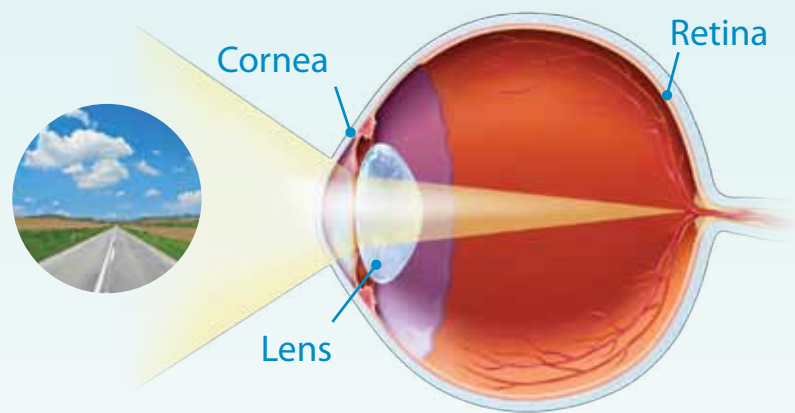


Understanding Cataract Surgery

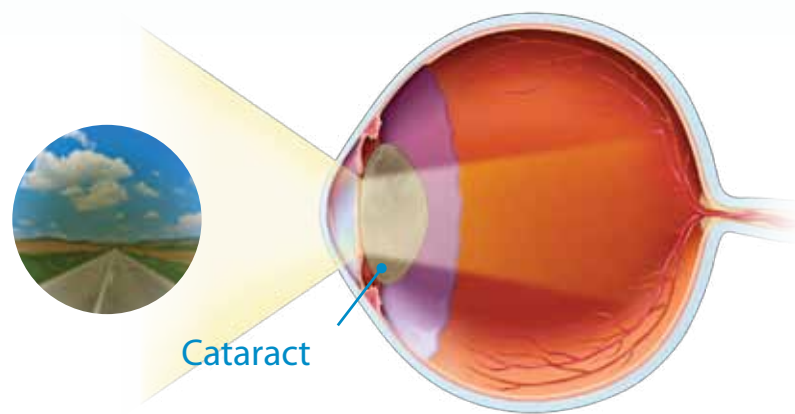


Healthy Eye



Light enters the eye through the cornea, passes through the natural crystalline lens and is accurately focused onto the retina, providing a crisp, clear image.

Eye with Cataract



As the eye ages, the lens becomes cloudier, allowing less light to pass through. The light that does make it to the retina is diffused or scattered, leaving vision defocused and blurry.

Choosing a Lens

AcrySof® IQ ReSTOR® IOL

Multifocal Lens

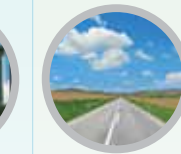
A lens with multiple focal points, designed to replace cataracts and correct presbyopia in order to provide a full range of vision—near, far and in-between—while offering enhanced image quality.



AcrySof® IQ Toric IOL

Astigmatism-Correcting Monofocal Lens

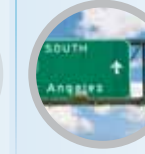
A lens with a single focal point, designed to correct both cataracts and pre-existing astigmatism, providing distance vision while offering enhanced image quality.



AcrySof® IQ IOL

Monofocal Lens

A lens with a single focal point, designed to correct cataracts and provide distance vision while offering enhanced image quality.



LenSx® Laser Cataract Surgery

A premium experience for your eyes only.

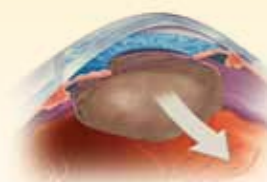
The LenSx® laser provides patients with computer-controlled precision as it automates some of the most challenging steps of refractive cataract surgery. The laser replaces the traditional hand-held blade to optimize all incisions for enhanced, reproducible surgical performance. This breakthrough technology provides the surgeon with real-time three dimensional visualization for true customization of your lens replacement procedure.

When you choose the LenSx® laser approach, you will enjoy the benefits of:

- a bladeless, advanced procedure
- a comfortable, relaxed setting
- a truly premium surgical experience

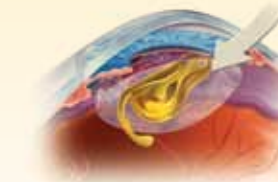


Traditional Cataract Surgery



Cataract Removal

After making a small incision in your eye, your surgeon will insert an instrument about the size of a pen tip to remove the cataract, using either high-frequency sound waves to gently break up the cloudy lens (phacoemulsification), or pulses of fluid to wash it away (liquefaction).



Lens Insertion

The cataract-affected natural crystalline lens is replaced with an artificial intraocular lens (IOL). IOLs are typically made of a flexible material, allowing your surgeon to fold and insert the IOL through a very small incision. Once inserted, the IOL opens, and its haptics, or "arms," unfold to keep it in place.



Vision Restored

Once the cataract is removed, and the IOL is in proper position, light can once again travel unimpeded to the back of your eye. Recovery after cataract surgery is generally quick and usually occurs within only a few days.





CAUTION: Federal law restricts this device to sale by or on the order of a physician. INDICATIONS: The AcrySoF® IQ ReSTOR® Apodized Diffractive Optic Posterior Chamber Intraocular Lens (IOL) is intended for primary implantation for the visual correction of aphakia secondary to removal of a cataractous lens in adult patients with and without presbyopia, who desire near, intermediate and distance vision with increased spectacle independence. The lens is intended to be placed 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 with any of the conditions described in the Directions for Use labeling. Some adverse reactions that have been associated with the implantation of intraocular lenses are: hypopyon, intraocular infection, acute corneal decompensation, macular edema, pupillary block, retinal detachment and secondary surgical intervention (including but not limited to lens repositioning, biometry error, visual disturbances or patient dissatisfaction). As a result of the multifocality, some visual effects (halos or radial lines around point sources of light at night) may also be expected due to the superposition of focused and unfocused multiple images. A reduction in contrast sensitivity may also be experienced by some patients, especially in low lighting conditions such as driving at night. In order to achieve optimal visual performance with this lens, emmetropia must be targeted. Patients with significant preoperative or expected postoperative astigmatism >1.0 D may not achieve optimal visual outcomes. Care should be taken to achieve IOL centration, as lens decentration may result in a patient experiencing visual disturbances under certain lighting conditions. PRECAUTIONS: Do not resterilize. Do not store over 45° C. Use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solution. Clinical studies with the AcrySoF® ReSTOR® IOL indicated that posterior capsule opacification (PCO), when present, developed earlier into clinically significant PCO. Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySoF® Natural IOL and normal color vision. The effect on vision of the AcrySoF® Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve diseases) has not been studied. The long-term effects of filtering blue light and the clinical efficacy of that filtering on the retina have not been conclusively established. ATTENTION: Reference the Physician Labeling/Directions for Use for a complete listing of indications, warnings, and precautions.



CAUTION: Federal law restricts this device to sale by or on the order of a physician. INDICATIONS: AcrySoF® IQ Toric IOL Models SN6AT3, SN6AT4, and SN6AT5 Posterior Chamber Intraocular lenses are intended for primary implantation in the capsular bag of the eye for the visual correction of aphakia and pre-existing corneal astigmatism secondary to the removal of a cataractous lens in adult patients with or without presbyopia, who desire improved uncorrected distance vision, reduction of residual refractive cylinder and increased spectacle independence for distance vision. 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 with any of the conditions described in the Directions for Use labeling. Toric IOLs 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. All viscoelastics should be removed from both the anterior and posterior sides of the lens; residual viscoelastics may allow the lens to rotate. PRECAUTIONS: Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySoF® Natural IOL and normal color vision. The effect on vision of the AcrySoF® Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve diseases) has not been studied. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions. ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.



CAUTION: Federal law restricts this device to sale by or on the order of a physician. INDICATIONS: AcrySoF® IQ IOL (SN60WF) Posterior Chamber Intraocular lenses are indicated for the replacement of the human lens to achieve visual correction of aphakia in adult patients following cataract surgery. These lenses are 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 with any of the conditions described in the Directions for Use labeling. Some adverse reactions that have been associated with the implantation of intraocular lenses are: hypopyon, intraocular infection, acute corneal decompensation and secondary surgical intervention. Caution should be used prior to lens encapsulation to avoid lens decentrations or dislocations. PRECAUTIONS: Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySoF® IQ Natural IOL and normal color vision. The effect on vision of the AcrySoF® IQ Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve disease) has not been studied. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions. ATTENTION: Reference the Physician Labeling/Directions for Use for a complete listing of indications, warnings and precautions. The long-term effects of filtering blue light and the clinical efficacy of that filtering on the retina have not been conclusively established.