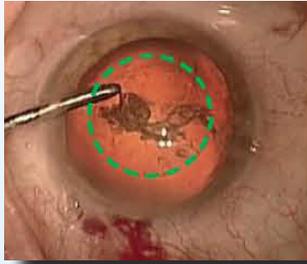


SBL-3™

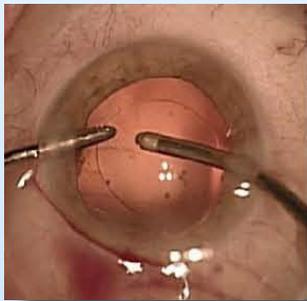
Dual-Optic IOL

Quarter-Diopter ♦ Bi-Aspheric

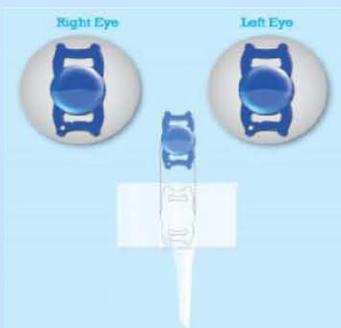
Surgeon's Guide for Implanting the Lenstec SBL-3 Safely and Effectively



- A 5.0-5.5mm round and centered CCC is recommended.
- A 5.5-6.0mm corneal marker may assist with sizing and centration.



- After I/A, clean all visible cells from the anterior leaflet using low aspiration or with the capsule polishing mode. Some surgeons may find that the use of bi-manual I/A makes this step slightly easier, more controllable and faster.
- Polishing of the posterior capsule is highly recommended using a polisher of your choice. A silicone tipped cannula has been demonstrated to be an efficient and safe method, especially with high myopes and posterior polar cataracts.
- It has also been well documented that diligent cleaning and polishing of the anterior and posterior capsule may reduce PCO and ACC.



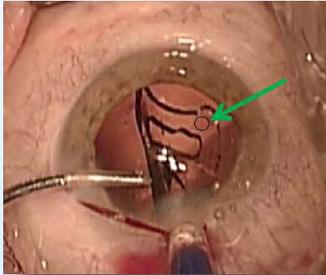
- Carefully place the silicone tip over the end of the injector plunger.
- Open the cartridge and lubricate the nozzle and loading deck with BSS or viscoelastic depending on which cartridge you are using.
- With the cartridge nozzle to your left, place the SBL-3 on the loading deck with the identification hole to your left and away from you. Using the loading fork or non-toothed forceps press on the optic and slowly lift on the cartridge wings as if you were to close the cartridge. Make sure the optic and haptics are tucked under the edge of each channel. Once you are sure the optic and haptics are under the edge, close the cartridge completely.
- Gently advance the lens forward by using the lens loader II. If you feel too much resistance, open the cartridge to ensure that optic and/or the haptics are not trapped in the cartridge wings and repeat the loading procedure.
- Place the loaded cartridge in the injector and apply a small amount of viscoelastic to the silicone tip. Advance the plunger to the IOL.

SBL-3™

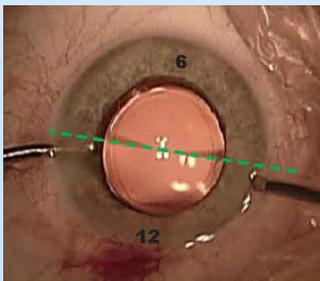
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- Place the nozzle of the cartridge in the eye so that the tip is within the dilated pupil margin and then slowly and continuously advance until the leading haptics and about 1/3 to 1/2 the optic is out of the cartridge tip. At this point, you may identify the correct delivery orientation by the identification hole position.
- Slowly pull the cartridge out of the eye as a slight pressure is maintained on the plunger to advance the remaining IOL. Only advance the plunger to the point that the silicone sleeve is to the cartridge tip, not past it.
- You may note that during the lens delivery, the SBL-3 is slightly stiffer than other IOLs. This is by design and intended to aid with its stability post-operatively. Due to this relative stiffness, the trailing haptics are sometimes delivered into the sulcus or above the iris. The trailing haptics may be manipulated with a second instrument of choice with a slight downward and away motion to aid with insertion within the capsular bag.



- Once the SBL-3 is in the capsular bag, gently tease the lens back and forth, pulling it out of the capsule fornix with the I/A tip.
- Removing the viscoelastic from behind the lens may be done by tilting the optic with either the I/A or second instrument of choice. Once the viscoelastic is removed, the SBL-3 should center on its own.
- In the case of an oval CCC, orient the SBL-3 so that optic/haptic junction is covered by the anterior capsule.
- Otherwise, the identification hole should be towards the patient's right foot, denoting the near add is at 6 o'clock.
- This can be identified by the two wedge transition zones in line with the medial and lateral canthi.



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