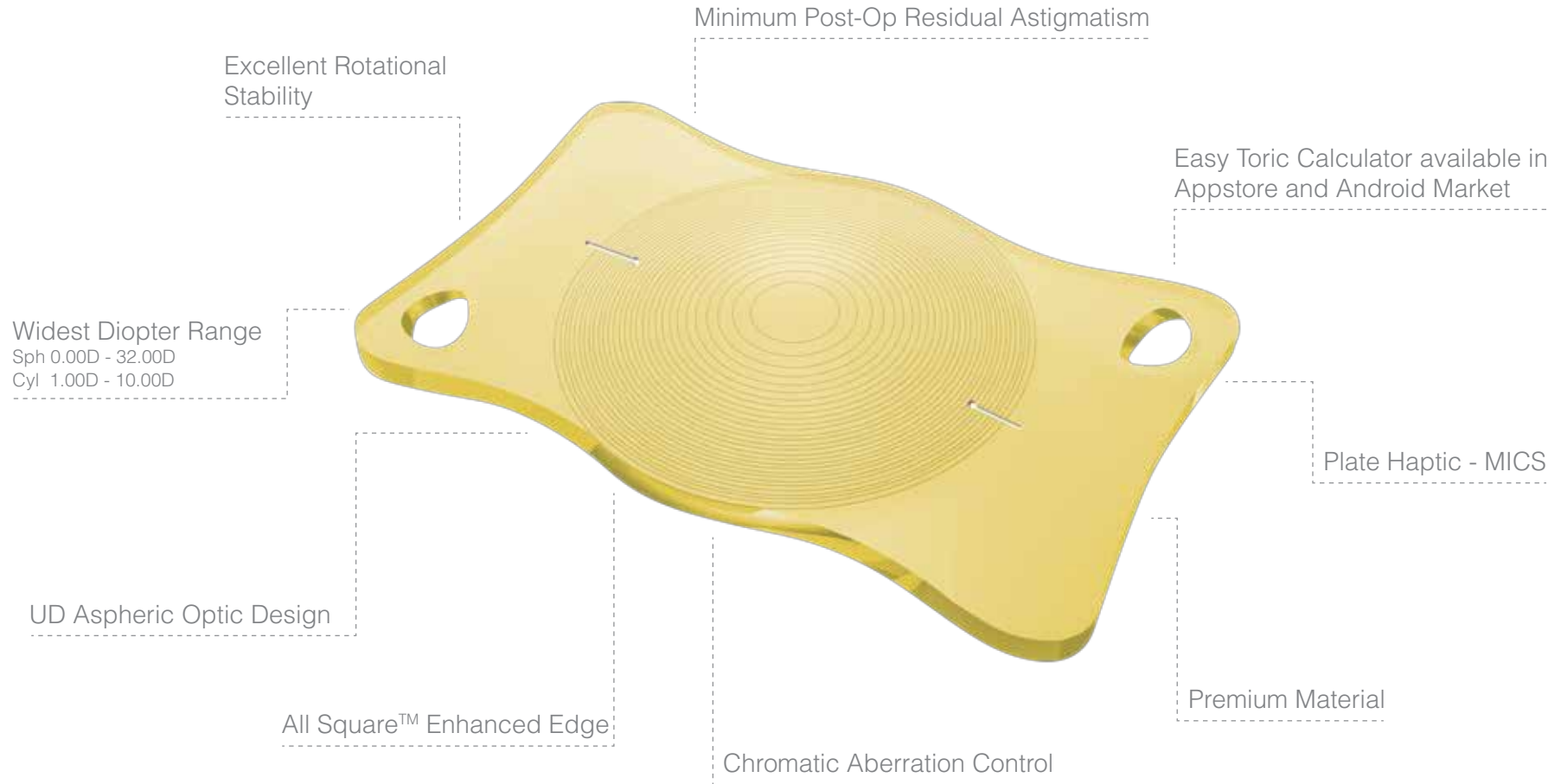


**Acriva**<sup>LD</sup>  
**Reviol**<sup>BB</sup>  
Blue Filter Multifocal Toric Intraocular Lens  
*toric*

Toric &  
Multifocal Toric

# All Features in One Design

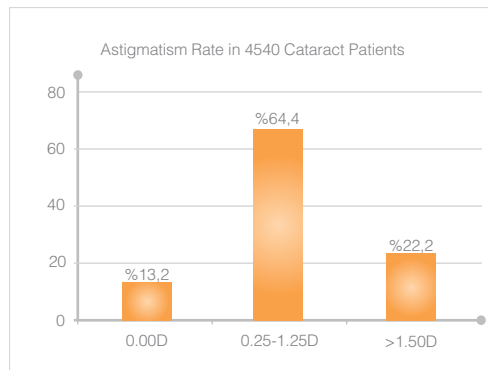


# Treat Astigmatism

## 1 Prevalence of Astigmatism

### More Than Expected

Prevalence of astigmatism is much more than expected among cataract patients. High prevalence of corneal astigmatism has been reported in many different articles. After toric implantation, residual postoperative corneal astigmatism of 0.75D or lower may improve uncorrected visual acuity and reduce symptomatic blur, ghosting of images and halos<sup>1</sup>.



### 40% of Cataract Patients Exhibit $\geq 1.0$ D Astigmatism

The study published by Ferrer-Blasco T et al. in 2009, consisting of 4540 patients with cataract showed corneal astigmatism to be prevalent in 87% of patients<sup>2</sup>.



### Clear Vision for Astigmatic Patients

You can make more patients happy. Patients will begin enjoyable life after surgery with clear vision and spectacle independence. Acryva<sup>®</sup> Toric has the largest diopter range in the astigmatism correcting IOLs which is defining as **Custom Made Perfection**. Spherical power starts from 0.00D to 32.00D and cylinder power range is available up to 10.00D with half diopter increments.

#### References

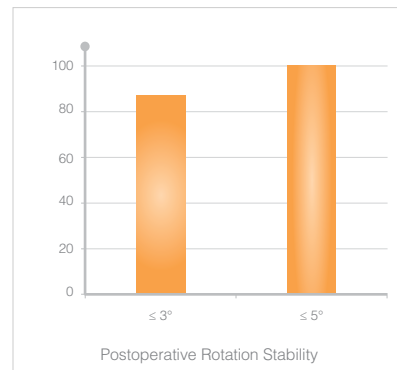
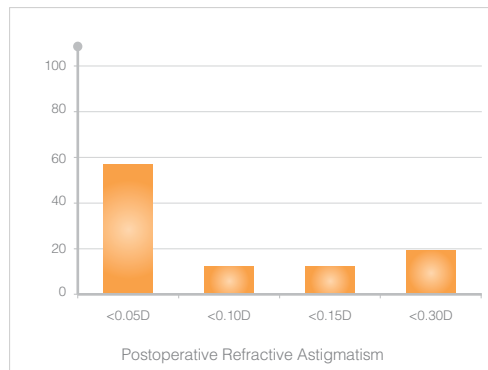
1- Nishamin LD. Astigmatism control. Ophthalmol. Clin. North Am. 19, 485-493 (2006). 2- Prevalence of astigmatism in cataract patients. Ferrer-Blasco T et al. Prevalence of corneal astigmatism before cataract surgery. J Cataract Refract Surg 2009; 35:70-75.

# Proven Platform

## 2 Clinical Outcomes

### Minimum Residual Astigmatism

Clinical study of Acryva<sup>UD</sup> Toric included 26 patients demonstrated that only below 0.3D residual astigmatism have been reported in all patients and there were no residual astigmatism in 57.6% of patients after 3 months follow-up.



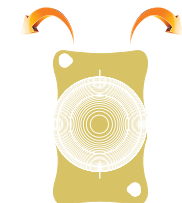
### Excellent Rotation Stability

The same study also presented that Acryva<sup>UD</sup> Toric had an excellent rotation stability in the capsular bag. Based on the mean axis deviation, 84% of all eyes had less than 3° rotation and all patients had less than 5° rotation after surgery<sup>3</sup>.

## 3 Best Solution is Plate Haptic

### Minimum SIA, Excellent Stability in MICS Design

Larger incision causes itself surgically induced astigmatism and directly effects post-operative refractive outcomes. Acryva<sup>UD</sup> Toric Plate haptic is the best choice platform enables implantation through sub 2.0mm incision, it can minimize surgically induced astigmatism and stays in capsular bag without rotation.



Alignment of the Acryva<sup>UD</sup> Toric lens in both side makes easier rotation during operation. It is always excellent rotational stability seen with plate haptic design as toric IOL hold on to posterior capsular bag in four points.

References  
3- Data on file.



# Plan Your Surgery

## B Acryva<sup>UD</sup> Easy Toric Calculator

Simple Tool For Toric Surgical Plan

Acryva<sup>UD</sup> Easy Toric Calculator is developed to assist you easily planning your surgery and helping you reach precious toric outcomes.



To download  
Acryva<sup>UD</sup> Easy Toric Calculator



You can access the Acryva<sup>UD</sup> Easy Toric Calculator by visiting [www.vsybiotechnology.com](http://www.vsybiotechnology.com) and you can download the application available for iPhone and iPad from the Apple Store and for all devices link to android market.

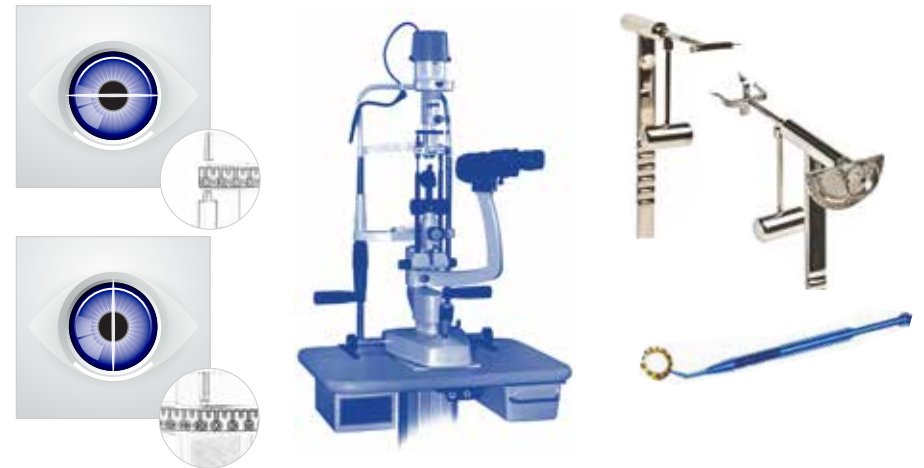
For more information Acryva<sup>UD</sup> Easy Toric Calculator's User Guide.



## C Marking the Eye

Preoperative Marking

Preoperative reference marking is recommended in the patient's sitting position to limit cyclotorsional effect the eye exposed when switch from vertical to horizontal position. Mark a reference axis, ideally with the help of slit lamp, with a marking pen or ink pad. Slit lamp may also be used for targeted axis by changing lamp position to desired angle or axis marking may be done in conjunction with preop markers.



Intraoperative Marking

After changing patient sitting position to supine position, mark the targeted axis with fixation rings as Mendez with the guide of reference point. Pendulum markers is another option in which gravity allows the precious marking. Accurate axis marking is crucial in toric implantation as in case of rotational misalignment can be result of no cylindrical correction.



*toric*

BB T UDM 611



*multifocal  
toric*

BB T MFM 611

Material	Hydrophobic surface, acrylic with 25% water content, blue filter
Optic Size	6.00mm
Optic Design	Biconvex
Haptic Size	11.00mm
Haptic Design	Plate Haptic
Haptic Angle	0°
Recommended Ac. A Constant	118.0
Recommended Op. A Constant	Srk-T:118.3 - Srk-II:118.5
Diopter Power Range ( CUSTOM MADE )	Spheric: From 0.00D to +32.00D (0.50D increments) Cylindric: From +1.00D to +10.00D (0.50D increments)
Refractive Index Dry	20°C /35°C 1.509 / 1.509 ± 0.002
Refractive Index Wet	20°C /35°C 1.462 / 1.462 ± 0.002
Recommended Injector & Cartridge System	Acrijet

Material	Hydrophobic surface, acrylic with 25% water content, blue filter
Optic Size	6.00mm
Optic Design	Active-Diffractive Multifocal Toric
Haptic Size	11.00mm
Haptic Design	Plate Haptic
Haptic Angle	0°
Recommended Ac. A Constant	118.0
Recommended Op. A Constant	Srk-T:118.3 - Srk-II:118.5
Diopter Power Range ( CUSTOM MADE )	Spheric: From 0.00D to +32.00D (0.50D increments) Cylindric: From +1.00D to +10.00D (0.50D increments)
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Acriva<sup>UD</sup> BB Toric



BB T UDM 611

Acriva<sup>UD</sup> BB Reviol Toric



BB T MFM 611

