A GUIDE TO USING AVANSEE PRELOAD

Spectral transmittance curves for YP2.2R / CP2.2R with a dioptric power of +20.0 together with the transmittance curve for the phakic eye of a 53-year-old patient.1,2

The Avansee Preload1P IOL is placed in the capsular bag and is designed for implantation after extracapsular cataract extraction or phacoemulsification of cataracts.1


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A-Constant (Ultrasound)* 118.6

Haigis $a_0 = 1.557$
$a_1 = 0.400$
$s_2 = 0.100$

Reffert pACD = 5.69

Holladay $S_f = 1.87$
SRK/T 119.03
SRK II 119.32

* A-constants are presented as a starting point (reference value) for the lens power calculation. When calculating the exact lens power it is recommended that calculations should be performed individually based on equipment used and operating surgeon’s own experience.
**INSTRUCTIONS FOR USE**

In a sterile environment, the circulating nurse opens the blister packaging, and either the scrub nurse or surgeon removes the Avansee™ Preload1P.

**PREPARATION**

Avansee™ Preload1P is prepared for insertion in 3 simple steps:

1. **Injecting the ophthalmic viscosurgical device (OVD)**
   - Insert the OVD needle deeply, only into the inlet, and inject the OVD up to the dashed line as shown, filling the nozzle and covering the entire lens optic. Inject at least 0.17ml of OVD using an OVD needle with 25 guage or greater. The OVD must be injected before removing the lens stage.

   - The OVD needle should be inserted through the inlet in a vertical fashion until the tip of the needle touches the bottom surface.

2. **Removing the lens stage**
   - Supporting the main injector body, slowly remove the lens stage, keeping it straight and without it twisting away from the injector body.

3. **Positioning the lens for insertion**
   - Push the plunger at a constant rate to move the IOL forward; stopping at the point when the IOL optic is rolled and its edges make secure contact. Once the plunger is advanced, the IOL must be inserted into the eye within 20 seconds.

   - Positioning of the lens is best completed smoothly, within 2 seconds and in a single action.

   - Failure to push the plunger until the edges of the lens make secure contact, will increase the likelihood of an unsuccessful lens injection.

   - For best results, all 3 preparation steps should flow continuously, without interruption.

**IMPLANTATION**

1. **Insertion**
   - Insert the nozzle tip until the bevel (opening part of the nozzle) completely penetrates the anterior chamber.

2. **Release**
   - Keeping the inlet (Kowa mark) upward, push the plunger ahead at a constant rate and release the IOL inside the capsular bag. Continue to push the plunger until the trailing haptic is completely released.

3. **Completion**
   - Check the lens positioning and remove the nozzle from the eye.

   - The trailing haptic MUST be released into the eye before the removal of the nozzle.

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