

SoftecHD™



Welcome to SoftecHD™



Patented bi-aspheric design



Square edge technology



Greater precision due to 0.25 dioptric increments



Combined with tighter manufacturing dioptric tolerances within $\pm 0.11D$



Designed to address spherical aberration and defocus



Long term in the bag stability



FDA approved

Achieve premium outcomes for standard cataract patients with SoftecHD™

The SoftecHD™ range of monofocal IOL's delivers excellent visual outcomes for cataract patients by combining smaller dioptric increments of 0.25D with Lenstec's superior manufacturing processes. Providing clinicians with the greatest predictability for achieving closer to intended target refraction for patients, with no change to surgical technique or pre/post-operative work.

In addition, SoftecHD™ has been shown to significantly improve depth of field¹ and decrease critical print size required for reading, compared to standard monofocal IOL's.

The SoftecHD™ lens is
 **Click** Compatible



Find out more at lenstecuk.com

What makes SoftecHD™ more accurate compared to the competition?

As a clinician, are you aware that ISO industry standards for quality assurance allow for a differential in actual intraocular lens power versus the box labelled power? This is often referred to as lens tolerance or variance.

All IOL companies manufacture to this ISO standard, which may be as much as $\pm 0.4D$ in the mid-range. Lenstec's superior manufacturing processes which exceed the ISO industry standards for lens power tolerance v's actual lens power to only $\pm 0.11D$ address this issue. Manufacturing IOLS to be the most accurate lenses globally.

Patient Need: 24.25D	Lens Power	Tolerance	Maximum Variance
Industry Standard IOL	24.00D	$\pm 0.4D^*$	0.65D
ONLY SoftecHD™	24.25D	$\pm 0.11D$	0.11D
Industry Standard IOL	24.50D	$\pm 0.4D^*$	0.65D

* Established by the International Organization for Standardization (ISO) and the American National Standards Institute (ANSI).

Unmatched Design: The only standard IOL made to address spherical aberration and defocus

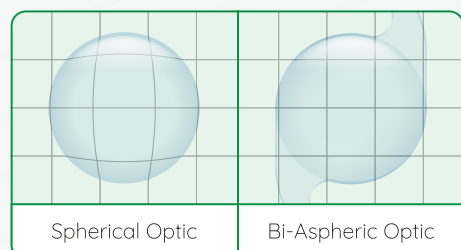
The SoftecHD™ is the only IOL designed to address both Spherical Aberration and Defocus. Defocus is a more significant aberration than Spherical Aberration.²



0.25D Defocus

Bi-aspheric zero aberration design –

- Addresses the issue of spherical aberration inherent in conventional monofocal spherical IOL's by adjusting the optic with patented design on both anterior and posterior surfaces.
- Less sensitive to decentration or tilt.^{4,5}
- Ideal for all corneal profiles.⁴
- Provides enhanced depth of vision.³



Studies have shown that aspheric IOL's provide patients with significant optical benefits over traditional spherical surface IOL's.^{2,4}

Technical Specifications

Optic Size:	5.75mm
Optic Type:	Bi-aspheric
Length:	12.00mm
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 = 118.3
SRK/T:	A = 118.3
Holladay1:	sf = 1.39
Hoffer Q:	pACD = 5.14
Barrett:	1.52

*I.e. Using IOL Master, LENSTAR Optical Biometers

Diopetre Steps

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

References 1 a. Rocha KM, Vabre L, Chateau N, Krueger RR. Expanding depth of focus by modifying higher-order aberrations induced by an adaptive optics visual simulator. J Cataract Refract Surg 2009;35(11):1885-1892. doi:10.1016/j.jcrs.2009.05.059 b. Yi F, Iskander DR, Collins M. Depth of focus and visual acuity with primary and secondary spherical aberration. Vision Res 2011 Jul 15;51(14):1648-58. doi: 10.1016/j.visres.2011.05.006. Epub 2011 May 17. PMID: 21609729 c. Denoyer, Alexandre MD, Denoyer, Ludovic PhD, Halfon, Jérémie MD, Majzoub, Samuel MD, Pisella, Pierre-Jean MD, PhD. Comparative study of aspheric intraocular lenses with negative spherical aberration or no aberration. Journal of Cataract & Refractive Surgery 35(3):p 496-503, March 2009. DOI: 10.1016/j.jcrs.2008.11.032 » 2. Thibos L, Hwang 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 » 3. 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 » 4. Sarver E. Theoretical optical performance of an equal conic intraocular lens and comparison to spherical and aspheric IOLs. AAO Presentation 2005 » 5. 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.