

UNIQUE PERFECTION



FEMTIS[®] IOL Family

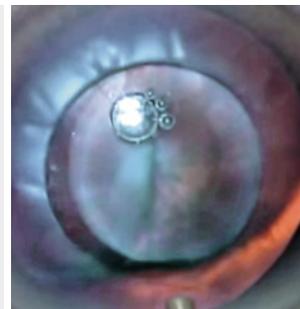
Premium IOL Treatment
with Highest Precision

FEMTIS[®] IOL Family

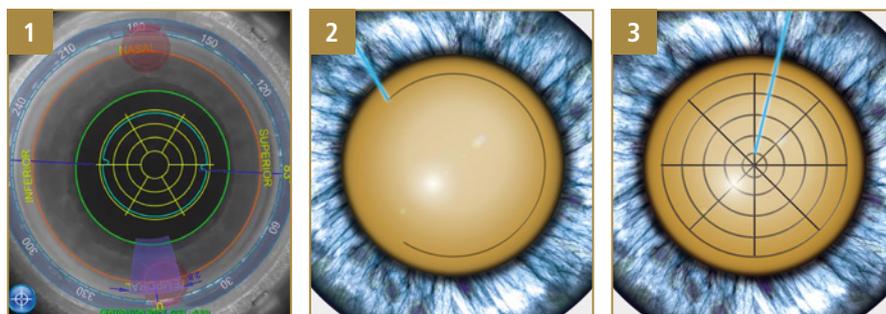
Precision with automated capsulotomies

Advantages of the automated capsulotomy¹

- Perfectly round cut
- Low ACO / PCO risk
- Very good reproducibility
- Perfect centering on the optical axis
- Highest precision
- Very little risk of capsule rupture
- No mechanical manipulation

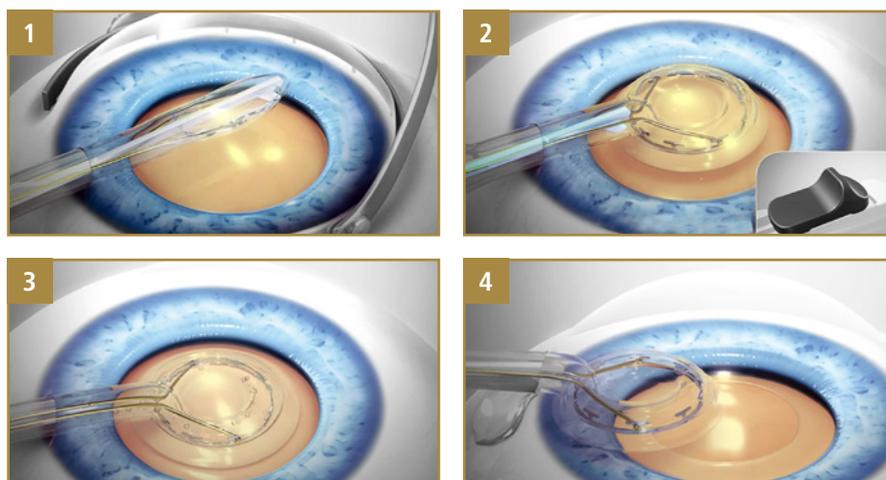


Laser-assisted capsulotomy [1st premium alternative]



- Step 1:** Individualised laser configuration
- Step 2:** Perfect, circular capsular bag opening using computer-controlled laser cutting technology
- Step 3:** Fragmentation of the lens nucleus

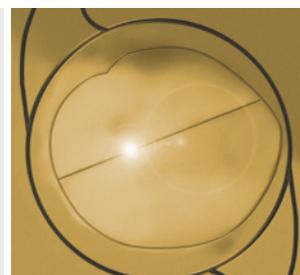
Zepto capsulotomy system [2nd premium alternative]



- Step 1:** Application of the zepto tip into the anterior chamber
- Step 2:** Positioning of the silicone ring on the optical axis
- Step 3:** Stick the silicone ring on the lens capsule
- Step 4:** Performing the capsulotomy

Disadvantages of manual capsulotomy

- Fluctuating reproducibility
- No alignment on the optical axis
- Increased risk of capsule rupture
- More time required
- Not perfectly round
- Higher ACO / PCO risk



FEMTIS® IOL Family

Perfect visual performance²

Proven **premium** Optics

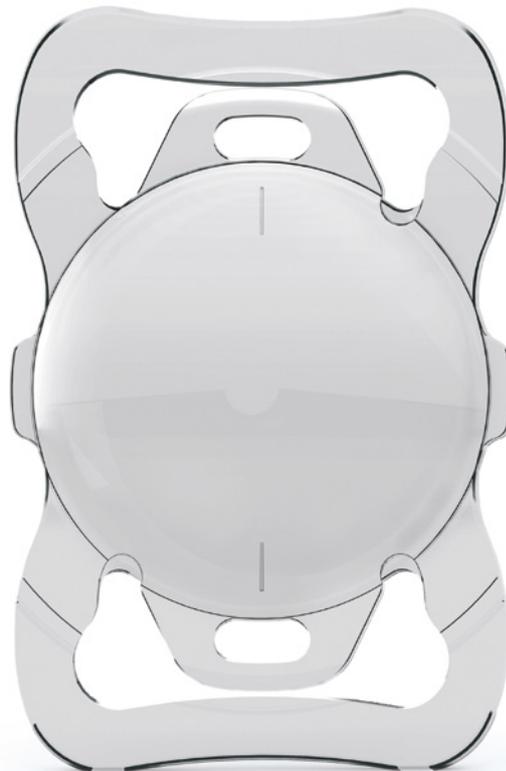
4 additional **clip haptics**

for exceptionally stable positioning and fixation in the capsular bag

Unique combination:

FEMTIS® IOL and automated capsulotomy

Optimal centering & visual acuity results



Sharp optical edge:

the best possible ACO / PCO prevention



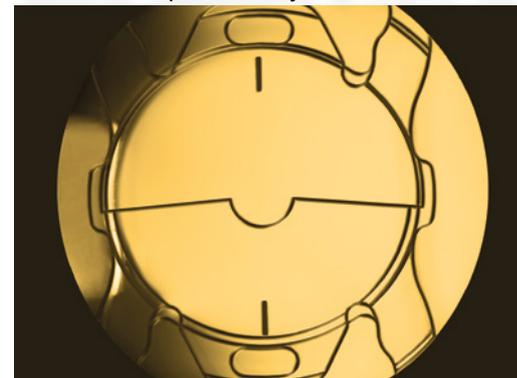
Optimal IOL stability

in the capsulorhexis



Perfect match:

automat. capsulotomy & FEMTIS® IOL

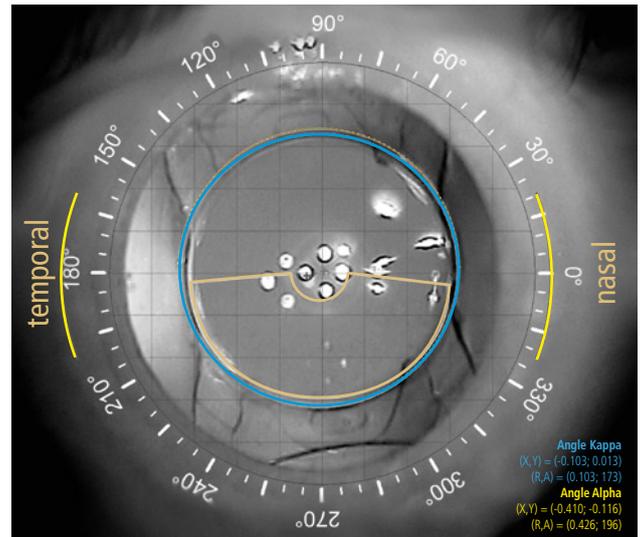


FEMTIS[®]

Unique Perfection

Perfect positioning of the IOL on the optical axis

- **Highest** rotational stability
- **No** tilting
- **No** decentration



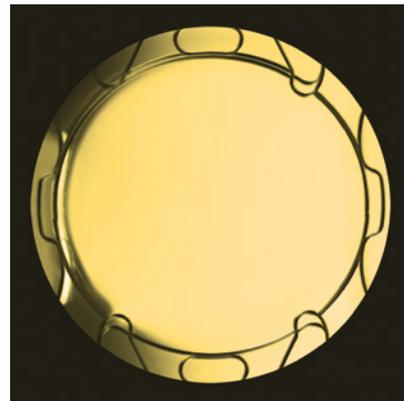
FEMTIS[®]

No dysphotopsias



Capsulorhexis margin of a standard, not fixated IOL

▼
Potentially pronounced symptoms of negative dysphotopsias



Capsulotomy rim and FEMTIS[®] IOL form an ideal unit

▼
No negative dysphotopsias

Unmatched visual quality - unique in the entire IOL market

The optimum in IOL premium care

Outstanding IOL & haptic design

Renowned surgical procedure

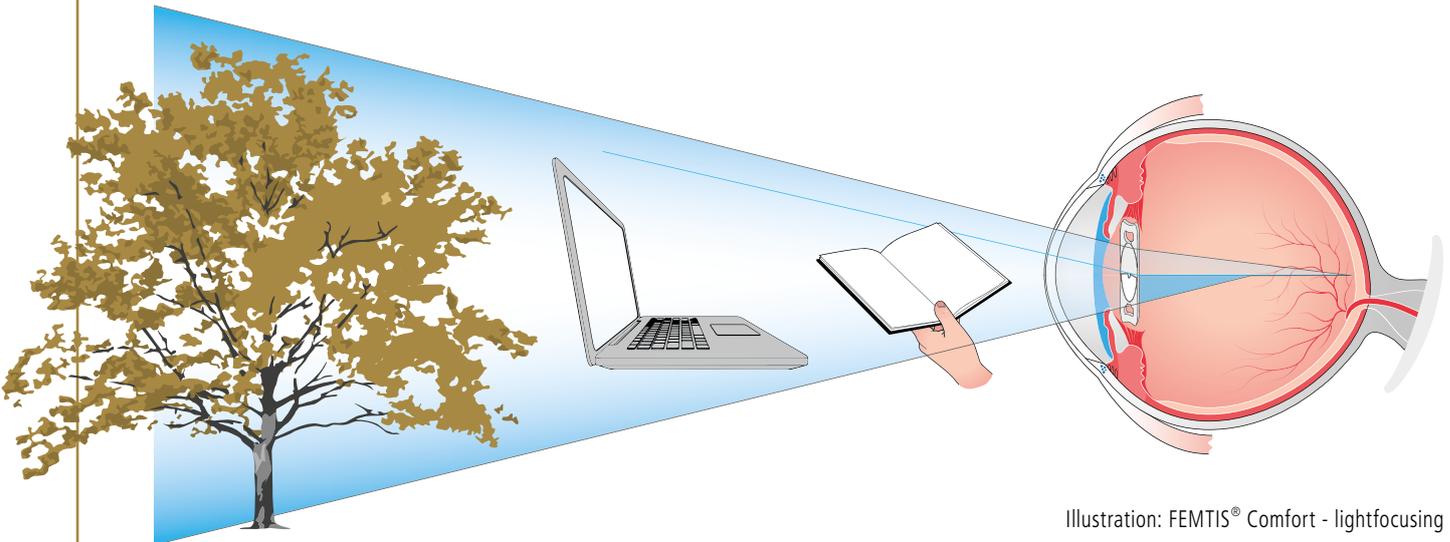


FEMTIS® Comfort

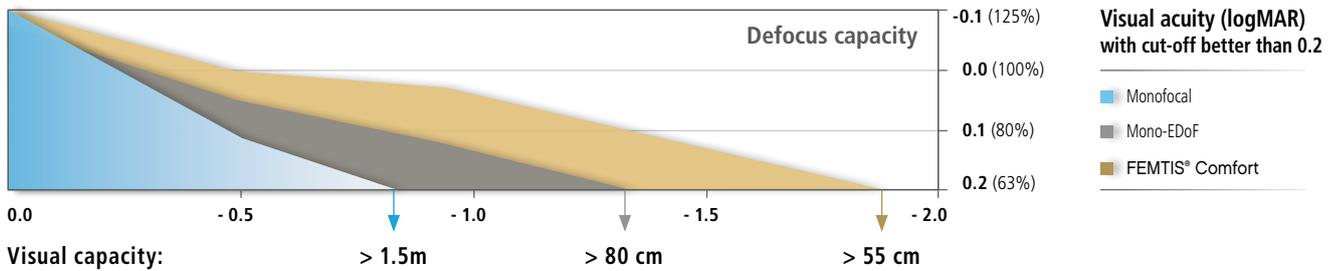
EDoF-IOL with varifocal effect

Continuous Transmission Technology

- Large distance optic zone
- Transition free central optics
- EDoF segment for continuous light distribution through the entire intermediate area (varifocal effect)



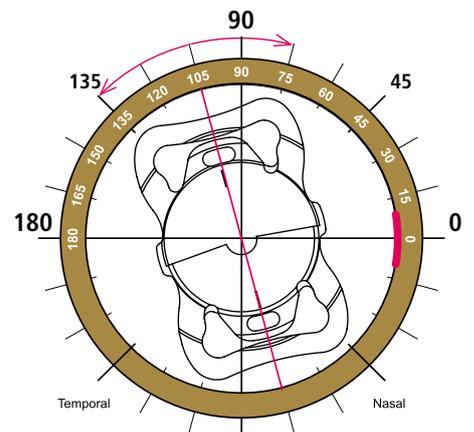
Superior visual comfort than with standard monofocal care



FEMTIS® Comfort toric

Perfect correction of astigmatism

- Easy axis alignment of the IOL
- Rotation* still possible in both directions after enclavating the clip haptics



* Source: Clinical evaluation of the rotational stability, Prof. B. Dick, University Hospital Bochum

FEMTIS® studies

Groundbreaking clinical results



IOL fixation in the capsulotomy - results of a FEMTIS® multicentre study

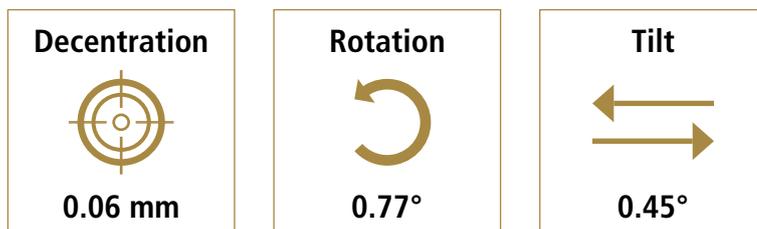
in 360 eyes

DOI: <https://doi.org/10.1016/j.ajo.2020.12.025>

Prof. Gerd Auffarth, MD



- International multicentre study in 8 clinics



FEMTIS® Comfort – a capsulorhexis-fixed EDoF IOL

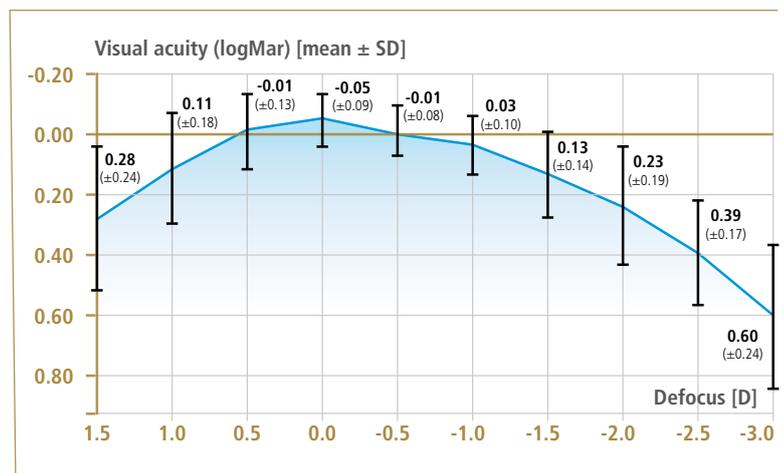
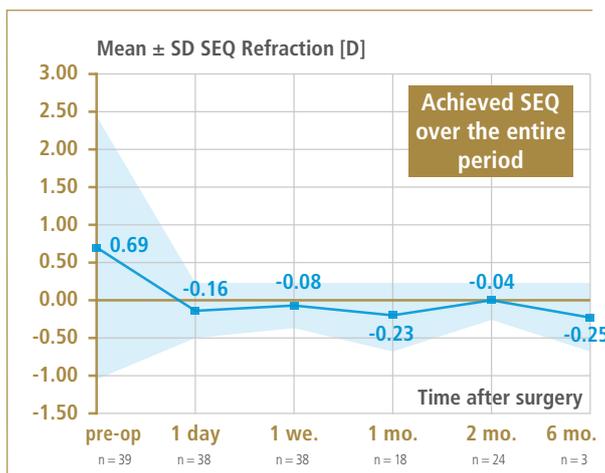
in 50 eyes

DOI: <https://doi.org/10.1097/j.jcrs.0000000000000044>

Patrick Versace, MD



- Fast refraction stability thanks to the fixed IOL position
- Average change in IOL position over 6 months: 0.092 µm



Advantages of effective lens positioning and refraction stability with FEMTIS®

in 70 eyes

DOI: <https://doi.org/10.1016/j.ajo.2020.01.009>

Prof. Wolfgang J. Mayer, MD



- FEMTIS® guarantees significantly better refractive predictability due to a stable ELP compared to intraocular lenses with C-loops or simple plate haptics



FEMTIS® Comfort | FEMTIS® Comfort^{toric}

One-piece posterior chamber lens with aspherical segmental optics for automated capsulotomies

EDoF Auto-CCC aspheric

EDoF Auto-CCC aspheric toric

Product	FEMTIS® Comfort FB-313 MF15	FEMTIS® Comfort ^{toric} FB-313 MF15 T0-T3
Type	Foldable one-piece EDoF-IOL for capsular bag and additional capsulotomy fixation	Foldable one-piece toric EDoF-IOL for capsular bag and additional capsulotomy fixation
Optic size	5.7 mm	
Overall length	10.5 mm	
Haptic Angulation	0°	
Optic Design	Biconvex Sector-shaped near vision segment - anterior: +1.5 D Aspherical surface - posterior Spherical aberration neutral	Biconvex Sector-shaped near vision segment - anterior: +1.5 D Aspherical & toric surface - posterior Spherical aberration neutral
Design	Plate haptic with additional Clip-haptics Optic and haptics with square edges, posterior 360° continuous barrier effect	
Material	HydroSmart® - a copolymer, consisting of hydrophilic acrylates with hydrophobic surface and UV absorbing	
Available Diopters	SE +15.0D to +30.0D (0.5D)	SE +15.0D to +30.0D (0.01D) cyl. T0 +0.75 D T1 +1.5 D T2 +2.25 D T3 +3.0 D
Refractive Index	1.46	
A-Constant (nominal)	117.8	
Recommended Rhexis Size	4.8 - 5.2 mm	
Sterilisation	Steam sterilisation	
Storage	Storage in sterile water	
Recommended Incision Size	≥ 2.2 mm	
Recommended Injector-Sets	Check compatibility of IOL with injector matrix provided at https://lentis-eifu.com	

Source: IOLcon.org

Please note that neither Teleon nor IOLcon can be held responsible for correctly specifying the optimized A constants for the Zeiss IOLMaster. The specified constants are therefore, to be seen as a guide value and starting point for calculating the IOL refractive power

Advantages of the FEMTIS® IOL Family:

- Unique haptic system for perfect IOL positioning
- Highest patient satisfaction thanks to the most reliable refractive predicatbility for highest patient satisfaction
- Best quality of vision thanks to the perfect combination of FEMTIS® IOL and automated capsulotomy technologies



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