

PATIENT INFORMATION BROCHURE
Alcon ACRYSOF® ReSTOR® Apodized Diffractive Optic
Posterior Chamber Intraocular Lens (IOL)

This brochure has been written to assist you and your surgeon to make an informed decision regarding the best intraocular lens (IOL) for your cataract surgery. Your surgeon will advise you about the risks and benefits of the surgical procedure for cataract removal and IOL implantation. This brochure will aid you in deciding if an Alcon ACRYSOF® ReSTOR® IOL would be a more appropriate choice compared to a traditional, monofocal IOL (an IOL designed to provide distance vision).

What is a cataract?

Your eye functions much like a camera. Your natural lens focuses images onto the back of your eye so you can see clearly, much like the lens of a camera focusing images onto film for a clear picture. At birth, your natural lens is clear but will “yellow” over time. However, as you age, the lens may begin to gradually become “cloudy.” This condition is called a cataract, and is usually a result of the natural aging process. As the lens becomes cloudier, your vision becomes slowly more blurred.

A cataract can progress until eventually there is a complete loss of vision in your eye. Surgery is the only way a cataract can be removed. You should consider surgery when cataracts cause enough loss of vision to interfere with your daily activities.

What is the surgical procedure to restore my vision?

Your eye will be measured after you and your eye doctor have decided that you will have your cataract removed. This will determine the proper power of the IOL that will be placed in your eye during surgery.

You will be given eyedrops and perhaps medicines to help you relax when you arrive for surgery. Cataract surgery techniques vary widely. However, the eye is always numbed with an anesthetic to make the operation painless. Your doctor will use a microscope to perform surgery to have a magnified view of your eye. Your lens sits in a bag-like structure called the capsule. The capsule is located just behind the iris (the colored part of your eye). A small incision is made in the cornea (outer surface of the eye) to reach and remove the cataract. An IOL is then usually placed into the capsule to replace your lens. The IOL will act in the same way as your natural lens once did to focus images clearly onto the back of your eye, the retina, to allow clear vision once again. The surgeon will usually place a shield over your eye after surgery. You will be ready to go home after a short stay in the outpatient recovery area. Plan to have someone else drive you home. Below is a diagram showing the basic parts of the eye with an implanted IOL.

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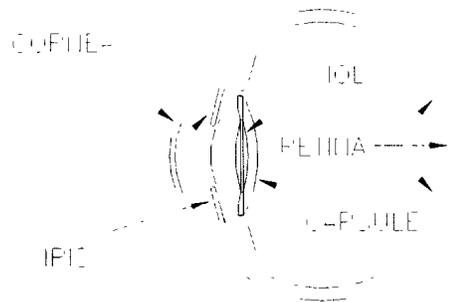


Figure 1 – Drawing of Eye with Implanted IOL

Potential Risks

Surgery risks include reactions to medicines and vision changes. Common side effects include redness, scratchiness to the eye, and light sensitivity. There is a small chance that your vision could be made worse by the operation, especially if bleeding or infection occurs. These risks are rare and may be outweighed by the potential benefits of restoring your vision.

In addition, you may have some side effects with the ACRYSOF[®] ReSTOR[®] IOL. The side effects you experience may be dependent on the health of your eyes. Side effects that you may have include glare, rings around lights, and blurred vision. These side effects may make it more difficult to see while driving at night. These side effects may also make it more difficult for you to complete other tasks in a room with low lighting.

Warnings

1. You may have some visual effects when several images are being focused at the same time. These may include rings or circles around lights at night.
2. You may have some difficulty in your ability to see an object from a dark background. This may be more noticeable in areas with less light. Therefore, you should take extra care when driving at night,
3. Contact your eye doctor immediately if you have any of the following symptoms while using the antibiotic eye drops prescribed by your doctor: itching, redness, watering of your eye, sensitivity to light.
4. You should avoid any activity that could harm your eye while you are recovering from surgery.

Precautions

1. The safety and effectiveness of the ACRYSOF[®] ReSTOR[®] IOL has not been established in patients with eye conditions, such as glaucoma or diabetic retinopathy. The outcome of cataract surgery will depend on the health of your eye before surgery.

2. As with any surgical procedure, there is risk involved. These risks may include infection, retinal detachment, and an increase in eye pressure. Your eye doctor will discuss all risks and benefits to you before your surgery.
3. Take all prescribed medicines and apply eye drops as instructed.
4. Before surgery, your eye doctor will check to see if you have any eye diseases or swelling. Be sure to tell your eye doctor if you have any health conditions that may affect your surgery or vision.

What types of IOL's are available for this procedure?

There are many different IOLs to choose from. Your eye doctor will discuss your options including this IOL and other IOLs.

In general, IOLs have two basic features. The optic portion is the round portion of the IOL, which focuses an image. Two arm-like structures called haptics are attached to edge of the optic. The haptics help maintain the location of the IOL in the eye. The basic design allows for clear distance vision. Let's look at the basic ideas behind a monofocal IOL and the ACRYSOF[®] ReSTOR[®] IOL.

Alcon ACRYSOF[®] Single-piece Monofocal IOL

A monofocal IOL is designed to provide clear distance vision. This means you will be able to see objects far away. However, you will most likely need glasses for reading and any type of "close" detailed work. Monofocal IOLs, like the Alcon ACRYSOF[®] Single-Piece, have been the standard implant used after a cataract is removed. Millions of monofocal IOLs have been successfully implanted providing cataract patients with clear distance vision.

Alcon ACRYSOF[®] ReSTOR[®] Apodized Diffractive Optic IOL

The newly designed Alcon ACRYSOF[®] ReSTOR[®] IOL has the same basic shape and identical material as the Alcon ACRYSOF[®] Single-Piece monofocal IOL. The basic design allows for clear distance vision (watching children playing in the backyard). The center of the IOL also allows for near (reading) and intermediate (computer work) vision. You may therefore be less dependent on glasses for daily tasks..

As with many things, there may be a trade off. This possible decrease in use of glasses may come at the cost of losing some of the sharpness of your vision. Even with glasses, this loss of sharpness may become worse in dim light or fog. There may also be some visual side effects. These may include rings or circles around lights at night.

You will get the full benefit of the ACRYSOF® ReSTOR® IOL when it is implanted in both eyes. Please discuss with your eye doctor whether this is the right IOL for you.

Postoperative Care Instructions

You will return home after surgery. Your eye doctor will examine you the following day. Your eye doctor will give you eyedrops to speed up the healing process and to prevent infection.

Your vision almost always improves greatly within 4 to 6 weeks. Many patients may see better within 1 to 2 weeks or less. The specifics of surgery may be different for each individual. Be sure to consult your eye doctor.

The ACRYSOF® ReSTOR® IOL is designed to provide you with a full range of vision allowing you to see objects far away and up close. It may take you some time to get accustomed to your new IOLs. Always consult with your eye doctor if you have any questions or concerns as a result of cataract surgery.

Key points to remember regarding your choice

Both the Alcon ACRYSOF® Monofocal and ReSTOR® IOLs can restore your vision following cataract surgery. Discussing your lifestyle or visual needs with your eye doctor can help determine which IOL is best for you.

If freedom from glasses is your desired outcome, the Alcon ACRYSOF® ReSTOR® IOL may be your best choice. This IOL gives you the best possibility to have clear distance vision and be able to read and perform computer work without the need for glasses. However, there is a slightly greater chance of having severe difficulty with halos or rings around lights (5 out of 100) and glare (5 out of 100) compared to a monofocal IOL (1 or 2 out of 100). You may grow accustomed to them or continue to notice them. If you drive a considerable amount at night, or perform delicate, detailed, “up-close” work requiring closer focus than just reading, perhaps a monofocal IOL would be a better choice. Alcon offers a variety of monofocal IOLs for your surgeon to choose from.

Thanks for considering the Alcon ACRYSOF® ReSTOR® IOL.

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Feature comparison between Alcon ACRYSOF® Monofocal and ReSTOR® IOLs*

This “side by side” comparison below is convenient for people who prefer numbers and statistics.

Characteristic	Alcon ACRYSOF® Monofocal IOL	Alcon ACRYSOF® ReSTOR® IOL
Distance Vision (20/40 or better) without glasses	The majority of patients (97 out of 100) enjoy good distance vision	Similarly, a majority of ReSTOR® patients (99 out of 100) enjoy good distance vision
Distance Vision (20/40 or better) with glasses	All patients (100 out of 100) have good distance vision with glasses	All patients (100 out of 100) have good distance vision with glasses
Intermediate (20/40 or better) without glasses	More than half of these patients (59 out of 100) enjoy acceptable intermediate vision	A larger number (82 out of 100) enjoy acceptable intermediate vision
Near Vision (20/40 or better) without reading glasses	A small number (41 out of 100) have good near vision; many (over 50) require reading glasses more than half of the time for “close-work” like reading	A much larger number (97 out of 100) enjoy good near vision; few (less than 5 out of 100) require reading glasses more than half of the time for “close-work.” Reading glasses may be needed in low lighting for your best focus.
Near Vision (20/40 or better) with reading glasses	The majority of patients (97 out of 100) enjoy good near vision with reading glasses	Similarly, a majority of ReSTOR patients (98 out of 100) enjoy good near vision with reading glasses
Near Vision (20/40 or better) with glasses designed for Distance Vision	A small number of patients (34 out of 100) have good near vision with glasses designed for distance vision	A much larger number (98 out of 100) enjoy good near vision with glasses designed for distance vision
Time Spent Wearing Glasses	<ul style="list-style-type: none"> • Never 8 out of 100 • Sometimes 69 out of 100 • Always 23 out of 100 	<ul style="list-style-type: none"> • Never 80 out of 100 • Sometimes 17 out of 100 • Always 3 out of 100
Dependency upon Glasses for Distance Vision	<ul style="list-style-type: none"> • None of the time 62 out of 100 • Some of the time 12 out of 100 • Half of the time 3 out of 100 • Most of the time 5 out of 100 • All of the time 17 out of 100 	<ul style="list-style-type: none"> • None of the time 92 out of 100 • Some of the time 4 out of 100 • Half of the time 1 out of 100 • Most of the time 1 out of 100 • All of the time 2 out of 100
Dependency upon Glasses for Near Vision	<ul style="list-style-type: none"> • None of the time 8 out of 100 • Some of the time 23 out of 100 • Half of the time 3 out of 100 • Most of the time 26 out of 100 • All of the time 41 out of 100 	<ul style="list-style-type: none"> • None of the time 81 out of 100 • Some of the time 14 out of 100 • Half of the time 1 out of 100 • Most of the time 1 out of 100 • All of the time 3 out of 100
Quality of Overall Vision (rating from 1/worst to 10/best) without glasses	Monofocal patients rated their overall vision quality at 7.9	ReSTOR® patients rated their overall vision quality at 8.8
Visual effects, such as halos (rings around lights) and glare (trouble seeing street signs due to bright lights or oncoming headlights)	There is a slight chance that you may have severe difficulty with halos around lights (1 out of 100) or with glare (2 out of 100), especially when performing nighttime activities, like driving at night	You may have a slightly greater chance of having severe difficulty with halos (5 out of 100) and glare (5 out of 100) compared to someone with a Monofocal IOL. You may grow accustomed to them or continue to notice them. In rare instances (less than 1 out of 200), patients have requested that their IOL be removed
Low contrast vision, especially driving in poor light conditions, like fog	Your vision may not be as sharp as in good light	You may have more difficulty recognizing some traffic signs and hard-to-see objects in the road compared to someone with a Monofocal IOL. You may need to take extra care when driving, especially in poor light conditions.

*Results in the table are from a clinical study in which patients were implanted with the same IOL in both eyes

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