AcrySof® IQ Vivity™
EXTENDED VISION IOL

EMBRACE THE
VIVITY VIEW

Expand visual possibilities with the AcrySof® IQ Vivity™ IOL, the **first and only non-diffractive extended depth of focus IOL**.

Monofocal-quality distance with excellent intermediate and functional near vision.[1,*]

A monofocal-like visual disturbance profile.[1,*]

Non-diffractive X-WAVE™ Technology that stretches and shifts light without splitting it.[2]

*Results from a prospective, randomized, parallel group, subject- and assessor-masked, multisite trial of 107 subjects bilaterally implanted with the AcrySof® IQ Vivity™ IOL and 113 with the AcrySof® IQ IOL with 6 months' follow-up.

Alcon

PROVIDE PATIENTS WITH MONOFOCAL-QUALITY DISTANCE, EXCELLENT INTERMEDIATE, AND FUNCTIONAL NEAR VISION.[1,*]

Monofocal-quality distance vision

Binocular Mean Uncorrected Distance Visual Acuity[1,*,†]

20/20

Excellent intermediate vision

Binocular Mean Uncorrected Intermediate Visual Acuity (26 in)[1,*,†]

>20/25

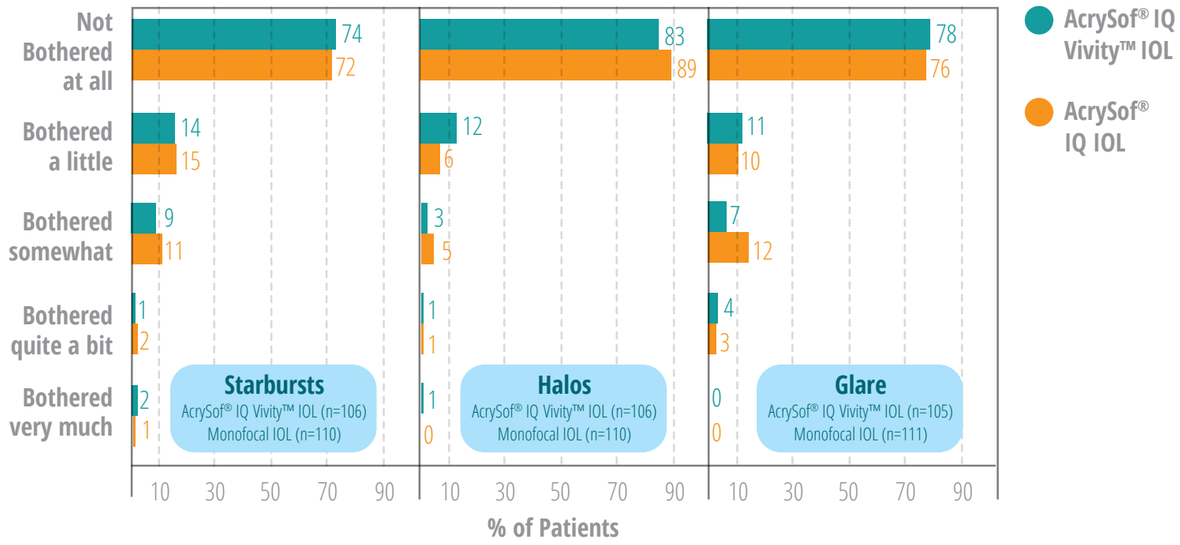
Functional near vision

Binocular Mean Uncorrected Near Visual Acuity (16 in)[1,*,†]

20/32

DESIGNED TO DELIVER A MONOFOCAL-LIKE VISUAL DISTURBANCE PROFILE.[1,*]

Patient-Reported Visual Disturbances: Low Levels of Bother Similar to Monofocal[1,*,‡]



VALIDATED QUVID QUESTIONNAIRE:

"In the past 7 days, how much were you bothered with starbursts, halos, and glare?"

Percent of patients bothered very much[1]:

2% by starbursts **1%** by halos **0%** by glare

NON-DIFFRACTIVE X-WAVE™ TECHNOLOGY

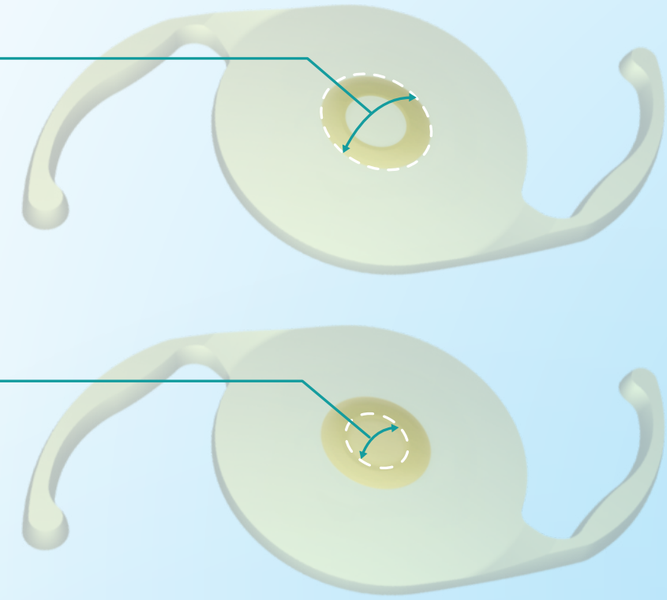
This proprietary technology features 2 smooth surface transition elements that simultaneously stretch and shift light without splitting it.[2]

SURFACE TRANSITION 1:

Slightly elevated smooth plateau (~1 µm) stretches the wavefront, creating a continuous extended focal range

SURFACE TRANSITION 2:

Small curvature change (across the ~2.2 mm region) shifts the wavefront to utilize all available light energy



*Results from a prospective, randomized, parallel group, subject- and assessor-masked, multisite trial of 107 subjects bilaterally implanted with the AcrySof® IQ Vivity™ IOL and 113 with the AcrySof® IQ IOL with 6 months' follow-up.

†Snellen VA was converted from logMAR VA. A Snellen notation of $20/20^{-2}$ or better indicates a logMAR VA of 0.04 or better, which means 3 or more of the 5 ETDRS chart letters in the line were identified correctly.

‡Assessed using QUVID questionnaire.

LEARN MORE ABOUT THE ACRYSOF® IQ VIVITY™ IOL AT VIVITYVIEW.COM

The AcrySof® IQ Vivity™ IOL is also available in toric.

AcrySof® IQ Vivity™ Family of Extended Vision IOLs

IMPORTANT PRODUCT INFORMATION

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

INDICATIONS: The AcrySof® IQ Vivity™ Extended Vision IOLs include AcrySof® IQ Vivity™ and AcrySof® IQ Vivity™ Toric IOLs and are indicated for primary implantation for the visual correction of aphakia in adult patients with <1.00 D of preoperative corneal astigmatism, in whom a cataractous lens has been removed by extracapsular cataract extraction. The lens mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the lens provides improved intermediate and near visual acuity, while maintaining comparable distance visual acuity. The AcrySof® IQ Vivity™ IOL is intended for capsular bag placement only. In addition, the AcrySof® IQ Vivity™ Toric IOL is indicated for the reduction of residual refractive astigmatism in adult patients with pre-existing corneal astigmatism.

WARNINGS/PRECAUTIONS: 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. This lens 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. Most patients implanted with the AcrySof® IQ Vivity™ IOL are likely to experience significant loss of contrast sensitivity as compared to a monofocal IOL. Therefore, it is essential that prospective patients be fully informed of this risk before giving their consent for implantation of the AcrySof® IQ Vivity™ IOL. In addition, patients should be warned that they will need to exercise caution when engaging in activities that require good vision in dimly lit environments, such as driving at night or in poor visibility conditions, especially in the presence of oncoming traffic. It is possible to experience very bothersome visual disturbances, significant enough that the patient could request explant of the IOL. In the AcrySof® IQ Vivity™ IOL clinical study, 1% to 2% of AcrySof® IQ Vivity™ IOL patients reported very bothersome starbursts, halos, blurred vision, or dark area visual disturbances; however, no explants were reported. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon informing them of possible risks and benefits associated with the AcrySof® IQ Vivity™ IOLs.

ATTENTION: Reference the Directions for Use labeling for each IOL for a complete listing of indications, warnings and precautions.

REFERENCES: 1. AcrySof® IQ Vivity™ Extended Vision IOL Directions For Use. **2.** Alcon Data on File, 2019.