



ARTISAN[®] Myopia IOLs



// Features & Benefits

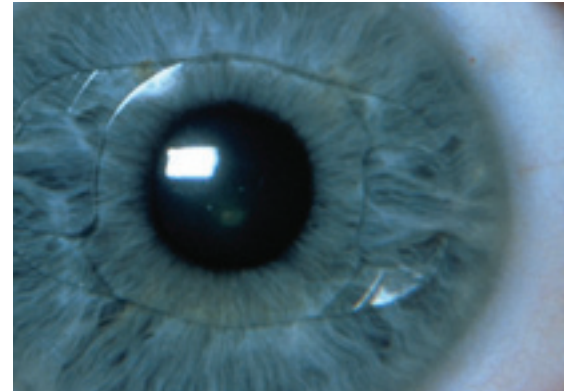
- Iris Fixation
- Reversible treatment
- Predictable , reliable, stable, versatile
- Optimal clearance from vital tissues
- Various optical zone sizes
- Long term safety



// Iris structure



The mid-peripheral iris follows the same radial pattern as the vascular and nerve system of the eye.



This pattern of tissues allows the clips of the Artisan to “weave” into the tissue.

// Specifications

ARTISAN® PIOLs		Material	Total Ø	Body Ø	Dioptric Powers
ARTISAN® Myopia 5.0 mm Model 206		PMMA	8.5 mm	5.0 mm	-5.0 D to -20.0 D (0.5 increments)
ARTISAN® Myopia 6.0 mm Model 204		PMMA	8.5 mm	6.0 mm	-5.0 D to -15.0 D (0.5 increments)

// Indications

• Indications for use

ARTISAN® Phakic Intraocular Lenses (IOLs) are indicated for the reduction or elimination of myopia in adults with myopia ranging from -5.0 D to -20.0 D with less than or equal to 2.5 D of astigmatism at the spectacle plane and whose eyes have an anterior chamber depth greater than or equal to 3.2 millimeters; and patients with documented stability of manifest refraction for the prior 6 months, as demonstrated by a spherical equivalent change of less than or equal to 0.50 D.

• Contraindications

The ARTISAN® Phakic IOL is contraindicated in patients:

- Who are less than 21 years old
- With an anterior chamber depth (ACD) less than 3.2 mm
- With an abnormal iris, such as peaked pupil or elevated iris margin
- Who are pregnant and nursing
- Who do not meet the minimum endothelial cell density

• Endothelial cell density

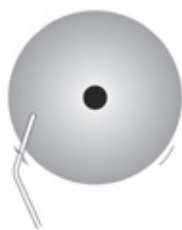
Age	Minimum endothelial cell density
21 - 25	3550 cells/mm ²
26 - 30	3175 cells/mm ²
31 - 35	2825 cells/mm ²
36 - 40	2500 cells/mm ²
41 - 45	2225 cells/mm ²
> 45	2000 cells/mm ²



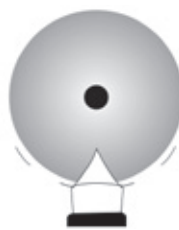
SURGICAL PROCEDURE **ARTISAN**[®] with Enclavation Needle



1. Make paracenteses at 10 and 2 o'clock, pointing towards the fixation site



2. Constrict the pupil; then introduce viscoelastic material, sodium hyaluronate (e.g. ArtiVisc or ArtiViscPlus)



3. Perform a main incision of 5.2 mm or 6.2 mm depending on the optic diameter of the lens



4. Introduce the lens into the anterior chamber



5. Add some viscoelastic material on top of the lens



6. Rotate the lens into the horizontal position



7. Center the lens on the pupil; grasp the lens at the edge of the optic



8. Introduce the Enclavation Needle through the paracentesis



9. Make a 'snow ploughing' movement by moving the Enclavation Needle downward and forward at the same time, creating a fold of iris tissue just under the claw of the lens



10. Repeat the lens fixation to the iris on the other side



11. Make a peripheral iridotomy (or iridectomy), remove the viscoelastic material and close the main incision.

// Artisan Instruments



OD 125A ARTISAN[®] / ARTIFLEX[®]
Disposable Enclavation Needle



DO2 40 ARTISAN[®] Reusable Enclavation Forceps



DO2 70 ARTISAN[®] Reusable Implantation
Forceps Refractive, Long

DO2 72 ARTISAN[®] Reusable Implantation
Forceps Refractive, Short



DO6 41 ARTISAN[®] Reusable Lens Manipulator
Standard, straight

// Testimonials

Dr. I. Ahmed,
Canada

"The iris claw permits stable fixation of the lens, performed in a very efficient manner with minimal tissue manipulation or suture requirement"



Prof. Choun-Ki Joo,
South Korea

"I can observe the whole aperture of the lens in the patient's eye during the follow up period. So, I understand a patient's condition completely. I think it would be the main advantage of the iris claw phakic IOL compared to a posterior chamber phakic IOL"



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