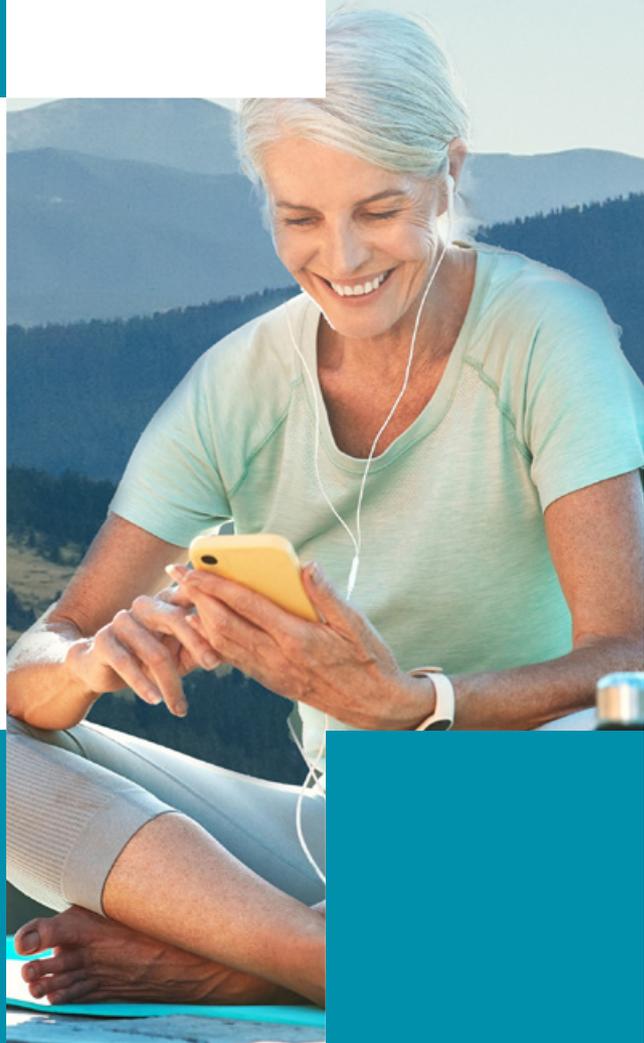


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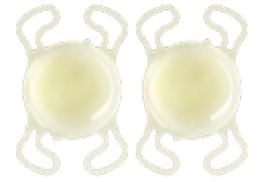
LUX *Life*™

PEARLS



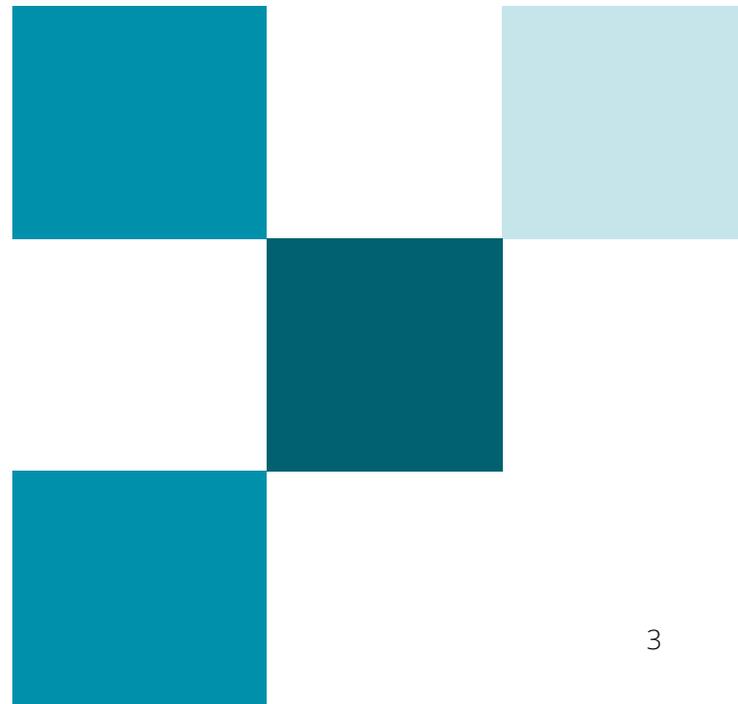
BAUSCH + LOMB





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PURE REFRACTIVE OPTICS (PRO) Technology

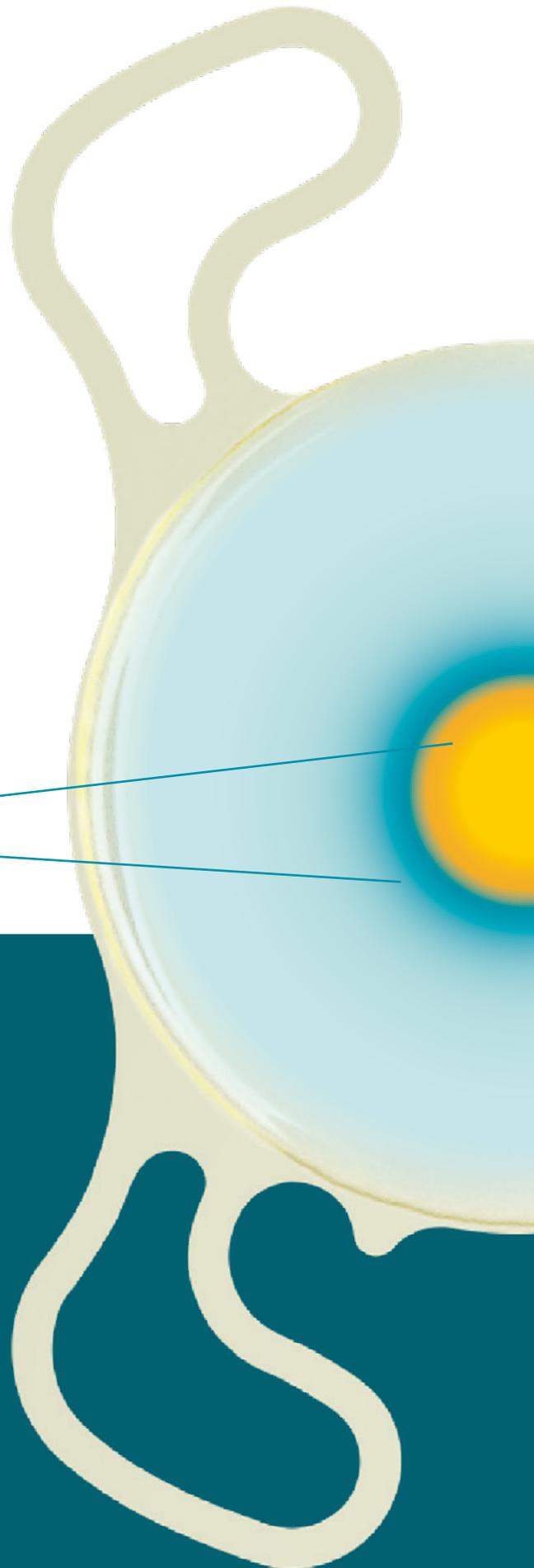
With no diffractive optical profile;
the IOL has continuous refractive surface
across the entire optical diameter.

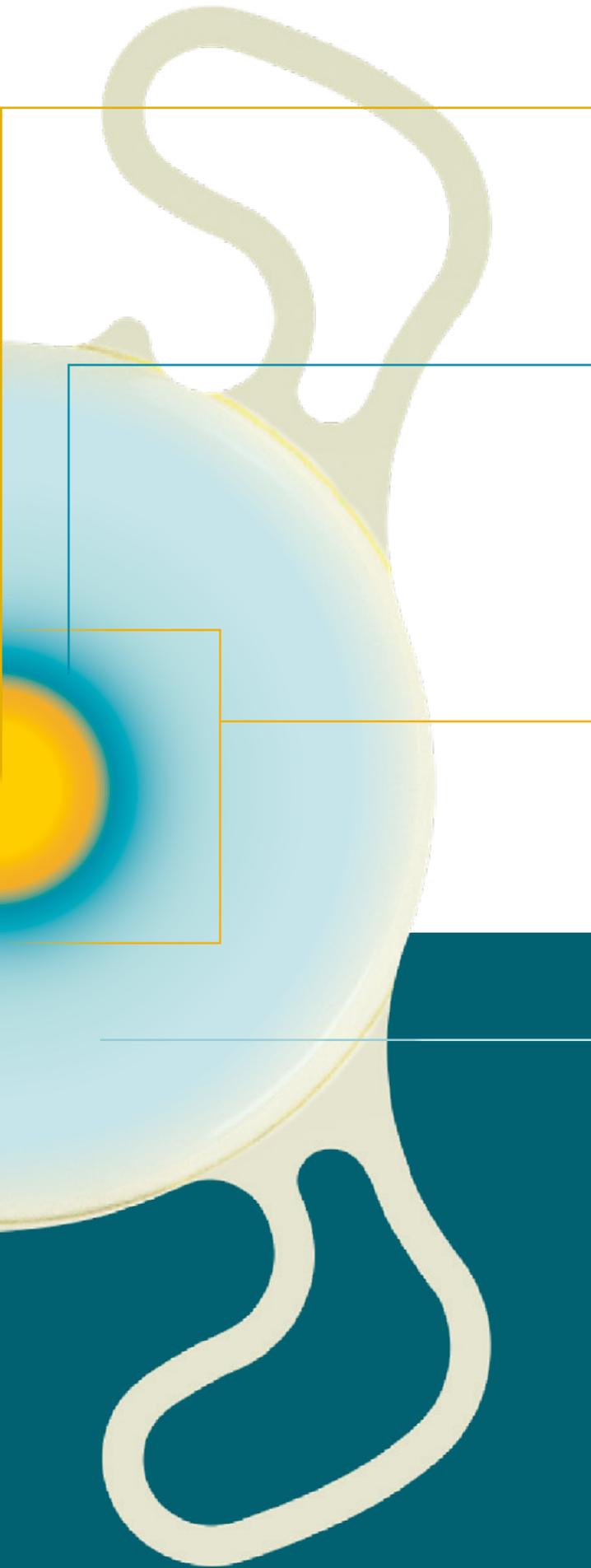
2 Allied Ray Technology (ART) Zones

LuxLife™ integrates 2 unique ART Zones that modify the curvature in a controlled way to change the direction of the rays every 5 microns in order to redirect the one out of foci. Tailoring the rays direction and refocusing them to keep 100 % of light energy to useful vision.

ART Zones:

- Manages the transition from near vision central zone to intermediate and from intermediate area to base power periphery smoothly decreasing the optic vergence.
- Balancing appropriately the 4th and 6th orders of spherical aberration to provide intermediate and near vision.





Near vision
+3.40 D

Intermediate
vision
+2.20 D

2.00 mm Center

LuxLife™ combines 4th and 6th order of spherical aberration of opposite signs balanced to enhance the range of vision from distance to intermediate and near.

Base power
(distance vision)

Monofocal aberration-free periphery.

The colored rings of this chart are designed for illustrative purposes only as the lens is a continuous refractive surface. The dimensions provided may vary between different diopter powers.

Patient Selection & Consideration

Indications

- LuxLife™ is a single piece ultraviolet (UV) absorbing posterior chamber IOL developed to replace the human crystalline lens in pseudophakic adult patients in whom the cataractous lens has been removed.¹
- The LuxLife™ is a solution for patients who desire near, intermediate and distance vision with increased spectacle independence.¹
- The LuxLife™ Toric is most appropriate for visual correction of pre-existing corneal astigmatism in these patients.²



1. LuxLife™ Directions For Use.
2. LuxLife™ Toric Directions For Use.

The patient profile

- Potential for good postoperative visual acuity in each eye.
- Does the patient have corneal astigmatism?
LuxLife™ Toric is recommended for corneal astigmatism > +0.75 D 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.

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.

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.¹
- For eyes outside this range, newer generation formulas will give better results.²

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.³

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.³

Targeting

For LuxLife™

- Target emmetropia, or first positive but no more than +0.30 D.

1. www.doctor-hill.com/iol-main/formulas.htm

2. 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/OPHT.S290125

3. www.evoiolcalculator.com

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

www.evoiolcalculator.com

- Axial length (AL).
- Keratometry (K) – Do not use Total Keratometry (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 LuxLife and enter EVO A-constant 118.62 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.

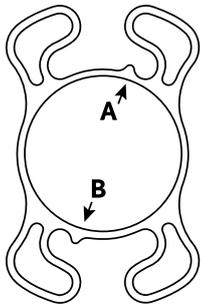
www.evoiolcalculator.com



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.
- The IOL, the Balanced Salt Solution (BSS) and the viscoelastic used should be stored for at least 30 min at minimum 20° C before surgery.
- Follow LuxLife™ loading instructions for lens preparation.
- The IOL must be carefully rinsed prior to implantation with balanced salt solution (BSS).
- Once LuxLife™ is implanted, the orientation features of the lens must be oriented at the top right (A) and at the bottom left (B).



For toric alignment, LuxLife™ Toric can be rotated both ways in the bag.

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.

Technical specifications

Material:	Acrylic hydrophobic
Overall diameter:	11.00 mm
Optic diameter:	6.00 mm
Platform design:	Single piece, 4 fixation points haptics and 360° posterior square-edges
Optical design:	Full range of vision (FRoV) and full range of vision toric
Haptics angulation:	0°
Refractive index:	1.54 at 35°
Orientation features:	Top right and bottom left
Light Filter:	UV and violet filters
LuxLife™ diopter range:	From +5.00 D to +32.00 D: From +5.00 D to 10.00 D (1.00 D steps) From +10.50 D to +30.00 D (0.50 D steps) From +31.00 D to +32.00 D (1.00 D steps)

LuxLife™ toric diopter range

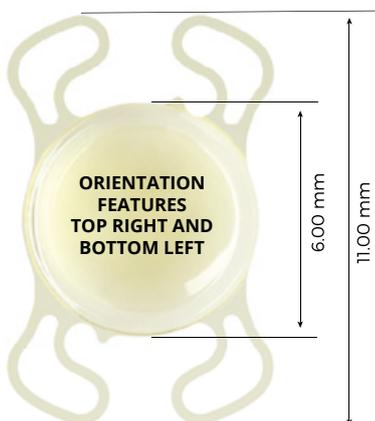
Spherical equivalent power:	From +6.00 D to +34.00 D: From +6.00 D to 10.00 D (1.00 D steps) From +10.50 D to +30.00 D (0.50 D steps) From +31.00 D to +34.00 D (1.00 D steps)
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Cylinder power – IOL Plane:	+0.75 D / +1.00 D / +1.50 D / +2.25 D / +3.00 D / +3.75 D / +4.50 D / +5.25 D / +6.00 D. Some availability exceptions for high or low sphere powers. Please refer to next page.
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Delivery system

Fully preloaded system with push or screw injection: Accuject™ Dual Injection System

Recommended incision size ≥ 2.2 mm



Constants*

OPTICAL CONSTANTS

- SRK/T A constant: 118.7
- Hoffer Q pACD: 5.35
- Holladay I Surgeon factor: 1.60
- Haigis: a0: 0.669 a1: 0.322 a2: 0.131
- EVO 2.0 A constant: 118.62
- Barret Universal II A constant: : 118.63 / Lens Factor: 1.69
- Hill-RBF 3.0 A constant: 118.56

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



P R E L O A D E D

LUX *Life*™

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CATARACT
GLAUCOMA
REFRACTIVE
RETINA
VISUALIZATION