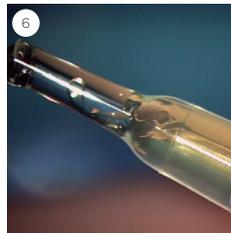
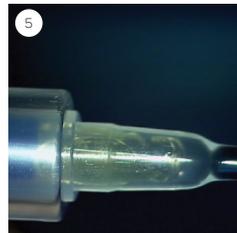
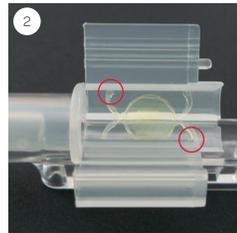
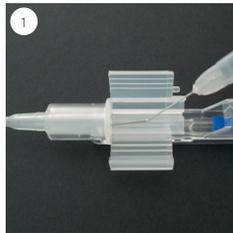
This fully single-use system represents total reliability for safe and effective lens injections.

Its compact design with integrated cartridge enables a simple, predictable loading and positioning of the lens.

ONLINE TORIC CALCULATOR
WITH **ABULAFIA-KOCH**
REGRESSION FORMULA:
WWW.PHYSIOLTORIC.EU

Accject 2.0 for lens diopters < 25D

Accject 2.1 / 2.2 for lens diopters ≥ 25D



1. Apply viscoelastic into the tip and the loading chamber of the injector cartridge.
2. Remove the lens from the lens holder. Position the lens into the cartridge in such way that the two haptics with the holes are pointing at 1 and 7 o'clock.
3. Exert slight pressure onto the lens optic and make sure that all haptics are inside before further closing the cartridge. Close the cartridge and check the position of the lens.
4. Once the "click-lock" mechanism engages, the lens is securely loaded and ready for injection.
5. Press the injector plunger forward and push the lens into the conical tip of the cartridge.
6. Pull the plunger back a few millimeters and then inject the lens in one continuous motion. For gently implantation, it is not necessary to push the plunger until the end of the cartridge.

SURGICAL GUIDELINES

Preoperative:

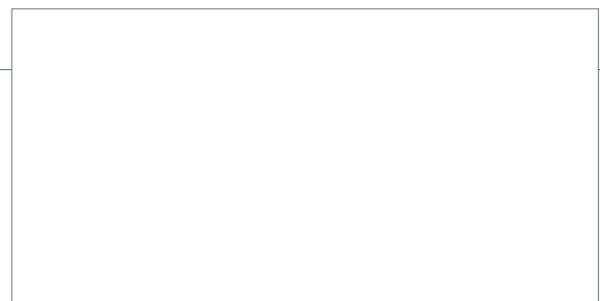
1. Use the PhysiOL toric calculator www.physioltoric.eu which will recommend you the cylindrical lens powers and the optimal axis alignment of the IOL.
2. Mark the eye with the patient sitting upright in order to avoid cyclotorsion effect.

Peroperative:

1. When the FineVision Toric lens is injected in the capsular bag, remove all viscoelastic behind and in front of the lens using I/A canula.
2. With a syringe filled with BSS solution, test the watertight self-sealing of the incisions and ensure that the normal intraocular pressure is recovered.
3. If necessary, reposition the lens in the axis of the IOL marks using a micromanipulator.
4. Gently push the lens towards the posterior capsule with the micromanipulator.
5. Check again that the incision is watertight.
6. Carefully remove the eyelid speculum.

Do not over-inflate the capsular bag at the end of the surgery.

Distributed by



PhysiOL sa/nv - Liège Science Park - Allée des Noisetiers 4 - 4031 Liège - Belgium
t. +32 (0)4 361 05 49 - f. +32 (0)4 361 05 30 - info@physiol.be - www.physiol.eu

