

For greater confidence in toric IOL cataract surgery



ZEISS Toric IOLs

(ZEISS AT TORBI, ZEISS AT LARA toric, ZEISS AT LISA tri toric)



zeiss.com/toric-iols

Seeing beyond

ZEISS Toric IOLs

Correcting astigmatism with more confidence

ZEISS toric IOLs are part of the complete range of ZEISS IOLs, which include monofocal, EDoF and trifocal intraocular lenses. Toric IOLs from ZEISS are designed to help you correct astigmatism with more confidence leading to better visual outcomes.

ZEISS toric IOLs offer:



Precise IOL selection

... with nearly 6,000 toric IOL options available.

The ZEISS toric IOL portfolio offers a wide variety of near, intermediate and far vision-correcting IOLs ranging from monofocal toric to EDoF toric, as well as trifocal toric intraocular lenses.



Wide cylinder range

... from cyl +1.0 to +12.0 D.

One of the widest cylinder ranges available, enabling us to provide the right choice of toric IOLs; in patients with low astigmatism as well as those with higher cylinder and diopter requirements.



More accurate choice

... with small 0.5 D cylinder increments.

ZEISS toric IOLs are offered in small 0.5 D increments in cyl and spherical equivalent, designed to enable a more accurate choice of toric IOL, in line with the patient's individual needs.



World's most
widely used trifocal
bitoric IOL



**Monofocal, bitoric,
aberration-neutral**

AT TORBI® from ZEISS

Corrects astigmatism precisely and achieves spectacle-free distance vision (near, intermediate or far):

- Easy to rotate thanks to convenient 4-haptic design
- Advantages of a bitoric design¹
- Proven² rotational stability thanks to 4-haptic design

**EDoF, bitoric,
aberration-neutral**

AT LARA® toric from ZEISS

Corrects astigmatism in patients who desire a high degree of spectacle independence combined with fewer visual side effects (halo and glare):

- Spectacle independence for intermediate and far distances
- Fewer visual side effects than with trifocal IOLs³
- Aberration-neutral aspheric design for optimized contrast sensitivity
- Proven² rotational stability thanks to 4-haptic design

**Trifocal, bitoric,
aberration-correcting**

AT LISA® tri toric from ZEISS

Astigmatism correction with maximum spectacle independence enables patients to see clearly at near, intermediate and far distances:

- For maximum spectacle independence
- Proven² rotational stability thanks to 4-haptic design

“The use of a toric IOL appears to be appropriate from a threshold value of approximately 0.75 D pre-operative corneal astigmatism.”⁴

Hienert, Juluis MD; et al.: JCRS 2023, May 3

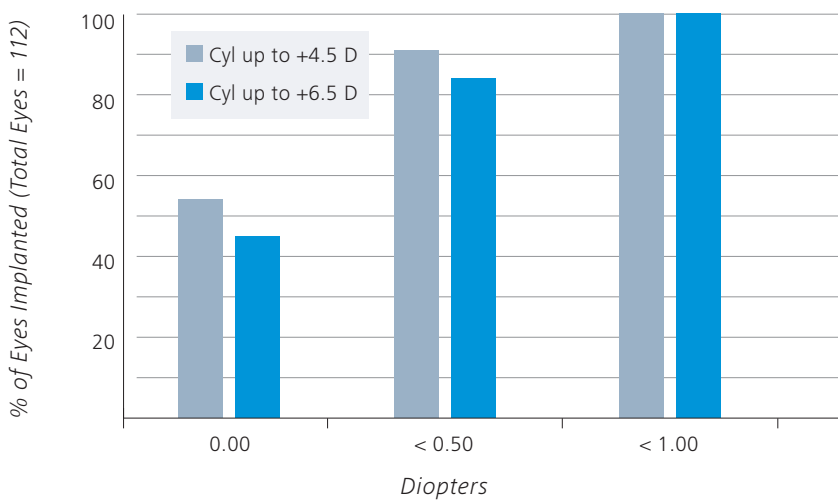
1 The bitoric optic design aims to optimize the visual outcomes for patients with a higher degree of astigmatism, resulting in better imaging quality thanks to a larger usable optic.
2 Mencucci, R. et al.: Clinical outcomes and rotational stability of a 4-haptic toric intraocular lens in myopic eyes, 2014, JCR 5,40: 1479-1487
3 Data on file.
4 Hienert, Julius MD; Ruiss, Manuel MSc; Hirschall, Nino MD, PhD, MhBA, FEBO; Findl, Oliver MD, MBA: Assessing the astigmatism reducing effect of toric intraocular lenses in eyes with low astigmatism: a randomized masked bilateral comparison. Journal of Cataract & Refractive Surgery ():10.1097/j.jcrs.0000000000001211, May 03, 2023. | DOI: 10.1097/j.jcrs.0000000000001211

Creating confidence through rotational stability

Proven clinical outcomes

The excellent rotational stability and stable centration of toric IOLs from ZEISS have been demonstrated in a number of studies. These studies confirm that the mean rotation of tested ZEISS toric IOLs was only 2° (n = 78 eyes) six months after surgery.* Study results show an excellent stability over time for accurate long-term astigmatism correction.

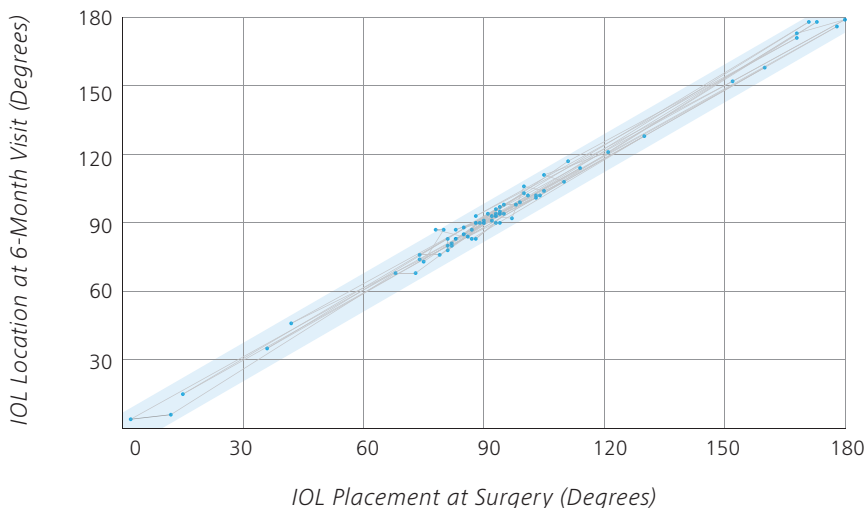
Residual Refractive Cylinder*



91% of the patients who underwent cylinder correction up to +4.5 D had < 0.50 D residual refractive cylinder after surgery.

Even with higher cylinder correction – only available with the AT TORBI, 84% of the patients who underwent cylinder correction up to +6.5 D had < 0.50 D residual refractive cylinder after surgery.

Lens Axis Orientation (Operative vs. Postoperative)



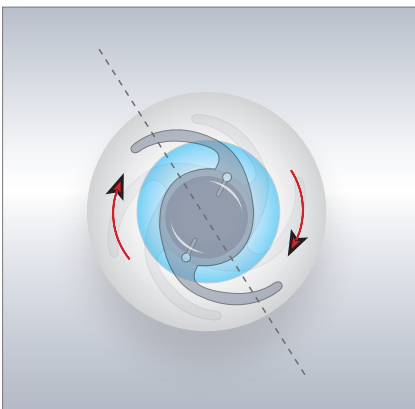
* Data on file, Wolfram Wehner MD, Chairman Maximilians-Augenklinik, Nuremberg, Germany

Easier rotation during surgery

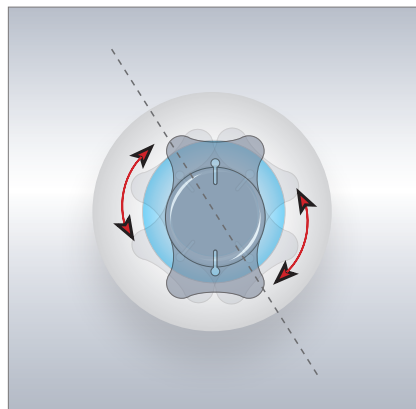
More confidence during surgery thanks to easy rotation and alignment

High rotational stability is important, as is the initial alignment of the IOL. Whereas C-loop lenses can only be rotated clockwise, ZEISS toric IOLs have the great advantage that they can be rotated 360° in both directions. This makes it easy to align and fine-tune on the target axis.

Comparison of rotational behavior of C-loop IOLs vs. 4-point haptic IOLs



Schematic view of clockwise rotation of C-loop IOL.



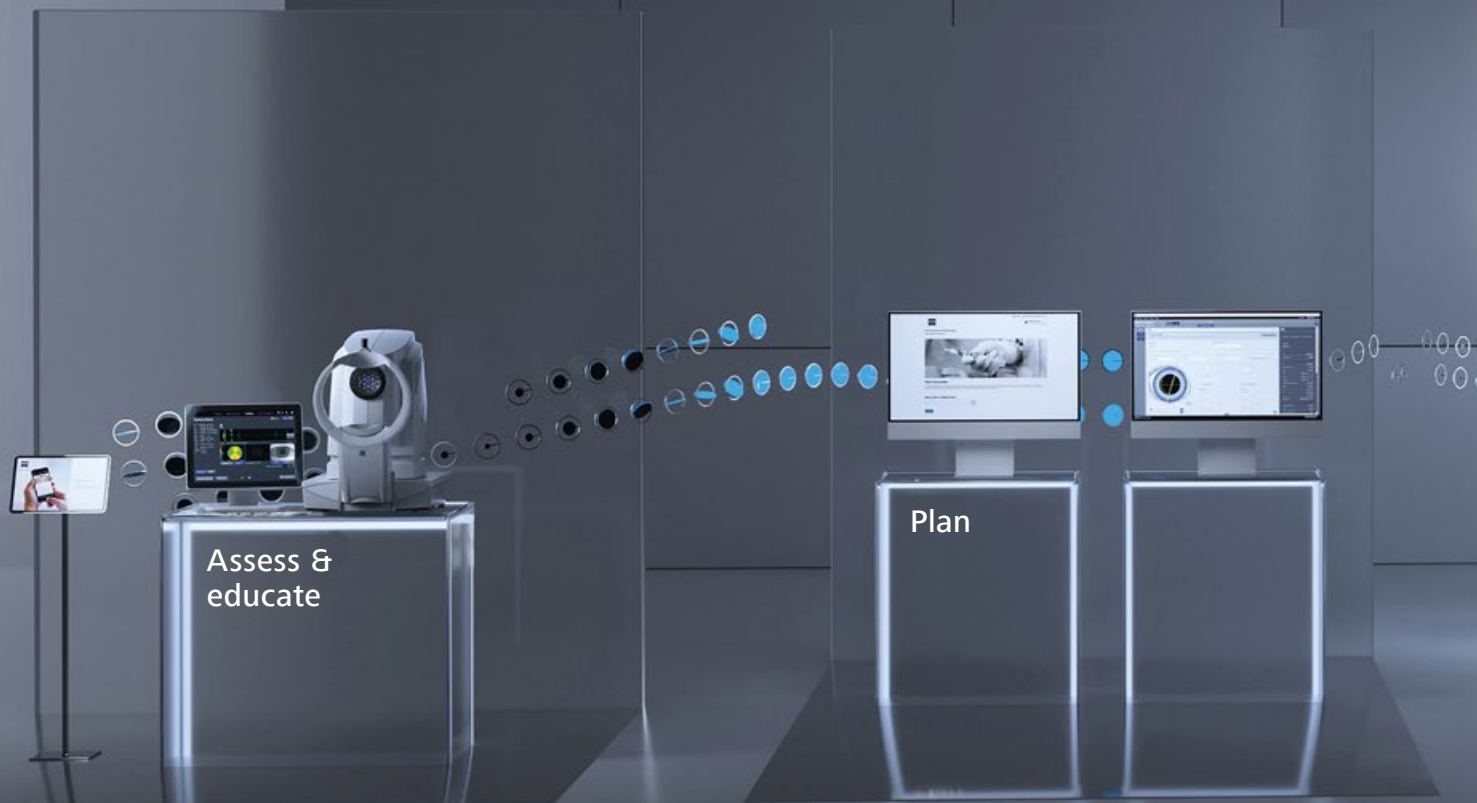
Schematic view of clockwise and counter-clockwise rotation of 4-point haptic IOL.

“The lens is very stable in the capsular bag. There is no rotation or decentration, which is very important for refractive cataract surgery – especially for toric lenses.”

Wolfram Wehner MD, Chairman Maximilians-Augenklinik, Nuremberg, Germany

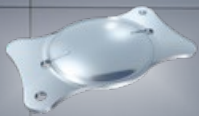


ZEISS Astigmatism Management Confidence in every step of your toric workflow



Assess & educate · Offering the treatment of astigmatism is an important step to meet the increasing patient expectations. Reliable measurement data builds the foundation for good refractive outcomes when getting started with toric IOLs.

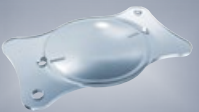
Plan · Based on solid measurement data, the planning of the right toric IOL and the cataract surgery itself can take place. As IOL calculation and selection now also includes a toric component, a new calculation and IOL ordering routine might be needed.



ZEISS AT TORBI



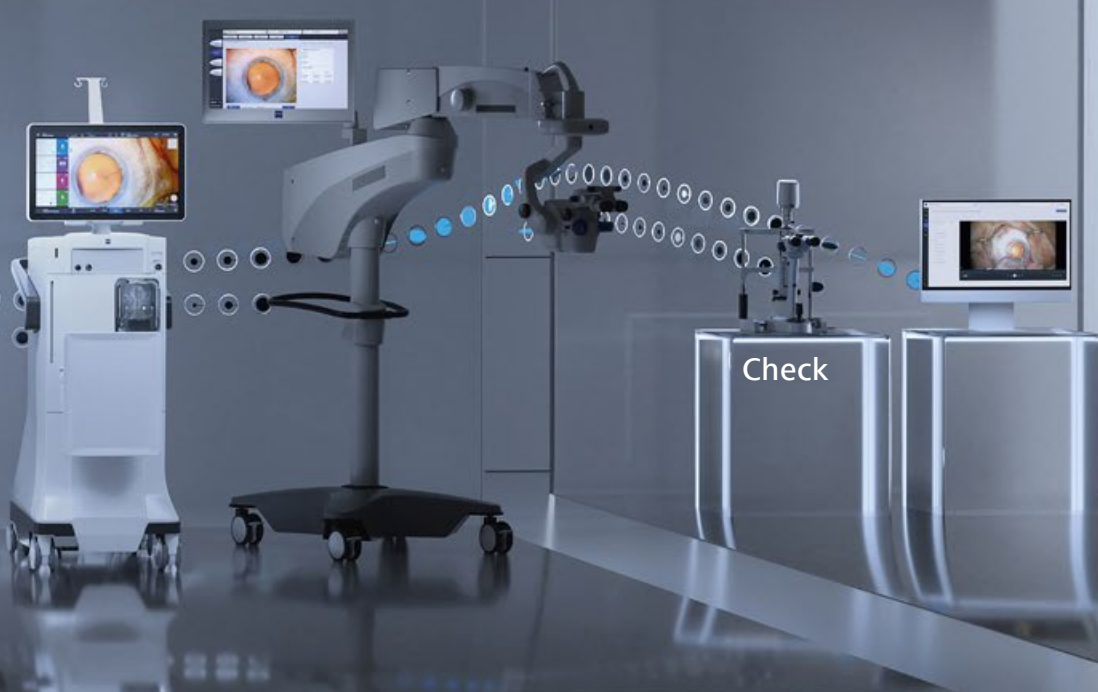
ZEISS AT LARA toric



ZEISS AT LISA tri toric



Treat



Check

Treat · For best visual outcomes, toric IOLs need to be precisely aligned with the target visual axis. Different methods can be used – some requiring manual steps preoperatively, others are digitally integrated with the workflow.

Check · Post-surgery, a routine checkup assesses the positioning of the toric IOL. While subjective refraction provides a good indication, a slit lamp examination can show more details regarding IOL positioning. Toric marks are easily identifiable.

CE 0297

AT LISA tri toric 949M/MP
AT LARA toric 929M/MP
AT TORBI 719M/MP



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