

Live Life with a Clear View



- Zero Aberration Lens
- Bi-Aspheric
- 0.25 Dioptre Increments
- Up to 300% Tighter Lens Tolerances
- +3.0D ADD
- Extended Depth of Focus
- Superior Refractive Outcomes
- Predictable/Excellent Near, Intermediate and Distance Vision
- Fewer Visual Disturbances
- Less Pupil Size Dependent
- Consistent Colour Recognition

The SBL-3™ from Lenstec has been designed with increased precision, accuracy and stability, which results in excellent long term visual outcomes across the full range of vision.

Due to unparalleled precision in manufacturing, the tightest tolerances in the industry and greater dioptre choice than any other lens, the SBL-3™ significantly increases the consistency of patients' refractive outcomes resulting in total surgeon confidence when recommending to patients.

Multicentre studies have produced outstanding results whilst reporting fewer visual disturbances than other refractive IOLs. Patient feedback has also been excellent regarding colour recognition and contrast, thus making patient selection less restrictive and results more consistent.



SBL-3™
Segmented Bifocal Lens
Quarter Diopter • Bi-Aspheric

SBL-3™ Lens Specification

Optic Size:	5.75mm
Optic Type:	Bi-Aspheric
Length:	11.00mm
Haptic Style:	Modified Plate
Angulation:	0 Degrees
Construction:	1 piece
Material:	Acrylic Hydrophilic
A Constant Optimized:	Immersion: A=118.43 SRK/T: A=118.43 Holladay-1: sf=1.47 Hoffer Q: pACD=5.22
Dioptre Range:	<ul style="list-style-type: none"> • +10.0D to +36.0D 0.5D increments • +15.0D to +25.0D 0.25D increments
Lens Label Tolerance:	0.11D +/-

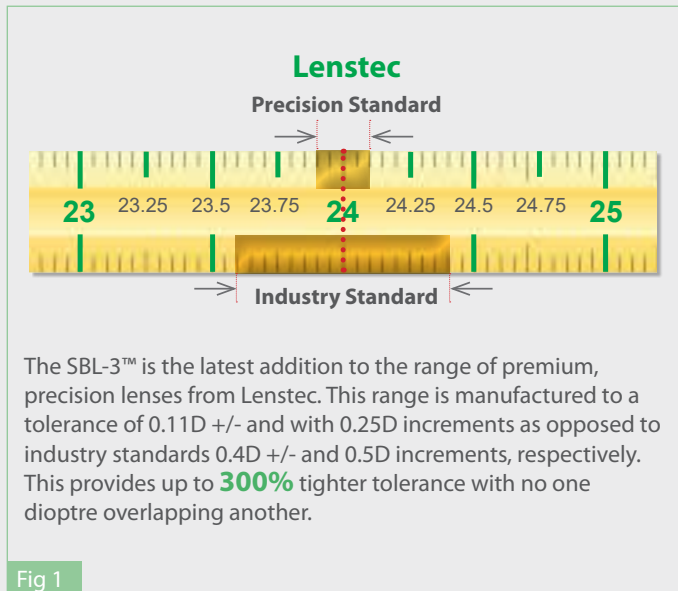
A Constant and ACD figures shown are strictly guidelines for the calculation of implant power. Lenstec recommends that surgeons develop their own values based on technique, measuring equipment and desired postoperative results.

Clinical Outcomes

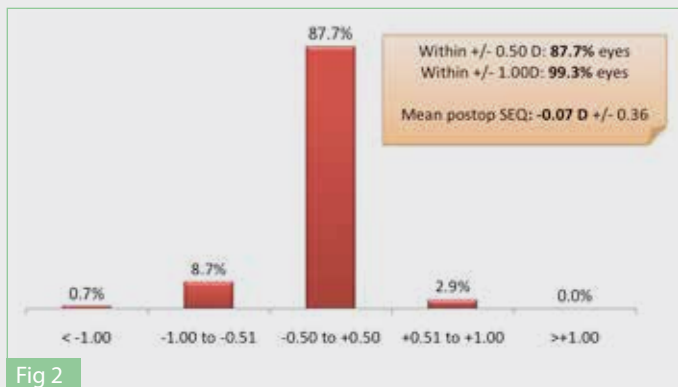


Designed To Be The Most Accurate Presbyopic Correction IOL in the World¹.

Lenstec Precision Range



Refractive Outcome



Peer reviewed literature² shows manufacturing lenses with tighter lens power tolerances, combined with 0.25D increments can significantly increase accuracy of refractive outcomes. Results demonstrate that only **43%** of patients implanted with industry standard IOLs achieved within 0.25D of intended target outcome and only **69%** within 0.5D.

Lenstec's Precision range of lenses showed much improved results with **63%** within 0.25D and **84%** within 0.5D of intended target.

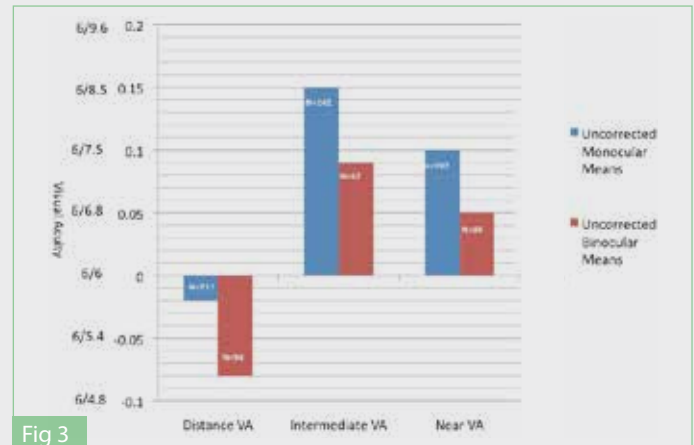
Results which form part of the Multicentre study of SBL-3™ (see Fig 2) support this analysis, with almost **88%** of patients within 0.5D of intended target.

Multicentre Clinic Results

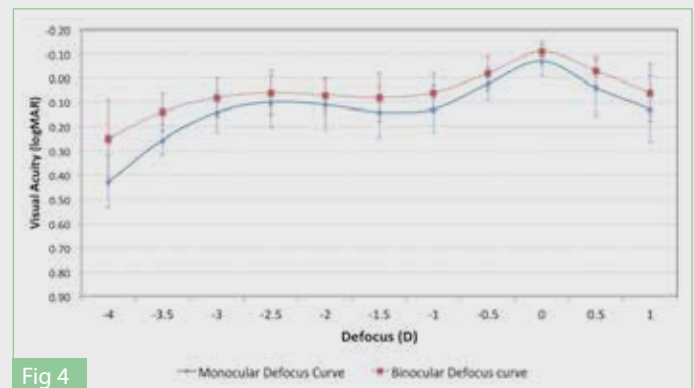
Multicentre studies*, with up to 1 year post-operative results all demonstrated excellent vision over all distances. (Fig 3 & 4).

These studies consisted of 211 eyes with a mean age of 59.61.

Mean Uncorrected Visual Acuity



Defocus Curve



Centres reported a mean between 1.66 and 1.71 for contrast sensitivity on the Pelli-Robson scale, which compares favourably to contrast in the normal population for 55-75+ age range³. This is regarded as excellent contrast loss compared to other multifocal IOLs, whilst at the same time being comparable to contrast loss for monofocal lenses, reported in the literature⁴.

The SBL-3™ delivers consistent, predictable results with fewer compromises on contrast and visual disturbances, resulting in excellent outcomes and patient satisfaction.



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References:

1. Lenstec Data on file
2. Zudans JV, Desai NR, Trattler WB. Comparison of prediction error: labeled versus unlabeled intraocular lens manufacturing tolerance. J Cataract Refract Surg 2012; 38(3): 394-402.
3. Unpublished data obtained from the website of Vector Vision (Greenville, OH): <http://www.vectorvision.com/html/educationCSV1000Norms.html>. Accessed on July 1, 2014.
4. Rocha KM, Chalita MR, Souza CE et al. Postoperative wavefront analysis and contrast sensitivity of a multifocal apodized diffractive IOL (ReSTOR) and three monofocal IOLs. J Refract Surg 2005; 21(6): S808-12.
5. Data Source Prof. Jan Venter

*Multicentre studies were based in the UK and Mainland Europe