Recognize both.

**Recommend AcrySof® IQ Toric IOL.**
With the AcrySof® IQ Toric IOL, you can confidently treat your patient’s cataract and provide precise astigmatism correction in a single procedure.

The AcrySof® IQ Toric IOL reduces astigmatism for increased spectacle-independent distance vision and high patient satisfaction.\(^1\,^2\)

\(^\dagger\)AcrySof® Single-Piece IOL (SA60AT)

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

INDICATIONS: The AcrySof® IQ Toric posterior chamber intraocular lenses are intended for primary implantation in the capsular bag of the eye for visual correction of aphakia and pre-existing corneal astigmatism secondary to 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.

Please refer to the back cover for important safety information for AcrySof® IQ Toric IOL.
The AcrySof® Single-Piece platform makes the difference.

Proven biomechanics and biomaterial helps to ensure minimal rotation — less than 4° average rotation six months after implantation.\(^1,2\)

- **STABLEFORCE®** haptics keep the AcrySof® IQ Toric IOL highly stable and centered in the capsular bag.\(^2\)
- Flexible haptic design provides optimal placement in capsular bag, regardless of size.\(^2\)
- AcrySof® lens material binds to fibronectin, ensuring adhesion to the anterior/posterior capsule.\(^4\)

---

**Adverse Events Incidence Rates**

<table>
<thead>
<tr>
<th>Event</th>
<th>Model SA60TT N=244</th>
<th>FDA Grid Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Adverse Events</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Retinal Detachment/Repair</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Surgical Reintervention</td>
<td>4*</td>
<td>1.6</td>
</tr>
<tr>
<td>IOL Reposition Due to Rotation</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>IOL Replacement Due to Rotation</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Laser Treatment</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Paracentesis</td>
<td>1</td>
<td>0.4</td>
</tr>
</tbody>
</table>

81.1% of patients were ≤5° of intended axis;\(^2\) and 97.1% were ≤10° of intended axis.\(^1\)
AcrySof® Aspheric IOL Technology

Excellent Visual Performance

Reduced Spherical Aberration

The AcrySof® IQ Toric IOL is designed with negative spherical aberration to compensate for the positive aberration of the average cornea. This aspheric optic design is shown to reduce both spherical and total higher order aberrations for enhanced visual performance.5

Increased Contrast Sensitivity

Engineered to improve contrast sensitivity in low-light conditions,5 the aspheric design of the AcrySof® IQ Toric IOL plays a vital role in image quality.

Contrast Sensitivity** in Mesopic Conditions1

Contrast Sensitivity (log units)

<table>
<thead>
<tr>
<th>Contrast Level/Condition</th>
<th>6 CPD† With Glare</th>
<th>6 CPD† Without Glare</th>
</tr>
</thead>
<tbody>
<tr>
<td>AcrySof® IQ IOL (n=75)</td>
<td>1.455</td>
<td>1.547</td>
</tr>
<tr>
<td>AcrySof® Single-Piece IOL (n=75)</td>
<td>1.410†</td>
<td>1.508</td>
</tr>
</tbody>
</table>

†p=0.0132  ‡p=0.0048

**Contrast sensitivity was measured using Vector Vision CSV-1000.

AcrySof® IQ IOL showed statistically significant improvement1 in mesopic contrast sensitivity over the control lens in situations with and without glare at 6 cycles per degree (cpd).

Please refer to the back cover for important safety information for AcrySof® IQ Toric IOL.
Improved Functional Vision

Functional vision is an important consideration for your patients with astigmatism. When it comes to object detection and identification, a fraction of a second can make all the difference.

Improved Nighttime Driving

The AcrySof® IQ IOL has demonstrated statistically significant superiority when patients need it most — in nighttime conditions. When measured against the control lens, the AcrySof® IQ IOL:

- Performed functionally better in 34 of 36 conditions
- Improved functional vision under real-world challenges
- Allowed patients more time to take appropriate action

Additional Stopping Distance With AcrySof® IQ IOL
(in a rural setting in fog conditions at 55 mph)

130 FEET (more than 1 second additional reaction time)

AcrySof® IQ IOL patients had an average increase of 130+ feet (versus the control lens) in which to stop after identifying a warning sign.

Results of a controlled, randomized, double-masked, multicenter, contralateral implant clinical study of the AcrySof IQ IOL versus an AcrySof Single-Piece IOL (SA60AT). See Directions for Use.
More Powers for More Patients

An Expanded Range of Options
With cylinder powers from T3 to T9, the AcrySof® IQ Toric IOL can accommodate more cataract patients with astigmatism, including those with low, medium and high levels of astigmatism.

AcrySof® IQ Toric IOL Calculator
The AcrySof® IQ Toric IOL Calculator is an innovative tool designed to help improve toric outcomes. Designed for precise surgical planning, this online application allows for:

- Easy Input
  - Patient data
  - Keratometry
  - IOL spherical power
  - Incision location
  - Surgically induced astigmatism

- Powerful Output
  - IOL recommendation
  - Axis placement
  - Anticipated residual astigmatism

Estimated Distribution of Preoperative Cylinder

<table>
<thead>
<tr>
<th>Cylinder Power</th>
<th>T3</th>
<th>T4</th>
<th>T5</th>
<th>T6</th>
<th>T7</th>
<th>T8</th>
<th>T9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>40</td>
<td>35</td>
<td>30</td>
<td>25</td>
<td>20</td>
<td>15</td>
<td>10</td>
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<td>20</td>
<td>15</td>
<td>10</td>
</tr>
</tbody>
</table>

Please refer to the back cover for important safety information for AcrySof® IQ Toric IOL.
The AcrySof® Family

The Power of a Proven Platform

Built on the proven AcrySof® platform, the AcrySof® Toric IOL shares the same benefits of the entire AcrySof® family:

- **Excellent Biomechanics**
  - Single-piece design for rotational stability
  - Patented STABLEFORCE® haptics for capsular bag stability

- **Optimal Biomaterials**
  - High refractive index for thinner IOL profile
  - UV and blue-light filtration

- **Advanced Optics**
  - Proven aspheric design for image quality
  - Thin edge profile

- **Ease of Implantation**¹,⁶
  - Consistent design
  - Consistent delivery
  - Predictably unfolds*
  - Easier centration*

- **Trusted Leadership**
  - Over 60 million AcrySof® IOL implants⁷
  - Backed by the Alcon network of support

* Bench data on file: Monarch® Delivery Systems.

---

**Specifications**

<table>
<thead>
<tr>
<th>Model Number</th>
<th>SN6AT3</th>
<th>SN6AT4</th>
<th>SN6AT5</th>
<th>SN6AT6</th>
<th>SN6AT7</th>
<th>SN6AT8</th>
<th>SN6AT9</th>
</tr>
</thead>
<tbody>
<tr>
<td>IOL Cylinder Power</td>
<td>1.50 D</td>
<td>2.25 D</td>
<td>3.00 D</td>
<td>3.75 D</td>
<td>4.50 D</td>
<td>5.25 D</td>
<td>6.00 D</td>
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<tr>
<td>Optic Diameter</td>
<td>6.0 mm</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Overall Length</td>
<td>13.0 mm</td>
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<td></td>
<td></td>
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<tr>
<td>Optic Type</td>
<td>Biconvex Toric Aspheric Optic</td>
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<tr>
<td>IOL Powers (Spherical Equivalent Diopters)</td>
<td>+6.0 D to +30.0 D</td>
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<td>Haptic Angulation</td>
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<td>Haptic Configuration</td>
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<td>Suggested A-Constant</td>
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<td>Refractive Index</td>
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<td></td>
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<td></td>
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<tr>
<td>Light Filtration</td>
<td>UV and Blue Light</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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Please refer to the back cover for important safety information for AcrySof® IQ IOLs.
IMPORTANT SAFETY INFORMATION:

AcrySof® IQ Toric IOL

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INDICATIONS: The AcrySof® IQ Toric posterior chamber intraocular lenses are intended for primary implantation in the capsular bag of the eye for visual correction of aphakia and pre-existing cataractous astigmatism secondary to 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.

WARNING/PRECAUTION: 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 or 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.

Optical theory suggests, that, high astigmatic patients (i.e. > 2.50D) may experience spatial distortions. Possible toric IOL related factors may include residual cylindrical error or axis misalignments. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon for this product informing them of possible risks and benefits associated with the AcrySof® IQ Toric Cylinder IOL Power IOLs.

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.

1. AcrySof® IQ Toric IOL Directions for Use.
5. Results of a controlled, randomized, double-masked, multicenter, contralateral implant clinical study of the AcrySof® IQ IOL versus an AcrySof® Single-Piece IOL (SA60AT). See Directions for Use.
6. Independent third party research; Data on File, December 2011.

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