LENSAR
CATARACT LASER WITH AUGMENTED REALITY

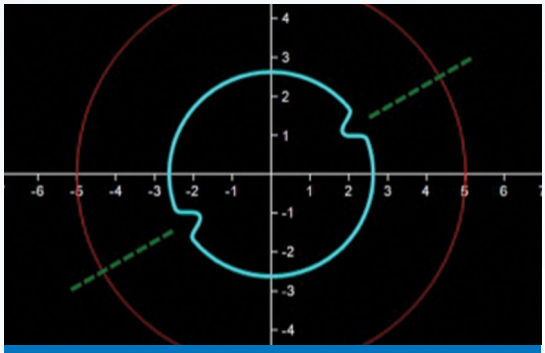
IntelliAxis Refractive Capsulorhexis®

A Novel Approach to Guiding Precise Toric Intraocular Lens Alignment

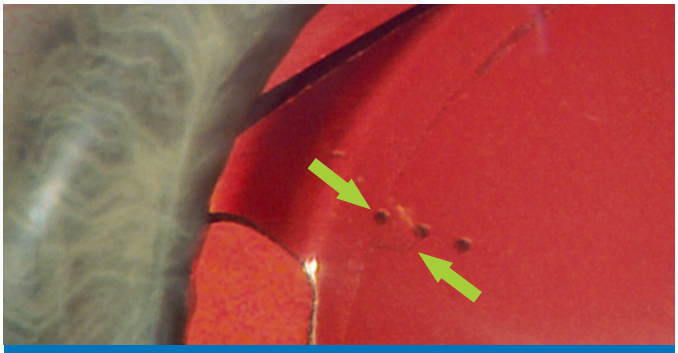
IntelliAxis Refractive Capsulorhexis utilizes preoperative diagnostics, iris registration, and intraoperative imaging to precisely and permanently identify the steep axis for intraoperative and postoperative toric intraocular lens (IOL) alignment.

- Leverages integrated wireless diagnostic data for streamlined accuracy
- Biomechanically stable to ensure safe and precise results
- Permanent laser markings within the refractive capsulorhexis
- Guides accurate alignment of toric IOLs intraoperatively and postoperatively

Clear visualization for precise steep axis alignment



IntelliAxis Refractive Capsulorhexis is automatically aligned to the steep axis based on preoperative data.



Implanted toric IOL aligned to the IntelliAxis Refractive Capsulorhexis axis mark.

"What I enjoy is the refractive outcomes and the predictability that the LENSAR® Laser System now affords me as it relates to astigmatism correction with toric IOL placement. The IntelliAxis Refractive Capsulorhexis places refractive marks on the capsule at the steep meridian based on clean wireless integration of preoperative data. The LENSAR Laser makes me a more confident surgeon, period."

– Elizabeth Yeu, MD

"The IntelliAxis Refractive Capsulorhexis from LENSAR instantly solves the problem of toric IOL alignment. Amazingly accurate iris registration-guided laser markings within the capsulorhexis lie directly on the anterior surface of the IOL. IntelliAxis Refractive Capsulorhexis has converted a problematic aspect of the toric IOL surgery into a non-issue."

– Warren Hill, MD

The LENSAR Laser System - fs 3D (LLS-fs 3D) with Streamline is an ophthalmic surgical laser indicated for use in the creation of an anterior capsulotomy, in patients undergoing surgery requiring laser-assisted fragmentation of the cataractous lens, in the creation of full and partial thickness single-plane and multi-plane arc cuts/incisions in the cornea, in patients undergoing ophthalmic surgery or other treatments requiring pocket cuts/incisions in the cornea, and in the creation of a corneal flap in patients undergoing treatment requiring initial lamellar resection of the cornea.

Laser capsulotomy and/or laser phacofragmentation surgery is contraindicated in patients: who are of pediatric age; whose pupils will not dilate or remain dilated to a diameter greater than that of the intended treatment and for capsulotomies and/or laser phacofragmentation with intended diameters of less than 4 mm or greater than 7 mm; who have existing corneal implants; who have conditions that would cause inadequate clearance between the intended capsulotomy cut and the corneal endothelium, such as: hypotony, uncontrolled glaucoma; who have corneal disease or pathology that precludes transmission of light at the laser wavelength or causes distortion of laser light, such as: residual, recurrent, active ocular or uncontrolled eyelid disease or any corneal abnormalities (including endothelial dystrophy, guttata, recurrent corneal erosion, etc.) in the eye to be treated, ophthalmoscopic signs of keratoconus (or keratoconus suspect) in the eye to be treated, a history of severe dry eye that has not responded to therapy, a history of herpes zoster or herpes simplex keratitis.

Laser full and partial thickness corneal incisions are contraindicated in patients: who are of pediatric age, who have previous corneal incisions that might provide a potential space into which the gas produced by the procedure can escape, who have existing corneal implants, who have conditions that would cause inadequate clearance between the intended capsulotomy cut and the corneal endothelium, such as: hypotony, uncontrolled glaucoma; who have corneal disease or pathology that precludes transmission of light at the laser wavelength or causes distortion of laser light, such as: corneal opacities, residual, recurrent, active ocular or uncontrolled eyelid disease or any corneal abnormalities (including endothelial dystrophy, guttata, recurrent corneal erosion, etc.) in the eye to be treated, ophthalmoscopic signs of keratoconus (or keratoconus suspect) in the eye to be treated, a history of severe dry eye that has not responded to therapy, a history of herpes zoster or herpes simplex keratitis.

Potential contraindications are not limited to those included in the list.

WARNING: The safety and effectiveness of this laser have NOT been established in patients with diabetic retinopathy, a history of uncontrolled glaucoma, or prior intraocular surgery.

50-00199-000 Rev. B 10/19