enVista ENVY™

HYDROPHOBIC ACRYLIC IOL

PEARLS

BAUSCH + LOMB

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HYDROPHOBIC ACRYLIC IOL
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Full Range of Vision Optics

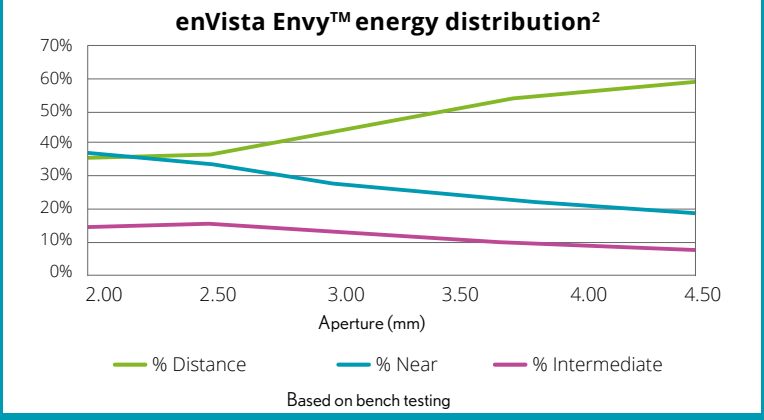
Diffractive anterior surface

- 1.2 mm central zone
- Intermediate vision: +1.60 D
- Near vision: +3.10 D
- Consistent -0.15 µm spherical aberration (SA) profile across full diopter range

ActiveSync apodization, combined with proprietary smoothing technology, refines the diffractive profile to enhance optical performance by minimizing unwanted artifacts while preserving light distribution efficiency.[1]

By integrating a smoothed diffractive surface with a gradual reduction in step height (ActiveSync), the lens design optimizes diffraction efficiency, for improving contrast sensitivity under mesopic and large-pupil conditions and reducing visual disturbances.

Furthermore, the ActiveSync diffractive profile progressively attenuates peripheral diffractive contributions, ensuring a more uniform and balanced energy distribution across the optic. This advanced design provides surgeons with a technology for delivering both visual quality and consistency for a broad range of patients.

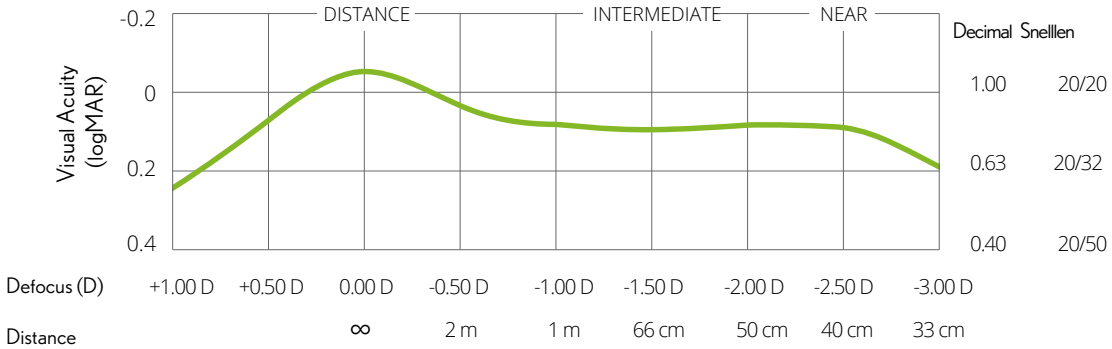


ActivSync optic delivers intelligent energy distribution

enVista Envy™ demonstrated consistent performance

In photopic conditions, ActivSync optic maintained wide full range of vision for patients.[3]

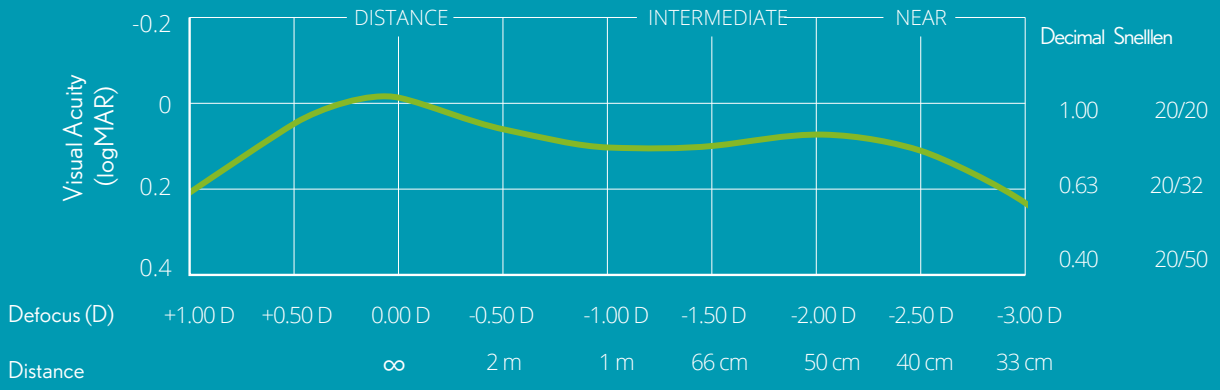
enVista Envy™ 4-6 months post-op binocular defocus curve 3–4 mm pupil size (n=21 patients)[1]



...in all lighting conditions

In pupils larger than 4 mm, ActivSync optic is able to prioritize light energy, without compromising visual acuity under mesopic conditions.[3]

enVista Envy™ 4-6 months post-op binocular defocus curve > 4mm pupil size (n=18 patients)[1]



1. B1. B+L_PRJ-000435238_Clear Path Technology_Jan 30, 2025
2. R&D report: Optical Design Release for enVista Envy (MX60EF) IOL V16-070M1_Rev B (Aug 2023)
3. Mitchell C. Shultz , William F. Wiley , Eva Liang , Alice T. Epitropoulos , Jeffrey Whitman , Visual and patient-reported outcomes of a novel full visual range IOL versus a monofocal IOL: A randomized multicenter US trial, American Journal of Ophthalmology (2025), doi: https://doi.org/10.1016/j.ajo.2025.08.050

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Patient Selection & Consideration

Indications

enVista Envy™[5]

- For primary implantation in the capsular bag of the eye in adult patients for visual correction of aphakia following removal of a cataractous lens.
- Providing improved intermediate and near visual acuity, while maintaining comparable distance visual acuity to a monofocal IOL.

enVista Envy™ toric[5]

- For primary implantation in the capsular bag of the eye in adult patients for visual correction of aphakia and corneal astigmatism following removal of a cataractous lens.
- Providing improved intermediate and near visual acuity, while maintaining comparable distance visual acuity to a monofocal IOL.

4. enVista Envy(™ Directions For Use.
5. enVista Envy(™ Toric Directions For Use.

The patient profile

- Potential for good postoperative visual acuity in each eye. Absence of significant ocular pathology: healthy cornea, no advanced glaucoma, no macular disease.
- Does the patient have corneal astigmatism?
  enVista Envy™ Toric is recommended for regular corneal astigmatism ≥ 1.00 and correctable by means of glasses.
- Good pupil dynamics.
- Visual acuity outcomes should be enhanced by bilateral implantation.
- The patient is motivated to have potential spectacle independence but understanding they may still need glasses for specific visual tasks.
- If implanting for the first time, consider patients with bilateral cataracts or hyperopes.

Other Considerations

- Occupation of the patient.
- Lifestyle and visual needs of the patient. For example the amount of time spent driving at night, using an iPad or computer, cooking, reading and other leisure activities.
- Patient personality profiles, such as those with high expectations versus easy-going patients.

Pre-Op Counselling: What to Explain to Patients

- Vision may improve over time after surgery (neuro adaptation).
- Good lighting conditions could still be needed for best reading results with these lenses.
- Halos and or glare maybe experienced at night but tend to reduce overtime.

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Pre-Op Measurements*

- Ensure devices are calibrated regularly.
- Select correct machine settings - for example phakic, pseudophakic etc.
- Monitor and check patient fixation for accurate measurements.
- Perform optical biometry & keratometry before any eyedrops (except artificial tears), applanation tonometry, or corneal manipulation.
- Contact lens wear may affect accuracy of measurements and subsequent IOL selection. Ensure contact lens use has been discontinued long enough to provide corneal stability and stable measurements. A longer period of abstinence from contact lens wear may be required for rigid gas permeable contact lens wearers.
- Make sure the ocular surface and tear film are stable prior to measurements.
- Have the patient blink frequently between measurements to avoid drying the cornea.
- If the patient has dry eye, artificial tears may help to obtain more reliable measurements. Be cautious in utilising artificial tears with a high viscosity as this may alter results.
- Take at least 3 readings per eye to ensure accuracy and consistency of measurements.
- Verify accuracy of measurements according to manufacturer's suggestions.
- Check disparities between eyes and measurements with different devices.
- Corneal topography may assist in assessing corneal shape and identify corneal conditions that are contraindications, to help with surgical planning.
- Optical coherence tomography (OCT) is able to detect subtle macular pathologies which can help guide IOL selection and improve patient outcomes.
- Halos and or glare maybe experienced at night but tend to reduce overtime.

* Information compiled from https://www.doctor-hill.com/iol-main/validation.htm

Biometry*

Repeat axial length measurement if:

- The axial length is < 22 mm or > 26 mm in either eye.
- There is a difference in axial length between the two eyes of greater than 0.3 mm that cannot be correlated with the patient's oldest refraction.
- Axial length measurements do not correlate with the patient's refractive error. In general, myopes should have eyes longer than 24.00 mm and hyperopes should have eyes shorter than 24.00 mm. Exceptions to this rule involve steep or flat corneas. Be sure to use the oldest refractive data.
- There is a difference in IOL power of > 1.00 D between the two eyes.

Keratometry*

Repeat keratometry if:

- The corneal power is < +41.00 D or > +47.00 D
- The average corneal power difference between the two eyes is greater than 0.90 D

Lens Power Calculations

- Most modern IOL power calculation formulas will give good outcomes for normal eyes with axial lengths from 22.50 mm to 24.00 mm, and central corneal powers ranging from +42.00 D to +45.00 D, and a normal anterior chamber depth.[6]
- For eyes outside this range, newer generation formulas will give better results.[7]

Emmetropia Verifying Optical (EVO) Formula

The Emmetropia Verifying Optical (EVO) Formula is an advanced intraocular lens (IOL) formula for cataract surgery. It is based on the theory of emmetropization and generates an 'emmetropia factor' for each eye. As a thick lens formula, it takes into account of the optical dimensions of the eye, and can handle different IOL geometry and powers.[8]

For toric calculation, the EVO Toric Formula is a IOL formula based on the EVO Formula. It combines theoretical posterior cornea astigmatism prediction, thick lens modelling for different types of toric IOLs, and a dynamically interconnected prediction of IOL power and toricity.[8]

6. www.doctor-hill.com/iol-main/formulas.htm
7. Hipólito-Fernandes D, Elisa Luís M, Gil P, Maduro V, Feijão J, Yeo TK, Voytsekhivskyy O, Alves N. VRF-G, a New Intraocular Lens Power Calculation Formula: A 13-Formulas Comparison Study. Clin Ophthalmol. 2020 Dec 16;14:4395-4402. doi: 10.2147/OPTH.S290125
8. www.evoiolcalculator.com

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Targeting

For enVista Envy™

- Target emmetropia.

Prepare the following information for the EVO Toric IOL Calculator at:

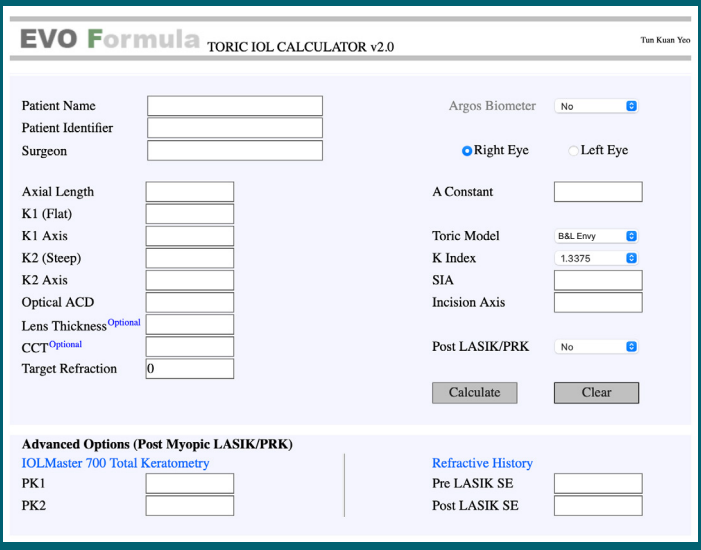
www.evoiolcalculator.com

- Axial length (AL).
- Keratometry (K) – Do not use Total Keratomtetry (TK) values as this would lead to an overcompensation of posterior corneal astigmatism.
- Optical anterior chamber depth (ACD).
- Lens Thickness (mm) and Central Corneal Thickness CCT (µm) are optional inputs.
- Target refraction, expected magnitude of surgically induced astigmatism and primary phaco incision axis inputs from surgeon.

When you have the required information, complete the following steps:

1. Start the EVO Toric IOL Calculator software program.
2. For IOL Toric Model select B&L Envy and enter EVO A-constant 119.24 or surgeon's optimised A constant.
3. Enter requested information.
   Please note: Select Yes, if Argos Biometer has been used for inputs.
4. Print the output from the calculator for the patient record.

   Please note the lens recommendation page of the EVO Calculator displays the residual cylinder and axis in negative cylinder but can be changed to display in positive cylinder.



The EVO Toric IOL Calculator will calculate:

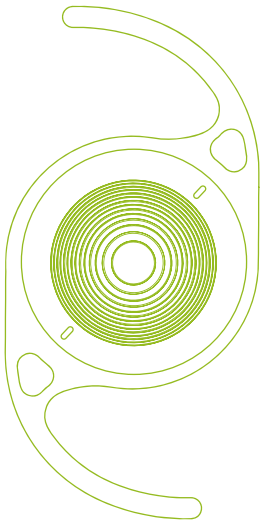
- The spherical equivalent IOL power, cylinder and axis, and amount of residual astigmatism.

www.evoiolcalculator.com

Scan the code to visit the EVO Toric Calculator

Surgical Pearls Perioperative

- Mark the eye with the patient sitting upright or use automated toric IOL alignment systems in order to avoid cyclotorsion effect.
- Follow enVista Envy™ loading instructions for lens preparation.



For toric alignment, enVista Envy™ Toric can be rotated both ways in the bag thanks to its fenestrated haptics.

Post-Op Examination

- Qualify eye drop regimen compliance, to reduce effects on visual acuity of anterior chamber reactions, corneal oedema and dry eye.
- Encourage patients during visual acuity (VA) measurements.
- Do not rely on auto-refractions (they tend to OVER-MINUS).
- When testing VA be sure to use good lighting.
- Check uncorrected distance, intermediate, and near VA.
- Subjective refraction (spherocylinder) to best VA endpoint.

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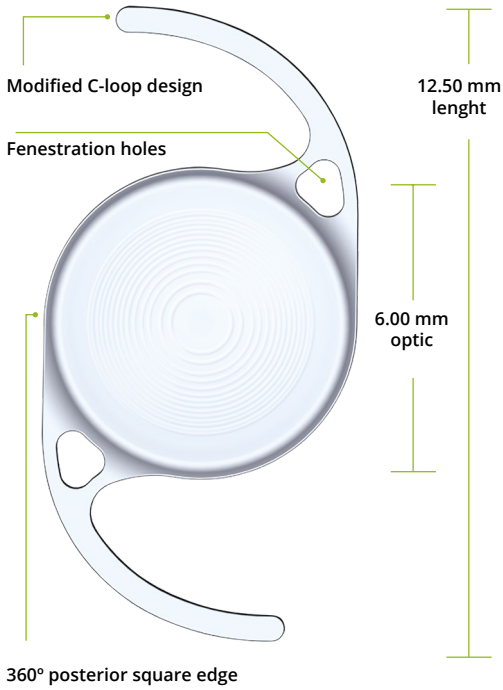
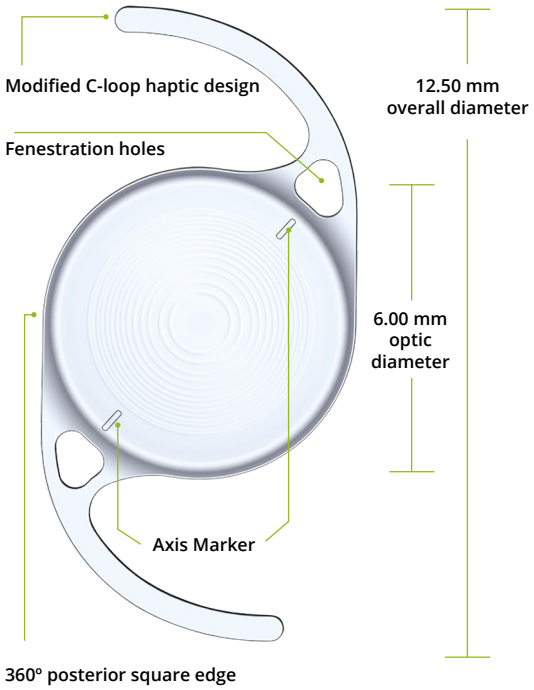


enVista HYDROPHOBIC ACRYLIC IOL ENVY™ TORIC

SKU ETNxxx+xxx



MATERIAL	• Hydrophobic Acrylic
OPTIC DESIGN	• One-piece • Aspheric, biconvex • Anterior apodized diffractive • Posterior refractive • Posterior aspheric surface • +1.6 D intermediate • +3.1 D near
OPTIC SIZE	• 6 mm
LENGTH	• 12.5 mm
OPTIC EDGE DESIGN	• Sharp 360° square posterior edge
HAPTICS	• Modified C, fenestrated
REFRACTIVE INDEX	• 1.53 at 35° C
UV CUTOFF	• 389 nm at 10 % transmittance
OPTICAL BIOMETRY	
Barrett Universal II	• A-constant 119.28, LF 2.03
EVO 2.0	• A-constant 119.24
Hill-RBF 3.0	• Hill-RBF 3.0 A-constant 119.26
SRK/T	• A-constant 119.25
Hoffer Q	• pACD: 5.788
Holliday I	• SF: 1.981
Haigis	• a_0: 0.871 a_1: 0.143 a_2: 0.165
OTHER FEATURES	• Glistening free

*Constants are estimates only. It is recommended that each surgeon develops their own values.

DIOPTER RANGE

enVista Envy™
From +6.00 D to +34.00 D:
• From +6.00 D to +10.00 D (1.00 D steps)
• From +10.00 D to +34.00 D (0.50 D steps)

enVista Envy™ TORIC
Spherical equivalent power:
From +6.00 D to +34.00 D (0.50 D steps)

Cylinder power – IOL Plane:
+0.90 D / +1.25 D / +1.50 D / +2.00 D / +2.50 D / +3.00 D / +3.50 D / +4.25 D / +5.00 D / +5.75 D

Cylinder power - Corneal plane:
+0.63 D / +0.88 D / +1.05 D / +1.40 D / +1.75 D / +2.10 D / +2.45 D / +2.98 D / +3.50 D / +4.03 D

DELIVERY SYSTE

Non-preloaded
BLIS (screw type, controlled delivery) reusable inserter and single use cartridge
Inserter: BLIS-R1 (1 Unit/box)
Cartridge: BLIS-X1 (10 Units/box)
Recommended incision size ≥ 2.2 mm

INJ100 (Silicone tip, push type single handed)
Single-use inserter (10 Units/box)
Recommended incision size ≥ 2.2 mm

Preloaded
EyeGility™ inserter
(Silicone tip, push type single handed)
Single-use inserter
Recommended incision size ≥ 2.0 mm

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IOL plane power	Cylinder power - IOL Plane (D)									
Spherical equivalent power (D)	+0.90 D	+1.25 D	+1.50 D	+2.00 D	+2.50 D	+3.00 D	+3.50 D	+4.25 D	+5.00 D	+5.75 D
+6.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+6.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+7.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+7.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+8.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+8.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+9.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+9.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+10.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+10.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+11.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+11.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+12.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+12.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+13.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
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+23.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+24.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
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+25.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+26.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+26.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+27.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+27.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+28.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+28.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+29.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+29.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
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+30.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+31.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+31.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+32.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
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+33.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+33.50 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D
+34.00 D	0.90 D	1.25 D	1.50 D	2.00 D	2.50 D	3.00 D	3.50 D	4.25 D	5.00 D	5.75 D

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RETINA
VISUALIZATION