Defy IOL conventions with the revolutionary new refractive lens.

TECNIS
Eyhance® IOL

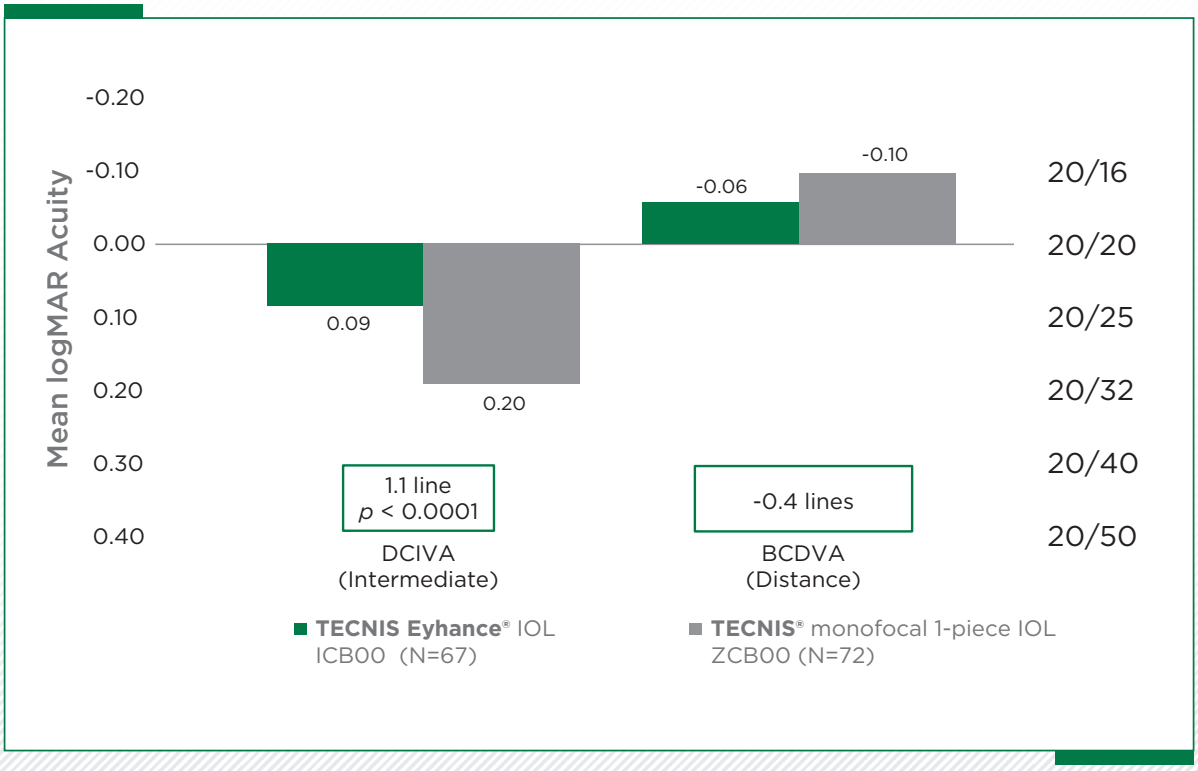
Enhance vision.
Exceed expectations.

Johnson & Johnson VISION

Elevating expectations with enhanced intermediate vision

TECNIS Eyhance® IOLs (ICB00) offer a statistically **significant improvement** in monocular and binocular **intermediate vision** vs. **TECNIS®** monofocal 1-piece IOLs (ZCB00).[1]

TECNIS Eyhance® IOLs offer **20/20 distance vision*** comparable to **TECNIS®** monofocal 1-piece IOLs.[1]



Johnson & Johnson VISION

Outperforms in low-light conditions with a similar photic phenomena profile, increasing confidence in expected outcomes

TECNIS Eyhance IOL provides:

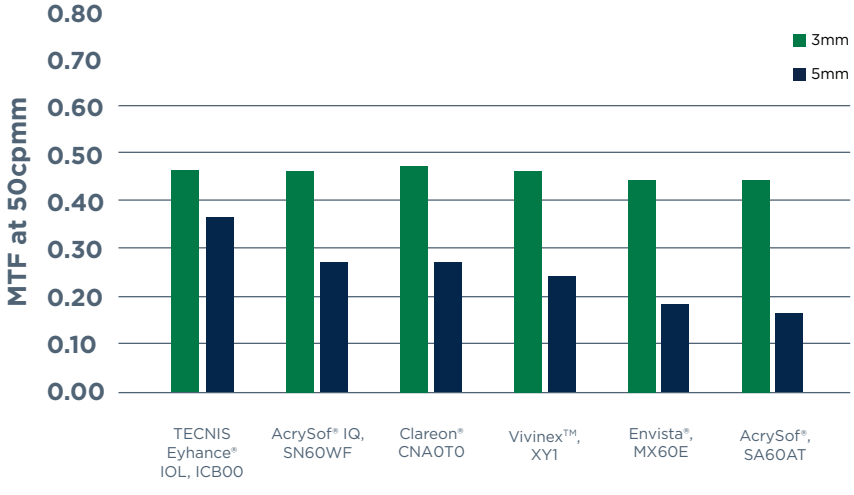
31%

Improved image contrast compared with Clareon IOL[2] (5 mm)

45%

Improved image contrast compared with large pupil (5 mm) vs Hoya Vivinex IOL[2]

MTF at distance vision at 3 and 5 mm pupil[2]



The photic-phenomena profile of the **TECNIS Eyhance®** IOL is similar to that of the **TECNIS®** monofocal 1-piece IOL.[1]

A breakthrough refractive design that's progressive in power

The **TECNIS Eyhance®** IOL has the same base geometry as the **TECNIS®** monofocal 1-piece IOL, and is visually indistinguishable from those with no rings or zones.

Compared to the **TECNIS®** monofocal 1-piece IOL, the **TECNIS Eyhance®** IOL provides improved intermediate vision and similar distance vision[1] due to its higher-order aspheric surface, resulting in continuous increase in power from the periphery to the centre of the lens, while reducing spherical aberration to nearly zero.[3]

TECNIS
Eyhance® IOL

*Based on a clinical study, N=134 achieved mean 20/20 monocular pooled distance BCDVA.

TECNIS
Eyhance® IOL

Revolutionary performance that defies IOL convention of 20/20 vision

TECNIS Eyhance® IOL
A modern-day refractive IOL

- Revolutionary performance that defies IOL convention by offering enhanced intermediate vision
- Outperforms in low-light conditions, increasing confidence in expected outcomes[2]

Empower your patients to engage in everyday activities with confidence

TECNIS Eyhance® IOL

Indications For Use
The TECNIS Eyhance® IOL, model ICB00, is indicated for the visual correction of aphakia in adult patients in whom a cataractous lens has been removed by extracapsular cataract extraction. The lens extends the depth of focus, which improves vision for intermediate tasks, and provide similar distance vision as compared to a standard aspheric monofocal IOL. The lens is indicated for placement in the capsular bag only.

Precautions
1. Autorefractors may not provide optimal postoperative refraction of patients with TECNIS Eyhance® IOL, model ICB00, lenses. Manual refraction with maximum plus technique is strongly recommended. 2. Recent contact lens usage may affect the patient's refraction; therefore, for patients that wear contact lenses, surgeons should establish corneal stability without contact lenses prior to determining IOL power. 3. Do not resterilize the lens. Most sterilizers are not equipped to sterilize the soft acrylic material without producing undesirable side effects. 4. Do not soak or rinse the intraocular lens with any solution other than sterile balanced salt solution or sterile normal saline. 5. Do not store the lens in direct sunlight or at a temperature greater than 113°F (45°C). Do not autoclave the intraocular lens. 6. Do not re-use the intraocular lens. 7. Prior to implanting, examine the lens package for proper lens model, dioptric power, and expiration date. 8. The lens is designed for optimum visual performance when emmetropia is targeted. 9. Please refer to the specific instructions for use provided with the insertion instrument or system for the amount of time the IOL can remain folded before the IOL must be discarded. 10. When the insertion system is used improperly, the haptics of the TECNIS Eyhance® IOL, model ICB00, may become broken. Please refer to the specific instructions for use provided with the insertion instrument or system.

Warnings
Physicians considering lens implantation under any of the following circumstances should weigh the potential risk/benefit ratio: 1. Patients with any of the following conditions may not be suitable candidates for an intraocular lens because the lens may exacerbate an existing condition, may interfere with diagnosis or treatment of a condition or may pose an unreasonable risk to the patient's eyesight. These conditions are not specific to the design of the lens and are attributed to cataract surgery and IOL implantation in general: a) Patients with recurrent severe anterior or posterior segment inflammation or uveitis of unknown etiology, or any disease producing an inflammatory reaction in the eye. b) Patients in whom the intraocular lens may affect the ability to observe, diagnose or treat posterior segment diseases. c) Surgical difficulties at the time of cataract extraction, which may increase the potential for complications (e.g., persistent bleeding, significant iris damage, uncontrolled positive pressure or significant vitreous prolapse or loss). d) A compromised eye due to previous trauma or developmental defects in which appropriate support of the IOL is not possible. e) Circumstances that would result in damage to the endothelium during implantation. f) Suspected microbial infection. g) Patients in whom neither the posterior capsule nor the zonules are intact enough to provide support for the IOL. h) Congenital bilateral cataracts. i) Previous history of, or a predisposition to, retinal detachment. j) Patients with only one good eye with potentially good vision. k) Medically uncontrollable glaucoma. l) Corneal endothelial dystrophy. m) Proliferative diabetic retinopathy. n) Children under the age of 2 years are not suitable candidates for intraocular lenses. 2. The TECNIS Eyhance® IOL, model ICB00, should be placed entirely in the capsular bag and should not be placed in the ciliary sulcus. 3. Johnson & Johnson Surgical Vision, Inc. IOLs are labelled with instructions for use and handling to minimize exposure to conditions which may compromise the product, patient, or the user. The resterilization/reprocessing of the IOLs may result in physical damage to the medical device, failure of the medical device to perform as intended, and patient illness or injury due to infection, inflammation, and/or illness due to product contamination, transmission of infection, and lack of product sterility.

Adverse Events - General Adverse Events for IOLs
Potential adverse events during or following cataract surgery with implantation of an IOL may include but are not limited to: 1. Endophthalmitis/intraocular infection 2. Hypopyon 3. Hyphema 4. IOL dislocation 5. Cystoid macular edema 6. Pupillary block 7. Retinal detachment/tear 8. Persistent corneal stromal edema 9. Persistent iritis 10. Persistent raised IOP (intraocular pressure) requiring treatment 11. Acute corneal decompensation 12. Secondary intraocular surgical intervention (including implant repositioning, removal, AC tap performed later then one week after cataract surgery, or other surgical procedure) 13. Any other adverse event that leads to permanent visual impairment or requires surgical or medical intervention to prevent permanent visual impairment.

Attention
Reference the Directions For Use for a complete listing of indications and safety information.

References

1. Data on File, Johnson & Johnson Surgical Vision. Inc. Sep 2018. DOF2018CT4015.
2. Data on File, Johnson & Johnson Surgical Vision, Inc. 2018. DOF2018OTH4004.
3. Data on File, Johnson & Johnson Surgical Vision, Inc. 2018. DOF2018OTH4003.

*Based on a clinical study, N=134 achieved mean 20/20 monocular pooled distance BCDVA.

For healthcare professionals only.

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