

VisTor

The new Toric IOL
by Hanita Lenses



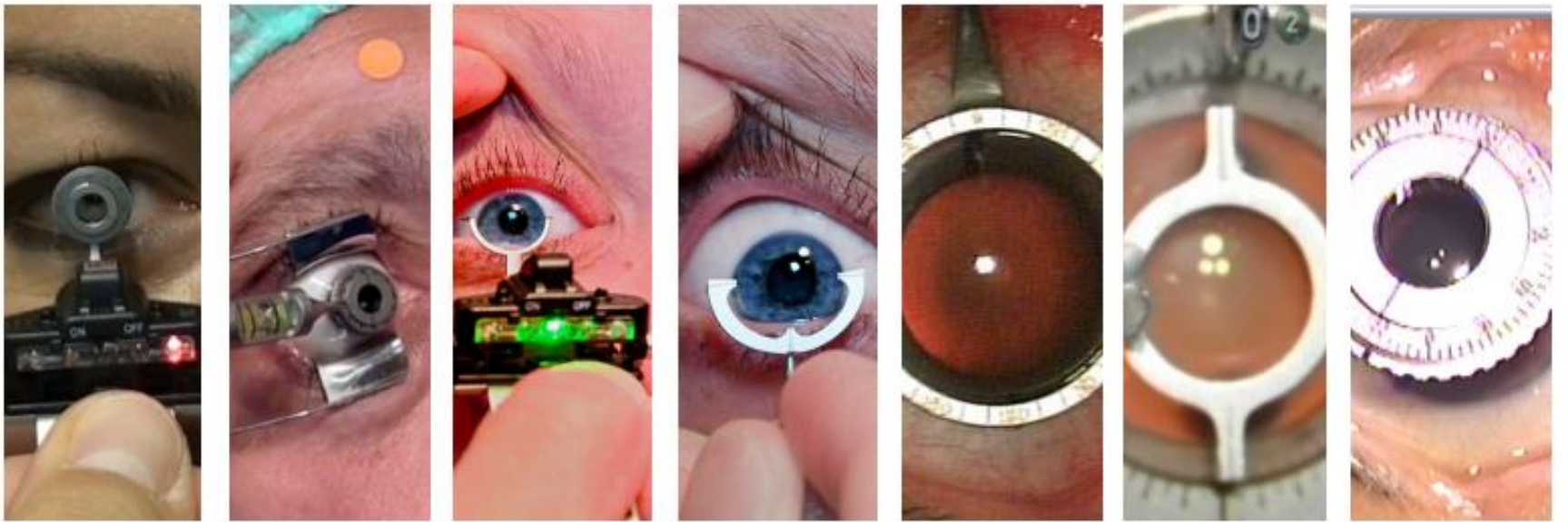
Precision with the VisTor IOL

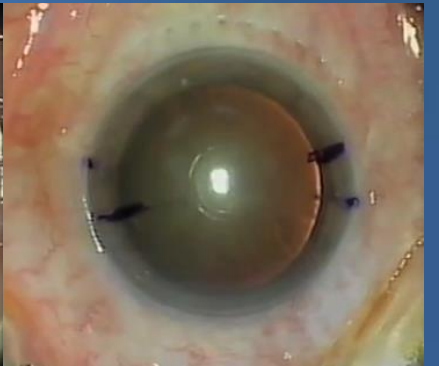
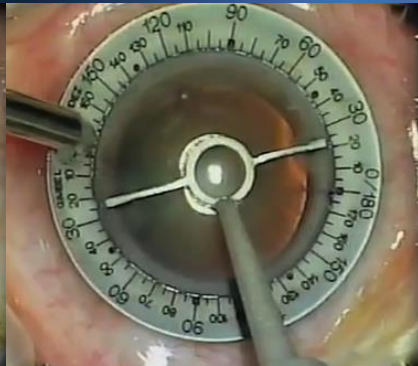
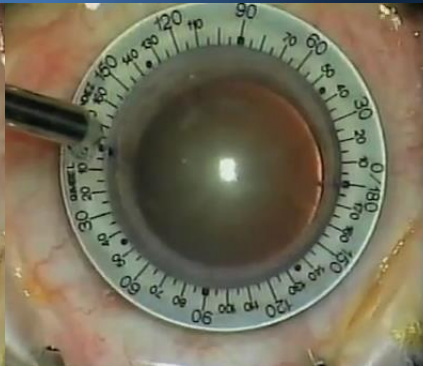
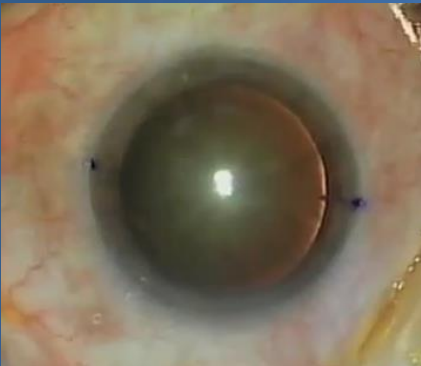
Prof. Med. Manfred Tetz

ESCRS 2015 Barcelona



Marking the eye technique



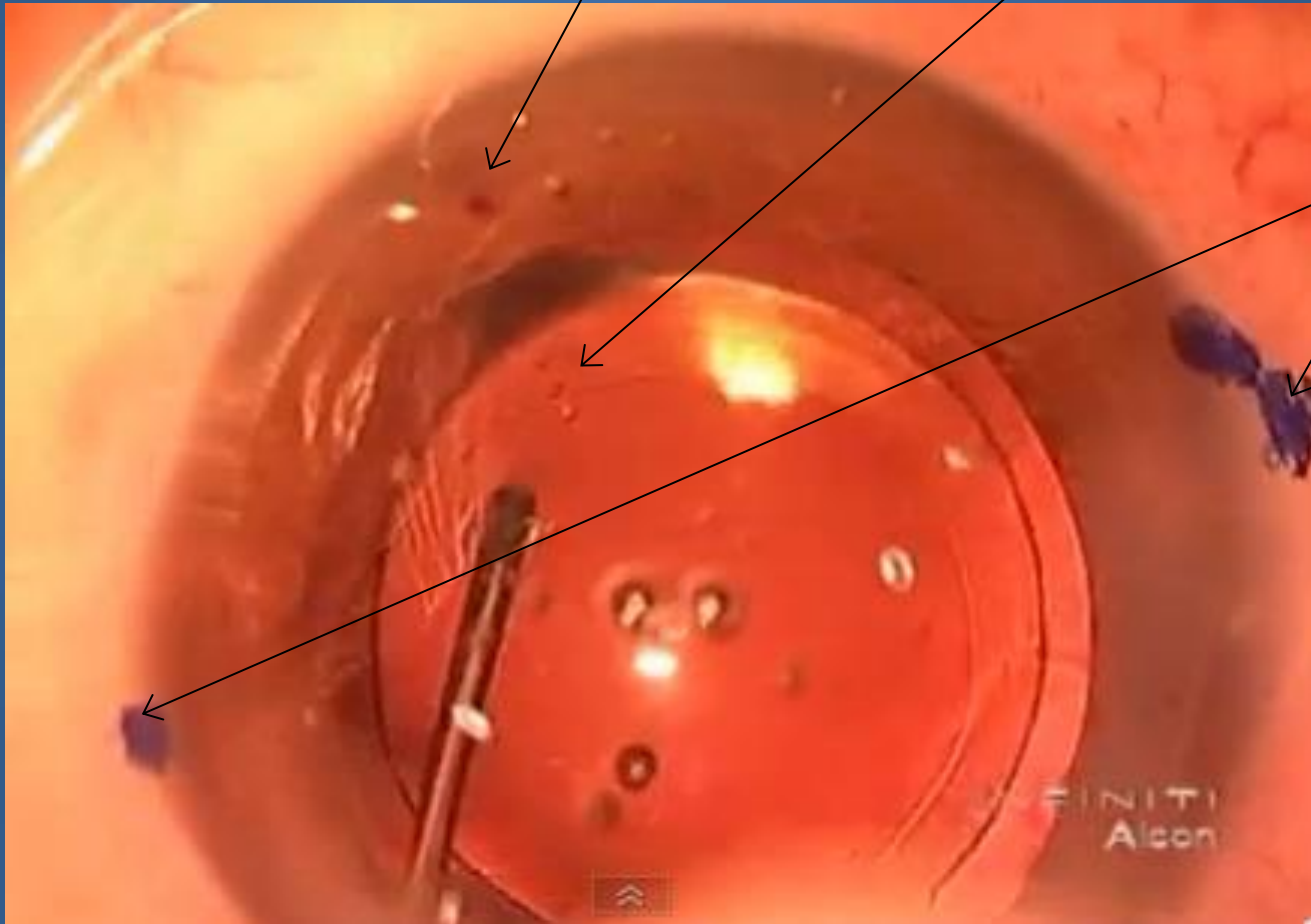


IOL positioning

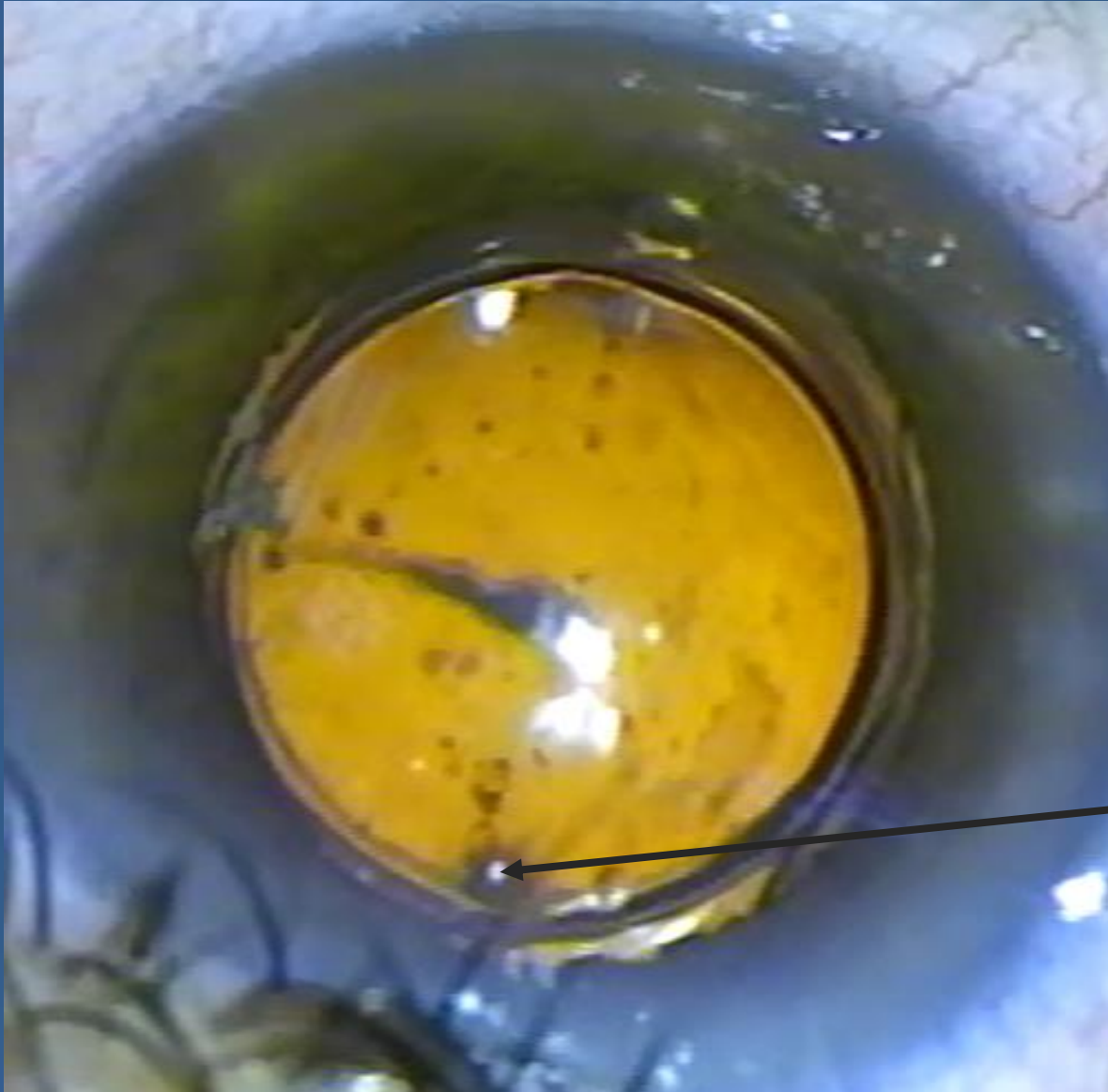
Corneal mark

IOL mark

180°



Lens can be easily placed under a semi dilated pupil due to lens axis markings



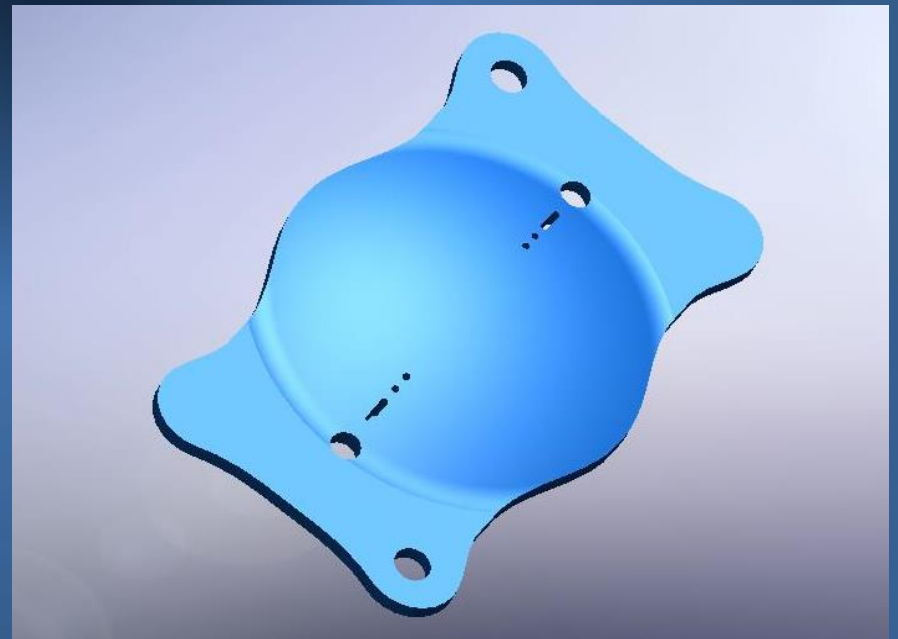
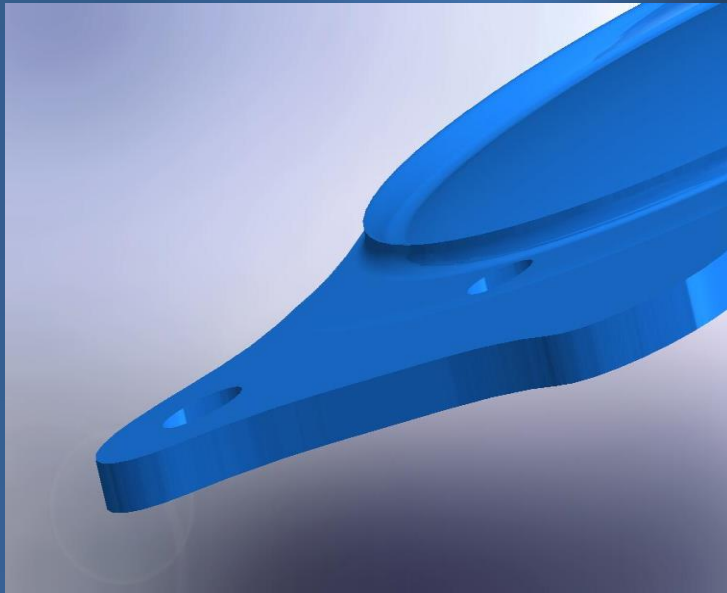
Cornea
marking

8 Golden rules

- Do not implant in case of instable bag / PXF / instable anterior chamber
- Proper Capsulorhexis (5-5.5mm)
- Put capsular tension ring to stabilize the bag (asymmetry might cause rotation), if necessary.
- Remove all viscoelastic to increase friction.
- Push the IOL a little backwards.
- Put bubble of air instead of BSS.
- Make sure the wound is not leaking.

VisTor specifications

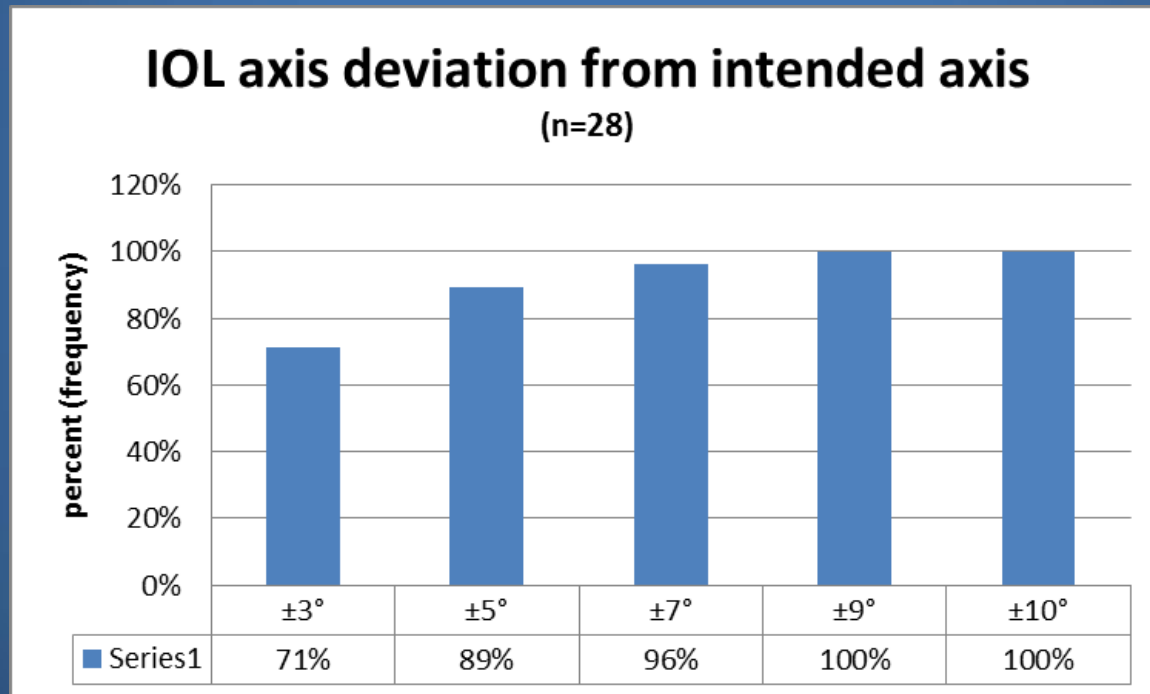
Optic design:	Asymmetric Bi-convex aspheric lens with toric surface on anterior plane
Geometry:	Optic Diameter: 6.0 mm Square edge with stepped barrier Plate haptic, 11mm diameter
Material	BENZ IOL25 NATURAL YELLOW Refractive index: 1.462 (35° c) Compatible with YAG laser
Power range	Power range (SE): +10 to +40 (0.5D increments) Cylinder range: +1 to +10 (0.5D increments) * Standard range: 10D to 34.5D, Cylinder 1D to 6D. The rest of the range is defined as premium range.
Injector size:	1.8mm
Placement:	Capsular bag



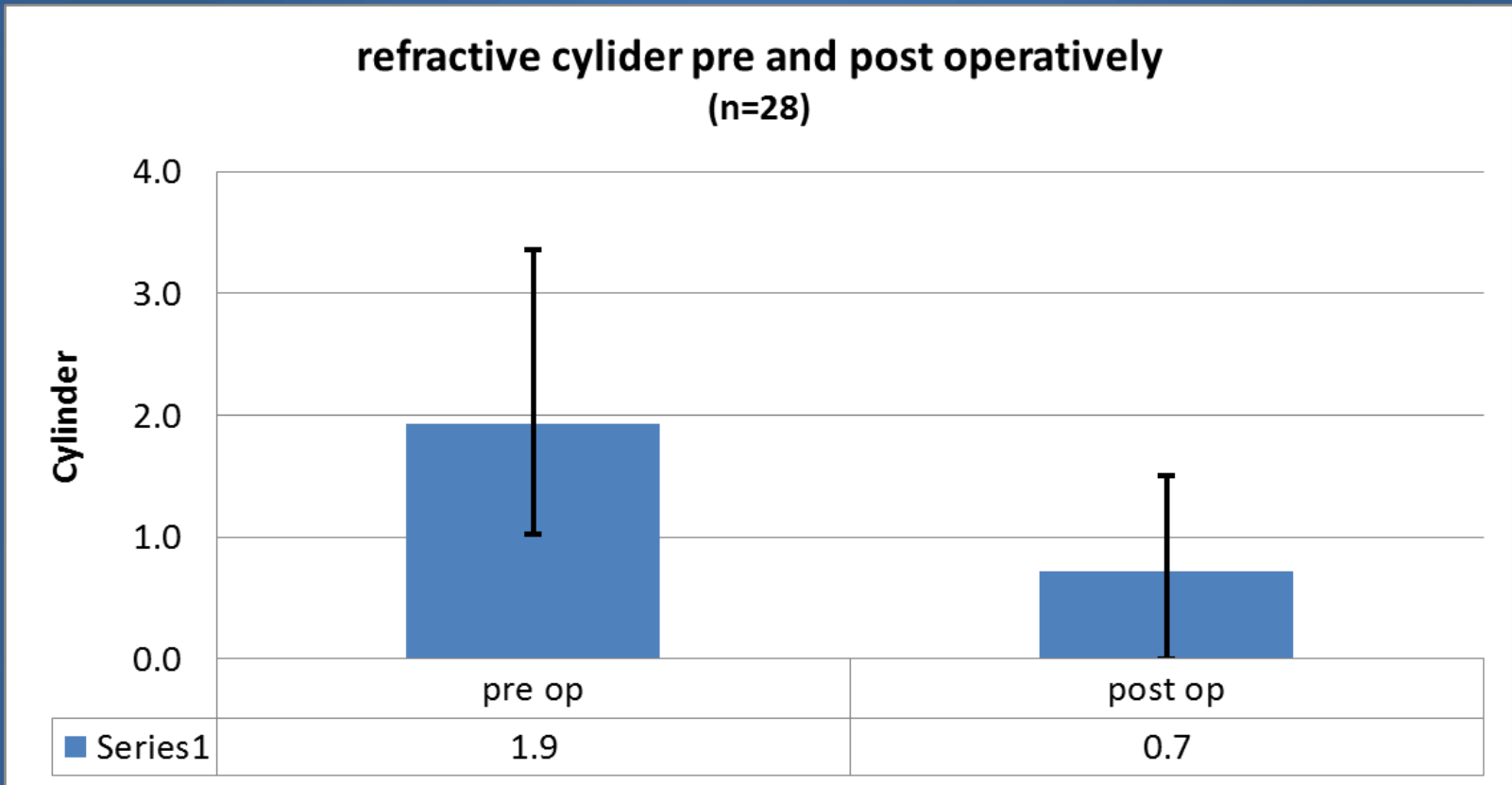
Rotational stability

Deviation between 2/3 months post-op IOL axis from intended IOL axis:

Average deviation from intended axis:
 $2.5 \pm 2.3^\circ$



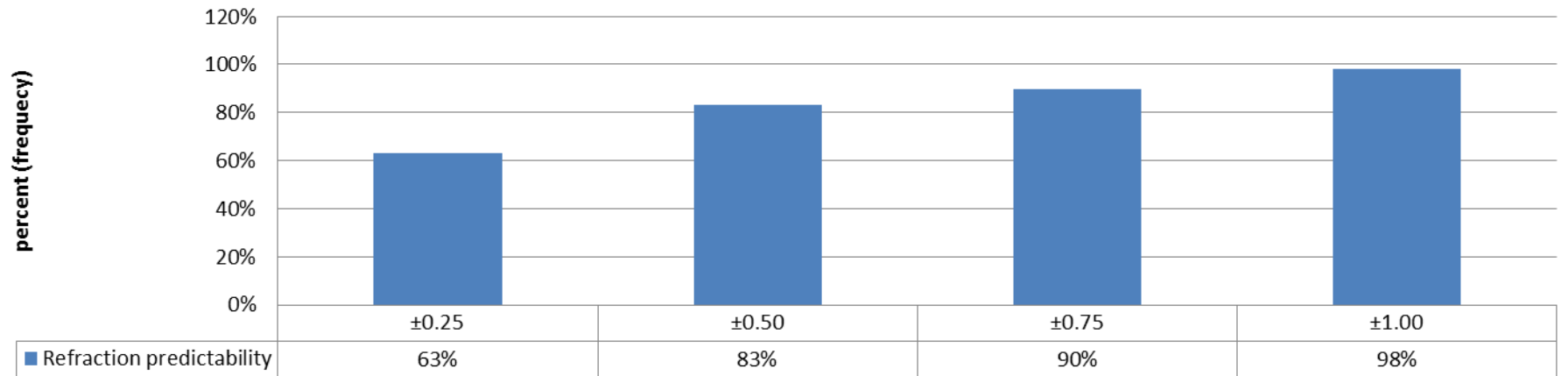
Correction of refractive cylinder



Refraction predictability

Refraction predictability

(n=60; Prof. Tetz; Dr. JP Rozenbaum)



Take home

- *Follow up your results!
- *Check your SIA separately for RE and separately for LE (with same incision location).
- * Use Baylor correction.
- * Thank you.