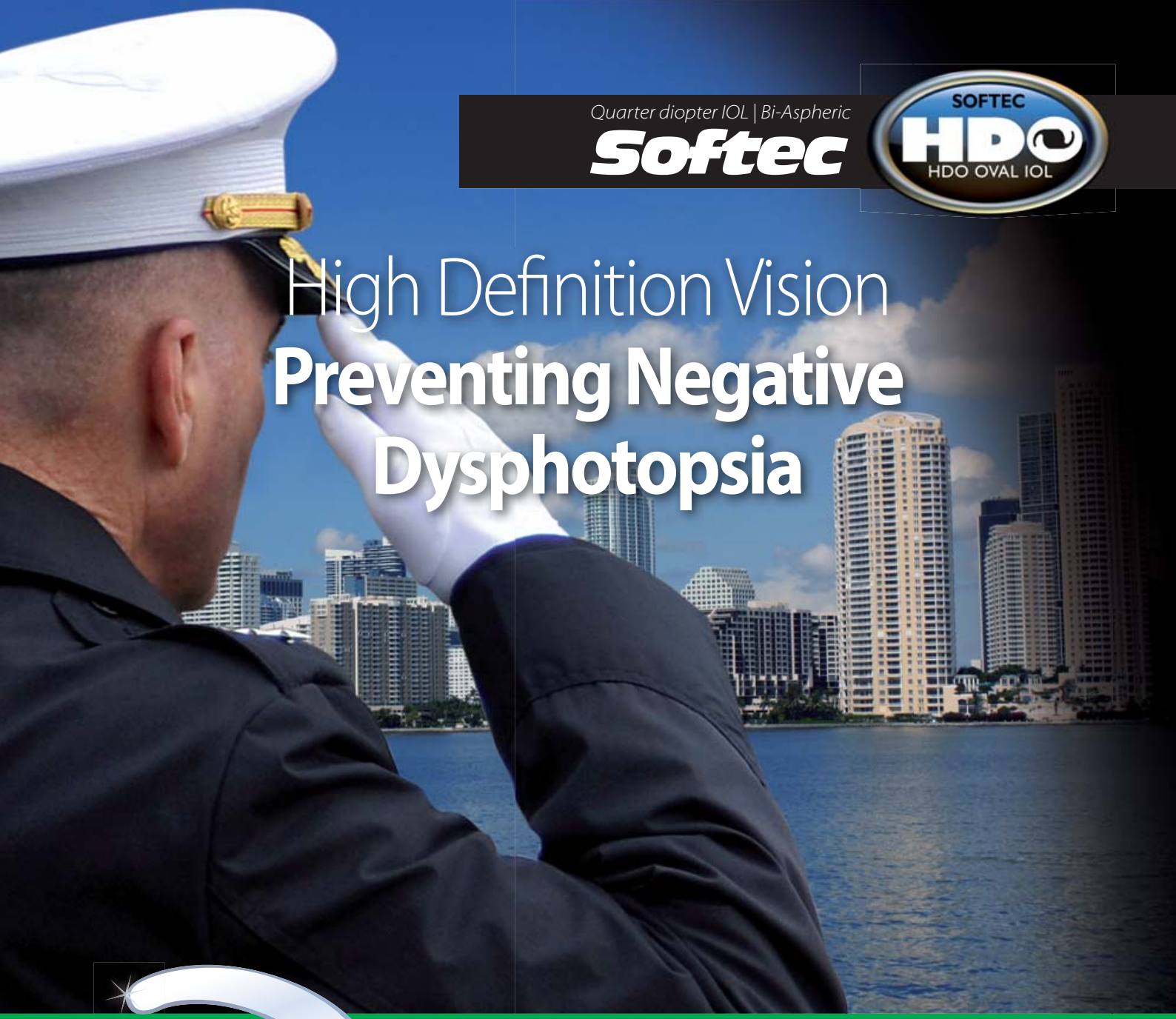
Quarter diopter IOL | Bi-Aspheric

Softec

SOFTEC HDO HDO OVAL IOL

High Definition Vision
Preventing Negative Dysphotopsia



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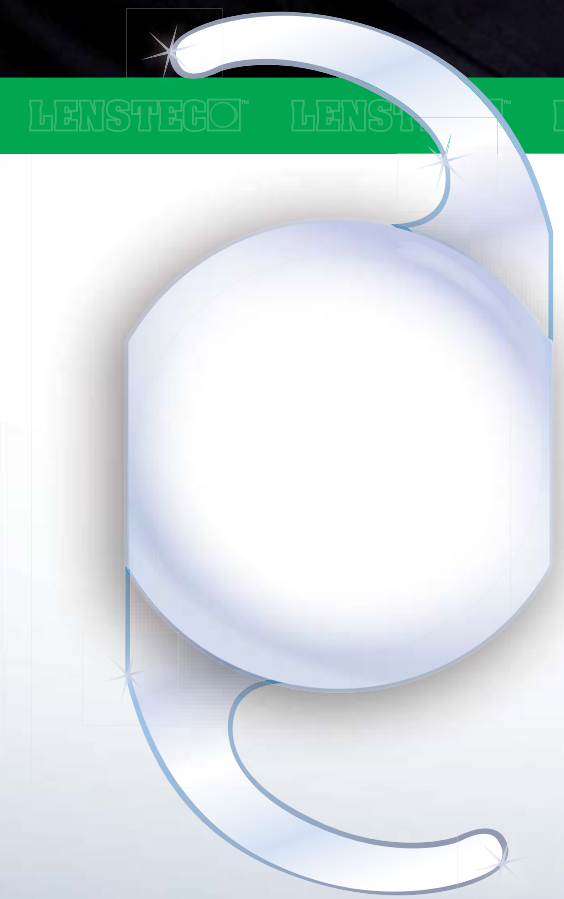

Single piece hydrophilic acrylic Lenstec Softec HDO Oval

- **HDO Oval IOL has the largest 5.75 mm x 6.50 mm optic size in one-piece foldable hydrophilic lens**
- **30% More Coverage than Standard IOL**
- **FDA Approved quality for the most accurate cataract surgery**

LENSTEC

more information on

www.lenstec.com

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Softec HDO

HDO OVAL IOL

Technical Specifications

Optic Size	5.75 x 6.50 mm
Optic Type	Bi-aspheric
Length	12.50 mm
Haptic Style	Modified C
Angulation	0 Degrees
Positioning Holes	0
Construction	1 Piece
Optic Material	Acrylic (26% Water Content)
A/C Depth	5.10 mm
A-Constant(Contact Biometry)	118.00

A-Constant Optimized **(Non-Contact Biometry)**

SRK/T	A = 118.43
Holladay1	sf = 1.47
Holladay2	5.22
Hoffer Q	pACD = 5.22

Diopter Steps

Whole	+5.00 to +36.00
Half	+10.50 to +29.50
Quarter	+15.00 to +25.00

Expand your horizon Softec HD Oval Accuracy Without Artifact

30% More Coverage than Standard IOLs !

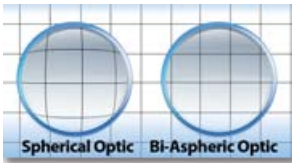
All cataract patients have some artifact or light-scattering phenomenon after IOL implantation, regardless of implant style, size, or material. Surgeons see this in many forms, characterized as either TCS (temporal crescent syndrome), dysphotopsia, edge glare, or other monikers. The patient describes the phenomenon at the one-day post-op visit, he is told it is "normal" and will go away, or that "you will get used to it". After three months or so, most patients do accept it, although it is generally still there.

Softec HD New Gold Standard - 0.11 D Tolerance - 3x More Precise!
Optical Prescription Selection and Tolerance Example: eye requires 24.25D Prescription to achieve optimal vision.

Industry Standard IOL			Softec HD IOL		
Lens Presciption	Allowed Tolerance	**Max. Variance for a standard IOL** in an eye that requires a 24.25D lens is **0.65D**. (smaller number is better)	Lens Presciption	Allowed Tolerance	**Max. Variance for a Softec HD IOL** in an eye that requires a 24.25D lens is **0.11D**. (smaller number is better)
24.00	±0.4		24.00	±0.11	
			24.25	±0.11	
24.50	±0.4		24.50	±0.11	
			24.75	±0.11	

Softec HD is the only IOL designed to address both Spherical Aberration and Defocus. Defocus is a more significant aberration than Spherical Aberration.

Bi-Aspheric Equal Conic Zero aberration IOL. Softec HD addresses the issue of spherical aberration inherent in conventional monofocal spherical IOLs by adjusting the optic with a patented design on both the anterior and posterior surfaces.



Studies have shown that Aspheric IOLs provide patients with significant optical benefits over traditional spherical surface IOLs . [2,12,17]

Significant Outcomes. Mean refractive outcome was found to be closer to intended outcome, Depth of field was significantly improved, and Critical print size for fluent reading was smaller when compared to a standard monofocal IOL. [7]

Proven quality - FDA approved

Lenstec is one of eight companies in the world certified by FDA (Food and Drug Administration) for the sale of an intraocular lens in the U.S. market. All products have CE certificate, are approved by BSI (British Standards Institute) and are ISO quality system certified.

Stability of the biomaterial from which the intraocular Lenstec lenses are made, is long-term study proven and confirmed by millions of implanted lenses worldwide.

2. Thilos L, Hong X, Bradley A, Chang X. Statistical variation of aberration structure and image quality in a normal population of healthy eyes. J. Opt. Soc. Am A, Vol 19. No 21/Dec 2002 » **7.** Craig J, Shah S, Wolffsohn J. Clinical evaluation of the Softec HD aberration-free aspheric intraocular lens. Submitted for publication. » **12.** Sarver E. Theoretical optical performance of an equal conic intraocular lens and comparison to spheri cal and aspheric IOLs. AAO Presentation 2005 » **17.** Nanavaty M, et al. Wavefront aberrations, depth of focus, and contrast sensitivity with aspheric and spherical intraocular lenses: fellow eye study. J Cataract Refract Surg. 2009; 35: 663 - 671

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