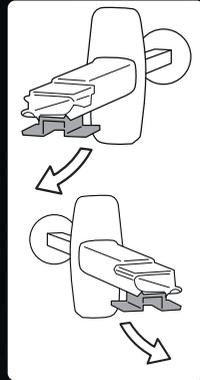
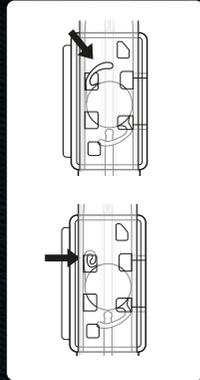


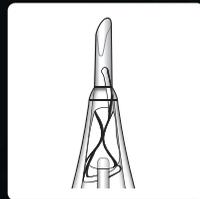
✘ DO NOT



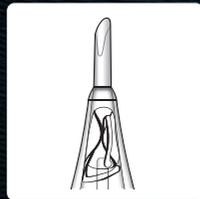
✘ **Do not** twist laterally when removing the lens stage



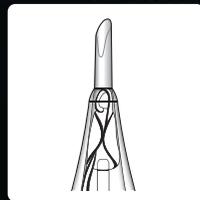
✘ **Do not** use if a haptic becomes deformed or protrudes



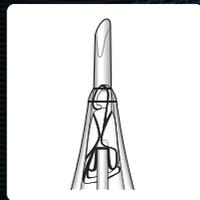
✘ **Do not** use if the leading haptic becomes twisted or extends forward



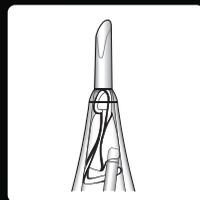
✘ **Do not** use if the leading haptic becomes bent or stretched out



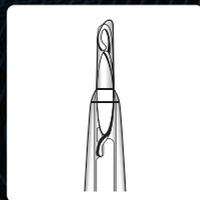
✘ **Do not** use if the trailing haptic extends out



✘ **Do not** use if the plunger passes above or under the lens optic or bends the optic irregularly



✘ **Do not** use if the plunger has moved too far towards the left or right side



✘ **Do not** use if the lens becomes exposed at the nozzle tip before insertion

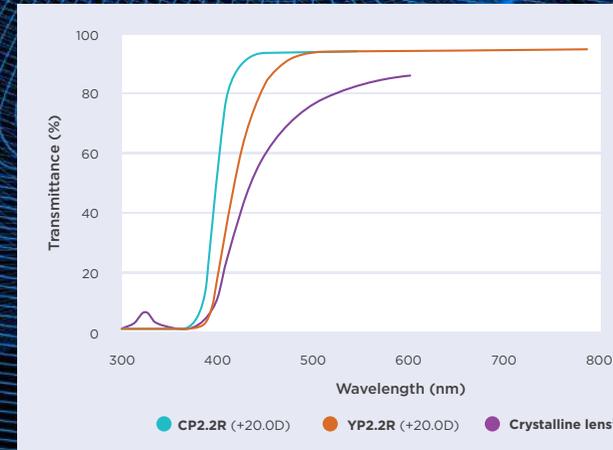
TECHNICAL SPECIFICATION

Model	YP2.2R	CP2.2R
Colour	Yellow	Clear
Material	Hydrophobic soft acrylic	
UV filter	✓	✓
Blue light filter	✓	
Overall / Optic length	13mm / 6mm	
Spherical Aberration (SA)	-0.04µm	
Configuration of lens / haptic	Biconvex / Modified C-loop	
Recommended incision size	+6.0 to +26.0 dioptre	2.2mm sclera cornea 2.4mm cornea
	+26.5 to +30.0 dioptre	2.4mm sclera cornea
		2.6mm cornea
Power range	+6.0 to +30.0 dioptre: +6.0 to +10.0 dioptre (1.0D increments) +10.0 to +30.0 dioptre (0.5D increments)	
A-Constant (Ultrasound)*	118.6	
Optimised IOL Constants (Optical)*	Haigis	a0 = 1.557 a1 = 0.400 a2 = 0.100
	HofferQ	pACD = 5.69
	Holladay	Sf = 1.87
	SRK/T	119.03
	SRK II	119.32
	Barrett	LF = 1.90 DF = 5

*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.

Spectral transmittance curve

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



Adapted from Avanse™ Preload1P Package Insert.

www.avansee.eu

References: 1. Avanse Preload1P Package Insert. 2017. 2. Boettner EA and Wolter JR. Invest Ophthalmol 1962;1(6):776-783.

Date of preparation: September 2023 | IOL23 00009



avansee™ preload1P



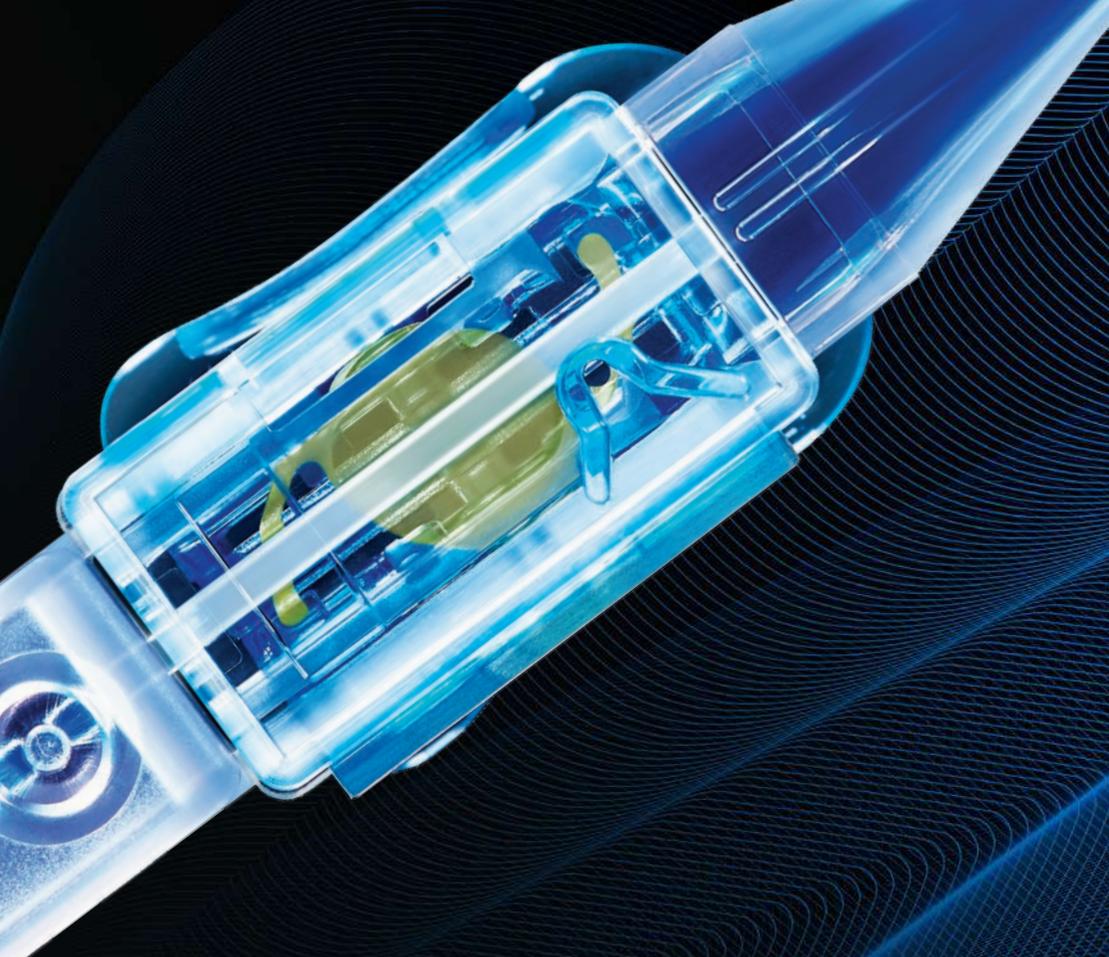
A GUIDE TO USING AVANSEE PRELOAD1P

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



INSTRUCTIONS FOR USE

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



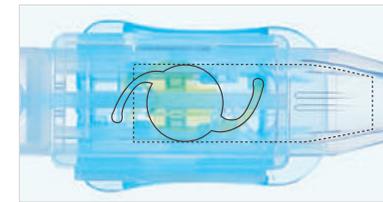
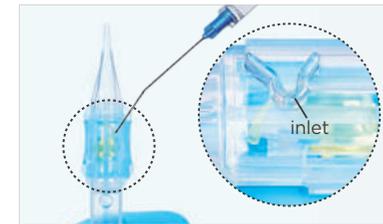
PREPARATION

Avanse™ 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 gauge 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.

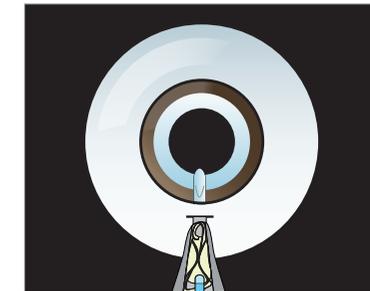
For best results, all 3 preparation steps should flow continuously, without interruption.



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.

