



Micro Incision System
Quarter Diopter • Bi-Aspheric



Single-piece hydrophilic acrylic Lenstec Softec HDM IOL

- » A thinner central optic which permits use of a CARTM cartridge allowing for a sub-2.2mm incision size.
- » Designed to be the most accurate IOL with patented bi-aspheric design with square edge technology
- » Tighter manufacturing diopter tolerance within +/- 0.11 D





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Softec HDM Technical Specifications†

Optic Size	5.75 mm
Optic Type	Bi-aspheric
Length	12.00 mm
Haptic Style	Modified C
Angulation	0 Degrees
Positioning Holes	0
Construction	1 Piece
Optic Material	Acrylic (26% Water Content)

† A Constant and A/C Depth 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.

Constants (Optical Interferometry):*

Immersion	A = 117.80
SRK/T	A = 117.80
Holladay I	sf = 1.11
Hoffer Q	pACD = 4.85

*i.e. Using IOL Master, LENSTAR Optical Biometers
*Data Source: Early optimization (n=55) by N. Desai, T. Harvey.

Diopter Steps

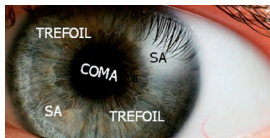
Whole	+5.00 to +36.00
Half	+10.50 to +29.50
Quarter	+15.00 to +25.00

Softec HDM - Another Lenstec IOL designed to address spherical aberration and defocus.

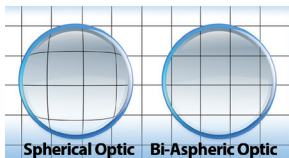
Softec HDM New Gold Standard - 0.11 D Tolerance - 3x More Precise! Optical Prescription Selection and Tolerance Example: eye requires 24.25 D Prescription to achieve optimal vision.

Industry Standard IOL			Softec HDM IOL		
Lens	Allowed	Max. Variance for a standard IOL in an eye that requires a 24.25D lens is 0.65D. (smaller number is	Lens	Allowed	Max. Variance for a Softec HD IOL in an eye that requires a 24.25D lens is 0.11D. (smaller number is
24.00	±0.4		24.00	±0.11	
24.50	±0.4		24.25	±0.11	
			24.50	±0.11	
			24.75	±0.11	

The Softec HD, Softec HDO, and Softec HDM are the only IOLs designed to address both Spherical Aberration and Defocus. Defocus is a more significant aberration than Spherical Aberration.¹



Bi-Aspheric Equal Conic Zero aberration IOL. Softec HDM addresses the issue of spherical aberration inherent in conventional monofocal spherical IOLs by adjusting the optic with a patented design on both the anterior and posterior surfaces.



Studies have shown that Aspheric IOLs provide patients with significant optical benefits over traditional spherical surface IOLs.^{1,3,5}

Softec HDM "Zero" Aberration:

- » Equal Bi-Aspheric
- » Less sensitive to decentration or tilt^{3,4}
- » Ideal for all corneal profiles³
- » Enhanced depth of vision²

Significant Outcomes. The Softec HDM has been shown to help achieve refractive outcomes closer to intended⁶, significantly improve depth of field and decrease critical print size required for reading², compared to a standard monofocal IOL.

Proven quality - FDA approved

Lenstec is one of eight companies in the world approved by FDA (Food and Drug Administration) to sell intraocular lenses in the U.S. market. All products have CE certificate, are approved by BSI (British Standards Institute) and are ISO quality system certified.

Stability of the biomaterial from which the intraocular Lenstec lenses are made, is proven by a long term study and confirmed by millions of implanted lenses worldwide.

1. Thibos L, Hong X, Bradley A, Chang X. Statistical variation of aberration structure and image quality in a normal population of healthy eyes. *J Opt Soc Am A Opt Image Sci Vis* 2002; 19(12): 2329-48. » 2. Craig JP, Shah S, Wolffsohn JS. Clinical evaluation of the Softec HD aberration-free aspheric intraocular lens. *Clin Experiment Ophthalmol* 2011; 39(3): 281-3. » 3. Sarver E. Theoretical optical performance of an equal conic intraocular lens and comparison to spherical and aspheric IOLs. AAO Presentation 2005 » 4. Johansson B1, Sundelin S, Wikberg-Matsson A, et al. Visual and optical performance of the Akreos Adapt Advanced Optics and Tecnis Z9000 intraocular lenses: Swedish multicenter study. *J Cataract Refract Surg* 2007; 33(9): 1565-72. » 5. Nanavaty MA1, Spalton DJ, Boyce J, et al. Wavefront aberrations, depth of focus, and contrast sensitivity with aspheric and spherical intraocular lenses: fellow eye study. *J Cataract Refract Surg* 2009; 35(4): 663-71. » 6. Zudans JV, Desai NR, Trattler WB. Comparison of prediction error: labeled versus unlabeled intraocular

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