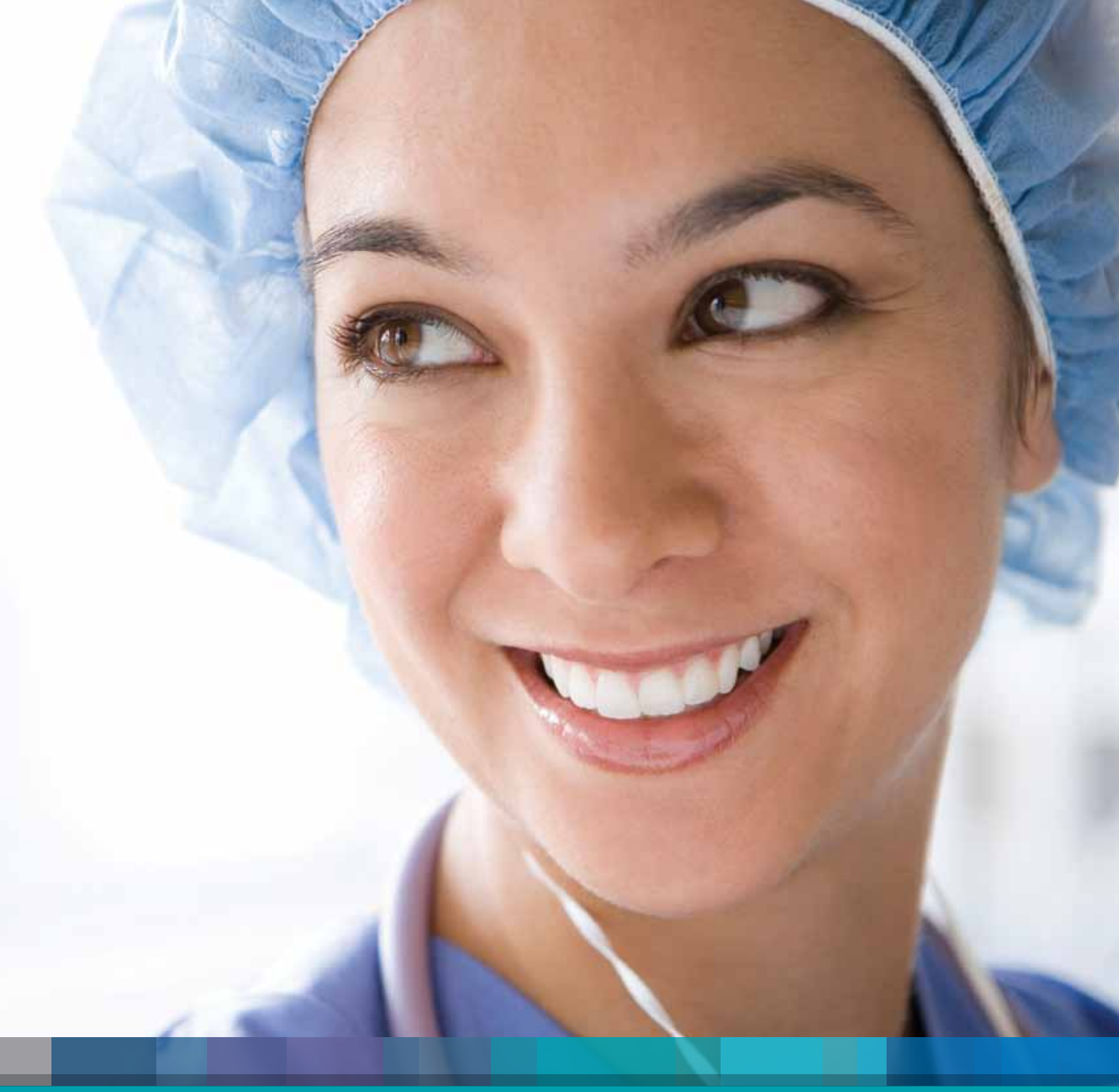

Alcon®

2012 Cataract and Refractive Product Catalog

a Novartis company

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WaveLight® Laser System

Health Care Professional Information Sheet:
All WaveLight® Allegretto Wave® System Indications
The WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System

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

Statements regarding the potential benefits of wavefront-guided and Wavefront Optimized® laser-assisted in-situ keratomileusis (LASIK) are based upon the results of clinical trials. These results are indicative of not ony the WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System treatment but also the care of the clinical physicians, the control of the surgical environment by those physicians, the clinical trials' treatment parameters and the clinical trials' patient inclusion and exclusion criteria. Although many clinical trial patients after the wavefront-guided and Wavefront Optimized® procedure saw 20/20 or better and/or had or reported having better vision during the day and at night, compared to their vision with glasses or contact lenses before the procedure, individual results may vary. You can find information about the clinical trials below and in the Procudure Manuals for the WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System.

As with any surgical procedure, there are risks associated with the wavefront-guided and Wavefront Optimized® treatment. Before treating patients with these procedures, you should carefully review the Procedure Manuals, complete the Physician WaveLight® System Certification Course, provide your patients with the Patient Information Booklet, and discuss the risks s with this procedure and questions about the procedure with your patients.

INDICATIONS: The WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System is indicated to perform LASIK treatments in patients with documented evidence of a stable manifest refraction defined as less than or equal to 0.50 diopters (D) of preoperative spherical equivalent shift over one year prior to surgery, exclusive of changes due to unmasking latent hyperopia in patients 18 years of age or older: for the reduction or elimination of myopic refractive errors up to -12.0 D of sphere with and without astigmatic refractive errors up to -6.0 D; for the reduction or elimination of hyperopic refractive errors up to +6.0 D of sphere with and without astigmatic refractive errors up to 5.0 D at the spectacle plane, with a maximum manifest refraction spherical equivalent (MRSE) of +6.0 D; and in patients 21 years of age or older for the reduction or elimination of naturally occurring mixed astigmatism of up to 6.0 D at the spectacle plane.

LASIK is an elective procedure with the alternatives including but not limited to eyeglasses, contact lenses, photorefractive keratectomy (PRK), and other refractive surgeries. Only practitioners who are experienced in the medical management and surgical treatment of the cornea, who have been trained in laser refractive surgery including laser system calibration and operation, may use the device as approved. Prospective patients, as soon as they express an interest in an indicated LASIK procedure and prior to undergoing surgery, must be given the WaveLight® System Patient Information Booklet and must be informed of the alternatives for refractive correction including eyeglasses, contact lenses, PRK, and other refractive surgeries.

CLINICAL DATA MYOPIA: The WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System for LASIK treatments of myopic refractive errors up to -12.0 D of sphere with and without astigmatic refractive errors up to -6.0 D at the spectacle plane was studied in clinical trials in the United States with 901 eyes treated, of which 813 of 866 eligible eyes were followed for 12 months. Accountability at 3 months was 93.8%, at 6 months was 91.9%, and at 12 months was 93.9%.

The studies found that of the 844 eyes eligible for the uncorrected visual acuity (UCVA) analysis of effectiveness at the 3-month stability time point, 98.0% were corrected to 20/40 or better, and 84.4% were corrected to 20/20 or better without spectacles or contact lenses.

The clinical trials showed that the following subjective patient adverse events were reported as moderate to severe at a level at least 1% higher than baseline of the subjects at 3 months post-treatment: visual fluctuations (12.8% at baseline versus 28.6% at 3 months). Long term risks of LASIK for myopia with and without astigmatism beyond 12 months have not been studied.

CLINICAL DATA HYPEROPIA: The WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System for LASIK treatments of hyperopic refractive errors up to +6.0 D of sphere with and without astigmatic refractive errors up to 5.0 D with a maximum MRSE of +6.0 D has been studied in clinical trials in the United States with 290 eyes treated, of which 100 of 290 eligible eyes were followed for 12 months. Accountability at 3 months was 95.2%, at 6 months was 93.9%, and at 12 months was 69.9%.

The studies found that of the 212 eyes eligible for the UCVA analysis of effectiveness at the 6-month stability time point, 95.3% were corrected to 20/40 or better, and 67.5% were corrected to 20/20 or better without spectacles or contact lenses.

The study showed that the following subjective patient adverse events were reported as much worse by at least 1% of the subjects (in order of increasing frequency) at 6 months post final treatment: glare from bright lights (3.0%); night driving glare (4.2%); light sensitivity (4.9%); visual fluctuations (6.1%); and halos (6.4%). Long term risks of LASIK for hyperopia with and without astigmatism beyond 12 months have not been studied.

CLINICAL DATA MIXED ASTIGMATISM: The WaveLight® ALLEGRETTO WAVE®/ ALLEGRETTO WAVE® Eye-Q Excimer Laser System for LASIK treatments of naturally occurring mixed astigmatism of up to 6.0 D at the spectacle plane has been studied in clinical trials in the United States with 162 eyes treated, of which 111 were eligible to be followed at 6 months. Accountability at 1 month was 99.4%, at 3 months was 96.0%, and at 6 months was 100.0%.

The studies found that of the 142 eyes eligible for the UCVA analysis of effectiveness at the 3-month stability time point, 95.8% achieved acuity of 20/40 or better, and 67.6% achieved acuity of 20/20 or better without spectacles or contact lenses.

The clinical trials showed that the following subjective patient adverse events were reported as moderate to severe at a level at least 1% higher than baseline of the subjects at 3 months post-treatment: sensitivity to light (43.3% at baseline versus 52.9% at 3 months); visual fluctuations (32.1% at baseline versus 43.0% at 3 months); and halos (37.0% at baseline versus 42.3% at 3 months). Long term risks of LASIK for mixed astigmatism beyond 6 months have not been studied.

CLINICAL DATA WAVEFRONT-GUIDED TREATMENT OF MYOPIA: The WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System used in conjunction with the WaveLight® ALLEGRO Analyzer® device. The device uses a 6.5 mm optical zone, a 9.0 mm ablation/treatment zone, and is indicated for wavefront-guided LASIK: 1) for the reduction or elimination of up to -7.0 D of spherical equivalent myopia or myopia with astigmatism, with up to -7.0 D of spherical component and up to 3.0 D of astigmatic component at the spectacle plane; 2) in patients who are 18 years of age or older; and 3) in patients with documentation of a stable manifest refraction defined as ≤0.50 D of preoperative spherical equivalent shift over one year prior to surgery was studied in a randomized clinical trial in the United States with 374 eyes treated; 188 with wavefront-guided LASIK (Study Cohort) and 186 with Wavefront Optimized® LASIK (Control Cohort). 178 of the Study Cohort and 180 of the Control Cohort were eligible to be followed at 6 months. In the Study Cohort, accountability at 1 month was 96.8%, at 3 months was 96.8%, and at 6 months was 93.3%. In the Control Cohort, accountability at 1 month was 94.6%, at 3 months was 94.6%, and at 6 months was 92.2%.

The studies found that of the 180 eyes eligible for the UCVA analysis of effectiveness at the 6-month stability time point in the Study Cohort, 99.4% were corrected to 20/40 or better, and 93.4% were corrected to 20/20 or better without spectacles or contact lenses. In the Control Cohort, of the 176 eyes eligible for the UCVA analysis of effectiveness at the 6-month stability time point, 99.4% were corrected to 20/40 or better, and 92.8% were corrected to 20/20 or better without spectacles or contact lenses.

The clinical trials showed that the following subjective patient adverse events were reported as moderate to severe at a level at least 1% higher than baseline of the subjects at 3 months post-treatment in the Study Cohort: light sensitivity (37.2% at baseline versus 47.8% at 3 months); and visual fluctuations (13.8% at baseline versus 20.0% at 3 months). In the Control Cohort: halos (36.6% at baseline versus 45.4% at 3 months); and visual fluctuations (18.3% at baseline versus 21.9% at 3 months). Long term risks of wavefront-guided LASIK for myopia with and without astigmatism beyond 6 months have not been studied.

CONTRAINDICATIONS: LASIK treatments using the WaveLight® ALLEGRETTO WAVE®/ ALLEGRETTO WAVE® Eye-Q Excimer Laser System are contraindicated if any of the following conditions exist. Potential contraindications are not limited to those included in this list: pregnant or nursing women; patients with a diagnosed collagen vascular, autoimmune or immunodeficiency disease; patients with diagnosed keratoconus or any clinical pictures suggestive of keratoconus; and patients who are taking one or both of the following medications: isotretinoin (Accutane®1), amiodarone hydrochloride (Cordarone®2).

WARNINGS: Any LASIK treatment with the WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System is not recommended in patients who have: systemic diseases likely to affect wound healing, such as connective tissue disease, insulin dependent diabetes, severe atopic disease or an immunocompromised status; a history of Herpes simplex or Herpes zoster keratitis; significant dry eye that is unresponsive to treatment; severe allergies; and unreliable preoperative wavefront examination that precludes wavefront-guided treatment. The wavefront-guided LASIK procedure requires accurate and reliable data from the wavefront examination. Every step of every wavefront measurement that may be used as the basis for a wavefront-guided LASIK procedure must be validated by the user. Inaccurate or unreliable data from the wavefront examination will lead to an inaccurate treatment.

PRECAUTIONS: Safety and effectiveness of the WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System have not been established for patients with: progressive myopia, hyperopia, astigmatism and/or mixed astigmatism; ocular disease; previous corneal or intraocular surgery, or trauma in the ablation zone; corneal abnormalities including, but not limited to, scars, irregular astigmatism and corneal warpage; residual corneal thickness after ablation of less than 250 microns increasing the risk for corneal ectasia; pupil size below 7.0 mm after mydriatics where applied for wavefront-guided ablation planning; history of glaucoma or ocular hypertension of > 23 mmHg; taking the medication sumatriptan succinate (Imitrex®3); under 18 years (21 years for mixed astigmatism) of age; over the long term (more than 12 months after surgery); corneal, lens and/or vitreous opacities including, but not limited to, cataract; iris problems including, but not limited to, coloboma and previous iris surgery compromising proper eyetracking; taking medications likely to affect wound healing including, but not limited to, antimetabolites; treatments with an optical zone below 6.0 mm or above 6.5 mm in diameter; treatment targets different from emmetropia (plano) in which the wavefront-calculated defocus (spherical term) has been adjusted; myopia greater than – 12.0 D or astigmatism greater than 6 D; hyperopia greater than + 6.0 D or astigmatism greater than 5.0 D; mixed astigmatism greater than + 6.0 D; and in cylinder amounts > 4.0 to < 6.0 D.

Due to the lack of large numbers of patients in the general population, there are few subjects with cylinder amounts in this range to be studied. Not all complications, adverse events, and levels of effectiveness may have been determined.

Pupil sizes should be evaluated under mesopic illumination conditions. Effects of treatment on vision under poor illumination cannot be predicted prior to surgery. Some patients may find it more difficult to see in such conditions as very dim light, rain, fog, snow and glare from bright lights. This has been shown to occur more frequently in the presence of residual refractive error and perhaps in patients with pupil sizes larger than the optical zone size.

The refraction is determined in the spectacle plane, but treated in the corneal plane. In order to determine the right treatment program to achieve the right correction, assessment of the vertex distance during refraction testing is recommended. Preoperative evaluation for dry eyes should be performed. Patients should be advised of the potential for dry eyes post LASIK and post wavefront-guided LASIK surgery. This treatment can only be provided by a licensed healthcare professional.

ADVERSE EVENTS AND COMPLICATIONS FOR MYOPIA: Certain adverse events and complications occurred after the LASIK surgery. Two adverse events occurred during the postoperative period of the clinical study: 0.2% (2/876) had a lost, misplaced, or misaligned flap reported at the 1 month examination.

The following adverse events did NOT occur: corneal infiltrate or ulcer requiring treatment, corneal edema at 1 month or later visible in the slit lamp exam; any complication leading to intraocular surgery; melting of the flap of >1 mm2; epithelium of >1 mm2 in the interface with loss of 2 lines or more of BSCVA; uncontrolled IOP rise with increase of >5 mmHg or any reading above 25 mmHg; retinal detachment or retinal vascular accident; and decrease in BSCVA of >10 letters not due to irregular astigmatism as shown by hard contact lens refraction.

The following complications occurred 3 months after LASIK during this clinical trial: 0.8% (7/844) of eyes had a corneal epithelial defect; 0.1% (1/844) had any epithelium in the interface; 0.1% (1/844) had foreign body sensation; 0.2% (2/844) had pain; and 0.7% (6/844) had ghosting or double images in the operative eye.

The following complications did NOT occur 3 months following LASIK in this clinical trial: corneal edema and need for lifting and/or reseating the flap/cap.

Adverse Events and Complications for Hyperopia: Certain adverse events and complications occurred after the LASIK surgery. Only one adverse event occurred during the clinical study: one eye (0.4%) had a retinal detachment or retinal vascular accident reported at the 3 month examination.

The following adverse events did NOT occur: corneal infiltrate or ulcer requiring treatment; lost, misplaced, or misaligned flap, or any flap/cap problems requiring surgical intervention beyond 1 month; corneal edema at 1 month or later visible in the slit lamp exam; any complication leading to intraocular surgery; melting of the flap of > 1 mm2; epithelium of > 1 mm2 in the interface with loss of 2 lines or more of BSCVA; uncontrolled IOP rise with increase of > 5 mmHg or any reading above 25 mmHg and decrease in BSCVA of > 10 letters not due to irregular astigmatism as shown by hard contact lens refraction.

The following complications occurred 6 months after LASIK during this clinical trial: 0.8% (2/262) of eyes had a corneal epithelial defect and 0.8% (2/262) had any epithelium in the interface.

The following complications did NOT occur 6 months following LASIK in this clinical trial: corneal edema; foreign body sensation; pain, ghosting or double images; and need for lifting and/or reseating of the flap/cap.

ADVERSE EVENTS AND COMPLICATIONS FOR MIXED ASTIGMATISM: Certain adverse events and complications occurred after the LASIK surgery. No protocol defined adverse events occurred during the clinical study. However, two events occurred which were reported to the FDA as Adverse Events.

The first event involved a patient who postoperatively was subject to blunt trauma to the treatment eye 6 days after surgery. The patient was found to have an intact globe with no rupture, inflammation or any dislodgement of the flap. The second event involved the treatment of an incorrect axis of astigmatism which required retreatment.

The following adverse events did NOT occur: corneal infiltrate or ulcer requiring treatment; corneal epithelial defect involving the keratectomy at 1 month or later; corneal edema at 1 month or later visible in the slit lamp exam; epithelium of > 1 mm2 in the interface with loss of 2 lines or more of BSCVA; lost, misplaced, or misaligned flap, or any flap/cap problems requiring surgical intervention beyond 1 month; decrease in BSCVA of > 10 letters not due to irregular astigmatism as shown by hard contact lens refraction; any complication leading to intraocular surgery; melting of the flap of > 1 mm2; uncontrolled IOP rise and retinal detachment or retinal vascular accident.

None of the following complications occurred at 3 months after LASIK during this clinical trial: corneal edema; corneal epithelial defect; any epithelium in the interface; foreign body sensation, pain, ghosting or double images; and need for lifting and/or reseating of the flap/cap.

Subjects were asked to complete a patient questionnaire preoperatively and at 3-months, 6-months, and 1-year postoperatively.

ADVERSE EVENTS AND COMPLICATIONS FOR WAVEFRONT - GUIDED MYOPIA: Certain adverse events and complications occurred after the wavefront-guided LASIK surgery. No adverse event occurred during wavefront-guided treatments during this clinical study.

The following adverse events did NOT occur: corneal infiltrate or ulcer requiring treatment; lost, misplaced or misaligned flap or any flap/cap problems requiring surgical intervention beyond 1 month; corneal edema at 1 month or later visible in the slit lamp exam; any complication leading to intraocular surgery; melting of the flap of > 1 mm2; epithelium of > 1 mm^2 in the interface with loss of 2 lines or more of BSCVA; uncontrolled IOP rise with increase of > 5 mmHg or any reading above 25 mmHg; and decrease in BSCVA of > 10 letters not due to irregular astigmatism as shown by hard contact lens refraction.

The following complications occurred 3 months after wavefront-guided LASIK during this clinical trial: corneal epithelial defect (0.6%); foreign body sensation (0.6%); and pain (0.6%).

The following complications did NOT occur 3 months following wavefront-guided LASIK in this clinical trial: corneal edema; any epithelium in the interface; ghosting or double images; and need for lifting and/or reseating of the flap/cap.

ATTENTION: The safety and effectiveness of LASIK surgery has ONLY been established with an optical zone of 6.0 – 6.5 mm and an ablation zone of 9.0 mm.

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

[1] Accutane® is a registered trademark of Hoffmann-La Roche Inc.
[2] Cordarone® is a registered trademark of Sanofi S.A.
[3] Imitrex® is a registered trademark Glaxo Group Limited

Health Care Professional Information Sheet
The WaveLight® FS200 Laser System

Federal (USA) law restricts this device to sale by, or on the order of, a physician. As with any surgical procedure, there are risks associated with the use of the WaveLight® FS200 Femtosecond Laser System. Before treating patients with this device, you should carefully review the Procedure Manual, complete the Physician WaveLight® System Certification Course, and discuss the risks associated with this procedure and questions about the procedure with your patients.

INDICATIONS: The WaveLight® FS200 Laser System is indicated for use in the creation of a corneal flap in patients undergoing LASIK surgery or other surgery or treatment requiring initial lamellar resection of the cornea; in patients undergoing surgery or other treatment requiring initial lamellar resection of the cornea to create tunnels for placement of corneal ring segments; in the creation of a lamellar cut/resection of the cornea for lamellar keratoplasty; and in the creation of a penetrating cut/incision for penetrating keratoplasty and for corneal harvesting.

The WaveLight® FS200 delivery system is used in conjunction with a sterile disposable Patient Interface, consisting of pre-sterilized suction ring assemblies and pre-sterilized applanation cones, intended for single use.

The WaveLight® FS200 Laser System should only be operated by, or under the direct supervision of, a trained physician with certification in laser safety and in the use of the WaveLight® FS200 Laser.

CONTRAINDICATIONS: LASIK treatments are contraindicated in: Pregnant or nursing women; patients with a diagnosed collagen vascular, autoimmune or immunodeficiency disease; and patients who are taking one or both of the following medications: isotretinoin (Accutane®), amiodarone hydrochloride (Cordarone®).

FLAP CONTRAINDICATIONS: Lamellar resection for the creation of a corneal flap using the WaveLight® FS200 laser is contraindicated if any of the following conditions exist. Potential contraindications are not limited to those included in this list: corneal edema; corneal lesions; hypotony; glaucoma; existing corneal implant; and keratoconus.

KERATOPLASTY CONTRAINDICATIONS: Penetrating cut/incision (for penetrating keratoplasty) is contraindicated in: any corneal opacity adequately dense to obscure visualization of the iris; descemetocoete with impending corneal rupture; previous corneal incisions that might provide a potential space into which the gas produced by the procedure can escape; and corneal thickness requirements that are beyond the range of the System.

OTHER CONSIDERATIONS: The following conditions should also be considered: severe corneal thinning; subjects with pre-existing glaucoma; a history of steroid responsive rise in intraocular pressure; preoperative intraocular pressure greater than 21 mmHg in the operative eye; subjects with more than 1000 µm corneal thickness at the 9 mm peripheral zone; active intraocular inflammation; and active ocular infection.

COMPLICATIONS: Possible complications which may result from flap cutting include (potential complications are not limited to those included in this list): corneal edema; corneal pain; epithelial ingrowth; epithelial infection; flap de-centration; incomplete flap creation; flap tearing or incomplete lift-off; free cap; photophobia; corneal inflammation, such as diffuse lamellar keratitis (DLK), corneal infiltrates and iritis; thin- or thick flaps; flap striae; and corneal ectasia (secondary keratoconus).

WARNINGS: Any treatment with the WaveLight® FS200 is not recommended in patients who have: systemic diseases likely to affect wound healing, such as connective tissue disease, insulin dependent diabetes, severe atopic disease or an immunocompromised status; a history of Herpes simplex or Herpes zoster keratitis; significant dry eye that is unresponsive to treatment; severe allergies; and a history of glaucoma or ocular hypertension.

We recommend discussing the following potential complications of this device with your patients: Transient Light Sensitivity Syndrome (TLSS): Transient Light Sensitivity Syndrome is characterized by symptoms of mild to severe light sensitivity which manifests between two and six weeks postoperatively. Patients experience no decrease in uncorrected or best spectacle-corrected visual acuity. The incidence of this sensitivity was observed in approximately 1% of patients who undergo flap creation with a femtosecond laser.3 Patients respond to the use of hourly topical steroids such as Pred Forte (Allergan), and most report improvement within one week of treatment.

PERIPHERAL LIGHT SPECTRUM (PLS): Peripheral Light Spectrum is a temporary phenomenon whereby patients report the perception of a spoke-like spectrum of light in the periphery of their vision. PLS has no clinical examination findings and no effect on visual acuity; however the potential diffractive effects may be bothersome to some patients. Reported in only a small amount of cases, the onset of symptoms occurs during the immediate postoperative period, and typically resolves within three months but may be slightly persistent in rare cases. The visual impact of PLS is clinically inconsequential for the vast majority of patients.

[1] Accutane® is a registered trademark of Hoffmann-La Roche Inc.
[2] Cordarone® is a registered trademark of Sanofi.
[3] FDA Database Research Results Feb, 05, 2009.

REFRACTIVE SUITE

WaveLight® FS200 Femtosecond Laser

For highly-advanced LASIK treatments, the WaveLight® FS200 femtosecond laser offers customized flap creation options relative to individual adjustment of flap size and shape, adjustable hinge position and hinge size, and variable angles for the side cut incision.

8065990714 - 1 each

WaveLight® EX500 Excimer Laser

The WaveLight® latest excimer system is a further develop-ment of the proven ALLEGRETTO WAVE® excimer laser design has been ergonomically optimized to combine it with the WaveLight® FS200 femtosecond laser and surgical diagnostics within the WaveLight® Refractive Suite.

8065990794 - 1 each

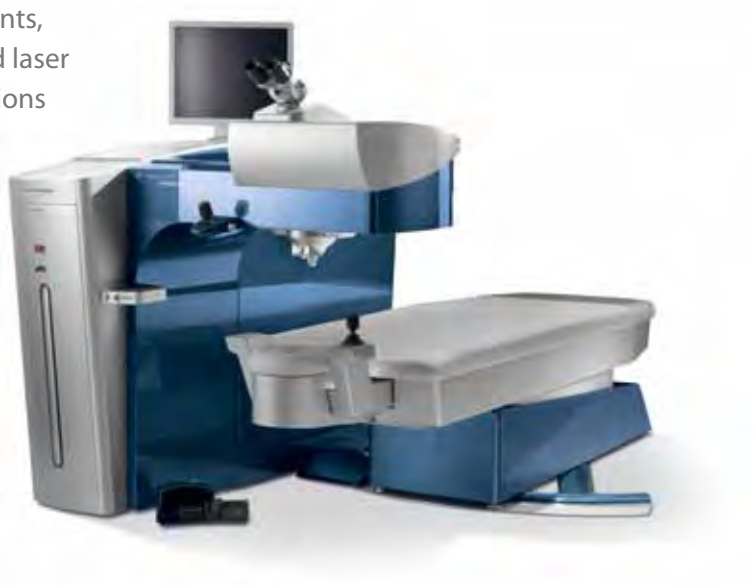
For a complete listing of indications and for important safety information about these Alcon products please refer to back of WaveLight® tab.

REFRACTIVE WORKSTATION

WaveLight® FS200 Femtosecond Laser

For highly-advanced LASIK treatments, the WaveLight® FS200 femtosecond laser offers customized flap creation options relative to individual adjustment of flap size and shape, adjustable hinge position and hinge size, and variable angles for the side cut incision.

8065990714 - 1 each



ALLEGRETTO WAVE® Eye-Q Excimer Laser

A new postless design combines the proven Eye-Q technology with optimized ergonomics. A unique WaveLight® LED Slit Illumination System as an integral part of the laser device along with a revised stability concept makes the previous post unnecessary.

8065990601 - 1 each

ALLEGRETTO WAVE® Eye-Q Excimer Laser

A new postless design combines the proven Eye-Q technology with optimized ergonomics. A unique WaveLight® LED Slit Illumination System as an integral part of the laser device along with a revised stability concept makes the previous post unnecessary.

8065990601 - 1 each

Includes:

- ALLEGRETTO WAVE® Eye-Q 400 Hz Excimer Laser
- Revised stability concept without supporting post
- LED Slit Illumination System
- Swiveling patient bed for ALLEGRETTO WAVE® Eye-Q Excimer Laser
- TFT flat-screen
- Plume evacuation
- External nitrogen connection
- Documentation ALLEGRETTO WAVE® Eye-Q Excimer Laser

Postless Upgrade Kit for the ALLEGRETTO WAVE® Eye-Q 400 Hz Excimer Laser

8065990712 - 1 each

Optimizes the ALLEGRETTO WAVE® Eye-Q excimer laser for use in combination with the WaveLight® swiveling patient bed.

For a complete listing of indications and for important safety information about these Alcon products please refer to back of WaveLight® tab.

WaveLight® FS200 Femtosecond Laser

For highly-advanced LASIK treatments, the WaveLight® FS200 femtosecond laser offers customized flap creation options relative to individual adjustment of flap size and shape, adjustable hinge position and hinge size, and variable angles for the side cut incision.

8065990714 - 1 each

- Sub-Bowman Keratomileusis
- Intracorneal ring segments
- Flap cutting (open platform, all different kinds of cutting patterns possible)
- Lamellar, perforating (extremely large penetration depth, suitable for thick donor material), and penetrating keratoplasty that can be performed with individual keratoplastic shapes.

WaveLight® FS200 Laser Basic Package

Includes:

- WaveLight® FS200 Femtosecond Laser
- Documentation WaveLight® FS200 Femtosecond Laser

WaveLight® FS200 Laser Patient Interface and Wave Card

8065990786 - 1 each

Includes:

One card and 20 patient interfaces

WaveLight® EX500 Excimer Laser

The WaveLight® latest excimer system is a further develop-ment of the proven ALLEGRETTO WAVE® excimer laser techology, integrating many new functions for fast, safe and reliable refractive laser treatments. Its design has been ergonomically optimized to combine it with the WaveLight® FS200 femtosecond laser and surgical diagnostics within the WaveLight® Refractive Suite.

8065990794 - 1 each

Includes:

- PerfectPulse Technology™ ensures high precision and safety for optimized treatment results
- Multifunctional illumination system
- Non-contact online pachymetry
- Advanced OPMI including video system
- Networking capabilities

For a complete listing of indications and for important safety information about these Alcon products please refer to back of WaveLight® tab.

Diagnostic Device Wavefront Analyzer

Based on the Tscherning principle, the Analyzer diagnostic device measures in the visible spectrum (660 nm) to avoid chromatic errors. A fundus camera captures the retinal image of a grid pattern consisting of 168 rays of light, which is sufficient to determine existing higher order aberrations up to the 6th order.

8065990606 - 1 each

Includes:

- Analyzer Device
- Documentation Analyzer Diagnostic Device
- Height-Adjustable Table for Analyzer Diagnostic Device
- A-CAT Software Module for WaveLight® Laser Systems

OVDs and Disposables

DisCoVisc® Ophthalmic Viscosurgical Device

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

DESCRIPTION: DisCoVisc® Ophthalmic Viscosurgical Device has an intermediate cohesive/dispersive index (CDI) and can best be described as the first viscous dispersive viscoelastic and is optimized for the entire surgical procedure.

INDICATIONS: DisCoVisc® Ophthalmic Viscosurgical Device is indicated for use during surgery in the anterior segment of the eye. It is designed to create and maintain space, to protect the corneal endothelium and other intraocular tissues and to manipulate tissues during surgery. It may also be used to coat intraocular lenses and instruments during cataract extraction and IOL insertion.

WARNINGS: Failure to follow assembly instructions or use of an alternate cannula may result in cannula detachment and potential patient injury.

PRECAUTIONS: Precautions are limited to those normally associated with the surgical procedure being performed. Although sodium hyaluronate and sodium chondroitin sulfate are highly purified biological polymers, the physician should be aware of the potential allergic risks inherent in the use of any biological material.

ADVERSE REACTIONS: DisCoVisc® Ophthalmic Viscosurgical Device was very well tolerated in nonclinical and clinical studies. A transient rise in intraocular pressure in the early postoperative period may be expected due to the presence of sodium hyaluronate, which has been shown to effect such a rise. It is therefore recommended that DisCoVisc® OVD be removed from the anterior chamber by thorough irrigation and/or aspiration at the end of surgery to minimize postoperative IOP increases. Do not overfill anterior chamber.

ATTENTION: Reference the Physician Labeling/Directions for Use for a complete listing of indications, warnings and precautions.

DUOVISC® Viscoelastic System

DESCRIPTION: DUOVISC® Viscoelastic System is designed to give two Viscoelastic materials with different physico-chemical properties that can be used differently and/or sequentially to perform specific tasks during a cataract procedure. DUOVISC® Viscoelastic System consists of VISCOAT® Ophthalmic Viscosurgical Device and PROVISC® Ophthalmic Viscosurgical Device.

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

DESCRIPTION: VISCOAT® (Sodium Chondroitin Sulfate – Sodium Hyaluronate) Ophthalmic Viscosurgical Device

INDICATIONS: VISCOAT® OVD is indicated for use as an ophthalmic surgical aid in anterior segment procedures including cataract extraction and intraocular lens (IOL) implantation. VISCOAT® OVD maintains a deep anterior chamber during anterior segment surgeries, enhances visualization during the surgical procedure, and protects the corneal endothelium and other ocular tissues. The viscoelasticity of the solution maintains the normal position of the vitreous face and prevents formation of a flat chamber during surgery.

WARNINGS: Failure to follow assembly instructions or use of an alternate cannula may result in cannula detachment and potential patient injury.

PRECAUTIONS: Precautions are limited to those normally associated with the surgical procedure being performed. Although sodium hyaluronate and sodium chondroitin sulfate are highly purified biological polymers, the physician should be aware of the potential allergic risks inherent in the use of any biological material.

ADVERSE REACTIONS: VISCOAT® OVD has been extremely well tolerated in human and animal studies. A transient rise in intraocular pressure in the early postoperative period may be expected due to the presence of sodium hyaluronate, which has been shown to effect such a rise. It is therefore recommended that VISCOAT® OVD be removed from the anterior chamber by thorough irrigation and/or aspiration at the end of surgery to minimize postoperative IOP increases. Do not overfill anterior chamber.

ATTENTION: Reference the Physician Labeling/Directions for Use for a complete listing of indications, warnings and precautions.

DESCRIPTION: PROVISC® (Sodium Hyaluronate) Ophthalmic Viscosurgical Device

INDICATIONS: PROVISC® OVD is indicated for use as an ophthalmic surgical aid in the anterior segment during cataract extraction and intraocular lens (IOL) implantation. Ophthalmic viscoelastics serve to maintain a deep anterior chamber during anterior segment surgery allowing reduced trauma to the corneal endothelium and surrounding ocular tissues. They help push back the vitreous face and prevent formation of a flat chamber during surgery.

PRECAUTIONS: Postoperative increases in intraocular pressure have been reported with sodium hyaluronate products. The IOP should be carefully monitored and appropriate therapy instituted if significant increases should occur. It is recommended that PROVISC® OVD be removed by irrigation and/or aspiration at the close of surgery. Do not overfill anterior chamber. Although sodium hyaluronate is a highly purified biological polymer, the physician should be aware of the potential allergic risks inherent in the use of any biological material; care should be used in patients with hypersensitivity to any components in this material. Cannula assembly instructions should be followed to prevent patient injury.

ADVERSE REACTIONS: Postoperative inflammatory reactions such as hypotony and iritis have been reported with the use of ophthalmic viscoelastics, as well as incidents of corneal edema, corneal decompensation, and a transient rise in intraocular pressure. It is therefore recommended that VISCOAT® OVD be removed from the anterior chamber by thorough irrigation and/or aspiration at the end of surgery to minimize postoperative IOP increases. Do not overfill anterior chamber.

ATTENTION: Reference the Physician Labeling/Directions for Use for a complete listing of indications, warnings and precautions.

VISCOAT® OVD

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

INDICATION: VISCOAT® OVD is indicated for use as a surgical aid in anterior segment procedures including cataract extraction and intraocular lens (IOL) implantation. VISCOAT® OVD maintains a deep chamber during anterior segment surgeries, enhances visualization during the surgical procedure and protects the corneal endothelium and other ocular tissues. The viscoelasticity of the solution maintains the normal position of the vitreous face and prevents formation of a flat chamber during surgery.

CONTRAINDICATIONS:

- At present there are no known contraindications of the use of VISCOAT® Ophthalmic Viscosurgical Device when used as recommended.

WARNINGS/PRECAUTIONS:

- Failure to follow "Directions for Use" on attachment of the cannula or use of an alternate cannula may result in cannula detachment.
- Precautions are limited to those normally associated with the surgical procedure being performed. Although sodium hyaluronate and sodium chondroitin sulfate are highly purified biological polymers, the physician should be aware of the potential allergic risks inherent in the use of any biological material.
- A transient rise in intraocular pressure in the early postoperative period may be expected due to the presence of sodium hyaluronate, which has been shown to effect such a rise. It is therefore recommended that VISCOAT® OVD be removed from the anterior chamber by thorough irrigation and/or aspiration at the end of the surgery to minimize postoperative IOP increases. Do not overfill anterior chamber.

ATTENTION: Reference the Package Insert for a complete listing of indications, warnings and precautions.

ProVisc® OVD

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

INDICATIONS: ProVisc® OVD is indicated for use as an ophthalmic surgical aid in the anterior segment during cataract extraction and intraocular lens (IOL) implantation. Ophthalmic viscoelastics serve to maintain a deep anterior chamber during anterior segment surgery allowing reduced trauma to the corneal endothelium and surrounding ocular tissues. They help push back the vitreous face and prevent formation of a flat chamber during surgery.

CONTRAINDICATIONS:

- At present there are no known contraindications of the use of ProVisc® Ophthalmic Viscosurgical Device when used as recommended.

WARNINGS/PRECAUTIONS:

- Postoperative increases in intraocular pressure have been reported with sodium hyaluronate products. The IOP should be carefully monitored and appropriate therapy instituted if significant increases should occur. It is recommended that ProVisc® OVD be removed by irrigation and/or aspiration at the close of surgery. Do not overfill anterior chamber. Although sodium hyaluronate is a highly purified biological polymer the physician should be aware of the potential allergic risks inherent in the use of any biological material; care should be used in patients with hypersensitivity to any components in this material. Cannula assembly instructions should be followed to prevent patient injury.
- Postoperative inflammatory reactions such as hypopyon and iritis have been reported with the use of ophthalmic viscoelastics, as well as incidents of corneal edema, corneal decompensation, and a transient rise intraocular pressure.

ATTENTION: Reference the Package Insert for a complete listing of indications, warnings and precautions.

CELLUGEL® Ophthalmic Viscosurgical Device (OVD)

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

INDICATIONS: CELLUGEL® Ophthalmic Viscosurgical Device (OVD) is indicated for use during surgery in the anterior segment of the eye. It is designed to create and maintain space, to protect the corneal endothelium and other intraocular tissues and to manipulate tissues during surgery. It may also be used to coat intraocular lenses and instruments during cataract extraction and IOL insertion.

CONTRAINDICATIONS:

- At present there are no known contraindications of the use of CELLUGEL® Ophthalmic Viscosurgical Device when used as recommended.

WARNINGS/PRECAUTIONS: Precautions are limited to those normally associated with the surgical procedure being performed. As with all ophthalmic viscosurgical devices, a transient rise in IOP in the early postoperative period has been reported in some cases. It is therefore recommended that CELLUGEL® OVD be removed from the anterior chamber by thorough irrigation and/or aspiration at the end of surgery to minimize post-operative intraocular pressure increases. Intraocular pressure should be monitored post surgically and appropriate therapy instituted if significant increases occur. Do not overfill the anterior chamber. In addition to the above, the following precautions should be observed:

- Do not reuse cannulas.
- Use only if material is clear.
- Avoid trapping air bubbles within CELLUGEL® OVD before injection.
- This product contains dry natural rubber.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings, precautions, complications and adverse events.

Class I Incisional Instruments

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

INDICATIONS: CLASS I incisional instruments are sterile, single use disposable devices intended for use during ophthalmic surgical procedures.

PRECAUTIONS: Potential complications resulting from use of this blade during ophthalmic surgery include, but are not limited to: infection, tissue damage, inflammation, edema, hyphema, hypopyon, secondary surgical re-intervention, and wound leak repair. Properly dispose of the used device in a secure sharps instrument container.

Do not reuse. Reuse may lead to wound irregularities (due to degradation of the cutting edge sharpness) and/or cross contamination between patients.

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

DISCOVISC® (OVD)

OPHTHALMIC VISCOSURGICAL DEVICE

1 mL 4% Chondroitin Sulfate,
1.7% Sodium Hyaluronate
Latex free
24-month shelf life

8065183710 - 1 each

DuoVisc®

VISCOELASTIC SYSTEM

(DNR)
36-month shelf life

1 unit 0.35 mL VISCOAT® OVD and
1 unit 0.40 mL PROVISC® OVD
8065183135 - 1 each

1 unit 0.50 mL VISCOAT® OVD and
1 unit 0.55 mL PROVISC ® OVD
8065183150 - 1 each

VISCOAT® OVD

4% Chondroitin Sulfate,
3% Sodium Hyaluronate
Latex free
36-month shelf life

0.50 mL
8065183905 - 1 each

0.75 mL
8065183975 - 1 each

PROVISC® OVD

(DNR)
36-month shelf life
1% Sodium Hyaluronate

0.40 mL
8065183004 - 1 each

0.55 mL
8065183055 - 1 each

0.85 mL
8065183085 - 1 each

CELLUGEL® OVD

(DNR)
2% Hydroxypropylmethylcellulose
36-month shelf life

1.0 mL
8065183810 - 1 each

Legend:
(DNR) = Dry Natural Rubber
OVD = Ophthalmic ViscoSurgical Device

For Important Safety Information about these Alcon products please refer to back of OVDs and Disposables tab.

CUSTOM-PAK® Surgical Procedure Packs by Alcon

Simple, cost effective implementation of advancing technology.

Deliver to surgeon and surgical team
- Complete
- Customized
- Convenience
- Confidence

8065**990601 - 1 each**

Refracpak® Standard Procedure Pack

Standard Cataract Pack (LTX)
AS9426

Latex-Free Standard Pack
AS6655

BAKPAK® Vitreoretinal Pack (LTX)
AS4093

LASIK Refractive Pack
AS1638

ALCON® PIKPAKS® Suture Packs

are the ideal way to provide convenient bundling of individually sterile items in their own packaging, when a complete CUSTOM-PAK® Surgical Procedure Pack is not needed.

CUSTOM-PAK® Surgical Procedure Packs

In today's emerging customized surgery, with multiple surgeons, new procedures and thousands of product choices…the Alcon team can help you bring it all together. . .
Need Something Special?

Complete

CUSTOM-PAK® Surgical Procedure Packs are designed to be a simple, user-friendly tool that combines all products, necessary for each surgical procedure.

Customized

Your CUSTOM-PAK® Surgical Procedure Packs are "tailor made," personalized to meet the specific needs of surgeon and surgical team for any specific case.

Convenience

Your CUSTOM-PAK® Surgical Procedure Packs will have customized sequencing, meaning components are packed in the order you specify, creating efficiency in the operating room.

Confidence

Your CUSTOM-PAK® Surgical Procedure Packs create confidence, because they are:

- Assembled by Alcon, the world's leading ophthalmic procedure pack manufacturer
- Delivered and inventory managed according to your requirements

(LTX) = Contains Latex

Drape Size and Material Matrix

	Surgical Drape	Incise		Aperture		Bilateral
		Bag	No Bag	Bag	No Bag	
FULL BODY	Non-Woven	1030	1062	1031	1063	
		1050				
	Angio Fold	1051 / 1130				
	VISEO® Surgical Drape	1530		1531		
	VISEO® Angio Fold Surgical Drape			1525		
	Combo	1170		1171		
3/4 LENGTH	Non-Woven	1032	1060	1033	1061 / 1036	
	VISEO® Surgical Drape	1532		1533		
	VISEO® Surgical Drape	1546				
	Combo	1172		1173		
MID-SIZE	Non-Woven	1042 / 1044	1022	1043	1023	
	VISEO® Surgical Drape	1544		1543		
	Plastic	1040	1020	1041	1021	
		1045 / 1161	1120		1025	
MINI	Non-Woven	0029			0026	
	Plastic	1029	1126	1129	1026 / 1049	
PEDIATRIC	Non-Woven					1328
	Plastic					1028
ADULT	Plastic					1128 / 1221
	Plastic Short					1228
LASH	Eye Lash – Plastic		1055			
			1056			

COLOR KEYS
Blue - Non-Woven
Blue - VISEO® Surgical Drape
Plastic
Combo = non-woven and plastic

General Features & Legend

- Low-lint, non-woven and micro-embossed plastic material
- Single or double fluid collection pouches
- Malleable bridge for face tenting
- Gutter pouches for better fluid collection
- Aperture and incise drapes
- Plastic/non-woven combinations for anesthesiologist's visibility
- All drapes are free from latex and dry natural rubber
- VISEO® Surgical Drape with special new adhesive

Adhesive

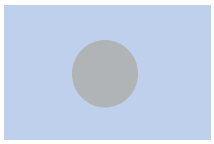
Embossed plastic

Aperture (pre-cut opening)

Blue non-woven material

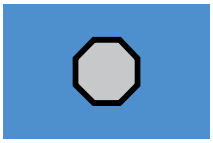
SMS VISEO® Surgical Drape

Incise Drapes



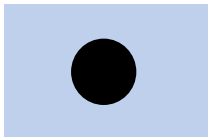
Blue non-woven, 8 cm x 8 cm (3" x 3") uncut plastic incise area

Design on plastic and blue non-woven, 13 cm x 10 cm (5" x 4") uncut plastic incise area designed to permit customized adhesive placement. Standard on most ALCON® incise drapes.

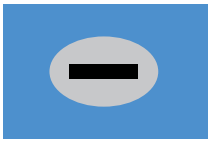


Blue SMS beveled edge design is based on 10 cm x 10 cm (4" x 4") adhesive area for easier application and removal with oval aperture.

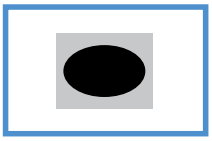
Aperture Drapes



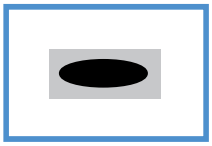
Blue non-woven, 8 cm x 8 cm (3" x 3") pre-cut round aperature



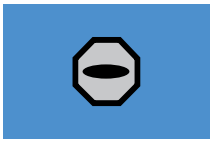
Blue SMS 6.5 cm x 4 cm (2.5" x 1.5") less adhesive for greater patient comfort with oval fenestration and pre-slit incise (Style 1346 only).



Design on plastic and blue non-woven, 10 cm x 13 cm (4" x 5") adhesive area with pre-cut 6 cm x 4 cm (2.5" x 1.5") oval aperture. Standard on most ALCON® aperture drapes.



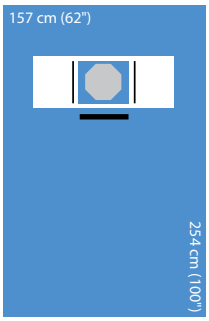
Design on plastic, Blue SMS and blue non-woven, wider adhesive area with elongated aperture, available for strabismus surgery (See styles 1028, 1128, 1221, 1228, 1326, 1327, 1328).



Blue SMS beveled edge design is based on 10 cm x 10 cm (4" x 4") adhesive area for easier application and removal with oval aperture.

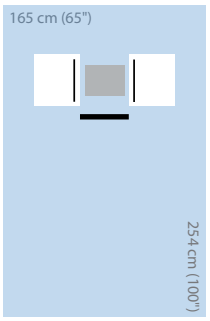
Incise

Designed to cover the head, eye area and entire body of the patient, and used alone as a complete draping system. 10/box



Low-Lint Fabric
- Blue SMS (VISEO®*)
- Full body 157 cm x 254 cm (62" x 100")
- Octagonal incise 6 cm x 6 cm (2.5" x 2.5"), adhesive
- 3-sided gutter pouch
- Malleable nose bridge

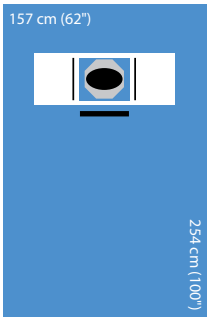
8065153020
8065153099
CUSTOM-PAK®**



- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

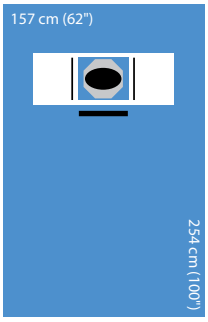
8065103020
8065103099
CUSTOM-PAK®**

Aperture



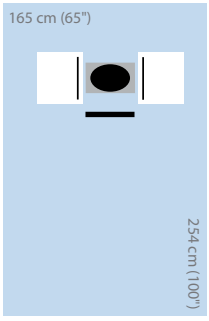
Low-Lint Fabric
- Blue SMS (VISEO®*)
- Full body 157 cm x 254 cm (62" x 100")
- Octagonal fenestration
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- 3-sided gutter pouch
- Malleable nose bridge

8065153120
8065153199
CUSTOM-PAK®**



Angio Fold
Low-Lint Fabric
- Blue SMS (VISEO®*)
- Opens from chest to sides
- Full body 157 cm x 254 cm (62" x 100")
- Octagonal fenestration
- Oval aperture - Angio Fold, 6 cm x 4 cm (2.5" x 1.5"), adhesive
- 3-sided gutter pouch
- Malleable nose bridge

8065152520
8065152599
CUSTOM-PAK®**

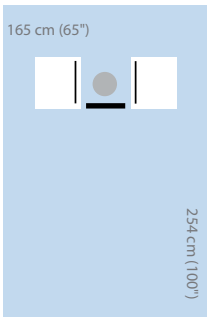


- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive, pre-cut opening
- 2 fluid catch bags
- Malleable nose bridge

8065103120
8065103199
CUSTOM-PAK®**

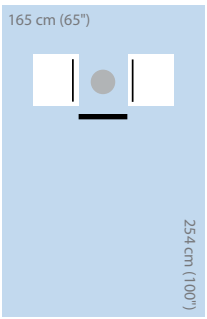
**VISEO® Surgical Drapes*
***CUSTOM-PAK® Surgical Procedure Pack*

Incise



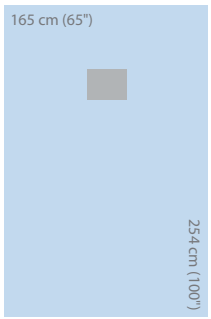
- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Round incise 8 cm x 8 cm (3" x 3"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065105020
8065105099 -
CUSTOM-PAK®**



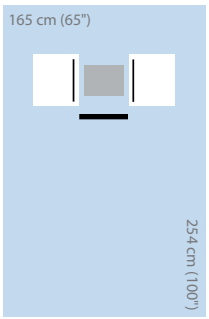
Angio Fold
- Opens from chest to sides
- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Round incise 8 cm x 8 cm (3" x 3"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065105199 -
CUSTOM-PAK®**



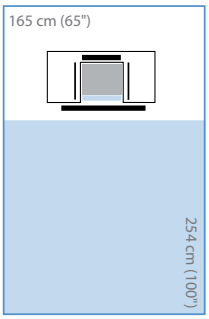
- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- No pouches

8065106220
8065106299 -
CUSTOM-PAK®**



Angio Fold
- Opens from chest to sides
- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065113020
8065113099 -
CUSTOM-PAK®**

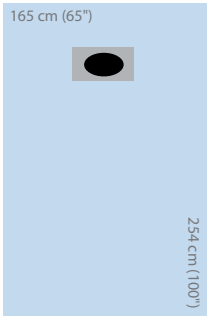


- Blue non-woven body with clear plastic head
- Full body 165 cm x 254 cm (65" x 100")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- 3-sided gutter pouch
- Malleable nose bridge

8065117020
8065117099 -
CUSTOM-PAK®**

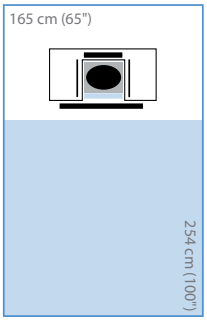
Designed to cover the head, eye area and entire body of the patient, and used alone as a complete draping system. 10/box

Aperture



- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- No pouches

8065106320
8065106399 -
CUSTOM-PAK®**



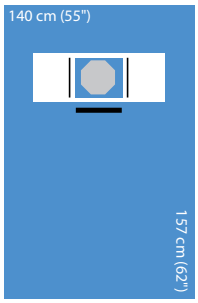
- Blue non-woven body with clear plastic head
- Full body 165 cm x 254 cm (65" x 100")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- 3-sided gutter pouch
- Malleable nose bridge

8065117120
8065117199 -
CUSTOM-PAK®**

**VISEO® Surgical Drapes*
***CUSTOM-PAK® Surgical Procedure Pack*

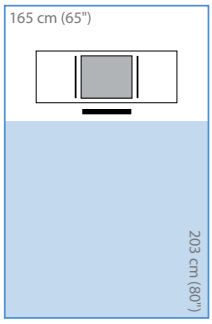
Incise

Designed to cover to the lower leg of the patient. Can be used alone or in combination with other drapes.



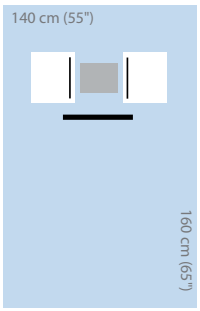
Low-Lint Fabric
- Blue SMS (VISEO®*)
- Three quarter length 140 cm x 157 cm (55" x 62")
- Octagonal incise 6 cm x 6 cm (2.5" x 2.5"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065153220
8065153299 - CUSTOM-PAK®**



- Blue non-woven body with clear plastic head
- Three quarter length 165 cm x 203 cm (65" x 80")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- 3-sided gutter pouch
- Malleable nose bridge

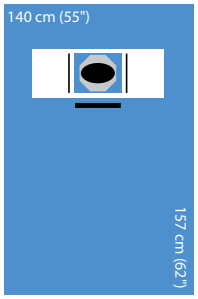
8065117220
8065117299 - CUSTOM-PAK®**



- Blue non-woven fabric
- Three quarter length 140 cm x 160 cm (55" x 65")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

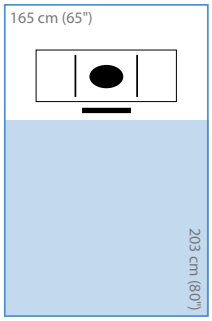
8065103220
8065103299 - CUSTOM-PAK®**

Aperture



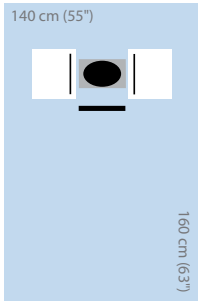
Low-Lint Fabric
- Blue SMS (VISEO®*)
- Three quarter length 140 cm x 157 cm (55" x 62")
- Octagonal fenestration
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065153320
8065153399 - CUSTOM-PAK®**



- Blue non-woven body with clear plastic head
- Three quarter length 165 cm x 203 cm (65" x 80")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- 3-sided gutter pouch, adhesive
- Malleable nose bridge

8065117320
8065117399 - CUSTOM-PAK®**

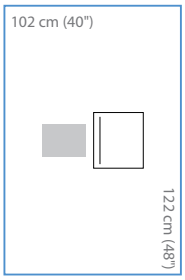


- Blue non-woven fabric
- Three quarter length 140 cm x 160 cm (55" x 63")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065103320
8065103399 - CUSTOM-PAK®**

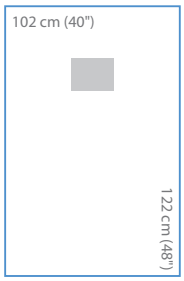
**VISEO® Surgical Drapes*
***CUSTOM-PAK® Surgical Procedure Pack*

Incise



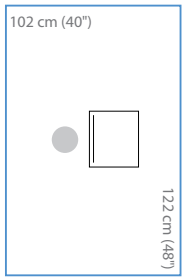
- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- Single fluid catch bag

8065104020
8065104099
CUSTOM-PAK®**



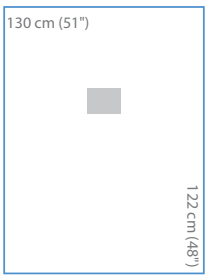
- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- No pouches

8065102020
8065102099
CUSTOM-PAK®**



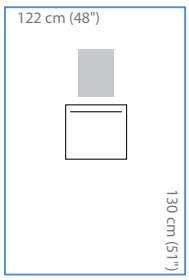
- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Round incise 8 cm (3"), adhesive
- Single fluid catch bag

8065104520
8065104599
CUSTOM-PAK®**



- Micro-embossed plastic
- Mid-size 130 cm x 122 cm (51" x 48")
- Rectangular incise, 13 cm x 10 cm (5" x 4"), adhesive
- No pouches
- Clear plastic liner on adhesive

8065112020
8065112099
CUSTOM-PAK®**

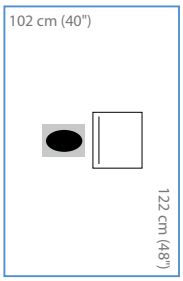


- Micro-embossed plastic
- Mid-size 122 cm x 130 cm (48" x 51")
- Regular incise 13 cm x 10 cm (5" x 4"), adhesive
- Single fluid catch bag
- Clear plastic liner on adhesive

8065116199
CUSTOM-PAK®**

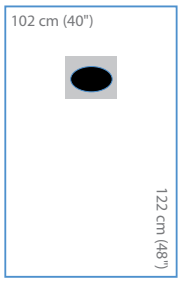
Used alone or in combination with other drapes to provide a comprehensive draping system.

Aperture



- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- Single fluid catch bag

8065104120
8065104199
CUSTOM-PAK®**



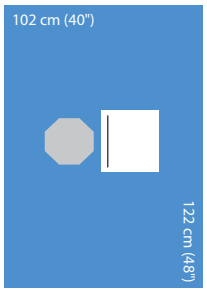
- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- No pouches

8065102120
8065102199
CUSTOM-PAK®**

*VISEO® Surgical Drapes
**CUSTOM-PAK® Surgical Procedure Pack

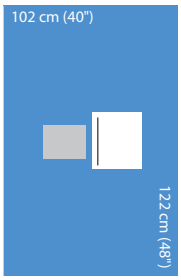
Incise

Used alone or in combination with other drapes to provide a comprehensive draping system.



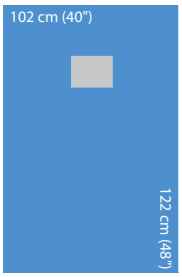
Low-Lint Fabric
- Blue SMS (VISEO®*)
- Mid-size 102 cm x 122 cm (40" x 48")
- Octagonal incise
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- Single fluid catch bag

8065154420
8065154499
CUSTOM-PAK®**



- Blue non-woven fabric
- Mid-size 102 cm x 122 cm (40" x 48")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- Single fluid catch bag

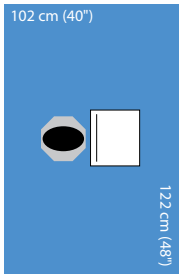
8065104220
8065104299
CUSTOM-PAK®**



- Blue non-woven fabric
- Mid-size 102 cm x 122 cm (40" x 48")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- No pouches

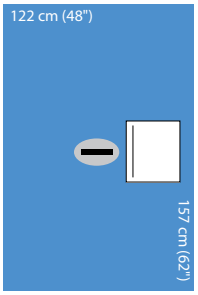
8065102220
8065102299
CUSTOM-PAK®**

Aperture



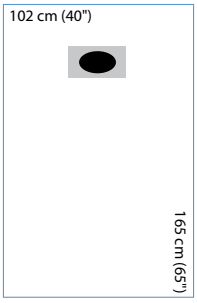
Low-Lint Fabric
- Blue SMS (VISEO®*)
- Mid-size 102 cm x 122 cm (40" x 48")
- Octagonal fenestration
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- Single fluid catch bag

8065154320
8065154399
CUSTOM-PAK®**



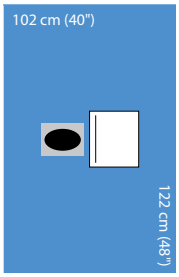
Low-Lint Fabric
- Blue SMS (VISEO®*)
- Mid-size 122 cm x 157 cm (48" x 62")
- Single fluid catch bag
- Pre-slit incise 1.75" x 0.125"

8065154620
8065154699
CUSTOM-PAK®**



- Micro-embossed plastic
- Mid-size 102 cm x 165 cm (40"x 65")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive, pre-cut opening
- No pouches

8065102599
CUSTOM-PAK®**

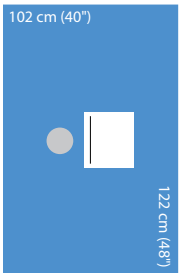


- Blue non-woven fabric
- Mid-size 102 cm x 122 cm (40" x 48")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- Single fluid catch bag

8065104320
8065104399
CUSTOM-PAK®**

**VISEO® Surgical Drapes*
***CUSTOM-PAK® Surgical Procedure Pack*

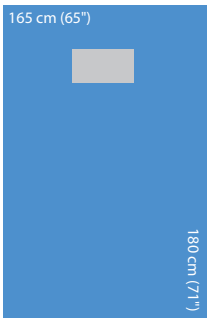
Incise - Mid-size



- Blue non-woven fabric
- Mid-size 102 cm x 122 cm (40" x 48")
- Round incise 8 cm (3"), adhesive
- Single fluid catch bag

8065104420
8065104499
CUSTOM-PAK®**

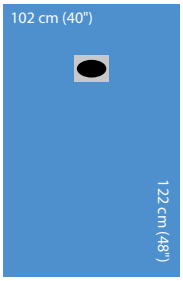
Incise - 3/4 length



- Blue non-woven fabric
- Three quarter length 165 cm x 180 cm (65" x 71")
- Rectangular Incise 13 cm x 10 cm (5" x 4"), adhesive
- No pouches

8065106099
CUSTOM-PAK®**

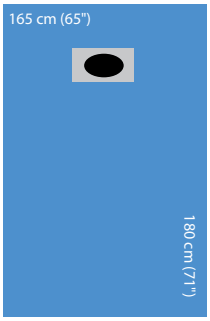
Aperture - Mid-size



- Blue non-woven fabric
- Mid-size 102 cm x 122 cm (40" x 48")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- No pouches

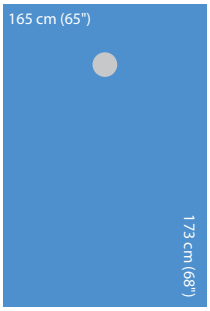
8065102320
8065102399
CUSTOM-PAK®**

Aperture - 3/4 length



- Blue non-woven fabric
- Three quarter length 165 cm x 180 cm (65" x 71")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive, pre-cut opening
- No pouches

8065106199
CUSTOM-PAK®**

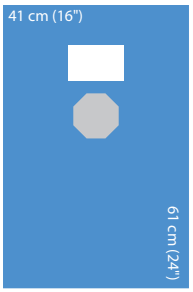


- Blue non-woven fabric
- Three quarter length 165 cm x 173 cm (65" x 68")
- Round aperture 8 cm (3"), adhesive
- No pouches

8065103699
CUSTOM-PAK®**

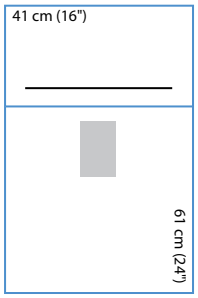
**VISEO® Surgical Drapes*
***CUSTOM-PAK® Surgical Procedure Pack*

Incise



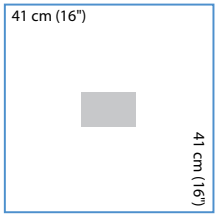
- Blue non-woven
- Mini-size 41 cm x 61 cm (16" x 24")
- Octagonal incise 10 cm x 10 cm (4" x 4"), adhesive
- Single fluid catch bag

8065002920
8065002999
CUSTOM-PAK®**



- Micro-embossed plastic
- Mini-size 41 cm x 61 cm (16" x 24")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- Single fluid catch bag

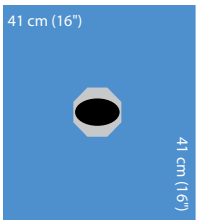
8065102920
8065102999
CUSTOM-PAK®**



- Micro-embossed plastic
- Mini-size 41 cm x 41 cm (16" x 16")
- Rectangular incise, 13 cm x 10 cm (5" x 4"), adhesive
- No pouches

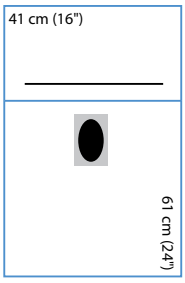
8065112620
8065112699
CUSTOM-PAK®**

Aperture



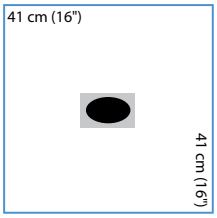
- Blue non-woven
- Mini-size 41 cm x 41 cm (16" x 16")
- Octagonal fenestration
- Oval aperture 6.5 cm x 4 cm (2.5" x 1.5"), adhesive
- No pouches

8065002620
8065002699
CUSTOM-PAK®**



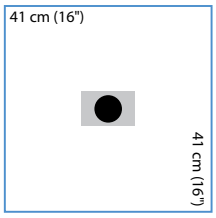
- Micro-embossed plastic
- Mini-size 41 cm x 61 cm (16" x 24")
- Oval aperture 6 cm x 4 cm (1.5" x 2.5"), adhesive
- Single fluid catch bag

8065112920
8065112999
CUSTOM-PAK®**



- Micro-embossed plastic
- Mini-size 41 cm x 41 cm (16" x 16")
- Oval aperture 6.5 cm x 4 cm (2.5" x 1.5"), adhesive
- No pouches

8065102620
8065102699
CUSTOM-PAK®**

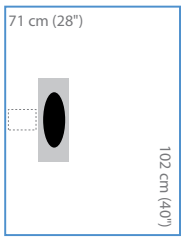


- Micro-embossed plastic
- Mini-size 41 cm x 41 cm (16" x 16")
- Round aperture 8 cm (3"), adhesive
- No pouches

8065104999
CUSTOM-PAK®**

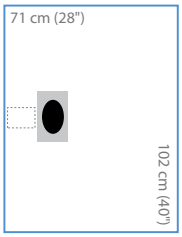
*VISEO® Surgical Drapes
**CUSTOM-PAK® Surgical Procedure Pack

Adult Bilateral



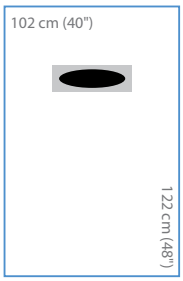
- Micro-embossed plastic
- Mid-size 71 cm x 102 cm (28" x 40")
- Bilateral procedure drape
- Short chin length
- Wide oval aperture 17 cm x 6 cm (6.75" x 2.5"), adhesive
- No pouches

8065122899
CUSTOM-PAK®**



- Micro-embossed plastic
- Mid-size 71 cm x 102 cm (28" x 40")
- Bilateral procedure drape
- Short chin length
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- No pouches

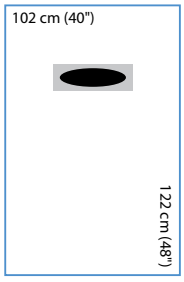
8065122199
CUSTOM-PAK®**



- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Elongated oval aperture, 17 cm x 6 cm (6.75" x 2.5"), adhesive
- Designed for adult strabismus
- No pouches

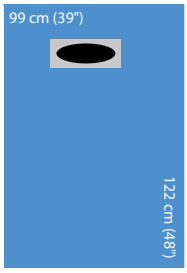
8065112899
CUSTOM-PAK®**

Pediatric Bilateral



- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Elongated oval aperture 13 cm x 4 cm (5.25" x 1.5"), adhesive, pre-cut opening
- Designed for pediatric strabismus
- No pouches

8065102820



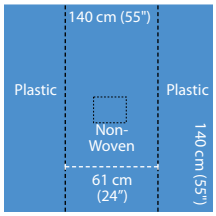
- Blue non-woven fabric
- Mid-size 99 cm x 122 cm (39" x 48")
- Elongated oval aperture 13 cm x 4 cm (5.25" x 1.5"), adhesive, pre-cut opening
- Designed for pediatric strabismus
- No pouches

8065132899
CUSTOM-PAK®**

**VISEO® Surgical Drapes*
***CUSTOM-PAK® Surgical Procedure Pack*

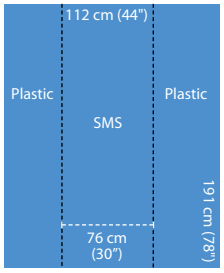
Back Table Covers

Designed to cover most standard operating room supply tables.



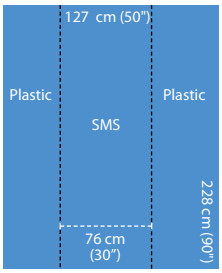
- Blue non-woven fabric/plastic
- 140 cm x 140 cm (55" x 55")
- 2" adhesive tape on back side to facilitate adherence to the back table
- Fan fold

8065113499
CUSTOM-PAK®**



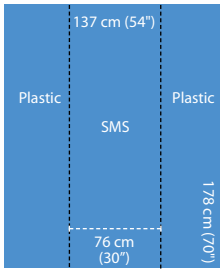
Low-Lint Fabric
- Blue SMS (VISEO®*) fabric/plastic
- 112 cm x 191 cm (44" x 75")
- No adhesive tape

8065153699
CUSTOM-PAK®**



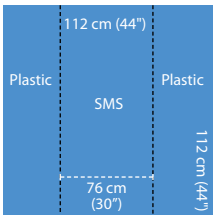
Low-Lint Fabric
- Blue SMS (VISEO®*) fabric/plastic
- 127 cm x 228 cm (50" x 90")
- No adhesive tape

8065153899
CUSTOM-PAK®**



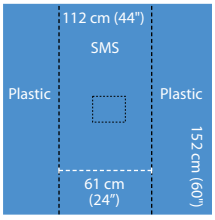
Low-Lint Fabric
- Blue SMS (VISEO®*) fabric/plastic
- 137 cm x 178 cm (54" x 70")
- No adhesive tape

8065154299
CUSTOM-PAK®**



Low-Lint Fabric
- Blue SMS (VISEO®*) fabric/plastic
- 112 cm x 112 cm (44" x 44")
- No adhesive tape

8065154799
CUSTOM-PAK®**



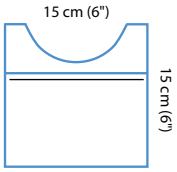
Low-Lint Fabric
- Blue SMS (VISEO®*) fabric/plastic
- 112 cm x 152 cm (44" x 60")
- 2" adhesive tape on back side to facilitate adherence to the back table

8065154899
CUSTOM-PAK®**

*VISEO® Surgical Drapes
**CUSTOM-PAK® Surgical Procedure Pack

Fluid Catch Bag

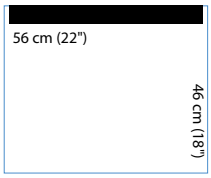
Designed to collect fluid drainage from the irrigation system.



- Fluid collection bag
- 15 cm x 15 cm (6" x 6")
- Adhesive backed
- Holds 325 cc

8065**102720**
8065**102799**
CUSTOM-PAK®**

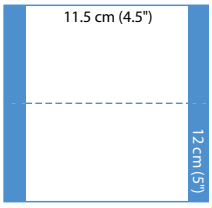
Panel Drape



Front Panel Drape
- Clear plastic front panel drape
- For use with INFINITI®, SERIES 20000®, LEGACY® and ACCURUS® Surgical Systems
- 56 cm x 46 cm (22" x 18")
- Adhesive strip 56 cm (20")

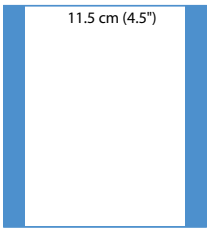
8065**103820**

Lash Drapes



Plastic Lash Drape
- Scored/Perforated
- 11.5 cm x 12 cm (4.5" x 5")

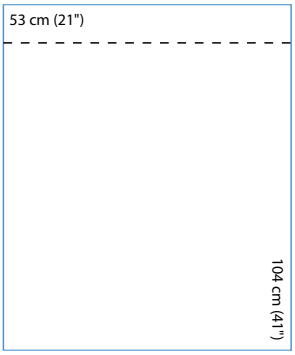
8065105520
8065105599
CUSTOM-PAK®**



Plastic Lash Drape
- Un-scored
- 11.5 cm x 12 cm (4.5" x 5")

8065105620
8065105699
CUSTOM-PAK®**

Tray Support Cover



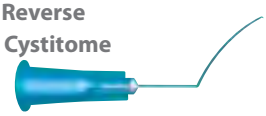
Tray Support Cover
- Standard support cover
- For use with INFINITI®, SERIES 20000®, LEGACY® and ACCURUS® Surgical Systems
- 53 cm x 104 cm (21" x 41")
- Cuff

8065740745

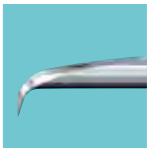
**VISEO® Surgical Drapes*
***CUSTOM-PAK® Surgical Procedure Pack*

Irrigating Cystitomes & Cannulas 10/box

Angled Reverse Cutting Cystitome



25 Gauge **8065425120**
27 Gauge **8065425820**
23 Gauge **8065426220**



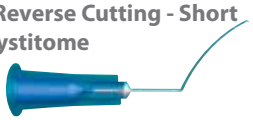
Straight Reverse Cutting Cystitome

23 Gauge **8065426320**
25 Gauge **8065425320**
27 Gauge **8065425920**

Formed Reverse Cutting - Cystitome Deep Set Eyes

25 Gauge **8065446520**
27 Gauge **8065426620**

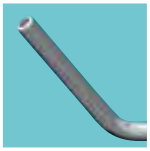
Formed Reverse Cutting - Short Radius Cystitome



25 Gauge **8065424620**
27 Gauge **8065424720**

Capsulorhexis Cystitome

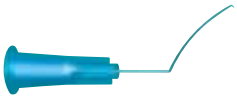
25 Gauge **8065445520**



Irrigating Cannulas
4.0 mm from Bend to Tip

30 Gauge **8065420020**
27 Gauge **8065420120**
25 Gauge **8065420220**

Angled Baffle Cutting Cystitomes 10/box



25 Gauge, angle 40° **8065425520**
27 Gauge, angle 40° **8065426020**

23 Gauge, straight **8065426520**

Anesthesia Needles & Cannulas 10/box

Thornton Retrobulbar Needle

25 Gauge, 1-1/2" **8065420420**
23 Gauge, 1-1/2" **8065420520**

Thornton Peribulbar Needle
27 Gauge, 3/4" **8065420720**
25 Gauge, 3/4" **8065420620**

Thornton Peri/Retrobulbar Needle
25 Gauge, 1" **8065442520**

Atkinson Retrobulbar Needle

25 Gauge, 1-1/2" **8065420920**
23 Gauge, 1-1/2" **8065421020**

Greenbaum Peribulbar Anesthesia Cannula, Flexible

8065443020

Hydrodissection Cannulas 10/box

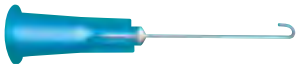
"J" Shaped Cannulas

25 Gauge
8065441220
27 Gauge
8065441120

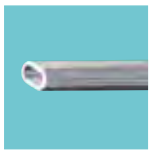
Akahoshi

27 Gauge, 1.57 mm from Bend to Tip
8065441920

"J" Shaped

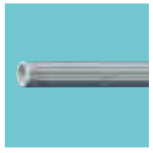


25 Gauge
8065441820



Hydrodissection Cannulas

25 Gauge, 8.0 mm
8065441420
25 Gauge, 11.0 mm
8065441520
27 Gauge, 8.0 mm
8065441620
27 Gauge, 11.0 mm
8065441720
30 Gauge, 7.0 mm
8065447320



VISCOAT®* Cannula

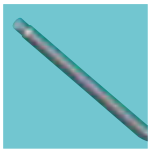
27 Gauge, Threaded Hub
8065480120

PROVISC®* Cannula
27 Gauge, Threaded Hub, 11.0 mm
8065440220

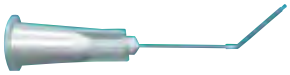
Capsule Polishers 10/box

Sideport Polisher

21 Gauge, 13 mm
8065428020



"Terry Squeegee"



27 Gauge
8065428220

**VISCOAT®, PROVISC® Ophthalmic ViscoSurgical Device*

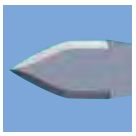
ClearCut® Knives

SLIT INSTRUMENTS

ClearCut™* S Slit

Single Bevel, Angled - 6/box

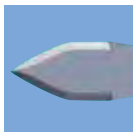
INTREPID® System 2.2 mm SB	8065772245
INTREPID® System 2.4 mm SB	8065772445
2.75 mm SB Angled	8065772745



INTREPID® Micro-Coaxial System

Single Bevel - 6/box

1.8 mm 8065991845	2.2 mm 8065992245
2.0 mm 8065992045	2.4 mm 8065992445



INTREPID® Micro-Coaxial System

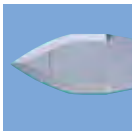
Dual Bevel - 6/box

1.8 mm HP² 8065981865	2.2 mm 8065982265
2.0 mm HP² 8065982065	2.4 mm 8065982465

ClearCut® HP²

Dual Bevel - 6/box

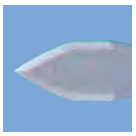
2.6 mm 8065982665	3.0 mm 8065983065
2.8 mm 8065982865	3.2 mm 8065983265



ClearCut® HP

Dual Bevel - 6/box

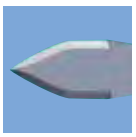
2.6 mm 8065992648	3.0 mm 8065993048
2.8 mm 8065992848	3.2 mm 8065993248



ClearCut® Knives

Dual Bevel - 6/box

2.6 mm 8065992647	3.0 mm 8065993047
2.75 mm 8065992747	3.2 mm 8065993247



ClearCut® SatinSlit® Knives

Single Bevel - 6/box

2.6 mm 8065992645	3.2 mm 8065993245
2.75 mm 8065992745	3.4 mm 8065993445
3.0 mm 8065993045	

**CLEARCUT® Reg. USPTO*

ClearCut® Knives

SIDEPORT INSTRUMENTS

ClearCut™* S Sideport

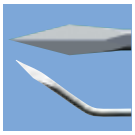
Angled - 6/box, Paracentesis

1.0 mm DB Angled 8065771540
1.2 mm DB Angled 8065771541

ClearCut™* S SAB Sideport

Standard Bevel - 6/box

15° 8065771501
30° 8065773001

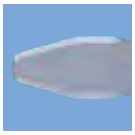


ClearCut® Sideport

Angled - 6/box, Paracentesis

1.0 mm 8065921540
1.2 mm 8065921541
1.5 mm 8065921542

IMPLANT



ClearCut® Dual Bevel

Dual Bevel, Angled - 6/box

3.2 mm 8065993240
3.5 mm 8065993540
3.75 mm 8065993740
4.1 mm 8065994140
5.2 mm 8065995240
5.5 mm 8065995540
6.0 mm 8065996040

CRESCENT

ClearCut™* S Crescent

Angled - 6/box

2.3mm 8065770002

ClearCut® HP Dual Bevel Crescent

Dual Bevel, Angled - 6/box

2.3 mm 8065997048

DUAL BEVEL

**CLEARCUT® Reg. USPTO*

A-OK® Ophthalmic Knives

STANDARD ANGLE KNIVES

A-OK® Full Handle
6/box

15° Angle Blade, 1.52 mm
8065**921501**

22.5° Angle Blade, 1.65 mm
8065**922201**

30° Angle Blade, 1.85 mm
8065**923001**

45° Angle Blade, 1.85 mm
8065**924501**

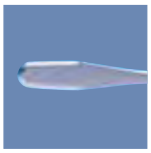
SLIT KNIVES

A-OK® SatinSlit®
Angled - 6/box

2.5 mm	8065**992561**
2.75 mm	8065**992761**
3.0 mm	8065**992961**
3.2 mm	8065**993261**

A-OK® Ophthalmic Knives

CRESCENT KNIVES



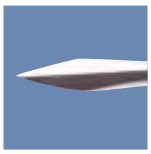
A-OK® SatinCrescent®
Straight, Bevel Up - 6/box
2.3 mm **8065990001**

2.3 mm, Angled, Bevel Up
8065990002

DISC KNIVES

2.25 mm Wide, Angled, Extended Bend
8065968161

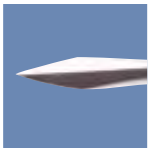
MVR BLADES



A-OK® Corneal/Scleral V-Lance® Satin Finish
6/box

19 Gauge, 1.6 mm
8065911901

20 Gauge, 1.4 mm
8065912001



23 Gauge **8065912301**
25 Gauge **8065912501**

I-Knife®

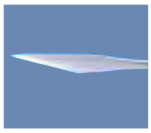
I-KNIFE®
Standard Angle, 6/box

15°, 5.0 mm x 1.30 mm
8065401501

Paracentesis Knife, 15°,
0.75 mm x 2.4 mm Short Handle,
MacKool* Sideport
8065921517

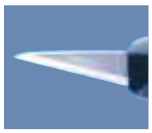
I-Knife® II Tips and Blades

DISPOSABLE, SCREW-IN

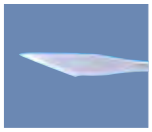


I-KNIFE® II
6/box

Standard 15°, 5 x 1.5 mm
8065921502



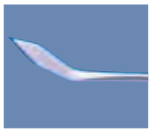
15° Standard 5.0 mm, x 1.3 mm
8065921552



Standard 22.5°, x 1.65 mm
8065922202

Standard 30°, x 1.85 mm
8065923002

Standard 3.0 mm, x 0.8 mm
8065921532



I-KNIFE® II SATINSLIT®
6/box

2.75 mm, Angled
8065992762

3.2 mm, Angled
8065993262

3.0 mm, Angled
8065992962

ASB Collet, Handle & Blades

ASB Collet & Reusable Handle

1 each

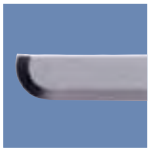
for ALCON® Surgical Blades
8065929003

Reusable Handle
8065929000 – 1 each

ASB Surgical Blades

12/box

Hockey Stick Blade, Sharp All Around
8065005701



3/4" Edge, Round, Sharp Tip
8065006401

Tunnel Blade (Angled)
8065006601

Short Round Tip
8065006701

Tunnel Blade (Straight),
Microblade Full Edge
8065006901

ALCON® GRIESHABER® Surgical Instruments

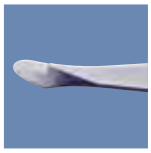
SAFETY SLIT KNIVES

GRIESHABER® ULTRASHARP® G2
3/box
2.8 mm **681.128**
3.0 mm **681.130**
3.2 mm **681.132**

DISSECTION KNIFE

GRIESHABER® ULTRASHARP®
Straight, 3/box
0.5 mm **681.05**

SCLEROTOMY KNIFE



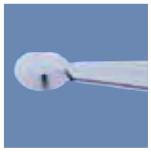
Straight
2.5 mm **681.01**

SPECIALTY KNIVES

Subretinal Spatula
45° Angled, 1.75 mm length
682.11
55° Angled, 2.50 mm length,
682.12

GRIESHABER® ULTRAVIT® Knife
3/box
Membrane Delamination Knife
682.01

SCLERAL POCKET KNIVES



2.9 mm, 60° Angled, Dual Bevel
681.11
2.9 mm, 60° Bevel Down
681.21
1.2 mm, 35° Mini-disk, Angled, Dual Bevel
681.25
1.0 mm, Straight, Mini-disk, Bevel Up
681.26

LenSx® Laser

LenSx® Laser

Indication: The LenSx® Laser is indicated for use in patients undergoing cataract surgery for removal of the crystalline lens. Intended uses in cataract surgery include anterior capsulotomy, phacofragmentation, and the creation of single plane and multi-plane arc cuts/incisions in the cornea, each of which may be performed either individually or consecutively during the same procedure.

Caution: United States Federal Law restricts this device to sale and use by or on the order of a physician or licensed eye care practitioner. United States Federal Law restricts the use of this device to practitioners who have been trained in the operation of this device.

Restrictions:

- Patients must be able to lie fl at and motionless in a supine position.
- Patient must be able to understand and give an informed consent.
- Patients must be able to tolerate local or topical anesthesia.
- Patients with elevated IOP should use topical steroids only under close medical supervision.

Contraindications:

- Corneal disease that precludes applanation of the cornea or transmission of laser light at 1030 nm wavelength
- Descemetocele with impending corneal rupture
- Presence of blood or other material in the anterior chamber
- Poorly dilating pupil, such that the iris is not peripheral to the intended diameter for the capsulotomy
- Conditions which would cause inadequate clearance between the intended capsulotomy depth and the endothelium (applicable to capsulotomy only)
- Previous corneal incisions that might provide a potential space into which the gas produced by the procedure can escape
- Corneal thickness requirements that are beyond the range of the system
- Corneal opacity that would interfere with the laser beam
- Hypotony, glaucoma, or the presence of a corneal implant
- Residual, recurrent, active ocular or eyelid disease, including any corneal abnormality (for example, recurrent corneal erosion, severe basement membrane disease)
- This device is not intended for use in pediatric surgery
- A history of lens with zonular instability.
- Any contraindication to cataract or keratoplasty surgery.

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

Warnings: The LenSx® Laser System should only be operated by a physician trained in its use. The LenSx® Laser delivery system employs one sterile disposable LenSx® Laser Patient Interface consisting of an applanation lens and suction ring. The Patient Interface is intended for single use only. The disposables used in conjunction with ALCON® instrument products constitute a complete surgical system. Use of disposables other than those manufactured by Alcon may aff ect system performance and create potential hazards. The physician should base patient selection criteria on professional experience, published literature, and educational courses. Adult patients should be scheduled to undergo cataract extraction.

Precautions:

- Do not use cell phones or pagers of any kind in the same room as the LenSx(R) Laser.
- Discard used Patient Interfaces as medical waste.

AEs/Complications:

- Capsulotomy, phacofragmentation, or cut or incision decentration
- Incomplete or interrupted capsulotomy, fragmentation, or corneal incision procedure
- Capsular tear
- Corneal abrasion or defect
- Pain
- Infection
- Bleeding
- Damage to intraocular structures
- Anterior chamber fluid leakage, anterior chamber collapse
- Elevated pressure to the eye

LenSx® Laser

The LenSx® laser is designed specifically for laser refractive cataract surgery. The ALCON® LenSx® laser provides a proprietary image-guided surgical laser, which transforms many of the manually executed steps of cataract surgery to computer controlled laser precision.

8065998162 - 1 each

LenSx® Laser Patient Interface

8065998163 - 10/box

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INFINITI
0.9 mm Mini-Flared
Divide and Conquer
Metrics
0.00
C.D.E.
Custom
OZil Continuous
Torsional
Amplitude
Limit
100
Asp Rate
cc/min
27
Setup
Sculpt
Quad
Epi
Cortex
Visco
Coag
Ant Vit
Alcon

Equipment

INFINITI® Vision System

Indication: The INFINITI® Vision System is indicated for emulsification, separation, and removal of cataracts, the removal of residual cortical material and lens epithelial cells, vitreous aspiration and cutting associated with anterior vitrectomy, bipolar coagulation, and intra-ocular lens injection. The AutoSert™ IOL Injector Handpiece is intended to deliver qualified AcrySof® intraocular lenses into the eye following cataract removal.

The following system modalities additionally support the described indications:

- Ultrasound with UltraChopper Tip achieves the functionality of cataract separation.
- AquaLase achieves the functionality for removal of residual cortical material and lens epithelial cells
- The AutoSertTM IOL Injector Handpiece achieves the functionality of injection of intraocular lenses. The AutoSertTM is indicated for use with ACRYSOF lenses SN60WF and SN6AD1, as well as approved AcrySof lenses that are specifically indicated for use with this inserter, as indicated in the approved labeling of those lenses.

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

As part of a properly maintained surgical environment, it is recommended that a backup IOL Injector be made available in the event the AutoSert™ IOL Injector Handpiece does not perform as expected.

Warnings: Appropriate use of INFINITI® Vision System parameters and accessories is important for successful procedures. Use of low vacuum limits, low flow rates, low bottle heights, high power settings, extended power usage, power usage during occlusion conditions (beeping tones), failure to sufficiently aspirate viscoelastic prior to using power, excessively tight incisions, and combinations of the above actions may result in significant temperature increases at incision site and inside the eye, and lead to severe thermal eye tissue damage.

Adjusting aspiration rates or vacuum limits above the preset values, or lowering the IV pole below the preset values, may cause chamber shallowing or collapse which may result in patient injury.

When filling handpiece test chamber, if stream of fluid is weak or absent, good fluidics response will be jeopardized. Good clinical practice dictates the testing for adequate irrigation and aspiration flow prior to entering the eye.

Ensure that tubings are not occluded or pinched during any phase of operation.

The consumables used in conjunction with ALCON® instrument products constitute a complete surgical system. Use of consumables and handpieces other than those manufactured by Alcon may affect system performance and create potential hazards.

AEs/Complications: Use of the NeoSoniX®, OZil® torsional, U/S, or AquaLase® handpieces in the absence of irrigation flow and/or in the presence of reduced or lost aspiration flow can cause excessive heating and potential thermal injury to adjacent eye tissues.

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

Class I Incisional Instruments

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

INDICATIONS: CLASS I incisional instruments are sterile, single use disposable devices intended for use during ophthalmic surgical procedures.

PRECAUTIONS: Potential complications resulting from use of this blade during ophthalmic surgery include, but are not limited to: infection, tissue damage, inflammation, edema, hyphema, hypopyon, secondary surgical re-intervention, and wound leak repair. Properly dispose of the used device in a secure sharps instrument container.

Do not reuse. Reuse may lead to wound irregularities (due to degradation of the cutting edge sharpness) and/or cross contamination between patients.

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

AcrySof® IQ Toric Intraocular Lenses

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

INDICATIONS: The AcrySof® IQ Toric posterior chamber intraocular lenses are intended for primary implantation in the capsular bag of the eye for visual correction of aphakia and pre-existing corneal astigmatism secondary to removal of a cataractous lens in adult patients with or without presbyopia, who desire improved uncorrected distance vision, reduction of residual refractive cylinder and increased spectacle independence for distance vision.

WARNING/PRECAUTION: 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. Toric IOLs 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 allow the lens to rotate.

Optical theory suggests that high astigmatic patients (i.e. > 2.5 D) may experience spatial distortions. Possible toric IOL related factors may include residual cylindrical error or axis misalignments. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon for this product informing them of possible risks and benefits associated with the AcrySof® IQ Toric Cylinder Power IOLs.

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. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions.

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

AcrySof® IQ ReSTOR® Intraocular Lenses

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

INDICATIONS: The AcrySof® IQ ReSTOR® Posterior Chamber Intraocular Lens (IOL) is intended for primary implantation for the visual correction of aphakia secondary to removal of a cataractous lens in adult patients with and without presbyopia, who desire near, intermediate and distance vision with increased spectacle independence. The lens is intended to be placed in the capsular bag.

WARNING/PRECAUTION: 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. Physicians should target emmetropia, and ensure that IOL centration is achieved. Care should be taken to remove viscoelastic from the eye at the close of surgery.

Some patients may experience visual disturbances and/or discomfort due to multifocality, especially under dim light conditions. Clinical studies with the AcrySof® ReSTOR® lens indicated that posterior capsule opacification (PCO), when present, developed earlier into clinically significant PCO. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon for this product informing them of possible risks and benefits associated with the AcrySof® IQ ReSTOR® IOLs.

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. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions.

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

MONARCH® II/III IOL DELIVERY SYSTEM

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

INDICATIONS: MONARCH® II and III are titanium handpieces that are indicated for use with corresponding MONARCH® cartridges for the surgical implantation of Alcon foldable intraocular lenses (IOLs). AcrySof® IOLs are qualified for use with specific MONARCH® handpiece/cartridge combinations. No unqualified lenses should be used with the MONARCH® II or III IOL Delivery Systems.

The MONARCH® II and III cartridges are single-use devices. The MONARCH® II and III handpieces may be reused after sterilization.

CAUTIONS:

- Consult the cartridge product information for the correct MONARCH® handpiece/cartridge combination to use with a specific AcrySof® lens model.
- Only use an Alcon qualified viscoelastic for use with the Monarch® cartridges.
- The MONARCH® II and III handpieces are non-sterile and must be thoroughly cleaned and sterilized prior to each use.
- Improper cleaning and rinsing of the handpieces has been linked to Toxic Anterior Segment Syndrome.
- Potential risks from reuse or reprocessing the MONARCH® cartridges include a damaged cartridge, a damaged lens, or an unexpected delivery outcome.
- If in the medical opinion of the physician a patient with a prion related disease undergoes a high risk procedure, the instrument should be destroyed or be processed according to local requirements.

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

INFINITI® Vision System

The INFINITI® Vision System, now featuring OZil® Intelligent Phaco (IP) puts the new standard for phacoemulsification at your fingertips. Strategically designed with intuitive and adaptive control, OZil® IP brings surgeons enhanced confidence in managing phacoemulsification during cataract surgery.

Contact your local Alcon representative.

INFINITI® Vision System Upgrades

INFINITI® System non-OZil® to OZil® IP Upgrade
8065751130

Handpieces & Accessories for Phacoemulsification

INFINITI® Vision System

Handpieces and Accessories

OZil® Torsional Handpiece
8065750469

INFINITI® NeoSoniX® Handpiece
8065750120

INFINITI® Ultrasound Handpiece
8065750121

INFINITI® Enhanced

Foot Switch, without cable
8065750403

For Important Safety Information about these Alcon products please refer to back of Equipment tab.

INFINITI® Accessories

8065103820	Front Panel/Utility Drape, 22"x18", Plastic**	20/box	STTL*/INFINITI®
8065740749	Turbo Hex Wrench for TURBOSONICS® Tips**	1 each	STTL*/INFINITI®
8065740759	LEGACY®/INFINITI® IV Pole Extension**	1 each	STTL*/INFINITI®
8065740997	ACCURUS®/LEGACY® 6-Function Foot Switch***	1 each	STTL*/ACCURUS®/INFINITI®
8065750214	INFINITI® Foot Switch Cable	1 each	INFINITI®
8065750243	INFINITI® Dust Cover	1 each	INFINITI®
8065750254	INFINITI® Memory Card	1 each	INFINITI®
8065750403	INFINITI® Enhanced Foot Switch, without cable	1 each	INFINITI®
8065750468	INFINITI® Remote Control, V1.15/UP	1 each	INFINITI®
8065751495	High definition INFINITI® VideOverlay	1 each	INFINITI®
8065803602	Sterilization Tray (STTL*) U/S and Frag. Handpiece*	1 each	STTL*/INFINITI®
20000TP	Remote Control Transfer Pouch‡	6/box	STTL*/ACCURUS®/INFINITI®

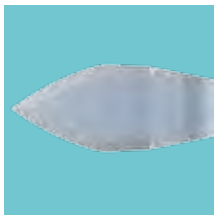
LEGACY® EVEREST® Handpieces and Accessories

LEGACY® 375/40 Turbo Phaco Handpiece
TurbosonicS® -375

8065740749	Turbo Hex Wrench for TURBOSONICS® Tips*	1 each	STTL*/INFINITI®
8065740759	LEGACY® IV Pole Extension*	1 each	STTL*/INFINITI®
8065740985	Remote Control, ADVANTEC®	1 each	STTL*
8065740997	ACCURUS®/LEGACY® 6-Function Foot Switch**	1 each	STTL*/ACCURUS®
8065803602	Sterilization Tray (STTL*) U/S and Frag. Handpiece*	1 each	STTL*/INFINITI®

**STTL: SERIES 20000® LEGACY® System*
*** Used with STTL or INFINITI® System*
****Used with ACCURUS®, LEGACY® or INFINITI® Systems*
‡Use with STTL

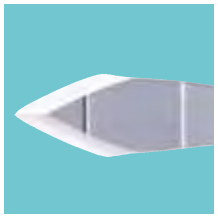
INTREPID® CLEARCUT® Knives



INTREPID® CLEARCUT™* S Single Bevel Slit Knives

Angled, 6/box

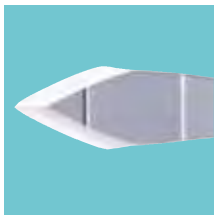
2.2 mm	2.4 mm
8065752245	8065752445



INTREPID® Single Bevel Slit Knives

Angled, 6/box

2.2 mm	2.4 mm
8065992245	8065992445



INTREPID® Dual Bevel Slit Knives

Angled, 6/box

2.2 mm	2.4 mm
8065982265	8065982465

INFINITI® Vision System with the OZil® Torsional Handpiece

INFINITI® FMS 0.9 mm

8065751717	Infiniti® US Pak, 0.9 mm Ultra, Mini-flared 30° KELMAN® Tip
8065751718	Infiniti® US Pak, 0.9 mm Ultra, Mini-flared 45° KELMAN® Tip
8065751719	Infiniti® US Pak, 0.9 mm Ultra, Mini-flared 30° OZil® 12
8065751720	Infiniti® US Pak, 0.9 mm Ultra, Mini-flared 45° OZil® 12

INTREPID® FMS 0.9 mm

8065752081	INTREPID® Plus FMS, 0.9 mm Basic
8065752082	INTREPID® Plus FMS, 0.9 mm Ultra
8065752083	INTREPID® Plus FMS, 1.1 mm Ultra
8065752086	INTREPID® Plus FMS, 0.9 mm Ultra, Mini-flared 30° KELMAN® ABS® Tip
8065752087	INTREPID® Plus FMS, 0.9 mm Ultra, Mini-flared 45° KELMAN® ABS® Tip
8065752088	INTREPID® Plus FMS, 0.9 mm
8065752093	INTREPID® Plus FMS, 0.9 mm Ultra, Mini-flared 30° OZil® 12
8065752094	INTREPID® Plus FMS, 0.9 mm Ultra, Mini-flared 45° OZil® 12
8065752095	INTREPID® Plus FMS, 0.9 mm Micro, Mini-flared 30° KELMAN® Tip
8065752096	INTREPID® Plus FMS, 0.9 mm Micro, Mini-flared 45° KELMAN® Tip
8065752097	INTREPID® Plus FMS, 0.9 mm Micro, Mini-flared 45° OZil® 12
8065752098	INTREPID® Plus FMS, 0.9 mm Micro, Mini-flared 45° OZil® 12

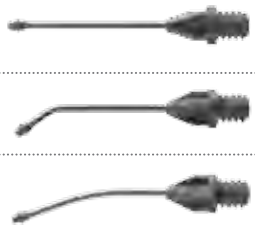
Micro-Coaxial I/A Tips & Sleeves

8065751013	INTREPID® I/A tip, 0.3 mm, Bent
8065751012	INTREPID® I/A tip, 0.3 mm, Straight
8065750517	MicroSmooth® 0.9 mm, Enhanced Ultra Infusion Sleeve
8065750518	MicroSmooth® 1.1 mm, Ultra Infusion Sleeve
8065740970	Silicone I/A tip, 0.3 mm, Straight
8065740969	Silicone I/A tip, 0.3 mm, Bent
8065817801	ULTRAFLOW® I/A SP Threaded Handpiece

Polymer Irrigation and Aspiration Tips

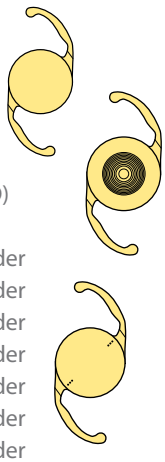
6/box

8065751510	Straight
8065751511	35° Bent
8065751512	Curved



AcrySof® Aspheric IOLs (Diopter range for D cartidge)

SN60WF	AcrySof® IQ Monofocal IOL (+6 to +27.0 D)
SN6AD1	AcrySof® IQ ReSTOR® IOL +3.0 D (+6 to +27.0 D)
SN6AD3	AcrySof® IQ ReSTOR® IOL +4.0 D (+10 to +27.0 D)
SN6AT3	AcrySof® IQ Toric IOL (+6 to +30.0 D), 1.50 Cylinder
SN6AT4	AcrySof® IQ Toric IOL (+6 to +30.0 D), 2.25 Cylinder
SN6AT5	AcrySof® IQ Toric IOL (+6 to +30.0 D), 3.00 Cylinder
SN6AT6	AcrySof® IQ Toric IOL (+6 to +30.0 D), 3.75 Cylinder
SN6AT7	AcrySof® IQ Toric IOL (+6 to +30.0 D), 4.50 Cylinder
SN6AT8	AcrySof® IQ Toric IOL (+6 to +30.0 D), 5.25 Cylinder
SN6AT9	AcrySof® IQ Toric IOL (+6 to +30.0 D), 6.00 Cylinder



MONARCH® III IOL Delivery System

8065977773	MONARCH® III Injector
8065977763	D Cartridge, 10/box

Threaded I/A ULTRAFLOW® S/P Tips

For use with INFINITI®, SERIES 20000® LEGACY® System* and ACCURUS® style irrigation sleeves
8065**817801** - 1 each
I/A Tip, 0.3 mm Small Bore
356-1007 - 1 each
I/A Tip, 0.3 mm 45° Bend
356-1010 - 1 each

Polymer Irrigation and Aspiration Tips

6/box

8065**751510**	Straight	
8065**751511**	35° Bent	
8065**751512**	Curved	

ULTRAFLOW® Instruments I/A Accessories

I/A Tip, Threaded Adaptor (STTL* only)
8065**814801** - 1 each
O-Ring Removal/Replacement Tool
405-184 - 1 each
Ultra O-Ring Replacements
ULTRA O-RNG RPL - 40/box
(20 red, 20 black)
ULTRAFLOW® Sterilization Tray
8065**-A001-01** - 1 each
ULTRAFLOW® Irrigation Lever
8065**814901** - 1 each
ULTRAFLOW® Tip Protector
8065**817002** - 1 each

Silicone Irrigation and Aspiration Accessories

Silicone I/A Tip, 0.3 mm Curved
8065**740969** - 4/box
Silicone I/A Tip, 0.3 mm Straight
8065**740970** - 4/box

ULTRAFLOW® Instruments Complete Set

8065**814101** - 1 each

ULTRAFLOW® Handpiece with Interchangeable Tips

ULTRAFLOW® Handpiece Body
8065**814201** - 1 each

I/A Tip, 0.3 mm Straight
8065**814301** - 1 each
I/A Tip, 0.3 mm Curved
8065**814401** - 1 each
I/A Tip, 0.3 mm 45° Bend
8065**814501** - 1 each
I/A Tip, 0.3 mm 90° Bend
8065**814601** - 1 each
I/A Tip, 0.3 mm 120° Bend
8065**814701** - 1 each

*SERIES 20000® LEGACY® System

For Important Safety Information about these Alcon products please refer to back of Equipment tab.

Single Piece ULTRAFLOW® Series

8065**817001**	ULTRAFLOW® S/P Straight Tip, 0.3 mm - 1 each	
8065**817601**	ULTRAFLOW® S/P Curved Tip, 0.3 mm - 1 each	
8065**817201**	ULTRAFLOW® S/P 45° Angled Tip, 0.3 mm - 1 each	
8065**817301**	ULTRAFLOW® S/P 90° Angled Tip, 0.3 mm - 1 each	

8065**817501**	ULTRAFLOW® S/P Irrigating Tip** - 1 each	SERIES 20000® LEGACY® System*/ ACCURUS®/INFINITI®

**STTL: SERIES 20000® LEGACY® System, STTM: SERIES TEN THOUSAND™ LEGACY® System*
*** Used with STTM, STTL, ACCURUS® and INFINITI® Systems*

Irrigation and Aspiration Accessories

Single-Use I/A Products

ULTRAFLOW® Instruments
Bimanual I/A Disposable

170.72 ULTRAFLOW® Bimanual I/A Disposable Set, Polished
6/box

170.71 ULTRAFLOW® Bimanual I/A Disposable Set, Textured
6/box

ULTRAFLOW® I/A Disposable

170.52 ULTRAFLOW® I/A Disposable Set with Silicone Tip, Bent
6/box

170.51 ULTRAFLOW® I/A Disposable Set with Silicone Tip, Straight
6/box

INFINITI® Vision System Packs

INFINITI® Vision System Fluidics Management System (FMS)

The INFINITI® Vision System Pack includes a Fluidics Management System (FMS) offering a low-compliance (rigid) design. Improved surge suppression and a high performance pump mechanism allow for smooth aspiration and precise fluidic sensing.

Non-Invasive Vacuum Pressure Sensor: This sensor provides real-time vacuum information to the computer system.

Irrigation Pressure Sensor: INFINITI® Vision System introduces another first in the industry; irrigation fluid pressure monitoring in real-time.

INTREPID® PLUS Fluidics Management System (FMS)

The INTREPID® PLUS Fluidic Management System (FMS) is uniquely designed for enhanced fluidics during micro-coaxial phacoemulsification.

INTREPID® Micro-Coaxial System Ultrasound FMS Packs

INTREPID® PLUS FMS 0.9 mm Ultra
8065**752082** - 6/box

INTREPID® PLUS FMS 1.1 mm Ultra
8065**752083** - 6/box

INTREPID® PLUS FMS 0.9 mm Nano
8065**752084** - 6/box

INTREPID® PLUS FMS 0.9 mm Ultra, Mini-flared 30° KELMAN® ABS® Tip
8065**752086** - 6/box

INTREPID® PLUS FMS 0.9 mm Ultra, Mini-flared 45° KELMAN® ABS® Tip
8065**752087** - 6/box

INTREPID® PLUS FMS 0.9 mm
8065**752088** - 6/box

INTREPID® PLUS US Pak, 0.9 mm Ultra, Mini-flared 30° OZil® 12 ABS® Tip
8065**752093** - 6/box

INTREPID® PLUS US Pak, 0.9 mm Ultra, Mini-flared 45° OZil® 12 ABS® Tip
8065**752094** - 6/box

INTREPID® PLUS US Pak, 0.9 mm Micro, Mini-flared 30° KELMAN® ABS® Tip
8065**752095** - 6/box

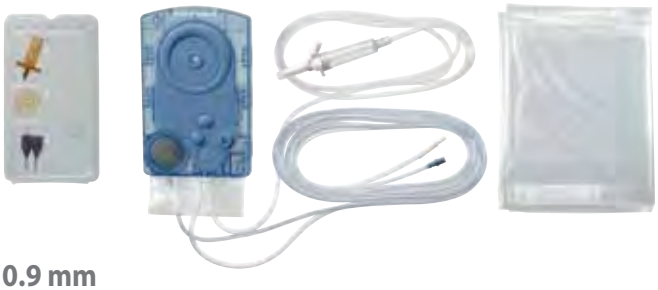
INTREPID® PLUS US Pak, 0.9 mm Micro, Mini-flared 45° KELMAN® ABS® Tip
8065**752096** - 6/box

INTREPID® PLUS FMS 0.9 mm, Mini-flared 30° OZil®
8065**752097** - 6/box

INTREPID® PLUS FMS 0.9 mm, Mini-flared 45° OZil®
8065**752098** - 6/box

The INFINITI® Vision System Packs

INFINITI® Vision Ultrasound FMS Packs



0.9 mm

INFINITI® US Pak, Ultra Sleeve, tipless
8065751716 - 6/box

INFINITI® US Pak, Ultra, Mini-flared 30° KELMAN® ABS® Tip
8065751717- 6/box

INFINITI® US Pak, Ultra, Mini-flared 30° OZil® 12 ABS® Tip
8065751719 - 6/box

INFINITI® US Pak, Ultra, Mini-flared 45° OZil® 12 ABS® Tip
8065751720 - 6/box

INFINITI® US Pak, Mini-flared 30° KELMAN® ABS® Tip
8065751721 - 6/box

INFINITI® US Pak, Mini-flared 45° KELMAN® ABS® Tip
8065751722 - 6/box

INFINITI® US Pak, Mini-flared 30° OZil® 12 ABS® Tip
8065751723 - 6/box

INFINITI® US Pak, Mini-flared 45° OZil® 12 ABS® Tip
8065751724 - 6/box

Ultrasound FMS - Micro 30° R ABS® Pack
8065741085 - 6/box

Ultrasound FMS - Micro 45° R ABS® Pack
8065741086 - 6/box

Ultrasound FMS - Micro 30° KELMAN® ABS® Pack
8065741087 - 6/box

Ultrasound FMS - Micro 45° KELMAN® ABS® Pack
8065741088 - 6/box

Ultrasound FMS - Micro Sleeve, Tapered ABS®
30° R Pack
8065750278 - 6/box

Ultrasound FMS - Micro Sleeve, Tapered ABS®
45° R Pack
8065750279 - 6/box

Ultrasound FMS - Micro Sleeve, Tapered ABS®
30° KELMAN® Pack
8065750280 - 6/box

Ultrasound FMS - Micro Sleeve, Tapered ABS®
45° KELMAN® Pack
8065750281 - 6/box

Ultrasound FMS - Micro Sleeve, Flared ABS®
30° R Pack
8065741093 - 6/box

Ultrasound FMS - Micro Sleeve, Flared ABS®
45° R Pack
8065741094 - 6/box

Ultrasound FMS - Micro Sleeve, Flared ABS®
30° KELMAN® Pack
8065741095 - 6/box

Ultrasound FMS - Micro Sleeve, Flared ABS®
45° KELMAN® Pack
8065741096 - 6/box

Ultrasound FMS - Micro Sleeve, MACKOOL*
30° R Pack
8065750266 - 6/box

Ultrasound FMS - Micro Sleeve, MACKOOL*
30° KELMAN® Pack
8065750268 - 6/box

1.1 mm

Ultrasound FMS - ABS® 30° R Pack
8065741089 - 6/box

Ultrasound FMS - ABS® 45° R Pack
8065741090 - 6/box

Ultrasound FMS - Flared ABS® 30° R Pack
8065741097 - 6/box

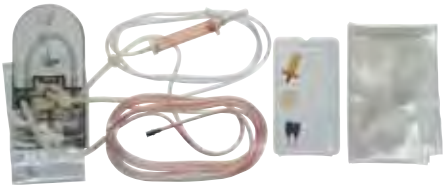
Ultrasound FMS - Flared ABS®
30° KELMAN® Pack
8065741099 - 6/box

Ultrasound FMS - MACKOOL* Flared ABS®
30° R Pack
8065750274 - 6/box

**MACKOOL is a trademark of Richard J. MacKool, MD*

For Important Safety Information about these Alcon products please refer to back of Equipment tab.

LEGACY® MAXVAC® Phaco Packs



0.9 mm

30° Round 0.9 mm MAXVAC® Pack
20130MM - 6/box

30° Round 0.9 mm ABS® MAXVAC® Pack
8065**740632** - 6/box

45° Round 0.9 mm ABS® MAXVAC® Pack
8065**740633** - 6/box

30° KELMAN® 0.9 mm ABS® MAXVAC® Pack
8065**740634** - 6/box

30° Round 0.9 mm Flared ABS® MAXVAC® Pack
8065**740827** - 6/box

45° Round 0.9 mm Flared ABS® MAXVAC® Pack
8065**740828** - 6/box

30° KELMAN® 0.9 mm Flared ABS® MAXVAC® Pack
8065**740829** - 6/box

30° Round 0.9 mm MACKOOL* Pack
8065**740964** - 6/box

30° KELMAN® 0.9 mm MACKOOL* Pack
8065**740966** - 6/box

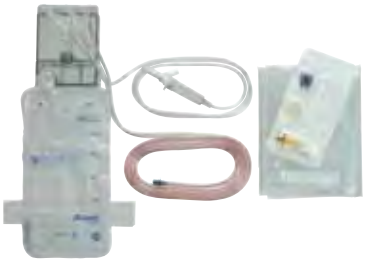
1.1 mm

30° Round 1.1 mm ABS® MAXVAC® Pack
8065**740787** - 6/box

30° Round 1.1 mm Flared ABS® MAXVAC® Pack
8065**740801** - 6/box

30° KELMAN® 1.1 mm Flared ABS® MAXVAC® Pack
8065**740803** - 6/box

ACCURUS® Cataract Packs



0.9 mm

30° Round 0.9 mm Pack, without Reflux
8065**740887** - 6/box

45° Round 0.9 mm Pack, without Reflux
8065**740888** - 6/box

30° Round 0.9 mm MACKOOL* Pack, without Reflux
8065**740892** - 6/box

30° KELMAN® 0.9 mm MACKOOL* Pack, without Reflux
8065**740894** - 6/box

45° KELMAN® 0.9 mm MACKOOL* Pack, without Reflux
8065**740883** - 6/box

30° Round 0.9 mm Flared ABS® Pack, without Reflux
8065**740922** - 6/box

45° Round 0.9 mm Flared ABS® Pack, without Reflux
8065**740923** - 6/box

45° KELMAN® 0.9 mm Flared ABS® Pack, without Reflux
8065**740925** - 6/box

30° Round 0.9 mm MACKOOL* Flared ABS® Pack, without Reflux
8065**740927** - 6/box

45° Round 0.9 mm MACKOOL* Flared ABS® Pack, without Reflux
8065**740928** - 6/box

1.1 mm

30° Round 1.1 mm Flared ABS® Pack, without Reflux
8065**740914** - 6/box

45° Round 1.1 mm Flared ABS® Pack, without Reflux
8065**740915** - 6/box

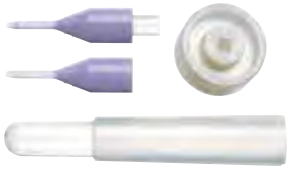
Vented Gas Forced Infusion Tubing Set

Anterior VGFI® Tubing Set
8065**740701** - 12/box

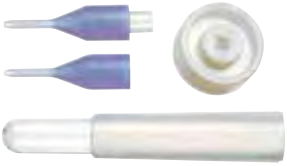
**MACKOOL is a trademark of Richard J. MacKool, MD*

MicroSmooth® Irrigation Sleeves

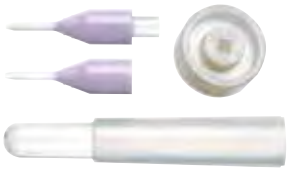
0.9 mm	1.1 mm



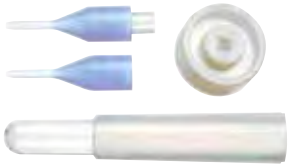
0.9 MICROSMOOTH® Small Parts Kit
8065750159 - 6/box



1.1 MICROSMOOTH® Small Parts Kit
8065750160 - 6/box



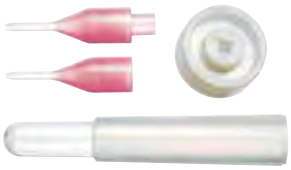
0.9 MICROSMOOTH® High Infusion Sleeve Kit
8065740842 - 6/box



1.1 MICROSMOOTH® High Infusion Sleeve Kit
8065740872 - 6/box

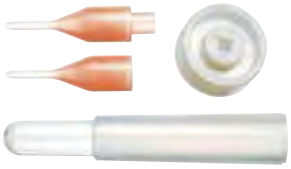
1.1 MICROSMOOTH® Micro Small Parts Kit
8065750519 - 6/box

INTREPID® Micro-Coaxial Phacoemulsification Kits



0.9 MICROSMOOTH® Enhanced Ultra Parts Kit
8065750517 - 6/box

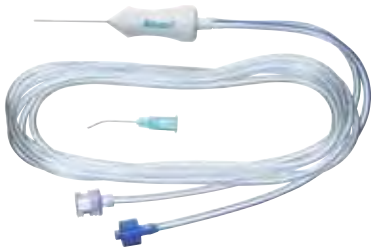
1.1 MICROSMOOTH® Ultra Small Parts Kit
8065750518 - 6/box



0.9 MICROSMOOTH® Nano Small Parts Kit
8065750515 - 6/box

Anterior Vitrectomy Disposables

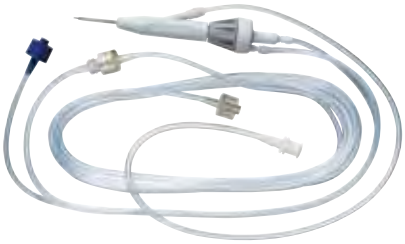
INFINITI® 23 GA ULTRAVIT® Probe
8065**751196 - 6/box**



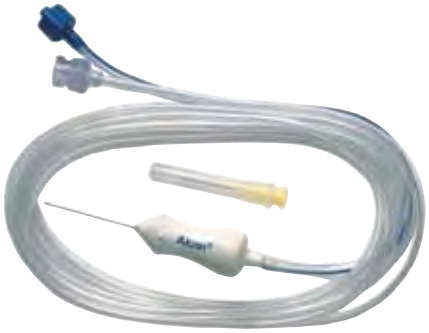
INFINITI® Anterior Vitrectomy Pack
8065**750157 - 6/box**

INFINITI® Anterior Vitrectomy
Co-Axial Irrigation Sleeve Pack
8065**750352 - 6/box**

For use with 8065750157 20G
Anterior Vitrectomy Pack



LEGACY® EVEREST® ATIOP Anterior
Vitrectomy Probe
1006 - 6/box



ACCURUS® Anterior Vitrectomy Probe
8065**803650 - 6/box**

IOLs

LENSTAR LS 900®* Optical Biometer

Indications for Use: The LENSTAR LS 900®* Biometer is a non-invasive, non-contact OLCR (Optical Low Coherence Reflectometry) Biometer used for obtaining ocular measurements and performing calculations to assist in the determination of the appropriate power and type of IOL (intraocular lens) for implantation after removal of the natural crystalline lens following cataract removal. The LENSTAR LS 900®* Biometer measures:

- Axial eye length
- Corneal thickness
- Anterior chamber depth
- Lens thickness
- Radii of curvature of flat and steep meridian
- Axis of the flat meridian
- White to white distance
- Pupil diameter

*LENSTAR® is a registered trademark of Haag-Streit

AcrySof® IQ Intraocular Lenses

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

INDICATIONS: The AcrySof® IQ posterior chamber intraocular lens is intended for the replacement of the human lens to achieve visual correction of aphakia in adult patients following cataract surgery. This lens is intended for placement in the capsular bag.

WARNING/PRECAUTION: 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. Caution should be used prior to lens encapsulation to avoid lens decentrations or dislocations.

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. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions.

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

AcrySof® IQ ReSTOR® Intraocular Lenses

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

INDICATIONS: The AcrySof® IQ ReSTOR® Posterior Chamber Intraocular Lens (IOL) is intended for primary implantation for the visual correction of aphakia secondary to removal of a cataractous lens in adult patients with and without presbyopia, who desire near, intermediate and distance vision with increased spectacle independence. The lens is intended to be placed in the capsular bag.

WARNING/PRECAUTION: 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. Physicians should target emmetropia, and ensure that IOL centration is achieved. Care should be taken to remove viscoelastic from the eye at the close of surgery.

Some patients may experience visual disturbances and/or discomfort due to multifocality, especially under dim light conditions. Clinical studies with the AcrySof® ReSTOR® lens indicated that posterior capsule opacification (PCO), when present, developed earlier into clinically significant PCO. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon for this product informing them of possible risks and benefits associated with the AcrySof® IQ ReSTOR® IOLs.

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. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions.

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

AcrySof® IQ Toric Intraocular Lenses

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

INDICATIONS: The AcrySof® IQ Toric posterior chamber intraocular lenses are intended for primary implantation in the capsular bag of the eye for visual correction of aphakia and pre-existing corneal astigmatism secondary to removal of a cataractous lens in adult patients with or without presbyopia, who desire improved uncorrected distance vision, reduction of residual refractive cylinder and increased spectacle independence for distance vision.

WARNING/PRECAUTION: 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. Toric IOLs 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 allow the lens to rotate.

Optical theory suggests that high astigmatic patients (i.e. > 2.5 D) may experience spatial distortions. Possible toric IOL related factors may include residual cylindrical error or axis misalignments. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon for this product informing them of possible risks and benefits associated with the AcrySof® IQ Toric Cylinder Power IOLs.

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. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions.

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

MONARCH® II/III IOL DELIVERY SYSTEM

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

INDICATIONS: MONARCH® II and III are titanium handpieces that are indicated for use with corresponding MONARCH® cartridges for the surgical implantation of Alcon foldable intraocular lenses (IOLs). AcrySof® IOLs are qualified for use with specific MONARCH® handpiece/cartridge combinations. No unqualified lenses should be used with the MONARCH® II or III IOL Delivery Systems.

The MONARCH® II and III cartridges are single-use devices. The MONARCH® II and III handpieces may be reused after sterilization.

CAUTIONS:

- Consult the cartridge product information for the correct MONARCH® handpiece/cartridge combination to use with a specific AcrySof® lens model.
- Only use an Alcon qualified viscoelastic for use with the Monarch® cartridges.
- The MONARCH® II and III handpieces are non-sterile and must be thoroughly cleaned and sterilized prior to each use.
- Improper cleaning and rinsing of the handpieces has been linked to Toxic Anterior Segment Syndrome.
- Potential risks from reuse or reprocessing the MONARCH® cartridges include a damaged cartridge, a damaged lens, or an unexpected delivery outcome.
- If in the medical opinion of the physician a patient with a prion related disease undergoes a high risk procedure, the instrument should be destroyed or be processed according to local requirements.

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

ALCON® ReFORM® Capsular Tension Rings

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

INDICATIONS: For the stabilization of the crystalline lens capsule in the presence of weak or partially absent zonules in adult patients undergoing cataract extraction with intraocular lens implantation. Conditions associated with weak or partially absent zonules may include primary zonular weakness (e.g., Marfan's Syndrome), secondary zonular weakness (e.g., trauma or vitrectomy), cases of zonulysis, cases of pseudoexfoliation.

CONTRAINDICATIONS:

- The ALCON® ReFORM® Capsular Tension Ring should not be used in children 12 years of age or younger.
- The ALCON® ReFORM® Capsular Tension Ring should not be used in patients with perforated or damaged capsules.

WARNINGS:

- The effect of the Capsular Tension Ring on the progression of zonular instability over time is unknown.
- Eyes with pseudoexfoliation syndrome and decreased anterior chamber depth exhibit a greater likelihood of zonular instability at the time of surgery and an increased probability of intraoperative complications.
- No scientific conclusions can be drawn regarding the probable visual outcome in patients with zonular dehiscence, especially in the presence of other preoperative pathologies.

PRECAUTIONS:

- Do not use the ALCON® ReFORM® Capsular Tension Ring if the packaging (or sterile pouch) is damaged or open.
- ALCON® ReFORM® Capsular Tension Ring are single use only; do not resterilize a capsular tension ring for subsequent use.
- Use only sterile buffered saline solution or its equivalent to rinse the capsular tension ring before use.

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

LENSTAR LS900®* OPTICAL BIOMETER

The latest technology in optical biometry. The Lenstar LS 900 optical biometer (HAAG-STREIT USA) is a precise non-contact technology to capture patient friendly measurements on the visual optical line. Its ability to auto-populate measurements into the latest generation formulas make the Lenstar LS 900 a valuable diagnostic for any ophthalmic practice.

EQUIPMENT

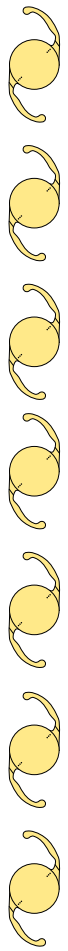
LS1000	LENSTAR LS900 with 1 year warranty
LS1000W	Two additional years of warranty. 3 years total.
LS1000W Plus	One additional year of warranty. 2 years total

**LENSTAR® is a registererd trademark of Haag-Streit.*

Advanced Technology IOLs

AcrySof® IQ ReSTOR® IOLs

MODEL NUMBER	OPTIC TYPE	OPTIC SIZE (mm)	LENGTH (mm)	HAPTIC ANGULATION	OTHER FEATURES	DIOPTRIC RANGE/ INCREMENTS#	SUGGESTED A-CONSTANT*
SN6AD1	Apodized Diffractive Aspheric	6.0	13.0	0°	Natural +3.0 D add power	+6.0 to +30.0 +31.0 to +34.0 (1.0 diopter increments)	118.9
SN6AD3	Apodized Diffractive Aspheric	6.0	13.0	0°	Natural +4.0 D add power	+6.0 to +30.0 +31.0 to +34.0 (1.0 diopter increments)	118.9
MN6AD1	Apodized Diffractive Aspheric	6.0	13.0	10°	Natural +3.0 D add power	+6.0 to +30.0 +31.0 to 34.0 (1.0 diopter increments)	119.2



AcrySof® IQ Toric IOLs

SN6AT3	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 1.50 Cylinder	119.0
SN6AT4	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 2.25 Cylinder	119.0
SN6AT5	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 3.00 Cylinder	119.0
SN6AT6	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 3.75 Cylinder	119.0
SN6AT7	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 4.50 Cylinder	119.0
SN6AT8	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 5.25 Cylinder	119.0
SN6AT9	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 6.00 Cylinder	119.0

**Additional information on IOL constants obtained using ZEISS IOLMASTER† may be found at www.augenklinik.uni-wuerzburg.de/eulib/const.htm*
 # Unless otherwise noted, IOLs are available in 0.5 increments † IOLMASTER is a trademark of Carl Zeiss AG.

AcrySof® Single-Piece IOLs

AcrySof® IQ IOLs

MODEL NUMBER	OPTIC TYPE	OPTIC SIZE (mm)	LENGTH (mm)	HAPTIC ANGULATION	OTHER FEATURES	DIOPTRIC RANGE/ INCREMENTS#	SUGGESTED A-CONSTANT*
SN60WF	Anterior Asymmetric Biconvex Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0	118.7
SN6CWS	Anterior Asymmetric Biconvex Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0	118.7

AcrySert® Delivery System

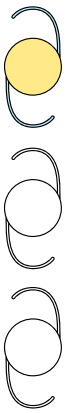
AcrySof® Single-Piece IOLs

SN60AT	Anterior Asymmetric Biconvex	6.0	13.0	0°	Natural	+6.0 to +30.0 +31.0 to +40.0 (1.0 diopter increments)	118.4
SA60AT	Anterior Asymmetric Biconvex	6.0	13.0	0°		+6.0 to +30.0 +31.0 to +40.0 (1.0 diopter increments)	118.4

http://www.acrysoftoriccalculator.com

 # Unless otherwise noted, IOLs are available in 0.5 increments

Multipiece IOLs



AcrySof® Multipiece IOLs

MODEL NUMBER	OPTIC TYPE	OPTIC SIZE (mm)	LENGTH (mm)	HAPTIC ANGULATION	OTHER FEATURES	DIOPTRIC RANGE/ INCREMENTS#	SUGGESTED A-CONSTANT*
MN60AC	Anterior Asymmetric Biconvex	6.0	13.0	10°	Natural	+6.0 to +30.0	118.4
MA30AC	Anterior Asymmetric Biconvex	5.5	12.5	5°		+10.0 to +30.0	118.4
MA60AC	Anterior Asymmetric Biconvex	6.0	13.0	10°		+6.0 to +30.0	118.4

AcrySof® Multipiece - Posterior Convex IOL

MA50BM	Biconvex	6.5	13.0	10°		+6.0 to +30.0	118.9

AcrySof® Multipiece - EXPAND®§ Series IOLs

MN60MA	Meniscus	6.0	13.0	5°	Natural	-5.0 to +5.0 (1.0 diopter increments)	118.9
MA60MA	Meniscus	6.0	13.0	5°		-5.0 to +5.0 (1.0 diopter increments)	118.9

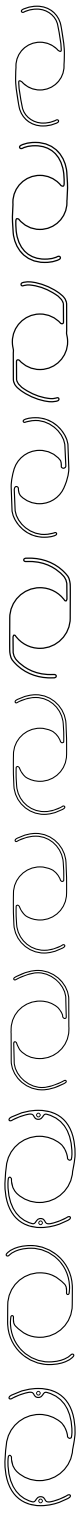
 # Unless otherwise noted, IOLs are available in 0.5 increments

For Important Safety Information about these Alcon products please refer to back of IOLs tab.

Single-Piece PMMA IOLs

Single-Piece PMMA IOLs

MODEL NUMBER	OPTIC TYPE	OPTIC SIZE (mm)	LENGTH (mm)	HAPTIC ANGULATION	OTHER FEATURES	DIOPTRIC RANGE/ INCREMENTS	SUGGESTED A-CONSTANT*
MC40BD	Biconvex	5.0	12.5	5° SLANT®§		+10.0 to +30.0	118.7
MZ40BD	Biconvex	5.0	11.5	5° SLANT®§		+10.0 to +30.0	118.7
LX10BD	Biconvex	5.25	12.0	5° SLANT®§	SLIMPLANT®§ DESIGN	+10.0 to +30.0	118.7
MZ30BD	Biconvex	5.5	12.0	5° SLANT®§		+10.0 to +30.0	118.7
LX90BD	Biconvex	5.75	12.0	5° SLANT®§	SLIMPLANT®§ DESIGN	+10.0 to +30.0	118.7
MZ60BD	Biconvex	6.0	12.5	5° SLANT®§		+4.0 to +30.0 +31.0 to +34.0 (1.0 diopter increments)	118.7
MC60BD	Biconvex	6.0	13.5	5° SLANT®§		+10.0 to +30.0	118.7
MC50BD	Biconvex	6.5	13.5	5° SLANT®§		+10.0 to +30.0	118.7
CZ70BD	Biconvex	7.0	12.5	5° SLANT®§	Eyelet	+10.0 to +30.0	118.8
CR5BU0	Biconvex	7.0	13.5	10°		+10.0 to +30.0	119.0
CR70BU	Biconvex	7.0	13.5	10°	Eyelet	+4.0 to +30.0	119.0



§SLIMPLANT, MONOFLEX, SLANT, EXPAND, REFORM Reg. U.S. Patent and Trademark Office.

Single-Piece PMMA IOLs

Single-Piece PMMA EXPAND®§ Series IOLs

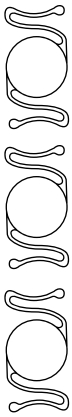
MODEL NUMBER	OPTIC TYPE	OPTIC SIZE (mm)	LENGTH (mm)	HAPTIC ANGULATION	OTHER FEATURES	DIOPTRIC RANGE/ INCREMENTS#	SUGGESTED A-CONSTANT*
MZ60MD	Meniscus	6.0	12.5	5° SLANT®§		-3.0 to +3.0 (1.0 diopter increments)	118.7
MZ60PD	Plano-concave	6.0	12.5	5° SLANT®§		-10.0 to -4.0 (1.0 diopter increments)	118.7

 # Unless otherwise noted, IOLs are available in 0.5 increments
§SLIMPLANT, MONOFLEX, SLANT, EXPAND, REFORM Reg. U.S. Patent and Trademark Office.

Anterior Chamber IOLs

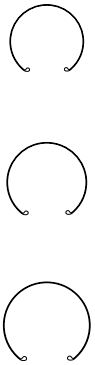
Anterior Chamber IOLs

MODEL NUMBER	OPTIC TYPE	OPTIC SIZE (mm)	LENGTH (mm)	HAPTIC ANGULATION	DIOPTRIC RANGE/ INCREMENTS#	ACD[1]	SUGGESTED A-CONSTANT*
MTA3U0	Convexoplano	5.5	12.5	0.5 mm	+5.0 to +28.0 +29.0 to + 30.0 (1.0 diopter increments)	3.39	115.3
MTA4U0	Convexoplano	5.5	13.0	0.5 mm	+5.0 to +28.0 +29.0 to + 30.0 (1.0 diopter increments)	3.39	115.3
MTA5U0	Convexoplano	5.5	13.5	0.5 mm	+5.0 to +28.0 +29.0 to + 30.0 (1.0 diopter increments)	3.39	115.3



ReFORM™§ Capsular Tension Rings

MODEL NUMBER	EXPANDED	COMPRESSIBLE TO
ACTR10	12.3 mm	10 mm
ACTR11	13.0 mm	11 mm
ACTR12	14.5 mm	12 mm



AcryPak® Folder
8065-977725

Designed specifically for multi-axis folding of the AcrySof® IOL
Ten (10) AcryPak® Folders per box

 # Unless otherwise noted, IOLs are available in 0.5 increments
§SLIMPLANT, MONOFLEX, SLANT, EXPAND, REFORM Reg. U.S. Patent and Trademark Office.

[1] ACD is based on the Binkhorst relationship as presented in Holladay, J.T., Musgrove, K.H., Prager, T.C., Lewis, J.W., Chandler, T.Y., and Ruiz, R.S., "A three-part system for refining intraocular lens power calculations," Journal of Cataract and Refractive Surger, Vol. 14, pp. 17-24, 1988.

IOL Delivery Systems

MONARCH® Delivery System

The Monarch® IOL Delivery System combines a reusable titanium handpiece and a sterile single use cartridge for enhanced implantation of the AcrySof® IOL. Advanced design enables the surgeon to view and verify lens orientation throughout the implantation process. Simplified loading, controlled consistent delivery, and ease of implantation are the benefits that Monarch® IOL Delivery System can provide.

8065-977771
MONARCH® II
IOL Injector

8065-977773
MONARCH® III
IOL Injector

MONARCH® Cartridge/AcrySof® Lens Model/Diopter Range

8065-977757 A Cartridge[1]	**8065-977758** B Cartridge[1, 2*]	**8065-977759** C Cartridge[1, 2*]		**8065-977763** D Cartridge[2]	
MA50BM	SN60AT	SN60AT	6.0-27.0	SN60WF	6.0-27.0
MN60MA	SN6AD3	SA60AT	6.0-27.0	SN6AD1	6.0-27.0
MA60MA	MA30AC	SN60WF	6.0-30.0	SN6AD3	10.0-27.0
MA60AC	MN6AD1	SN6AD1	6.0-27.0	SN6AT3	6.0-25.0
MN60AC	MA60AC	SN6AD3	6.0-27.0	SN6AT4	6.0-25.0
MN6AD1	MN60AC	SN6AT3	6.0-30.0	SN6AT5	6.0-25.0
	SA60AT	SN6AT4	6.0-30.0	SN6AT6	6.0-23.0
	SN6AD1	SN6AT5	6.0-30.0	SN6AT7	6.0-23.0
	SN60WF	SN6AT6	6.0-27.0	SN6AT8	6.0-23.0
	SN6AT3	SN6AT7	6.0-27.0	SN6AT9	6.0-23.0
	SN6AT4	SN6AT8	6.0-27.0		
	SN6AT5	SN6AT9	6.0-27.0		
	SN6AT6				
	SN6AT7				
	SN6AT8				
	SN6AT9				

MONARCH® Loading Forceps

560.01
The ALCON®/GRIESHABER® MONARCH® Loading Forceps is for fully controlled handling of the AcrySof® Single-Piece and AcrySof® Natural IOLs from packaging into the MONARCH® Delivery System.

MONARCH® Cartridges

10/box

[1]Validated with the MONARCH® II IOL Delivery System
[2] Validated with the MONARCH® III IOL Delivery System

Holladay IOL Surgeon Factor Conversion Table

A-CONSTANT	S FACTOR	ACD
110.0	-3.31	0.30
110.1	-3.25	0.36
110.2	-3.19	0.41
110.3	-3.14	0.47
110.4	-3.08	0.53
110.5	-3.02	0.59
110.6	-2.97	0.65
110.7	-2.91	0.70
110.8	-2.85	0.76
110.9	-2.80	0.82
111.0	-2.74	0.88
111.1	-2.68	0.94
111.2	-2.63	1.00
111.3	-2.57	1.06
111.4	-2.51	1.11
111.5	-2.46	1.17
111.6	-2.40	1.23
111.7	-2.34	1.29
111.8	-2.29	1.35
111.9	-2.23	1.40
112.0	-2.17	1.46
112.1	-2.12	1.52
112.2	-2.06	1.58
112.3	-2.00	1.64
112.4	-1.95	1.70
112.5	-1.89	1.76
112.6	-1.84	1.81
112.7	-1.78	1.87
112.8	-1.72	1.93
112.9	-1.66	1.99
113.0	-1.61	2.05
113.1	-1.55	2.11
113.2	-1.50	2.16
113.3	-1.44	2.22
113.4	-1.38	2.28
113.5	-1.32	2.34
113.6	-1.27	2.40
113.7	-1.21	2.46
113.8	-1.16	2.51
113.9	-1.10	2.57
114.0	-1.04	2.63
114.1	-0.98	2.69
114.2	-0.93	2.75
114.3	-0.87	2.81
114.4	-0.82	2.86
114.5	-0.76	2.92
114.6	-0.70	2.98
114.7	-0.64	3.04
114.8	-0.59	3.10
114.9	-0.53	3.16
115.0	-0.48	3.21
115.1	-0.42	3.27
115.2	-0.36	3.33
115.3	-0.31	3.39
115.4	-0.25	3.45
115.5	-0.19	3.51
115.6	-0.14	3.56
115.7	-0.08	3.62
115.8	-0.02	3.68
115.9	0.03	3.74
116.0	0.09	3.80
116.1	0.15	3.86
116.2	0.20	3.91
116.3	0.26	3.97
116.4	0.32	4.03
116.5	0.37	4.09
116.6	0.43	4.15
116.7	0.49	4.21
116.8	0.54	4.26
116.9	0.60	4.32
117.0	0.66	4.38
117.1	0.71	4.44
117.2	0.77	4.50
117.3	0.83	4.56
117.4	0.88	4.62
117.5	0.94	4.67
117.6	1.00	4.73
117.7	1.05	4.79
117.8	1.11	4.85
117.9	1.17	4.91
118.0	1.22	4.96
118.1	1.28	5.02
118.2	1.34	5.08
118.3	1.39	5.14
118.4	1.45	5.20
118.5	1.51	5.26
118.6	1.56	5.32
118.7	1.62	5.37
118.8	1.68	5.43
118.9	1.73	5.49
119.0	1.79	5.55
119.1	1.85	5.61
119.2	1.90	5.66
119.3	1.96	5.72
119.4	2.02	5.78
119.5	2.07	5.84
119.6	2.1	5.90
119.7	2.19	5.96
119.8	2.24	6.02
119.9	2.30	6.07
120.0	2.36	6.13

Holladay, J.T., *et al.* A three-part system for refining intraocular lens power calculations, *J. Cataract Refract. Surg.* 14:17-24, 1988.
Holladay, J.T., *et al.* Standardizing constants for ultrasonic biometry, keratometry, and IOL power calculations, *J. Cataract Refract. Surg.* 23:1356-1370, 1997.

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Solutions, Drugs and Specialty Items

EX-PRESS® Glaucoma Filtration Device

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

INDICATION: The EX-PRESS® Glaucoma Filtration Device is intended to reduce intraocular pressure in glaucoma patients where medical and conventional surgical treatments have failed.

GUIDANCE REGARDING THE SELECTION OF THE APPROPRIATE VERSION: Prior clinical studies were not designed to compare between the various versions of the EX-PRESS® Glaucoma Filtration Device. The selection of the appropriate version is according to the doctor's discretion.

CONTRAINDICATIONS: The use of this device is contraindicated if one or more of the following conditions exist:

- Presence of ocular disease such as uveitis, ocular infection, severe dry eye, severe blepharitis.
- Pre-existing ocular or systemic pathology that, in the opinion of the surgeon, is likely to cause postoperative complications following implantation of the device.
- Patients diagnosed with angle closure glaucoma.

WARNINGS/PRECAUTIONS:

- The surgeon should be familiar with the instructions for use.
- The integrity of the package should be examined prior to use and the device should not be used if the package is damaged and sterility is compromised.
- This device is for single use only.
- MRI of the head is permitted, however not recommended, in the first two weeks post implantation.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings, precautions, complications and adverse events.

Sutures and Needles

	Needle					Suture			Length	
Product Number	Type	Size	Circle	Wire (mm)	Length (mm)	Color	Form	Armed	cm	in.
NYLON								**A-SERIES SPATULATED NEEDLES**		
8065692001	AU-5	10-0	1/2	.15	5.51	Black	Monofil	Double	15	6
8065692101	AU-5	10-0	1/2	.15	5.51	Black	Monofil	Double	30	12
8065693001	A-3	10-0	3/8	.20	6.55	Black	Monofil	Double	30	12
8065698001	AU-1	10-0	3/8	.15	6.19	Black	Monofil	Double	30	12
8065702001	AU-8	10-0	Bi-Curve	.15	4.83	Black	Monofil	Double	20	8
8065702101	AU-8	10-0	Bi-Curve	.15	4.83	Black	Monofil	Double	30	12
8065710001	AU-5	10-0	1/2	.15	5.51	Black	Monofil	**Single**	15	6
8065710401	AU-1	10-0	3/8	.15	6.19	Black	Monofil	**Single**	15	6
8065693101	A-3	9-0	3/8	.20	6.55	Black	Monofil	Double	30	12
8065691901	AU-5	8-0	1/2	.15	5.51	Black	Monofil	Double	30	12


NYLON								**C-SERIES SPATULATED NEEDLES**		
8065192101	CU-5	10-0	1/2	.15	5.51	Black	Monofil	Double	30	12
8065192001	CU-5	10-0	1/2	.15	5.51	Black	Monofil	Double	15	6
8065193001	C-3	10-0	3/8	.20	6.55	Black	Monofil	Double	30	12
8065194201	C-4	10-0	1/2	.20	7.13	Black	Monofil	Double	30	12
8065198001	CU-1	10-0	3/8	.15	6.19	Black	Monofil	Double	30	12
8065198201	CU-2	10-0	1/2	.15	6.98	Black	Monofil	Double	30	12
8065198501	CU-1	10-0	3/8	.15	6.19	Black	Monofil	Double	15	6
8065201201	CU-15	11-0	1/2	.10	5.51	Black	Monofil	Double	30	12
8065201701	CUM-15	10-0	1/2	.10	4.22	Black	Monofil	Double	30	12
8065202001	CU-8	10-0	Bi-Curve	.15	4.83	Black	Monofil	Double	20	8
8065202101	CU-8	10-0	Bi-Curve	.15	4.83	Black	Monofil	Double	30	12
8065208001	CU-1	10-0	3/8	.15	6.19	Black	Monofil	**Single**	30	12
8065208101	C-3	10-0	3/8	.20	6.55	Black	Monofil	**Single**	30	12
8065222101	CU-5C*	10-0	1/2	.15	5.51	Black	Monofil	Double	30	12
8065198101	CU-1	9-0	3/8	.15	6.19	Black	Monofil	Double	30	12
8065192201	CU-5	9-0	1/2	.15	5.51	Black	Monofil	Double	30	12
8065193101	C-3	9-0	3/8	.20	6.55	Black	Monofil	Double	30	12
8065194101	C-4	8-0	1/2	.20	7.13	Black	Monofil	Double	30	12

**Needle has calibrated marks*

NYLON								**N-SERIES SPATULATED NEEDLES**		
8065711701	NU-1	10-0	3/8	.15	6.19	Black	Monofil	Double	30	12
8065712101	NU-5	10-0	1/2	.15	5.51	Black	Monofil	Double	30	12
8065712201	NU-5	10-0	1/2	.15	5.51	Black	Monofil	**Single**	15	6

Sutures and Needles

	Needle					Suture			Length	
Product Number	Type	Size	Circle	Wire (mm)	Length (mm)	Color	Form	Armed	cm	in.
S-SERIES SPATULATED NEEDLE										**NYLON**
8065218601	SU-1	10-0	3/8	.15	6.19	Black	Monofil	Double	30	12
R-SERIES SPATULATED NEEDLES										**NYLON**
8065215501	R-5	5-0	1/4	.28	6.10	Black	Monofil	Double	45	18
C-SERIES SPATULATED NEEDLES										**SILK**
8065193401	C-3	8-0	3/8	.20	6.55	Black	Braided	Double	30	12
8065193501	C-3	8-0	3/8	.20	6.55	Black	Braided	Double	45	18
8065193601	C-3	7-0	3/8	.20	6.55	Black	Braided	Double	45	18
8065205301	C-3	6-0	3/8	.20	6.55	Black	Braided	Double	45	18
R-SERIES CENTER POINT SIDE CUTTING NEEDLE										**SILK**
8065217701	R-7	4-0	1/4	.40	6.55	White	Braided	Double	45	18
B-SERIES REVERSE CUTTING NEEDLES										**SILK**
8065195601	B-1	6-0	3/8	.20	7.92	Black	Braided	Double	45	18
8065186001	BO-1	6-0	3/8	.33	11.04	Black	Braided	Double	45	18
8065187501	BO-2	4-0	3/8	.43	13.07	Black	Braided	Double	45	18
8065187601	BO-2	4-0	3/8	.43	13.07	Black	Braided	**Single**	45	18
P-SERIES TAPER POINT NEEDLES										**SILK**
8065184501	P-5	4-0	3/8	.42	12.32	Black	Braided	**Single**	30	12
8065184601	P-5	4-0	3/8	.42	12.32	Black	Braided	Double	45	18
PC-SERIES CUTTING TAPER POINT NEEDLES (RECTUS FIXATION)										**SILK**
8065184801	PC-1	6-0	3/8	.35	13.99	Black	Braided	**Single**	45	18
8065184701	PC-5	4-0	3/8	.42	13.99	Black	Braided	**Single**	45	18
8065184901	PC-5	4-0	3/8	.42	13.99	Black	Braided	**Single**	75	30

Sutures and Needles

	Needle					Suture			Length	
Product Number	Type	Size	Circle	Wire (mm)	Length (mm)	Color	Form	Armed	cm	in.
POLYESTER								**PC-SERIES SPATULATED NEEDLE**		
8065217601	PC-7	10-0	1/4	.23	13.34	Green	Monofil	Double	20	8
POLYESTER								**R-SERIES CENTER POINT SIDE CUTTING NEEDLES**		
8065211101	R-1	5-0	1/4	.35	7.92	White	Braided	Double	45	18
8065211201	R-1	5-0	1/4	.35	7.92	Green	Braided	Double	45	18
8065213101	R-3	5-0	1/2	.35	7.92	White	Braided	Double	45	15
8065213201	R-3	5-0	1/2	.35	7.92	Green	Braided	Double	45	18
8065215101	R-5	5-0	1/4	.28	6.10	White	Braided	Double	45	18
8065215201	R-5	5-0	1/4	.28	6.10	Green	Braided	Double	45	18
POLYESTER								**T-SERIES SCLERAL SIDE CUTTING NEEDLES**		
8065189511	T-1	5-0	1/4	.33	7.92	White	Braided	Double	45	18
8065189611	T-1	5-0	1/4	.33	7.92	Green	Braided	Double	45	18
8065189411	T-2	4-0	1/4	.45	7.92	White	Braided	Double	45	18
POLYPROPYLENE								**A-SERIES SPATULATED NEEDLES**		
8065306401	AU-1	10-0	3/8	.15	6.19	Blue	Monofil	Double	30	12
8065306701	AU-5	10-0	1/2	.15	5.51	Blue	Monofil	Double	30	12
POLYPROPYLENE								**PC-SERIES SPATULATED NEEDLES**		
8065307601	PC-7	10-0	1/4	.23	13.34	Blue	Monofil	Double	20	8
8065307901	PC-9	10-0	1/4	.23	15.30	Blue	Monofil	Looped	20	8
POLYPROPYLENE								**SC-SERIES STRAIGHT NEEDLE**		
8065308001	SC-5	10-0	Straight	.15	16.15	Blue	Monofil	Double	20	8








Sutures and Needles

	Needle				Length		
Product Number	Type	Size	Circle	Wire (mm)	Length (mm)	cm	in.
PAIR-PAK II®							**SURGICAL SUTURES & NEEDLES**
8065**304901**	AUM-5	10-0	1/2	.15	4.22	30	8
(Polypropylene)	SC-5	10-0	Straight	.15	16.00	30	12
8065**305201**	PC-5	4-0	3/8	.42	13.99	45	12
(Nylon Pair Pak)	AU-1	10-0	3/8	.15	6.19	30	8
8065**305401**	A-4		3/8	.20	6.55	20	
(12's Pair Pak)	PC-5		3/8	.42	13.99	30	
8065**307201**	CU-1	10-0	3/8	.15	6.19	30	
(Pair Pak 2)	PC-5		3/8	.42	13.99	75	

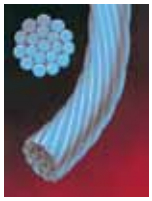
NEEDLE/SURGICAL PROCEDURES MATRIX

Series	N	S	A	C	I	R	T	B	P	PC-1 PC-5	PC-7 PC-9	SC
Surgical Procedure												
Cataract	x	x	x	x								
Glaucoma	x	x	x	x					x	x	x	
Corneal Transplant	x	x	x	x								
Strabismus				x	x	x				x	x	
Oculoplastic				x		x		x		x	x	
Iris Repair									x			
IOL Sulcus Fixation										x	x	x
Rectus Traction						x		x	x	x	x	
Retinal Detachment						x	x	x		x	x	

x = ALCON® needle available

Suture Materials and Specifications

NYLON



SILK

POLYESTER BRAIDED

POLYPROPYLENE

	NYLON	SILK	POLYESTER BRAIDED	POLYPROPYLENE
Stretch Factor	20-25%	3-5%	1%	30-38%
Astigmatic Control	Excellent	Poor	N/A	Poor
Elasticity	Fair	Poor	Poor	Excellent
Absorption	No	No	No	No
Hydrolysis	No	No	No	No
Handling	Good	Excellent	Good	Good
Tissue Reaction	None	Some	None	None
Suture Colors	Black	Black or White	Green or White	Blue White
Monofilament	Yes	No	No	Yes
Braided	No	Yes	Yes	No
		(*N)		
Twisted	No	Yes	No	No
Loops	No	No	No	Yes
Size	5-0, 8-0, 9-0, 10-0, 11-0	4-0, 6-0, 7-0, 8-0, 9-0	4-0, 5-0, 10-0	10-0
Package Color	Mint Green	Light Blue	Burnt Orange	Royal Blue & White
Assist-O.R. Pack	Yes	Yes	Yes	Yes
Surgical Indication	Cataract, glaucoma, oculoplastic retinalvitreous, traction	Cataract, glaucoma, oculoplastic retinavitreous, traction	Retinal detachment, strabismus	Cataract, glaucoma, iris repair, IOL fixation

Solutions and Drugs

BSS Plus®

STERILE INTRAOCULAR IRRIGATING SOLUTION

500 mL, Rx (N)
0065**080050**
6/box

250 mL, Rx (N)
0065**080025**
6/box

BSS®

STERILE IRRIGATING SOLUTION

All 36-month shelf life

500 mL, Rx (N)
0065**079550**
6/box

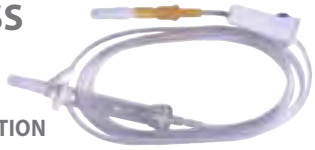
250 mL, Rx (N)
0065**079525**
6/box

30 mL, Rx (N)
0065**079530**
20/box

15 mL, Rx (N)
0065**079515**
36/box

BSS®/BSS Plus®

SOLUTION ADMINISTRATION SET (DNR)



0065**082650**
50/box

Miostat®

(carbachol 0.01%) Intraocular Solution

24-month shelf life
1.5 mL, GV (N), Rx (LTX)
0065**002315**
12/box

BETADINE®*

5% STERILE OPHTHALMIC PREP SOLUTION

30-month shelf life
30 mL, Rx (N)
Available in the U.S. and limited international markets.
0065**041130**
24/box

TRIESENCE®

(triamcinolone acetonide injectable suspension)

40 mg/ml,
Preservative Free
24-month shelf life
Single use 1ml vial
0065**054301**
(1 vial/box)

Steri-Units®

OPHTHALMIC SOLUTION

All 24-month shelf life

ATROPINE SULFATE
1.0% 2 mL, Rx (N)
0065**070212**
12/box

TETRACAINE HCl
0.5% 2 mL, Rx (N)
0065**074112**
12/box

Legend:
Rx = Prescription Only
(LTX) = Contains Latex
(N) = No Preservatives
(Y) = Contains Preservatives
(DNR) = Dry Natural Rubber

**BETADINE Trademark of Purdue Products L.P.*

Specialty Items

MEROCEL* Lint-Free Products

Wick N' Wipe
3.25" x 3.25"
20/box
8065913189NS
Included in CUSTOM-PAK® Surgical Procedure Packs Only

Eye Wicks
8"
3 wicks/envelope
10 envelopes/box
8065913196NS
Included in CUSTOM-PAK® Surgical Procedure Packs Only

Eye Kit
One Wick N' Wipe 3.25" x 3.25" and One Corneal Light Shield per Packet
20 packets/box
8065913195NS
Included in CUSTOM-PAK® Surgical Procedure Packs Only

Instrument Wipe
3.25" x 3.25"
20/box
8065913197NS
Included in CUSTOM-PAK® Surgical Procedure Packs Only

GRIESHABER® Flexible Iris Retractors

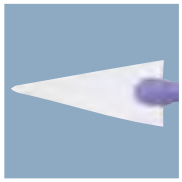
Five Retractors for Single Surgery
1/box
611.74

24 Retractors (6 Sets of 5 Retractors)
6/box
611.75

**Trademarks are the property of their respective owners.*

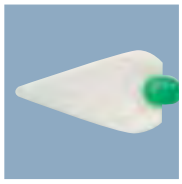
Specialty Items

MEROCEL* Lint-Free Products

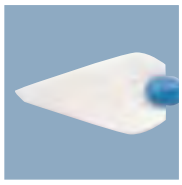


Surgical Spear, Lint Free
5/envelope
10 envelopes/box
8065913198NS
CUSTOM PAK® Only

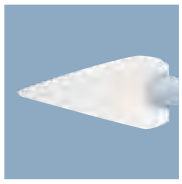
MICROSPONGE® & I-SPEAR® Surgical Sponges



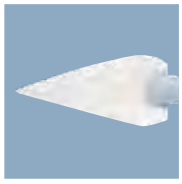
Surgical Sponge with Green Handle
Regular Tip
10/envelope
25 envelopes/box
8065100002



Surgical Sponge with Dark Blue Handle
Sharp Tip
10/envelope
25 envelopes/box
8065100003



Surgical Sponge with Light Blue Handle
6/envelope
25 envelopes/box
8065100006



Surgical Sponge with Light Blue Handle
10/envelope
25 envelopes/box
8065100010

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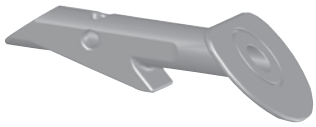
Specialty Items

EX-PRESS® Glaucoma Filtration Device



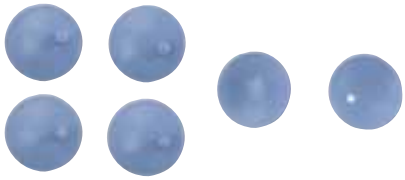
EX-PRESS® Glaucoma Filtration Device R-50 Model
Internal lumen size 50µm
1/box
R-50 **40053**

EX-PRESS® Glaucoma Filtration Device P Model
Internal lumen size 50µm/200µm
1/box
P-50 **47053**
P-200 **47203**

SOFGUARD® Eye Shield with Flexible Edge
50/box
8065**997501**

Schwartz/Norris Corneal Light Shield

Reusable Lightshields
Non-Sterile, Autoclavable
6/box
8065**802001**



PROSHIELD®

Corneal Collagen Shields
6/box
24-month shelf life

Shield RD
8065**101400**

Shield 12 Hour
8065**101401**

Shield 24 Hour
8065**101701**

Shield 72 Hour
8065**101402**

How to Order

Customer Service is available to assist you from 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday.

By Telephone
Call TOLL FREE1-800-TO-ALCON (1-800-862-5266)

By FAX
We offer TOLL FREE fax service. Fax your purchase order directly to:
Alcon Customer Service Department
1-800-241-0677

By Mail
Mail to:
Alcon Customer Service Department
Mail Code WP-22
6201 South Freeway
Fort Worth, Texas 76134-2099

EDI (Electronic Data Interchange)
Alcon offers and encourages the ease of automated ordering to customers with compatible systems configurations. Please ask your customer service representative for additional details on EDI.

Automatic Order Scheduling Service
Regular automated orders can be scheduled based on interim dates most convenient for you. Ask your customer service representative about the benefits of our standing order program.

Payment Terms
Payment terms are net 30 days.

Distributor & Kit Packer Policies
Not all Products are available to a Kit Packer.
There are no quantity discounts.
All Alcon products are at list price.
Prices are subject to change at any time.

Merchandise Return Policy
Alcon will accept for return unopened, original trade units, up to the expiration date of the product. This applies to all surgical products. Please see Returns Disallowed, Customer product Returns, and IOL's Return Policy below for exceptions.

Returned inventory may be subject to a restocking fee.
CREDIT- All merchandise will be credited based on the original purchase price.

RETURNS DISALLOWED
- Merchandise with broken seals, labels removed, less than full boxes etc.
- Merchandise which has become deteriorated due to customer use, mishandling, and /or improper storage condition (heat, cold, water, fire, etc.).
- All Viscoelastics (OVDs/Viscosurgical Devices).
- Merchandise involved in a bankruptcy sale or sacrifice.
- Merchandise purchased through a distributor or Kit Packer.
- Purchases by Distributors and Kit Packers are not eligible for return as ALL SALES ARE FINAL .
- Equipment hand pieces are not returnable for credit. Some hand pieces may qualify for warranty replacement or exchange. For more information please call Customer Service at 1-800-832-7827, Opt 4.

CUSTOM PRODUCT RETURNS
- CUSTOM-PAK® Surgical Procedure Pack returns are subject to the terms and conditions contained in the CUSTOM-PAK® Procedure Pack contract.
- Unused inventory at termination of agreement is subject to a 15% restocking fee.
- Non-Alcon products are not eligible for return.
- PIK PAKs® Suture Packs are not eligible for return.
- SPECIAL PATIENT CARE Kit's (SPCK) are not eligible for return.

How to Order

INTRAOCULAR LENSES (IOLs) RETURN POLICY

- Alcon will accept for return Alcon® intraocular lenses that are not expired and in their original packaging. The returned IOLs will be credited at the original purchase price.
- For lenses that are expired, opened and not used, or damaged please call Customer Service at 1-800-TO-ALCON (800-862-5266) for assistance.

Return Authorization is required for all qualifying returns. Please call 1-800-TO-Alcon (1-800-862-5266) for a Customer Service Representative to provide you a merchandise return authorization to ensure acceptance at our warehouse locations.

TECHNICAL SUPPORT

For service/repair on Alcon® operating room or office-based instrumentation and accessories, please call Alcon Technical Services at 1-800-832-7827, 8:00 a.m. to 7:00 p.m. Central Time.

SHIPPING AND HANDLING POLICY

- Orders are processed from three main distribution centers located as follows:
  Fort Worth, Texas
  Elkridge, Maryland
  Reno, Nevada

Cut off times for shipping varies dependent on the warehouse location

Product	Warehouse Locations			Shipping and Handling			
	Fort Worth, Texas (FTW)	Elkridge, Maryland (Elk)	Reno, Nevada (Reno)	Ground Shipment Cost	Two-Day Delivery Cost	Next Day Delivery Cost	Next Day Delivery Priority (a.m. delivery)
Intraocular Lens	**6:00 PM	N/A	N/A	$15.00	$20.00	$30.00	$30.00
Ophthalmic Viscoelastic Devices (OVD's)	**6:00 PM	**5:00 PM	**6:00 PM	N/A	N/A	$15.00	$30.00
CUSTOM PAK® Surgical Procedure Packs	**5:00 PM	**4:00 PM	**6:00 PM	$15.00	$30.00	*A	*A
All Other Surgical Disposable Products	**6:00 PM	**5:00 PM	**6:00 PM	$15.00	$30.00	$30.00 or *A	$30.00 or *A

* Actual cost based on weight and time zone

**All times listed above are in Central Standard Time zone

- Ground shipments are delivered up to 5 days from order placement
- **Orders Totaling less than $50.00** = $3.00 Shipping and Handling
- **Expedited Shipments** requests please check with an Alcon Customer Service representative to verify availability and shipping and handling charges.
- **Surgical Instrumentation** Shipping and Handling is based on weight and freight zone.
- **Kit Packers and Contract Distributors** $30.00 or Actual Cost based on weight and freight zone.

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*BETADINE Trademark of Purdue Products L.P.
**CLEARCUT® Reg. USPTO

Alcon Laboratories, Inc.
6201 South Freeway, Fort Worth, Texas 76134-2099