

CATARACTS

Seeing beyond the blur



THE **ACRY** *Sof*[®]
ADVANTAGE



■ IS YOUR VISION BLURRY OR FOGGY?

■ DO COLOURS APPEAR DULL OR MUTED?

■ ARE YOUR GLASSES NO LONGER WORKING?

■ DOES SUNLIGHT OR OTHER LIGHT SEEM OVERLY BRIGHT OR GLARING?

■ DO YOU HAVE DECREASED NIGHT VISION OR SEE HALOS AROUND LIGHTS?

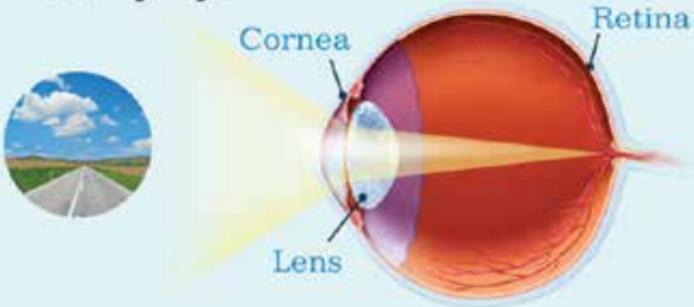
If you experience one or more of these symptoms, you may have cataracts, a clouding of your eye's natural lens that affects many of us as we age. Cataracts are the leading cause of vision loss in adults 55 and over.

Fortunately, we live in a time when correcting cataracts is relatively simple and the results can be extraordinary. With today's advances, some patients enjoy the best vision of their lives.

How we see

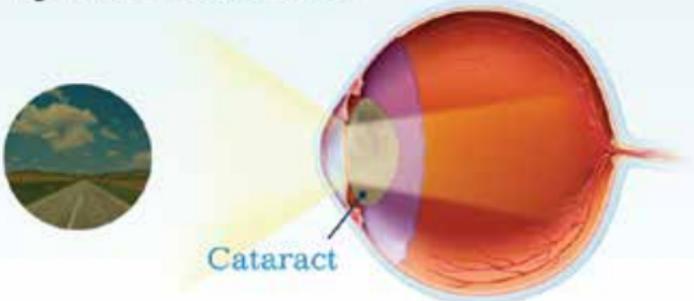
Our eyes work just like a camera. When we look at an object, light rays reflect off that object and enter our eyes through the cornea. The lens behind the cornea focuses the rays onto the retina which, in turn, converts the rays into electrical impulses that travel through the optic nerve to the brain. The brain converts the electrical impulses into images. Seeing depends on this entire chain of events. But seeing clear, focused images depends largely on the lens.

Healthy Eye



Light enters the eye through the cornea, passes through the natural crystalline lens and is accurately focused onto the retina, providing a crisp, clear image.

Eye with Cataract



As the eye ages, the lens becomes cloudier, allowing less light to pass through. The light that does make it to the retina is diffused or scattered, leaving vision defocused and blurry.

Common vision problems

Myopia (Nearsightedness)

People who are nearsighted can see up close, but have difficulty seeing objects at a distance.

Hyperopia (Farsightedness)

Farsighted people can see objects at a distance, but have difficulty seeing up close.

Presbyopia

Presbyopia is an age-related condition that blurs near vision.

Astigmatism

1 in 3 people have Astigmatism.*

Sometimes the surface of the cornea is oval rather than round. This common irregularity, called "corneal astigmatism," causes blurred or distorted vision.

This occurs when light rays are not focused at one spot to provide clear vision.

These vision problems require the use of bifocal or "progressive" lenses to see clearly both near and far. The important thing to remember is that cataract surgery **can be the opportunity to correct one or more of these conditions at the same time.** This means it may be possible for you to gain clear vision with little or no need for glasses or contact lenses.

Cataracts: A natural part of aging

Cataracts are the leading cause of vision loss in adults 55 and over. **A cataract is a clouding of the natural lens inside your eye.** This lens, located behind the iris, works just like the lens of a camera — focusing light images on the retina, which sends images to the brain. The human lens can become clouded, preventing light and images from reaching the retina.

Normal vision



**Vision with cataracts
(simulated)**



70% of all people over the age of 75 develop cataracts.

Cataracts can be the reason objects become blurred, bright colours become dull, or seeing at night is more difficult. It may also be why reading glasses or bifocals that used to help you no longer seem to be effective. Vision with cataracts has been described as seeing life through old, cloudy film. **A cataract is not a “film” over the eye, diet and lasers will not make it go away, nor can it be prevented.**

The best way to treat a cataract is with surgery that removes the old, clouded lens and replaces it with a new, artificial one to **restore your vision and, in many ways, significantly improve your quality of life.**

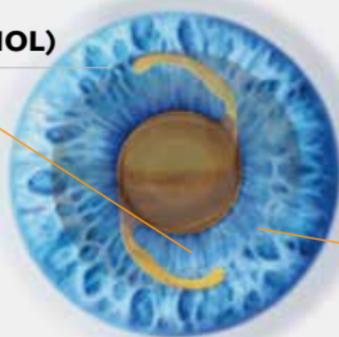
Cataract surgery: Clarity in the blink of an eye

Cataract removal is one of the safest and most effective surgical procedures.

In fact, more than 350,000* cataract surgeries are performed each year in Canada. The operation entails making a tiny opening in the eye. Through this opening, the surgeon uses an instrument about the size of a pen tip, to remove the clouded lens from the eye. Once the cataract is removed, an artificial lens is inserted through the same tiny opening in the eye and set in place.

The Cure for Cataracts

Intraocular Lens (IOL)



Iris

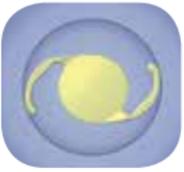
The only truly effective treatment for cataracts is to remove the cloudy natural lens and replace it with an artificial intraocular lens (IOL) implant. This lens sits behind the iris, so it won't be visible.

What to expect before and after surgery

Most people are surprised to find out just how easy and pain-free cataract surgery is. The following facts will help you prepare for surgery:

- Before and/or after surgery your doctor may prescribe eye drops to help prevent infection and reduce swelling.
- Typically, an anesthetic eye drop will be given to numb your eye.
- Cataract surgery is typically a same day surgery with minimal downtime.
- After a few days of recovery, most patients see well enough to return to most of their routine activities.
- You may need to wear an eye patch for a few days after surgery for protection.
- Most patients have improved vision soon after surgery, but your sight may continue to improve for several weeks.

What is an IOL?



*Actual Size

An intraocular lens (IOL) is an artificial lens that is implanted during cataract surgery. The good news

is that you've encountered cataracts at a time when IOL technology has taken great leaps of progress.

Recent advances have been so significant that new-generation lenses could allow you to see well at all distances without the help of glasses, bifocals, or reading glasses. Following are the three primary types of lenses currently available and what each is designed to do for your vision:

Monofocal lenses such as the **AcrySof® IQ IOL** can usually give you clear distance vision. This type of lens can be effective at restoring functional distance vision. However, people may still need glasses to correct their near vision and their existing astigmatism.

Astigmatism-correcting lenses such as the **AcrySof® IQ Toric IOL** are for patients with existing corneal astigmatism. **These lenses usually give patients quality distance vision with less dependence on glasses.** Most patients will still need to wear glasses for tasks such as reading or working at a computer.

Multifocal lenses such as the **AcrySof® IQ ReSTOR® IOL** are designed to replace cataracts and correct presbyopia at the same time. **Their goal is to give you a full range of clear vision, near to far, and everywhere in between.**

Combining the proven technologies of the lenses, the **AcrySof® IQ ReSTOR® Multifocal Toric IOL** is a great option for patients with astigmatism who would like to see far away and up close after surgery. By bringing together the best of all worlds, it delivers the confidence of:

- **AcrySof® IQ ReSTOR® IOL Technology**
- **AcrySof® IQ Toric IOL Technology**
- **The AcrySof® IQ IOL Family**

The correct lens for you will depend on your eyes and your desire not to wear glasses. Your doctor will review your options and explain what you can expect from each one. With a simple procedure, you can lift the fog and get back to seeing what you love. Colours can appear rich and vibrant, and everything you look at can be in clear focus.

Q&A

When is the best time to treat cataracts?

Many people believe cataracts have to be “ripe” before they can be removed. This is no longer true. Today, cataract surgery is a routine procedure that can be performed as soon as your vision interferes with the quality of your life.

What happens if cataracts go untreated?

Over time, the clouded areas of your lens can become larger and more dense, causing your sight to become worse. This could take anywhere from a few months to many years. Eventually, your entire lens can cloud over and cause blindness.

How do I know which lens implant is right for me?

No single lens works best for everyone, and only your ophthalmologist can determine the most appropriate option for you. Overall, patients who chose the multifocal over the monofocal intraocular lens have expressed greater satisfaction with the increased quality of living. Passengers could become drivers again, and golfers could keep their eye on the ball while enjoying the surrounding scenery.

Can cataracts come back?

Once a cataract has been removed it cannot return.

Who performs cataract surgery?

Only ophthalmologists who have had special training in eye surgery can perform cataract surgery.

How successful is cataract surgery?

Cataract surgery has an excellent overall success rate. Continuous innovations in techniques and instruments have made the procedure safer than ever.

More information about cataracts and cataract surgery is available at:

www.alcon.ca

www.acrysofrestor.ca

Choosing the Right Lens

AcrySof® Lens Options	Near	Intermediate	Distance	Astigmatism
<p>AcrySof® IQ IOL Monofocal Lens</p> 	<p>These trusted lenses provide clear distance vision. However, you will likely still need glasses for reading — and possibly for distance vision.</p> 			
<p>AcrySof® IQ Toric IOL Astigmatism-Correcting Monofocal Lens</p> 				
<p>AcrySof® IQ ReSTOR® IOL Multifocal Lens</p> 	<p>Most IOLs can only correct vision at one distance — these advanced technology lenses correct vision near, far and in-between, for your best chance at freedom from glasses!</p> 			
<p>AcrySof® IQ ReSTOR® TORIC IOL Astigmatism-Correcting Multifocal Lens</p> 				



CAUTION: Federal law restricts this device to sale by or on the order of a physician.

INDICATIONS: The **AcrySof® IQ**, **AcrySof® IQ ReSTOR®**, **AcrySof® IQ TORIC** and **AcrySof® IQ ReSTOR® Multifocal Toric** lenses are intended to be placed in the capsular bag.

AcrySof® IQ Posterior Chamber Intraocular Lens (IOL) is indicated for the replacement of the human lens to achieve visual correction of aphakia in adult patients following cataract surgery.

AcrySof® IQ ReSTOR® Apodized Diffractive Posterior Chamber Intraocular Lens (IOL) is intended for patients with and without presbyopia, who desire near, intermediate and distance vision with increased spectacle independence.

AcrySof® IQ TORIC Posterior Chamber Intraocular Lens (IOL) is intended for patients with pre-existing corneal astigmatism with or without presbyopia, who desire improved uncorrected distance vision, reduction of residual refractive cylinder and increased spectacle independence for distance vision.

AcrySof® IQ ReSTOR® Multifocal Toric Apodized Diffractive Aspheric Multifocal Toric Posterior Chamber Intraocular Lens (IOL) is intended for patients with and without presbyopia, who desire near, intermediate and distance vision, reduction of residual cylinder, and increased spectacle independence.

WARNINGS: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling.

AcrySof® IQ and **AcrySof® IQ ReSTOR®:** Some adverse reactions that have been associated with the implantation of intraocular lenses are: hypopyon, intraocular infection, acute corneal decompensation, macular edema, pupillary block, retinal detachment, and secondary surgical intervention (including but not limited to lens repositioning, biometry error, visual disturbances or patient dissatisfaction). Caution should be used prior to lens encapsulation to avoid lens decentrations or dislocations.

AcrySof® IQ ReSTOR® and AcrySof® IQ ReSTOR® Multifocal Toric: As a result of the multifocality, some visual effects (halos or radial lines around point sources of light at night) may also be expected due to the superposition of focused and unfocused multiple images. A reduction in contrast sensitivity may also be experienced by some patients, especially in low lighting conditions such as driving at night. In order to achieve optimal visual performance with this lens, emmetropia must be targeted. Patients with significant preoperative or expected postoperative astigmatism >1.0D may not achieve optimal visual outcomes. Care should be taken to achieve IOL centration, as lens decentration may result in a patient experiencing visual disturbances under certain lighting conditions.

AcrySof® IQ TORIC and AcrySof® IQ ReSTOR® Multifocal Toric lenses should not be implanted if the posterior capsule is ruptured, if the zonules are damaged, or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction. If necessary lens repositioning should occur as early as possible prior to lens encapsulation. All viscoelastics should be removed from both the anterior and posterior sides of the lens; residual viscoelastics may cause complications including lens rotation.

PRECAUTIONS: Do not resterilize. Do not store over 45° C. Use only sterile irrigating solutions such as BSS® or BSS® PLUS Sterile Intraocular Irrigating Solution. Studies have shown that color vision discrimination is not adversely affected in individuals with the **AcrySof®** Natural IOL and normal color vision. The effect on vision of the **AcrySof®** Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve diseases) has not been studied. In a previous study, posterior capsule opacification (PCO), when present, was recognized earlier as clinically significant PCO with the **AcrySof® ReSTOR®** lenses as compared to the monofocal control.¹

ATTENTION: Reference the Physician labeling/ Directions for Use for a complete list of indications, warnings and precautions. The long-term effects of filtering blue light and the clinical efficacy of that filtering on the retina have not been conclusively established.

1. As noted in the Directions For Use for AcrySof® IQ ReSTOR® and AcrySof® IQ ReSTOR® Multifocal Toric

