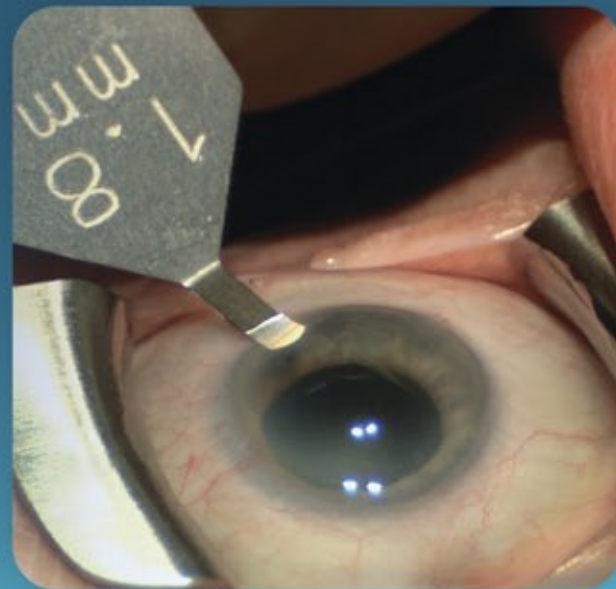


Ak
Akreos

1.8 mm Reality
The Vital Element For Successful MICS™



Small Incision, Big Advantages

Cataract removal through the smallest possible incision can produce universal advantages, including increased wound sealability,¹ and a reduction in both endothelial cell loss² and surgically induced astigmatism.³ Bausch & Lomb has redefined state of the art phacoemulsification with its 1.8 mm MICS solution, delivering the fluidics control and cutting efficiency to make the procedure through a 1.8 mm incision a reality.



1.8 mm MICS Is A Reality

The Akreos® AO Micro Incision Lens, "Akreos MICS," is designed to be injected into a true 1.8 mm incision, going where no lens has gone before, and delivering the patient advantages of a smaller incision.

1.8 mm MICS Requires The Material Difference

- The Akreos MICS Lens is crafted from a Bausch & Lomb proprietary acrylic material that makes it optimal for today's micro incision requirements
- The lens can be compressed easily to fit through a 1.8 mm incision; it unfolds smoothly once implanted into the eye and recovers its initial shape without damage



Award-Winning Design

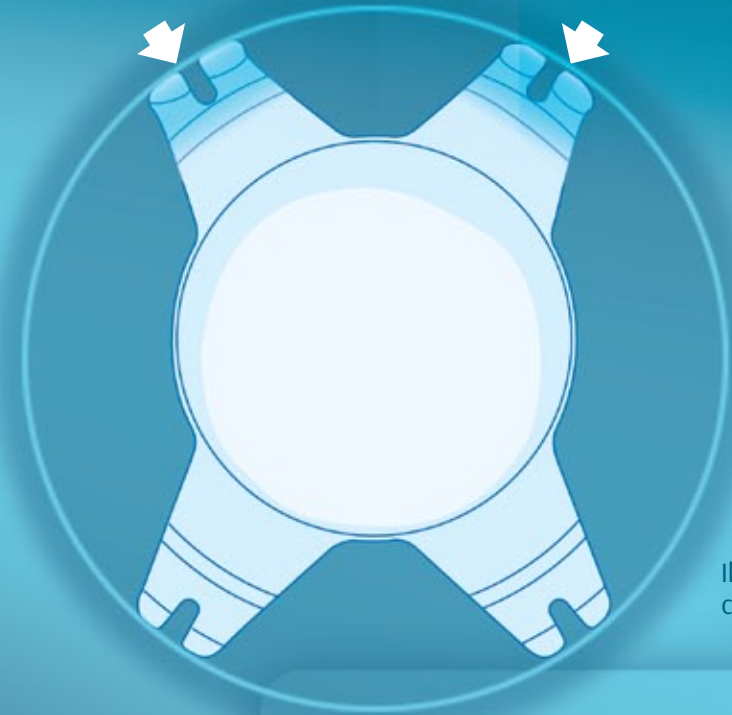
Recognized for its innovative design, the Akreos MICS Lens received the prestigious Gold Award at the Medical Design Excellence Awards (MDEA).

Proven Performance

- The Akreos MICS Lens material has been successfully implanted in over 3 million eyes
- Physicians have been implanting Akreos MICS Lens material since 1998, signaling its safety and biocompatibility



Superior Design



Unsurpassed Stability

- The four-point fixation of the Akreos MICS Lens haptic helps optimize stability and centration in the capsular bag
- The Akreos MICS Lens provides enduring lens centration after capsular bag contraction⁴

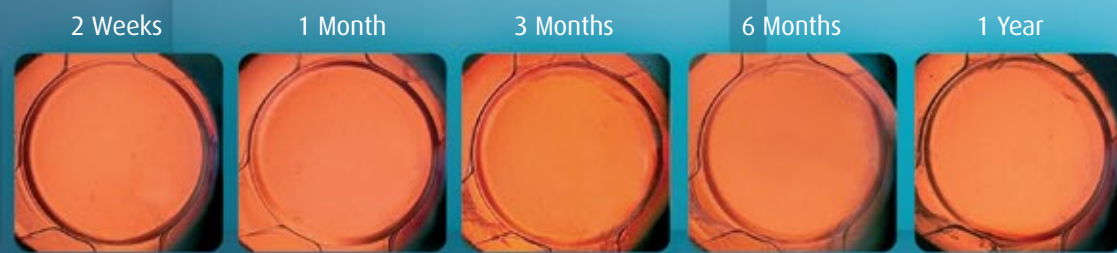
Illustration of asymmetrical capsular bag contraction with a decentered capsulorhexis

PCO Reduction

- 360° x 90° angle for optimum cell blockage including the haptic-optic junction
- Continuous posterior surface contact with the capsular bag
- Reinforced haptics for consistent and controlled pressure on the capsule



360° x 90° angle for optimum cell blockage



Capsular Transparency

Adhesion of anterior and posterior capsules is achieved very quickly with the Akreos MICS Lens, helping to preserve capsular bag transparency.⁴

The Material Difference

- Homogeneous material is free of microvacuoles, resulting in a glistening-free IOL
- Moderate refractive index, with inherently low surface reflectivity, reduces glare and its adverse effects³

Optimized Refractive Index

Moderate refractive index, with inherently low surface reflectivity, reduces glare and its adverse effects.³

2 Weeks

1 Year



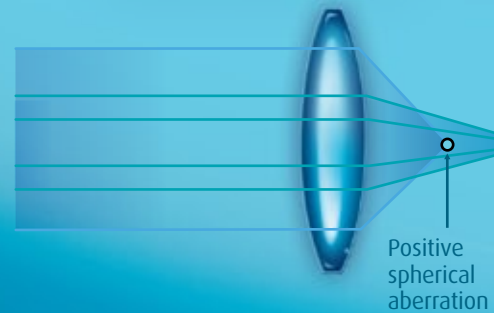
Vision Quality

Exceptional Vision Quality

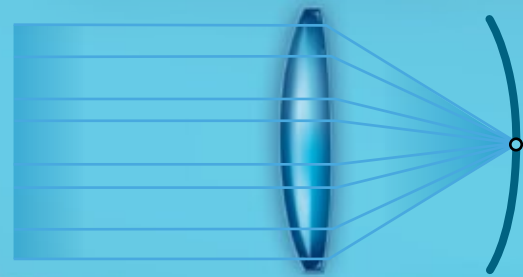
The Akreos MICS Lens:

- Is designed to be aberration free and reduce spherical aberration for better vision quality compared to standard spherical IOLs^{5*}
- Is a more "forgiving" optic design minimizing deterioration of optical performance in the event of lens decentration⁶

Standard Spherical IOL



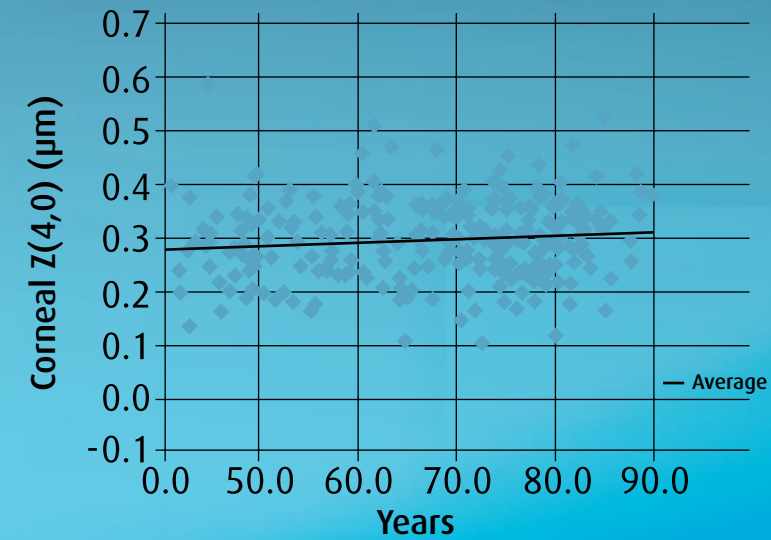
Aspheric Aberration-Free IOL



Helping More Patients

Knowing that corneal spherical aberrations (SAs) vary widely from patient to patient, the Akreos MICS Lens, with its aberration-free design, is appropriate for the widest range of patients from 0 μm to 0.10 μm ocular SA.^{9*}

Distribution Of Corneal Spherical Aberration



Excellent Contrast Sensitivity

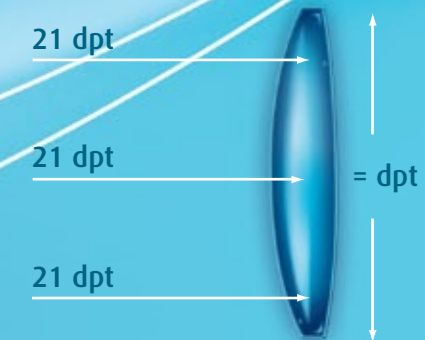
Patients should experience their best-potential, postoperative vision quality with enhanced contrast sensitivity, particularly important in low-light or nighttime conditions.⁷

Superior Performance

Clinical studies have shown low scores of posterior capsular opacification after 1 year.⁴

Preserving Depth Of Field

With its aberration-free design, the Akreos MICS Lens leaves the eye with its natural degree of corneal positive spherical aberrations, bringing patients a good depth of field.^{8*}



Uniform Power, Center To Edge

Optical performance is unaffected by pupil size or location of the optic due to uniform center-to-edge power.

Akreos® MICS™ Lens Specifications

MATERIAL:
26% hydrophilic acrylic
UV blocker. Refractive index 1.458 (hydrated)

OPTIC:
Biconvex aspheric anterior and posterior

DIOPTRER RANGE:
0.0 to 9.0 in 1 dpt
10.0 to 30.0 in 0.5 dpt

HAPTICS:
One-piece
Angulated haptics

OVERALL DIAMETER:
11.0 mm from 0.0 to 15.0 dpt
10.7 mm from 15.5 to 22.0 dpt
10.5 mm from 22.5 to 30.0 dpt

APPLANATION A-SCAN:
A-Constant* 118.4
ACD* 5.20
Surgeon Factor* 1.45

OPTIC BODY:
6.2 mm from 0.0 to 15.0 dpt
6.0 mm from 15.5 to 22.0 dpt
5.6 mm from 22.5 to 30.0 dpt

IMMERSION A-SCAN OR IOL MASTER:
A-Constant* 118.9
ACD* 5.49
Surgeon Factor* 1.73

ORDER CODE:
Lens: Akreos MI60
Injector: LP604350 (10/Box)

*A-Constant, ACD and Surgeon Factor are estimates only. It is recommended that each surgeon develops his or her own values.

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Instruments

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Viscoelastic

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Support

The MICS™ Platform

The Exclusive 1.8 mm Solution From Bausch & Lomb

Stellaris® MICS

The Stellaris Vision Enhancement System delivers the critical capabilities required for 1.8 mm MICS: superior fluidics control, efficient cutting dynamics and the ergonomic insights that make the system easy to use.

Akreos® MICS

The Akreos MICS Lens combines the vision benefits of an aspheric acrylic lens with the material and design characteristics that allow it to be inserted into a true 1.8 mm incision.

MICS Instruments

The MICS Platform includes precision performance instruments from STORZ® Ophthalmics for both C-MICS and B-MICS procedures.

MICS Viscoelastic

Amvisc® PLUS is the versatile viscoelastic that is ideal for every step of your 1.8 mm MICS procedure.

MICS Support

When you move to the MICS Platform you benefit from a comprehensive support program designed to assist cataract surgeons in developing and perfecting their MICS techniques.

References

1. Barrett, G and Carlsson, A. Cataract Surgical Wound Strength In Vivo. COS annual meeting and exhibition, 2007, Montreal, Canada. 2. Zafirakis, P. Microincision Cataract Surgery. Stellaris Phaco Platform Versus Inifiniti Torsional Ultrasound Phaco Mode: Randomized Comparative Clinical Study. ASCRS Symposium on Cataract, IOL and Refractive Surgery, 2009, San Francisco, CA. 3. Erie JC, Bandhauer MH, McLaren JW. Analysis of postoperative glare and intraocular lens design. *J Cataract Refract Surg.* 2001;27(4):614-621. 4. Amzallag T. Akreos Micro-Incision IOL: final results of a prior clinical study at one year follow-up. Free Paper. ESCRS 2006. 5. Pepose JS, Qazi MA, Edwards KH, et al. Comparison of contrast sensitivity, depth of field and ocular wavefront aberrations in eyes with an IOL with zero versus positive spherical aberration. *Graefes Arch Clin Exp Ophthalmol.* 2009 Mar 11. [Epub ahead of print]. 6. Altmann GE, Nichamin LD, Lane SS, et al. Optical performance of 3 intraocular lens designs in the presence of decentration. *J Cataract Refract Surg.* 2005;31(3):574-585. 7. Rocha KM, Schor P, Chalita MR, et al. Wavefront Analysis. Contrast Sensitivity, and Depth of Focus with Aberration-Free IOLs and Spheric IOLs: Multicenter Randomized Prospective Study. ASCRS 2007. 8. Johansson B, et al. Swedish multi-center study to compare the optical performance of the Akreos Adapt Advanced Optic (AO) IOL and the Technis Z9000. ASCRS 2006. 9. Beiko GH, Haigis W, Steinmeuller A. Distribution of corneal spherical aberration in a comprehensive ophthalmology practice and whether keratometry can predict aberration values. *J Cataract Refract Surg.* 2007;33(5):848-858. *Clinical studies have not been conducted with the Akreos Advanced Optics Aspheric Lens to assess the effect of the added aspheric surface to the parent lens Model Akreos on spherical aberration, visual acuity and contrast sensitivity.