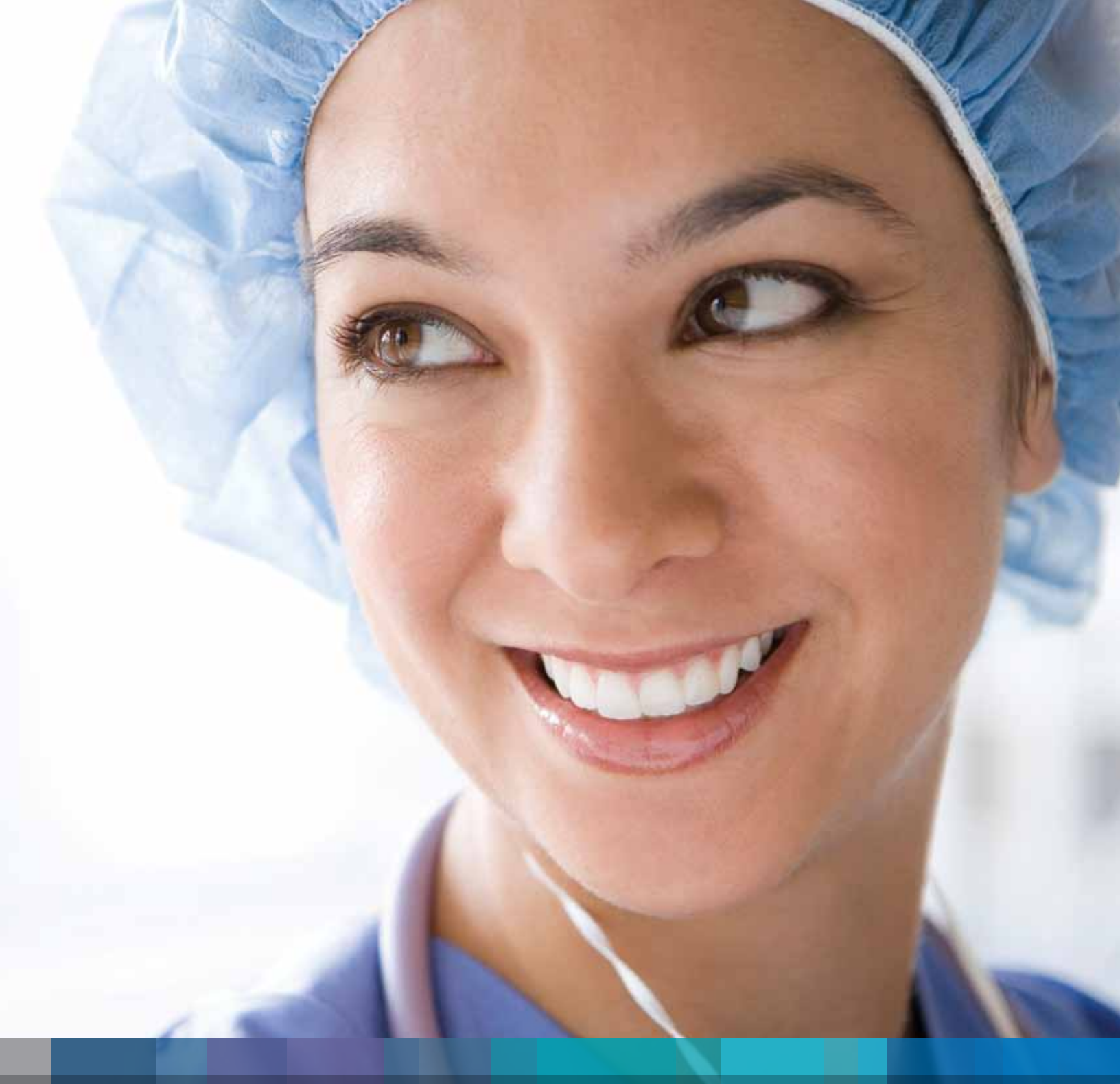




Alcon[®]

2012 Cataract and Refractive Product Catalog

a Novartis company



Table of Contents

WaveLight® Laser System	3
Ophthalmic Viscosurgical Devices	9
CUSTOM-PAK® Surgical Procedure Packs.....	10
Drapes	12
Back Table Covers	22
Miscellaneous Drapes.....	23
Cannulas & Cystitomes	24
Incisional Instruments	26
LenSx® Laser	33
Infiniti® Vision System	35
Handpieces & Accessories For Phacoemulsification.....	35
Intrepid® Micro-Coaxial System	37
Cataract Consumables & Accessories	39
Optical Biometry	47
IOLs	48
LENSTAR® LS900.....	47
IOL Delivery System.....	54
Sutures & Needles	57
Solutions & Drugs.....	62
Specialty Items	63
How To Order	66
Index	68





WaveLight® Laser System

Health Care Professional Information Sheet:

All WaveLight® Allegretto Wave® System Indications

The WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System

CAUTION: Federal (USA) law restricts this device to sale by, or on the order of a physician.

Statements regarding the potential benefits of wavefront-guided and Wavefront Optimized® laser-assisted in-situ keratomileusis (LASIK) are based upon the results of clinical trials. These results are indicative of not only the WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System treatment but also the care of the clinical physicians, the control of the surgical environment by those physicians, the clinical trials' treatment parameters and the clinical trials' patient inclusion and exclusion criteria. Although many clinical trial patients after the wavefront-guided and Wavefront Optimized® procedure saw 20/20 or better and/or had or reported having better vision during the day and at night, compared to their vision with glasses or contact lenses before the procedure, individual results may vary. You can find information about the clinical trials below and in the Procedure Manuals for the WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System.

As with any surgical procedure, there are risks associated with the wavefront-guided and Wavefront Optimized® treatment. Before treating patients with these procedures, you should carefully review the Procedure Manuals, complete the Physician WaveLight® System Certification Course, provide your patients with the Patient Information Booklet, and discuss the risks s with this procedure and questions about the procedure with your patients.

INDICATIONS: The WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System is indicated to perform LASIK treatments in patients with documented evidence of a stable manifest refraction defined as less than or equal to 0.50 diopters (D) of preoperative spherical equivalent shift over one year prior to surgery, exclusive of changes due to unmasking latent hyperopia in patients 18 years of age or older: for the reduction or elimination of myopic refractive errors up to -12.0 D of sphere with and without astigmatic refractive errors up to -6.0 D; for the reduction or elimination of hyperopic refractive errors up to +6.0 D of sphere with and without astigmatic refractive errors up to 5.0 D at the spectacle plane, with a maximum manifest refraction spherical equivalent (MRSE) of +6.0 D; and in patients 21 years of age or older for the reduction or elimination of naturally occurring mixed astigmatism of up to 6.0 D at the spectacle plane.

LASIK is an elective procedure with the alternatives including but not limited to eyeglasses, contact lenses, photorefractive keratotomy (PRK), and other refractive surgeries. Only practitioners who are experienced in the medical management and surgical treatment of the cornea, who have been trained in laser refractive surgery including laser system calibration and operation, may use the device as approved. Prospective patients, as soon as they express an interest in an indicated LASIK procedure and prior to undergoing surgery, must be given the WaveLight® System Patient Information Booklet and must be informed of the alternatives for refractive correction including eyeglasses, contact lenses, PRK, and other refractive surgeries.

CLINICAL DATA MYOPIA: The WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System for LASIK treatments of myopic refractive errors up to -12.0 D of sphere with and without astigmatic refractive errors up to -6.0 D at the spectacle plane was studied in clinical trials in the United States with 901 eyes treated, of which 813 of 866 eligible eyes were followed for 12 months. Accountability at 3 months was 93.8%, at 6 months was 91.9%, and at 12 months was 93.9%.

The studies found that of the 844 eyes eligible for the uncorrected visual acuity (UCVA) analysis of effectiveness at the 3-month stability time point, 98.0% were corrected to 20/40 or better, and 84.4% were corrected to 20/20 or better without spectacles or contact lenses.

The clinical trials showed that the following subjective patient adverse events were reported as moderate to severe at a level at least 1% higher than baseline of the subjects at 3 months post-treatment: visual fluctuations (12.8% at baseline versus 28.6% at 3 months). Long term risks of LASIK for myopia with and without astigmatism beyond 12 months have not been studied.

CLINICAL DATA HYPEROPIA: The WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System for LASIK treatments of hyperopic refractive errors up to +6.0 D of sphere with and without astigmatic refractive errors up to 5.0 D with a maximum MRSE of +6.0 D has been studied in clinical trials in the United States with 290 eyes treated, of which 100 of 290 eligible eyes were followed for 12 months. Accountability at 3 months was 95.2%, at 6 months was 93.9%, and at 12 months was 69.9%.

The studies found that of the 212 eyes eligible for the UCVA analysis of effectiveness at the 6-month stability time point, 95.3% were corrected to 20/40 or better, and 67.5% were corrected to 20/20 or better without spectacles or contact lenses.

The study showed that the following subjective patient adverse events were reported as much worse by at least 1% of the subjects (in order of increasing frequency) at 6 months post final treatment: glare from bright lights (3.0%); night driving glare (4.2%); light sensitivity (4.9%); visual fluctuations (6.1%); and halos (6.4%). Long term risks of LASIK for hyperopia with and without astigmatism beyond 12 months have not been studied.

CLINICAL DATA MIXED ASTIGMATISM: The WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System for LASIK treatments of naturally occurring mixed astigmatism of up to 6.0 D at the spectacle plane has been studied in clinical trials in the United States with 162 eyes treated, of which 111 were eligible to be followed at 12 months. Accountability at 1 month was 99.4%, at 3 months was 96.0%, and at 6 months was 100.0%.

The studies found that of the 142 eyes eligible for the UCVA analysis of effectiveness at the 3-month stability time point, 95.8% achieved acuity of 20/40 or better, and 67.6% achieved acuity of 20/20 or better without spectacles or contact lenses.

The clinical trials showed that the following subjective patient adverse events were reported as moderate to severe at a level at least 1% higher than baseline of the subjects at 3 months post-treatment: sensitivity to light (43.3% at baseline versus 52.9% at 3 months); visual fluctuations (32.1% at baseline versus 43.0% at 3 months); and halos (37.0% at baseline versus 42.3% at 3 months). Long term risks of LASIK for mixed astigmatism beyond 6 months have not been studied.

CLINICAL DATA WAVEFRONT-GUIDED TREATMENT OF MYOPIA: The WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System used in conjunction with the WaveLight® ALLEGRO Analyzer® device. The device uses a 6.5 mm optical zone, a 9.0 mm ablation/treatment zone, and is indicated for wavefront-guided LASIK: 1) for the reduction or elimination of up to -7.0 D of spherical equivalent myopia or myopia with astigmatism, with up to -7.0 D of spherical component and up to 3.0 D of astigmatic component at the spectacle plane; 2) in patients who are 18 years of age or older; and 3) in patients with documentation of a stable manifest refraction defined as ≤0.50 D of preoperative spherical equivalent shift over one year prior to surgery was studied in a randomized clinical trial in the United States with 374 eyes treated; 188 with wavefront-guided LASIK (Study Cohort) and 186 with Wavefront Optimized® LASIK (Control Cohort). 178 of the Study Cohort and 180 of the Control Cohort were eligible to be followed at 6 months. In the Study Cohort, accountability at 1 month was 96.8%, at 3 months was 96.8%, and at 6 months was 93.3%. In the Control Cohort, accountability at 1 month was 94.6%, at 3 months was 94.6%, and at 6 months was 92.2%.

The studies found that of the 180 eyes eligible for the UCVA analysis of effectiveness at the 6-month stability time point in the Study Cohort, 99.4% were corrected to 20/40 or better, and 93.4% were corrected to 20/20 or better without spectacles or contact lenses. In the Control Cohort, of the 176 eyes eligible for the UCVA analysis of effectiveness at the 6-month stability time point, 99.4% were corrected to 20/40 or better, and 92.8% were corrected to 20/20 or better without spectacles or contact lenses.

The clinical trials showed that the following subjective patient adverse events were reported as moderate to severe at a level at least 1% higher than baseline of the subjects at 3 months post-treatment in the Study Cohort: light sensitivity (37.2% at baseline versus 47.8% at 3 months); and visual fluctuations (13.8% at baseline versus 20.0% at 3 months). In the Control Cohort: halos (36.6% at baseline versus 45.4% at 3 months); and visual fluctuations (18.3% at baseline versus 21.9% at 3 months). Long term risks of wavefront-guided LASIK for myopia with and without astigmatism beyond 6 months have not been studied.

CONTRAINDICATIONS: LASIK treatments using the WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System are contraindicated if any of the following conditions exist. Potential contraindications are not limited to those included in this list: pregnant or nursing women; patients with a diagnosed collagen vascular, autoimmune or immunodeficiency disease; patients with diagnosed keratoconus or any clinical pictures suggestive of keratoconus; and patients who are taking one or both of the following medications: isotretinoin (Accutane® 1), amiodarone hydrochloride (Cordarone® 2).

WARNINGS: Any LASIK treatment with the WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System is not recommended in patients who have: systemic diseases likely to affect wound healing, such as connective tissue disease, insulin dependent diabetes, severe atopic disease or an immunocompromised state; a history of Herpes simplex or Herpes zoster keratitis; significant dry eye that is unresponsive to treatment; severe allergies; and unreliable preoperative wavefront examination that precludes wavefront-guided treatment. The wavefront-guided LASIK procedure requires accurate and reliable data from the wavefront examination. Every step of every wavefront measurement that may be used as the basis for a wavefront-guided LASIK procedure must be validated by the user. Inaccurate or unreliable data from the wavefront examination will lead to an inaccurate treatment.

PRECAUTIONS: Safety and effectiveness of the WaveLight® ALLEGRETTO WAVE®/ALLEGRETTO WAVE® Eye-Q Excimer Laser System have not been established for patients with: progressive myopia, hyperopia, astigmatism and/or mixed astigmatism; ocular disease; previous corneal or intraocular surgery, or trauma in the ablation zone; corneal abnormalities including, but not limited to, scars, irregular astigmatism and corneal warpage; residual corneal thickness after ablation of less than 250 microns increasing the risk for corneal ectasia; pupil size below 7.0 mm after mydriatics where applied for wavefront-guided ablation planning; history of glaucoma or ocular hypertension of > 23 mmHg; taking the medication sumatriptan succinate (Imitrex® 3); under 18 years (21 years for mixed astigmatism) of age; over the long term (more than 12 months after surgery); corneal, lens and/or vitreous opacities including, but not limited to, cataract; iris problems including, but not limited to, coloboma and previous iris surgery compromising proper eye tracking; taking medications likely to affect wound healing including, but not limited to, antimetabolites; treatments with an optical zone below 6.0 mm or above 6.5 mm in diameter; treatment targets different from emmetropia (plano) in which the wavefront-calculated defocus (spectral term) has been adjusted; myopia greater than -12.0 D or astigmatism greater than 6 D; hyperopia greater than +6.0 D or astigmatism greater than 5.0 D; mixed astigmatism greater than +6.0 D; and in cylinder amounts > 4.0 to < 6.0 D.

Due to the lack of large numbers of patients in the general population, there are few subjects with cylinder amounts in this range to be studied. Not all complications, adverse events, and levels of effectiveness may have been determined.

Pupil sizes should be evaluated under mesopic illumination conditions. Effects of treatment on vision under poor illumination cannot be predicted prior to surgery. Some patients may find it more difficult to see in such conditions as very dim light, rain, fog, snow and glare from bright lights. This has been shown to occur more frequently in the presence of residual refractive error and perhaps in patients with pupil sizes larger than the optical zone size.

The refraction is determined in the spectacle plane, but treated in the corneal plane. In order to determine the right treatment program to achieve the right correction, assessment of the vertex distance during refraction testing is recommended. Preoperative evaluation for dry eyes should be performed. Patients should be advised of the potential for dry eyes post LASIK and post wavefront-guided LASIK surgery. This treatment can only be provided by a licensed healthcare professional.

ADVERSE EVENTS AND COMPLICATIONS FOR MYOPIA: Certain adverse events and complications occurred after the LASIK surgery. Two adverse events occurred during the postoperative period of the clinical study: 0.2% (2/876) had a lost, misplaced, or misaligned flap reported at the 1 month examination.

The following adverse events did NOT occur: corneal infiltrate or ulcer requiring treatment, corneal edema at 1 month or later visible in the slit lamp exam; any complication leading to intraocular surgery; melting of the flap of >1 mm2; epithelium of >1 mm2 in the interface with loss of 2 lines or more of BSCVA; uncontrolled IOP rise with increase of >5 mmHg or any reading above 25 mmHg; retinal detachment or retinal vascular accident; and decrease in BSCVA of >10 letters not due to irregular astigmatism as shown by hard contact lens refraction.

The following complications occurred 3 months after LASIK during this clinical trial: 0.8% (7/844) of eyes had a corneal epithelial defect; 0.1% (1/844) had any epithelium in the interface; 0.1% (1/844) had foreign body sensation; 0.2% (2/844) had pain; and 0.7% (6/844) had ghosting or double images in the operative eye.

The following complications did NOT occur 3 months following LASIK in this clinical trial: corneal edema and need for lifting and/or reseating the flap/cap.

Adverse Events and Complications for Hyperopia: Certain adverse events and complications occurred after the LASIK surgery. Only one adverse event occurred during the clinical study: one eye (0.4%) had a retinal detachment or retinal vascular accident reported at the 3 month examination.

The following adverse events did NOT occur: corneal infiltrate or ulcer requiring treatment; lost, misplaced, or misaligned flap, or any flap/cap problems requiring surgical intervention beyond 1 month; corneal edema at 1 month or later visible in the slit lamp exam; any complication leading to intraocular surgery; melting of the flap of > 1 mm2; epithelium of > 1 mm2 in the interface with loss of 2 lines or more of BSCVA; uncontrolled IOP rise with increase of > 5 mmHg or any reading above 25 mmHg and decrease in BSCVA of > 10 letters not due to irregular astigmatism as shown by hard contact lens refraction.

The following complications occurred 6 months after LASIK during this clinical trial: 0.8% (2/262) of eyes had a corneal epithelial defect and 0.8% (2/262) had any epithelium in the interface.

The following complications did NOT occur 6 months following LASIK in this clinical trial: corneal edema; foreign body sensation; pain, ghosting or double images; and need for lifting and/or reseating of the flap/cap.

ADVERSE EVENTS AND COMPLICATIONS FOR MIXED ASTIGMATISM: Certain adverse events and complications occurred after the LASIK surgery. No protocol defined adverse events occurred during the clinical study. However, two events occurred which were reported to the FDA as Adverse Events.

The first event involved a patient who postoperatively was subject to blunt trauma to the treatment eye 6 days after surgery. The patient was found to have an intact globe with no rupture, inflammation or any dislodgement of the flap. The second event involved the treatment of an incorrect axis of astigmatism which required retreatment.

The following adverse events did NOT occur: corneal infiltrate or ulcer requiring treatment; corneal epithelial defect involving the keratotomy at 1 month or later; corneal edema at 1 month or later visible in the slit lamp exam; epithelium of > 1 mm2 in the interface with loss of 2 lines or more of BSCVA; lost, misplaced, or misaligned flap, or any flap/cap problems requiring surgical intervention beyond 1 month; decrease in BSCVA of > 10 letters not due to irregular astigmatism as shown by hard contact lens refraction; any complication leading to

intraocular surgery; melting of the flap of > 1 mm2; uncontrolled IOP rise and retinal detachment or retinal vascular accident.

None of the following complications occurred at 3 months after LASIK during this clinical trial: corneal edema; corneal epithelial defect; any epithelium in the interface; foreign body sensation, pain, ghosting or double images; and need for lifting and/or reseating of the flap/cap.

Subjects were asked to complete a patient questionnaire preoperatively and at 3-months, 6-months, and 1-year postoperatively.

ADVERSE EVENTS AND COMPLICATIONS FOR WAVEFRONT - GUIDED MYOPIA: Certain adverse events and complications occurred after the wavefront-guided LASIK surgery. No adverse event occurred during wavefront-guided treatments during this clinical study.

The following adverse events did NOT occur: corneal infiltrate or ulcer requiring treatment; lost, misplaced or misaligned flap or any flap/cap problems requiring surgical intervention beyond 1 month; corneal edema at 1 month or later visible in the slit lamp exam; any complication leading to intraocular surgery; melting of the flap of > 1 mm2; epithelium of > 1 mm2 in the interface with loss of 2 lines or more of BSCVA; uncontrolled IOP rise with increase of > 5 mmHg or any reading above 25 mmHg; and decrease in BSCVA of > 10 letters not due to irregular astigmatism as shown by hard contact lens refraction.

The following complications occurred 3 months after wavefront-guided LASIK during this clinical trial: corneal epithelial defect (0.6%); foreign body sensation (0.6%); and pain (0.6%).

The following complications did NOT occur 3 months following wavefront-guided LASIK in this clinical trial: corneal edema; any epithelium in the interface; ghosting or double images; and need for lifting and/or reseating of the flap/cap.

ATTENTION: The safety and effectiveness of LASIK surgery has ONLY been established with an optical zone of 6.0 – 6.5 mm and an ablation zone of 9.0 mm.

Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.

¹ Accutane® is a registered trademark of Hoffmann-La Roche Inc.

² Cordarone® is a registered trademark of Sanofi S.A.

³ Imitrex® is a registered trademark Glaxo Group Limited

Health Care Professional Information Sheet

The WaveLight® FS200 Laser System

Federal (USA) law restricts this device to sale by, or on the order of, a physician. As with any surgical procedure, there are risks associated with the use of the WaveLight® FS200 Femtosecond Laser System. Before treating patients with this device, you should carefully review the Procedure Manual, complete the Physician WaveLight® System Certification Course, and discuss the risks associated with this procedure and questions about the procedure with your patients.

INDICATIONS: The WaveLight® FS200 Laser System is indicated for use in the creation of a corneal flap in patients undergoing LASIK surgery or other surgery or treatment requiring initial lamellar resection of the cornea; in patients undergoing surgery or other treatment requiring initial lamellar resection of the cornea to create tunnels for placement of corneal ring segments; in the creation of a lamellar cut/resection of the cornea for lamellar keratoplasty; and in the creation of a penetrating cut/incision for penetrating keratoplasty and for corneal harvesting.

The WaveLight® FS200 delivery system is used in conjunction with a sterile disposable Patient Interface, consisting of pre-sterilized suction ring assemblies and pre-sterilized applanation cones, intended for single use.

The WaveLight® FS200 Laser System should only be operated by, or under the direct supervision of, a trained physician with certification in laser safety and in the use of the WaveLight® FS200 Laser.

CONTRAINDICATIONS: LASIK treatments are contraindicated in: Pregnant or nursing women; patients with a diagnosed collagen vascular, autoimmune or immunodeficiency disease; and patients who are taking one or both of the following medications: isotretinoin (Accutane®), amiodarone hydrochloride (Cordarone®).

FLAP CONTRAINDICATIONS: Lamellar resection for the creation of a corneal flap using the WaveLight® FS200 laser is contraindicated if any of the following conditions exist. Potential contraindications are not limited to those included in this list: corneal edema; corneal lesions; hypotony; glaucoma; existing corneal implant; and keratoconus.

KERATOPLASTY CONTRAINDICATIONS: Penetrating cut/incision (for penetrating keratoplasty) is contraindicated in: any corneal opacity adequately dense to obscure visualization of the iris; descemetocoele with impending corneal rupture; previous corneal incisions that might provide a potential space into which the gas produced by the procedure can escape; and corneal thickness requirements that are beyond the range of the System.

OTHER CONSIDERATIONS: The following conditions should also be considered: severe corneal thinning; subjects with pre-existing glaucoma; a history of steroid responsive rise in intraocular pressure; preoperative intraocular pressure greater than 21 mmHg in the operative eye; subjects with more than 1000 µm corneal thickness at the 9 mm peripheral zone; active intraocular inflammation; and active ocular infection.

COMPLICATIONS: Possible complications which may result from flap cutting include (potential complications are not limited to those included in this list): corneal edema; corneal pain; epithelial ingrowth; epithelial infection; flap de-centration; incomplete flap creation; flap tearing or incomplete lift-off; free cap; photophobia; corneal inflammation, such as diffuse lamellar keratitis (DLK), corneal infiltrates and iritis; thin- or thick flaps; flap striae; and corneal ectasia (secondary keratoconus).

WARNINGS: Any treatment with the WaveLight® FS200 is not recommended in patients who have: systemic diseases likely to affect wound healing, such as connective tissue disease, insulin dependent diabetes, severe atopic disease or an immunocompromised state; a history of Herpes simplex or Herpes zoster keratitis; significant dry eye that is unresponsive to treatment; severe allergies; and a history of glaucoma or ocular hypertension.

We recommend discussing the following potential complications of this device with your patients: Transient Light Sensitivity Syndrome (TLSS); Transient Light Sensitivity Syndrome is characterized by symptoms of mild to severe light sensitivity which manifests between two and six weeks postoperatively. Patients experience no decrease in uncorrected or best spectacle-corrected visual acuity. The incidence of this sensitivity was observed in approximately 1% of patients who undergo flap creation with a femtosecond laser. 3 Patients respond to the use of hourly topical steroids such as Pred Forte (Allergan), and most report improvement within one week of treatment.

PERIPHERAL LIGHT SPECTRUM (PLS): Peripheral Light Spectrum is a temporary phenomenon whereby patients report the perception of a spoke-like spectrum of light in the periphery of their vision. PLS has no clinical examination findings and no effect on visual acuity; however the potential diffraction effects may be bothersome to some patients. Reported in only a small amount of cases, the onset of symptoms occurs during the immediate postoperative period, and typically resolves within three months but may be slightly persistent in rare cases. The visual impact of PLS is clinically inconsequential for the vast majority of patients.

¹ Accutane® is a registered trademark of Hoffmann-La Roche Inc.

² Cordarone® is a registered trademark of Sanofi.

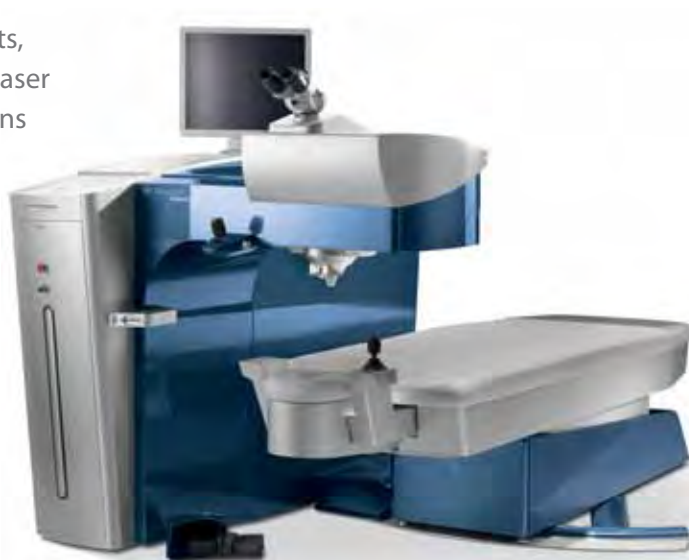
³ FDA Database Research Results Feb, 05, 2009.

REFRACTIVE SUITE

WaveLight® FS200 Femtosecond Laser

For highly-advanced LASIK treatments, the WaveLight® FS200 femtosecond laser offers customized flap creation options relative to individual adjustment of flap size and shape, adjustable hinge position and hinge size, and variable angles for the side cut incision.

8065990714 - 1 each



WaveLight® EX500 Excimer Laser

The WaveLight® latest excimer system is a further development of the proven ALLEGRETTO WAVE® excimer laser design has been ergonomically optimized to combine it with the WaveLight® FS200 femtosecond laser and surgical diagnostics within the WaveLight® Refractive Suite.

8065990794 - 1 each

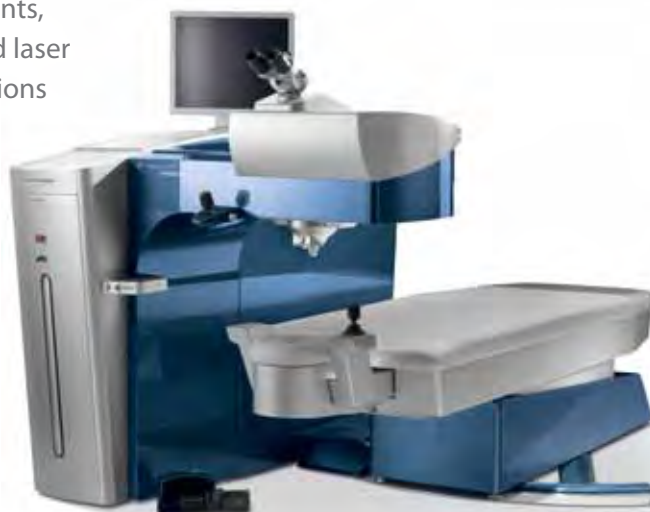


REFRACTIVE WORKSTATION

WaveLight® FS200 Femtosecond Laser

For highly-advanced LASIK treatments, the WaveLight® FS200 femtosecond laser offers customized flap creation options relative to individual adjustment of flap size and shape, adjustable hinge position and hinge size, and variable angles for the side cut incision.

8065990714 - 1 each



ALLEGRETTO WAVE® Eye-Q Excimer Laser

A new postless design combines the proven Eye-Q technology with optimized ergonomics. A unique WaveLight® LED Slit Illumination System as an integral part of the laser device along with a revised stability concept makes the previous post unnecessary.

8065990601 - 1 each



ALLEGRETTO WAVE® Eye-Q Excimer Laser

A new postless design combines the proven Eye-Q technology with optimized ergonomics. A unique WaveLight® LED Slit Illumination System as an integral part of the laser device along with a revised stability concept makes the previous post unnecessary.

8065990601 - 1 each



Includes:

- ALLEGRETTO WAVE® Eye-Q 400 Hz Excimer Laser
- Revised stability concept without supporting post
- LED Slit Illumination System
- Swiveling patient bed for ALLEGRETTO WAVE® Eye-Q Excimer Laser
- TFT flat-screen
- Plume evacuation
- External nitrogen connection
- Documentation ALLEGRETTO WAVE® Eye-Q Excimer Laser

Postless Upgrade Kit for the ALLEGRETTO WAVE® Eye-Q 400 Hz Excimer Laser

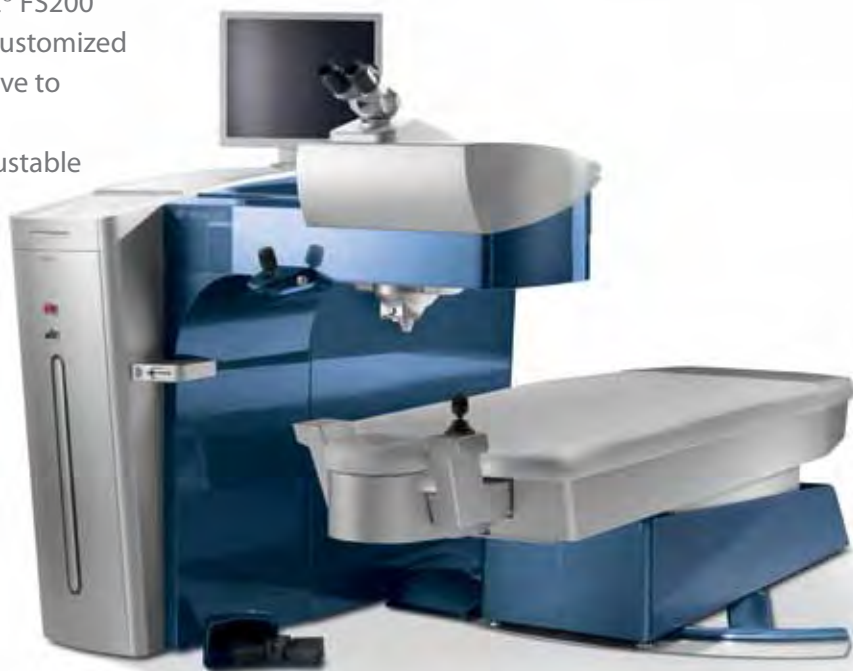
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Optimizes the ALLEGRETTO WAVE® Eye-Q excimer laser for use in combination with the WaveLight® swiveling patient bed.

WaveLight® FS200 Femtosecond Laser

For highly-advanced LASIK treatments, the WaveLight® FS200 femtosecond laser offers customized flap creation options relative to individual adjustment of flap size and shape, adjustable hinge position and hinge size, and variable angles for the side cut incision.

8065990714 - 1 each



- Sub-Bowman Keratomileusis
- Intracorneal ring segments
- Flap cutting (open platform, all different kinds of cutting patterns possible)
- Lamellar, perforating (extremely large penetration depth, suitable for thick donor material), and penetrating keratoplasty that can be performed with individual keratoplastic shapes.

WaveLight® FS200 Laser Basic Package

Includes:

- WaveLight® FS200 Femtosecond Laser
- Documentation WaveLight® FS200 Femtosecond Laser



WaveLight® FS200 Laser Patient Interface and Wave Card

8065990786 - 1 each

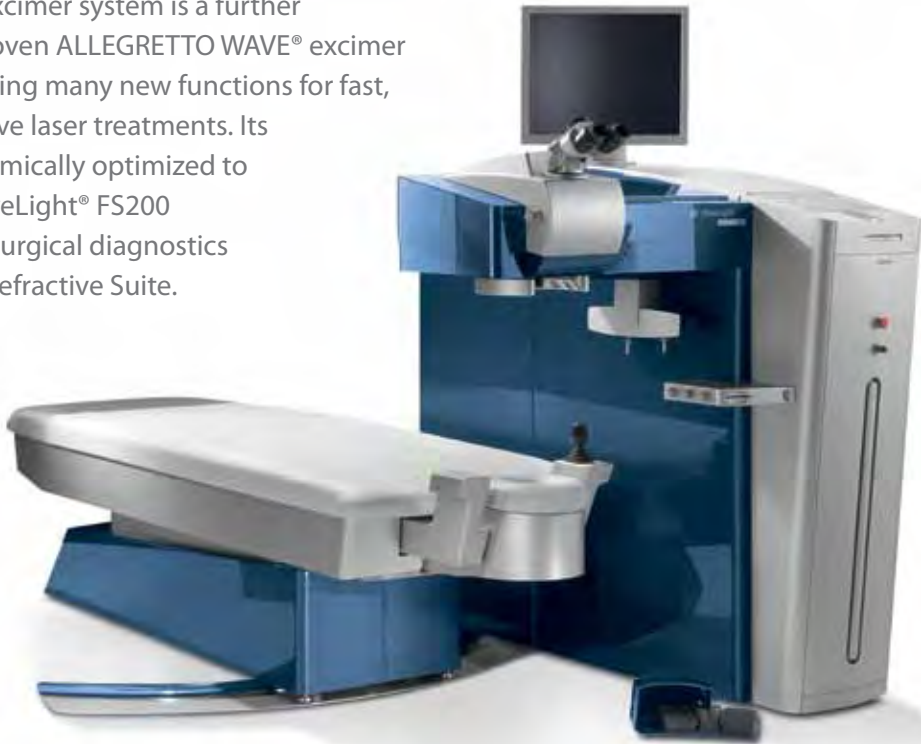
Includes:

One card and 20 patient interfaces

WaveLight® EX500 Excimer Laser

The WaveLight® latest excimer system is a further development of the proven ALLEGRETTO WAVE® excimer laser technology, integrating many new functions for fast, safe and reliable refractive laser treatments. Its design has been ergonomically optimized to combine it with the WaveLight® FS200 femtosecond laser and surgical diagnostics within the WaveLight® Refractive Suite.

8065990794 - 1 each



Includes:

- PerfectPulse Technology™ ensures high precision and safety for optimized treatment results
- Multifunctional illumination system
- Non-contact online pachymetry
- Advanced OPMI including video system
- Networking capabilities

Diagnostic Device Wavefront Analyzer

Based on the Tscherning principle, the Analyzer diagnostic device measures in the visible spectrum (660 nm) to avoid chromatic errors. A fundus camera captures the retinal image of a grid pattern consisting of 168 rays of light, which is sufficient to determine existing higher order aberrations up to the 6th order.

8065990606 - 1 each



Includes:

- Analyzer Device
- Documentation Analyzer Diagnostic Device
- Height-Adjustable Table for Analyzer Diagnostic Device
- A-CAT Software Module for WaveLight® Laser Systems



OVDs and Disposables

DisCoVisc® Ophthalmic Viscosurgical Device

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

DESCRIPTION: DisCoVisc® Ophthalmic Viscosurgical Device has an intermediate cohesive/dispersive index (CDI) and can best be described as the first viscous dispersive viscoelastic and is optimized for the entire surgical procedure.

INDICATIONS: DisCoVisc® Ophthalmic Viscosurgical Device is indicated for use during surgery in the anterior segment of the eye. It is designed to create and maintain space, to protect the corneal endothelium and other intraocular tissues and to manipulate tissues during surgery. It may also be used to coat intraocular lenses and instruments during cataract extraction and IOL insertion.

WARNINGS: Failure to follow assembly instructions or use of an alternate cannula may result in cannula detachment and potential patient injury.

PRECAUTIONS: Precautions are limited to those normally associated with the surgical procedure being performed. Although sodium hyaluronate and sodium chondroitin sulfate are highly purified biological polymers, the physician should be aware of the potential allergic risks inherent in the use of any biological material.

ADVERSE REACTIONS: DisCoVisc® Ophthalmic Viscosurgical Device was very well tolerated in nonclinical and clinical studies. A transient rise in intraocular pressure in the early postoperative period may be expected due to the presence of sodium hyaluronate, which has been shown to effect such a rise. It is therefore recommended that DisCoVisc® OVD be removed from the anterior chamber by thorough irrigation and/or aspiration at the end of surgery to minimize postoperative IOP increases. Do not overfill anterior chamber.

ATTENTION: Reference the Physician Labeling/Directions for Use for a complete listing of indications, warnings and precautions.

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DUOVISC® Viscoelastic System

DESCRIPTION: DUOVISC® Viscoelastic System is designed to give two Viscoelastic materials with different physico-chemical properties that can be used differently and/or sequentially to perform specific tasks during a cataract procedure. DUOVISC® Viscoelastic System consists of VISCOAT® Ophthalmic Viscosurgical Device and PROVISC® Ophthalmic Viscosurgical Device.

CAUTION: Federal (USA) law restricts this device to sale by, or on the order of, a physician.

DESCRIPTION: VISCOAT® (Sodium Chondroitin Sulfate – Sodium Hyaluronate) Ophthalmic Viscosurgical Device

INDICATIONS: VISCOAT® OVD is indicated for use as an ophthalmic surgical aid in anterior segment procedures including cataract extraction and intraocular lens (IOL) implantation. VISCOAT® OVD maintains a deep anterior chamber during anterior segment surgeries, enhances visualization during the surgical procedure, and protects the corneal endothelium and other ocular tissues. The viscoelasticity of the solution maintains the normal position of the vitreous face and prevents formation of a flat chamber during surgery.

WARNINGS: Failure to follow assembly instructions or use of an alternate cannula may result in cannula detachment and potential patient injury.

PRECAUTIONS: Precautions are limited to those normally associated with the surgical procedure being performed. Although sodium hyaluronate and sodium chondroitin sulfate are highly purified biological polymers, the physician should be aware of the potential allergic risks inherent in the use of any biological material.

ADVERSE REACTIONS: VISCOAT® OVD has been extremely well tolerated in human and animal studies. A transient rise in intraocular pressure in the early postoperative period may be expected due to the presence of sodium hyaluronate, which has been shown to effect such a rise. It is therefore recommended that VISCOAT® OVD be removed from the anterior chamber by thorough irrigation and/or aspiration at the end of surgery to minimize postoperative IOP increases. Do not overfill anterior chamber.

ATTENTION: Reference the Physician Labeling/Directions for Use for a complete listing of indications, warnings and precautions.

DESCRIPTION: PROVISC® (Sodium Hyaluronate) Ophthalmic Viscosurgical Device

INDICATIONS: PROVISC® OVD is indicated for use as an ophthalmic surgical aid in the anterior segment during cataract extraction and intraocular lens (IOL) implantation. Ophthalmic visco-elastics serve to maintain a deep anterior chamber during anterior segment surgery allowing reduced trauma to the corneal endothelium and surrounding ocular tissues. They help push back the vitreous face and prevent formation of a flat chamber during surgery.

PRECAUTIONS: Postoperative increases in intraocular pressure have been reported with sodium hyaluronate products. The IOP should be carefully monitored and appropriate therapy instituted if significant increases should occur. It is recommended that PROVISC® OVD be removed by irrigation and/or aspiration at the close of surgery. Do not overfill anterior chamber. Although sodium hyaluronate is a highly purified biological polymer, the physician should be aware of the potential allergic risks inherent in the use of any biological material; care should be used in patients with hypersensitivity to any components in this material. Cannula assembly instructions should be followed to prevent patient injury.

ADVERSE REACTIONS: Postoperative inflammatory reactions such as hypotony and iritis have been reported with the use of ophthalmic viscoelastics, as well as incidents of corneal edema, corneal decompensation, and a transient rise in intraocular pressure. It is therefore recommended that VISCOAT® OVD be removed from the anterior chamber by thorough irrigation and/or aspiration at the end of surgery to minimize postoperative IOP increases. Do not overfill anterior chamber.

ATTENTION: Reference the Physician Labeling/Directions for Use for a complete listing of indications, warnings and precautions.

VISCOAT® OVD

CAUTION: Federal (USA) law restricts this device to sale by, or on the order of, a physician.

INDICATION: VISCOAT® OVD is indicated for use as a surgical aid in anterior segment procedures including cataract extraction and intraocular lens (IOL) implantation. VISCOAT® OVD maintains a deep chamber during anterior segment surgeries, enhances visualization during the surgical procedure and protects the corneal endothelium and other ocular tissues. The viscoelasticity of the solution maintains the normal position of the vitreous face and prevents formation of a flat chamber during surgery.

CONTRAINDICATIONS:

- At present there are no known contraindications of the use of VISCOAT® Ophthalmic Viscosurgical Device when used as recommended.

WARNINGS/PRECAUTIONS:

- Failure to follow "Directions for Use" on attachment of the cannula or use of an alternate cannula may result in cannula detachment.
- Precautions are limited to those normally associated with the surgical procedure being performed. Although sodium hyaluronate and sodium chondroitin sulfate are highly purified biological polymers, the physician should be aware of the potential allergic risks inherent in the use of any biological material.
- A transient rise in intraocular pressure in the early postoperative period may be expected due to the presence of sodium hyaluronate, which has been shown to effect such a rise. It is therefore recommended that VISCOAT® OVD be removed from the anterior chamber by thorough irrigation and/or aspiration at the end of the surgery to minimize postoperative IOP increases. Do not overfill anterior chamber.

ATTENTION: Reference the Package Insert for a complete listing of indications, warnings and precautions.

.....

ProVisc® OVD

CAUTION: Federal (USA) law restricts this device to sale by, or on the order of, a physician.

INDICATIONS: ProVisc® OVD is indicated for use as an ophthalmic surgical aid in the anterior segment during cataract extraction and intraocular lens (IOL) implantation. Ophthalmic visco-elastics serve to maintain a deep anterior chamber during anterior segment surgery allowing reduced trauma to the corneal endothelium and surrounding ocular tissues. They help push back the vitreous face and prevent formation of a flat chamber during surgery.

CONTRAINDICATIONS:

- At present there are no known contraindications of the use of ProVisc® Ophthalmic Viscosurgical Device when used as recommended.

WARNINGS/PRECAUTIONS:

- Postoperative increases in intraocular pressure have been reported with sodium hyaluronate products. The IOP should be carefully monitored and appropriate therapy instituted if significant increases should occur. It is recommended that ProVisc® OVD be removed by irrigation and/or aspiration at the close of surgery. Do not overfill anterior chamber. Although sodium hyaluronate is a highly purified biological polymer the physician should be aware of the potential allergic risks inherent in the use of any biological material; care should be used in patients with hypersensitivity to any components in this material. Cannula assembly instructions should be followed to prevent patient injury.
- Postoperative inflammatory reactions such as hypopyon and iritis have been reported with the use of ophthalmic viscoelastics, as well as incidents of corneal edema, corneal decompensation, and a transient rise intraocular pressure.

ATTENTION: Reference the Package Insert for a complete listing of indications, warnings and precautions.

.....

CELLUGEL® Ophthalmic Viscosurgical Device (OVD)

CAUTION: Federal (USA) law restricts this device to sale by, or on the order of, a physician.

INDICATIONS: CELLUGEL® Ophthalmic Viscosurgical Device (OVD) is indicated for use during surgery in the anterior segment of the eye. It is designed to create and maintain space, to protect the corneal endothelium and other intraocular tissues and to manipulate tissues during surgery. It may also be used to coat intraocular lenses and instruments during cataract extraction and IOL insertion.

CONTRAINDICATIONS:

- At present there are no known contraindications of the use of CELLUGEL® Ophthalmic Viscosurgical Device when used as recommended.

WARNINGS/PRECAUTIONS: Precautions are limited to those normally associated with the surgical procedure being performed. As with all ophthalmic viscosurgical devices, a transient rise in IOP in the early postoperative period has been reported in some cases. It is therefore recommended that CELLUGEL® OVD be removed from the anterior chamber by thorough irrigation and/or aspiration at the end of surgery to minimize post-operative intraocular pressure increases. Intraocular pressure should be monitored post surgically and appropriate therapy instituted if significant increases occur. Do not overfill the anterior chamber. In addition to the above, the following precautions should be observed:

- Do not reuse cannulas.
- Use only if material is clear.
- Avoid trapping air bubbles within CELLUGEL® OVD before injection.
- This product contains dry natural rubber.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings, precautions, complications and adverse events.

Class I Incisional Instruments

CAUTION: Federal (USA) law restricts this CLASS I incisional device to the sale by or on the order of a physician.

INDICATIONS: CLASS I incisional instruments are sterile, single use disposable devices intended for use during ophthalmic surgical procedures.

PRECAUTIONS: Potential complications resulting from use of this blade during ophthalmic surgery include, but are not limited to: infection, tissue damage, inflammation, edema, hyphema, hypopyon, secondary surgical re-intervention, and wound leak repair. Properly dispose of the used device in a secure sharps instrument container.

Do not reuse. Reuse may lead to wound irregularities (due to degradation of the cutting edge sharpness) and/or cross contamination between patients.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications and precautions.



DISCOVISC® (OVD)
OPHTHALMIC
VISCOURGICAL DEVICE

1 mL 4% Chondroitin Sulfate,
1.7% Sodium Hyaluronate
Latex free
24-month shelf life

8065183710 - 1 each



DuoVisc®
VISCOELASTIC SYSTEM

(DNR)

36-month shelf life

1 unit 0.35 mL VISCOAT® OVD and
1 unit 0.40 mL PROVISC® OVD

8065183135 - 1 each

1 unit 0.50 mL VISCOAT® OVD and
1 unit 0.55 mL PROVISC® OVD

8065183150 - 1 each



VISCOAT® OVD

4% Chondroitin Sulfate,
3% Sodium Hyaluronate
Latex free
36-month shelf life

0.50 mL

8065183905 - 1 each

0.75 mL

8065183975 - 1 each



PROVISC® OVD

(DNR)

36-month shelf life

1% Sodium Hyaluronate

0.40 mL

8065183004 - 1 each

0.55 mL

8065183055 - 1 each

0.85 mL

8065183085 - 1 each



CELLUGEL® OVD

(DNR)

2% Hydroxypropylmethylcellulose
36-month shelf life

1.0 mL

8065183810 - 1 each

Legend:
(DNR) = Dry Natural Rubber
OVD = Ophthalmic ViscoSurgical Device

CUSTOM-PAK® Surgical Procedure Packs by Alcon

Simple, cost effective implementation of advancing technology.

Deliver to surgeon and surgical team

- Complete
- Customized
- Convenience
- Confidence

8065990601 - 1 each



Refracpak® Standard Procedure Pack

Standard Cataract Pack (LTX)

AS9426

Latex-Free Standard Pack

AS6655

BAKPAK® Vitreoretinal Pack (LTX)

AS4093

LASIK Refractive Pack

AS1638

ALCON® PIKPAKS® Suture Packs

are the ideal way to provide convenient bundling of individually sterile items in their own packaging, when a complete CUSTOM-PAK® Surgical Procedure Pack is not needed.



CUSTOM-PAK® Surgical Procedure Packs

In today's emerging customized surgery, with multiple surgeons, new procedures and thousands of product choices...the Alcon team can help you bring it all together. . .

Need Something Special?



Complete

CUSTOM-PAK® Surgical Procedure Packs are designed to be a simple, user-friendly tool that combines all products, necessary for each surgical procedure.



Customized

Your CUSTOM-PAK® Surgical Procedure Packs are "tailor made," personalized to meet the specific needs of surgeon and surgical team for any specific case.



Convenience

Your CUSTOM-PAK® Surgical Procedure Packs will have customized sequencing, meaning components are packed in the order you specify, creating efficiency in the operating room.



Confidence

Your CUSTOM-PAK® Surgical Procedure Packs create confidence, because they are:

- Assembled by Alcon, the world's leading ophthalmic procedure pack manufacturer
- Delivered and inventory managed according to your requirements

Drape Size and Material Matrix

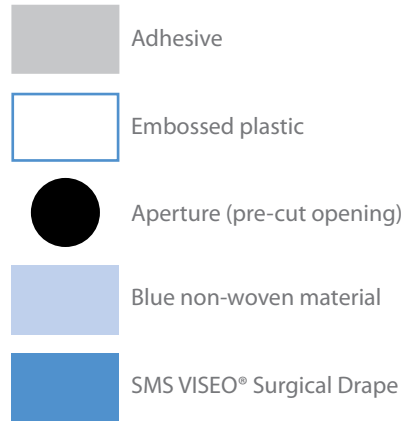
Surgical Drape		Incise		Aperture		Bilateral
		Bag	No Bag	Bag	No Bag	
FULL BODY	Non-Woven	1030	1062	1031	1063	
		1050				
	Angio Fold	1051 / 1130				
	WISEO® Surgical Drape	1530		1531		
	WISEO® Angio Fold Surgical Drape			1525		
	Combo	1170		1171		
	Non-Woven	1032	1060	1033	1061 / 1036	
3/4 LENGTH	WISEO® Surgical Drape	1532		1533		
	WISEO® Surgical Drape	1546				
	Combo	1172		1173		
	Non-Woven	1042 / 1044	1022	1043	1023	
MID-SIZE	WISEO® Surgical Drape	1544		1543		
	Plastic	1040	1020	1041	1021	
		1045 / 1161	1120		1025	
	Non-Woven	0029			0026	
MINI	Plastic	1029	1126	1129	1026 / 1049	
	Non-Woven					1328
PEDIATRIC	Plastic					1028
	Plastic					1128 / 1221
ADULT	Plastic Short					1228
	Eye Lash – Plastic		1055			
LASH			1056			

COLOR KEYS

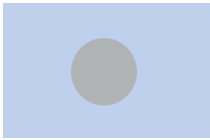
- Blue - Non-Woven
- Blue - WISEO® Surgical Drape
- Plastic
- Combo = non-woven and plastic

General Features & Legend

- Low-lint, non-woven and micro-embossed plastic material
- Single or double fluid collection pouches
- Malleable bridge for face tenting
- Gutter pouches for better fluid collection
- Aperture and incise drapes
- Plastic/non-woven combinations for anesthesiologist's visibility
- All drapes are free from latex and dry natural rubber
- VISEO® Surgical Drape with special new adhesive



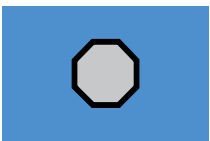
Incise Drapes



Blue non-woven, 8 cm x 8 cm (3" x 3")
uncut plastic incise area

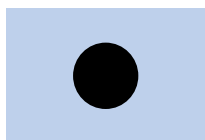


Design on plastic and blue non-woven,
13 cm x 10 cm (5" x 4") uncut plastic incise
area designed to permit customized
adhesive placement. Standard on most
ALCON® incise drapes.

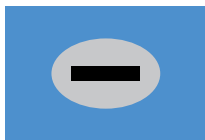


Blue SMS beveled edge design is based on
10 cm x 10 cm (4" x 4") adhesive area for
easier application and removal with oval
aperture.

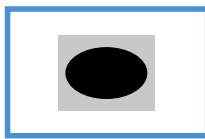
Aperture Drapes



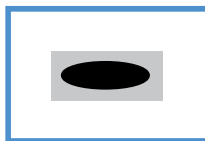
Blue non-woven, 8 cm x 8 cm (3" x 3")
pre-cut round aperture



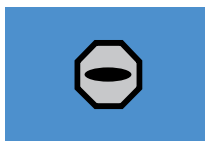
Blue SMS 6.5 cm x 4 cm (2.5" x 1.5") less
adhesive for greater patient comfort with
oval fenestration and pre-slit incise (Style
1346 only).



Design on plastic and blue non-woven,
10 cm x 13 cm (4" x 5") adhesive area with
pre-cut 6 cm x 4 cm (2.5" x 1.5") oval aperture.
Standard on most ALCON® aperture drapes.



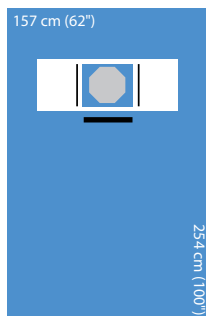
Design on plastic, Blue SMS and blue non-
woven, wider adhesive area with elongated
aperture, available for strabismus surgery
(See styles 1028, 1128, 1221, 1228, 1326,
1327, 1328).



Blue SMS beveled edge design is based on
10 cm x 10 cm (4" x 4") adhesive area for
easier application and removal with oval
aperture.

Incise

Designed to cover the head, eye area and entire body of the patient, and used alone as a complete draping system.
10/box



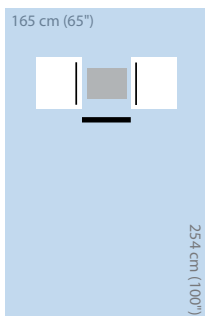
Low-Lint Fabric

- Blue SMS (VISEO®*)
- Full body 157 cm x 254 cm (62" x 100")
- Octagonal incise 6 cm x 6 cm (2.5" x 2.5"), adhesive
- 3-sided gutter pouch
- Malleable nose bridge

8065153020

8065153099

CUSTOM-PAK***



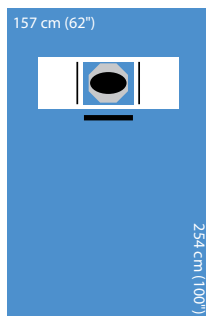
- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065103020

8065103099

CUSTOM-PAK***

Aperture



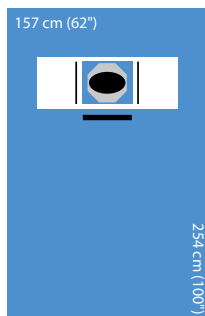
Low-Lint Fabric

- Blue SMS (VISEO®*)
- Full body 157 cm x 254 cm (62" x 100")
- Octagonal fenestration 6 cm x 4 cm (2.5" x 1.5"), adhesive
- 3-sided gutter pouch
- Malleable nose bridge

8065153120

8065153199

CUSTOM-PAK***



Angio Fold

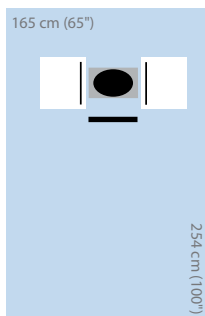
Low-Lint Fabric

- Blue SMS (VISEO®*)
- Opens from chest to sides
- Full body 157 cm x 254 cm (62" x 100")
- Octagonal fenestration 6 cm x 4 cm (2.5" x 1.5"), adhesive
- 3-sided gutter pouch
- Malleable nose bridge

8065152520

8065152599

CUSTOM-PAK***



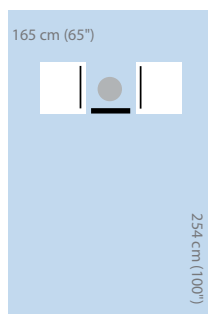
- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive, pre-cut opening
- 2 fluid catch bags
- Malleable nose bridge

8065103120

8065103199

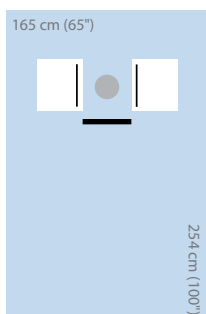
CUSTOM-PAK***

Incise



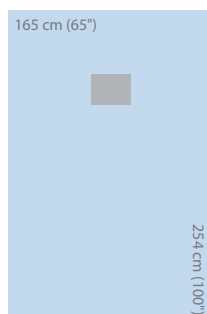
- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Round incise 8 cm x 8 cm (3" x 3"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065105020
8065105099 -
CUSTOM-PAK***



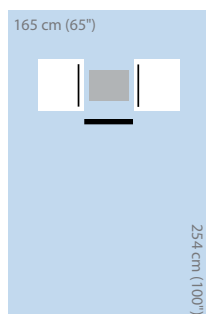
- **Angio Fold**
- Opens from chest to sides
- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Round incise 8 cm x 8 cm (3" x 3"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065105199 -
CUSTOM-PAK***



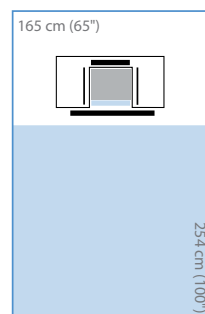
- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- No pouches

8065106220
8065106299 -
CUSTOM-PAK***



- **Angio Fold**
- Opens from chest to sides
- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065113020
8065113099 -
CUSTOM-PAK***

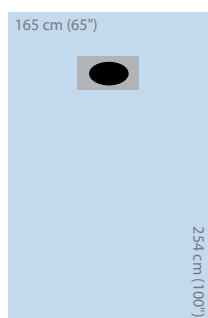


- Blue non-woven body with clear plastic head
- Full body 165 cm x 254 cm (65" x 100")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- 3-sided gutter pouch
- Malleable nose bridge

8065117020
8065117099 -
CUSTOM-PAK***

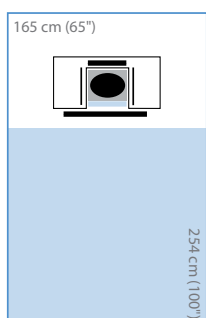
*Designed to cover the head, eye area and entire body of the patient, and used alone as a complete draping system.
10/box*

Aperture



- Blue non-woven fabric
- Full body 165 cm x 254 cm (65" x 100")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- No pouches

8065106320
8065106399 -
CUSTOM-PAK***

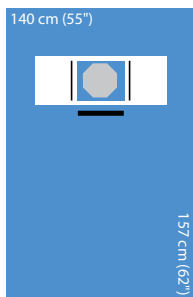


- Blue non-woven body with clear plastic head
- Full body 165 cm x 254 cm (65" x 100")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- 3-sided gutter pouch
- Malleable nose bridge

8065117120
8065117199 -
CUSTOM-PAK***

Incise

Designed to cover to the lower leg of the patient. Can be used alone or in combination with other drapes.

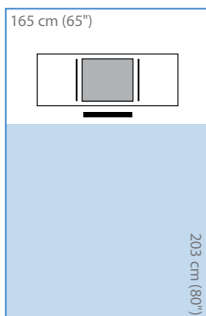


Low-Lint Fabric

- Blue SMS (VISEO®)
- Three quarter length 140 cm x 157 cm (55" x 62")
- Octagonal incise 6 cm x 6 cm (2.5" x 2.5"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065153220

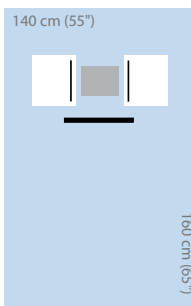
8065153299 -
CUSTOM-PAK***



- Blue non-woven body with clear plastic head
- Three quarter length 165 cm x 203 cm (65" x 80")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- 3-sided gutter pouch
- Malleable nose bridge

8065117220

8065117299 -
CUSTOM-PAK***

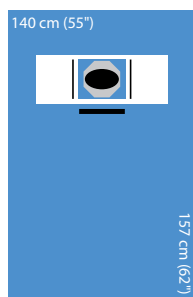


- Blue non-woven fabric
- Three quarter length 140 cm x 160 cm (55" x 63")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065103220

8065103299 -
CUSTOM-PAK***

Aperture

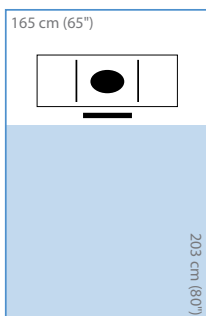


Low-Lint Fabric

- Blue SMS (VISEO®)
- Three quarter length 140 cm x 157 cm (55" x 62")
- Octagonal fenestration
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065153320

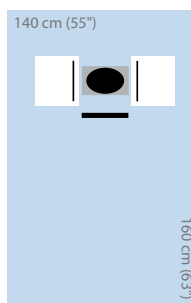
8065153399 -
CUSTOM-PAK***



- Blue non-woven body with clear plastic head
- Three quarter length 165 cm x 203 cm (65" x 80")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- 3-sided gutter pouch, adhesive
- Malleable nose bridge

8065117320

8065117399 -
CUSTOM-PAK***

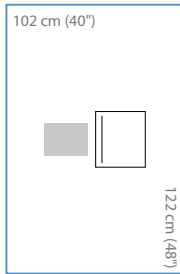


- Blue non-woven fabric
- Three quarter length 140 cm x 160 cm (55" x 63")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- 2 fluid catch bags
- Malleable nose bridge

8065103320

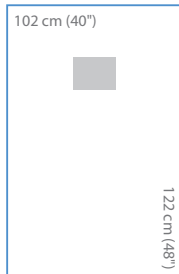
8065103399 -
CUSTOM-PAK***

Incise



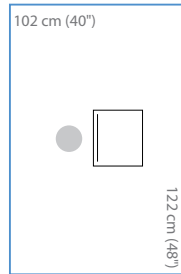
- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- Single fluid catch bag

8065104020
8065104099
 CUSTOM-PAK***



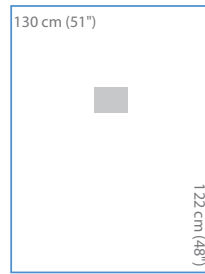
- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- No pouches

8065102020
8065102099
 CUSTOM-PAK***



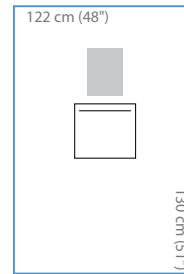
- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Round incise 8 cm (3"), adhesive
- Single fluid catch bag

8065104520
8065104599
 CUSTOM-PAK***



- Micro-embossed plastic
- Mid-size 130 cm x 122 cm (51" x 48")
- Rectangular incise, 13 cm x 10 cm (5" x 4"), adhesive
- No pouches
- Clear plastic liner on adhesive

8065112020
8065112099
 CUSTOM-PAK***

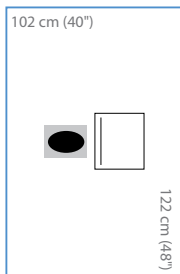


- Micro-embossed plastic
- Mid-size 122 cm x 130 cm (48" x 51")
- Regular incise 13 cm x 10 cm (5" x 4"), adhesive
- Single fluid catch bag
- Clear plastic liner on adhesive

8065116199
 CUSTOM-PAK***

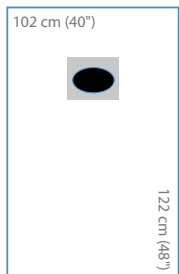
Used alone or in combination with other drapes to provide a comprehensive draping system.

Aperture



- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- Single fluid catch bag

8065104120
8065104199
 CUSTOM-PAK***

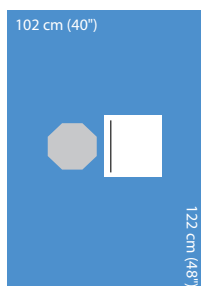


- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- No pouches

8065102120
8065102199
 CUSTOM-PAK***

Incise

Used alone or in combination with other drapes to provide a comprehensive draping system.



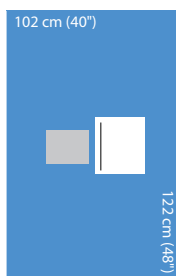
Low-Lint Fabric

- Blue SMS (VISEO®)
- Mid-size 102 cm x 122 cm (40" x 48")
- Octagonal incise
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- Single fluid catch bag

8065154420

8065154499

CUSTOM-PAK®**



- Blue non-woven fabric
- Mid-size 102 cm x 122 cm (40" x 48")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- Single fluid catch bag

8065104220

8065104299

CUSTOM-PAK®**



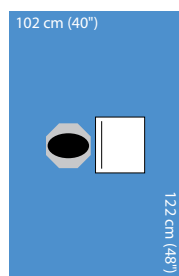
- Blue non-woven fabric
- Mid-size 102 cm x 122 cm (40" x 48")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- No pouches

8065102220

8065102299

CUSTOM-PAK®**

Aperture



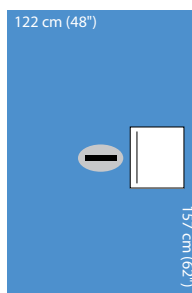
Low-Lint Fabric

- Blue SMS (VISEO®)
- Mid-size 102 cm x 122 cm (40" x 48")
- Octagonal fenestration
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- Single fluid catch bag

8065154320

8065154399

CUSTOM-PAK®**



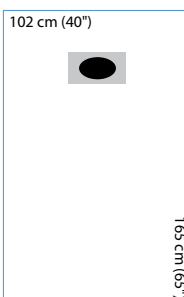
Low-Lint Fabric

- Blue SMS (VISEO®)
- Mid-size 122 cm x 157 cm (48" x 62")
- Single fluid catch bag
- Pre-slit incise 1.75" x 0.125"

8065154620

8065154699

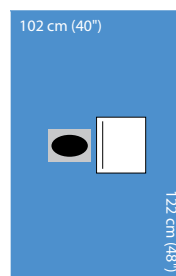
CUSTOM-PAK®**



- Micro-embossed plastic
- Mid-size 102 cm x 165 cm (40" x 65")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive, pre-cut opening
- No pouches

8065102599

CUSTOM-PAK®**



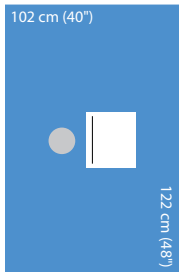
- Blue non-woven fabric
- Mid-size 102 cm x 122 cm (40" x 48")
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- Single fluid catch bag

8065104320

8065104399

CUSTOM-PAK®**

Incise - Mid-size



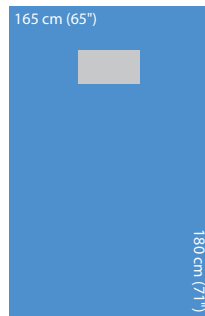
- Blue non-woven fabric
- Mid-size 102 cm x 122 cm (40\" x 48\")
- Round incise 8 cm (3\"), adhesive
- Single fluid catch bag

8065104420

8065104499

CUSTOM-PAK^{®**}

Incise - 3/4 length

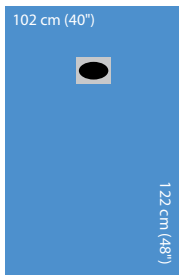


- Blue non-woven fabric
- Three quarter length 165 cm x 180 cm (65\" x 71\")
- Rectangular Incise 13 cm x 10 cm (5\" x 4\"), adhesive
- No pouches

8065106099

CUSTOM-PAK^{®**}

Aperture - Mid-size



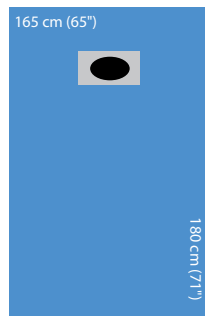
- Blue non-woven fabric
- Mid-size 102 cm x 122 cm (40\" x 48\")
- Oval aperture 6 cm x 4 cm (2.5\" x 1.5\"), adhesive
- No pouches

8065102320

8065102399

CUSTOM-PAK^{®**}

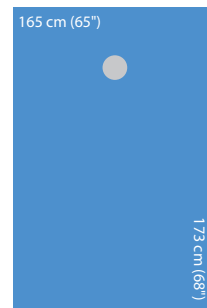
Aperture - 3/4 length



- Blue non-woven fabric
- Three quarter length 165 cm x 180 cm (65\" x 71\")
- Oval aperture 6 cm x 4 cm (2.5\" x 1.5\"), adhesive, pre-cut opening
- No pouches

8065106199

CUSTOM-PAK^{®**}

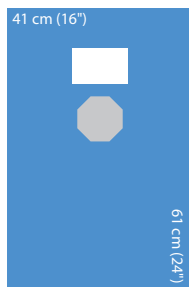


- Blue non-woven fabric
- Three quarter length 165 cm x 173 cm (65\" x 68\")
- Round aperture 8 cm (3\"), adhesive
- No pouches

8065103699

CUSTOM-PAK^{®**}

Incise

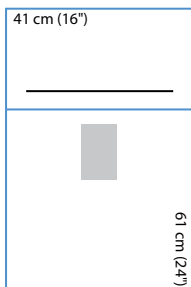


- Blue non-woven
- Mini-size 41 cm x 61 cm (16" x 24")
- Octagonal incise 10 cm x 10 cm (4" x 4"), adhesive
- Single fluid catch bag

8065002920

8065002999

CUSTOM-PAK***

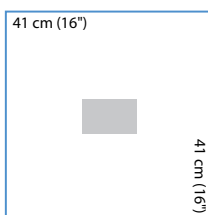


- Micro-embossed plastic
- Mini-size 41 cm x 61 cm (16" x 24")
- Rectangular incise 13 cm x 10 cm (5" x 4"), adhesive
- Single fluid catch bag

8065102920

8065102999

CUSTOM-PAK**



- Micro-embossed plastic
- Mini-size 41 cm x 41 cm (16" x 16")
- Rectangular incise, 13 cm x 10 cm (5" x 4"), adhesive
- No pouches

8065112620

8065112699

CUSTOM-PAK**

Aperture

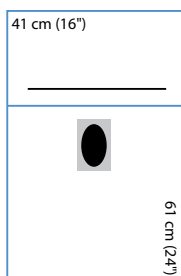


- Blue non-woven
- Mini-size 41 cm x 41 cm (16" x 16")
- Octagonal fenestration
- Oval aperture 6.5 cm x 4 cm (2.5" x 1.5"), adhesive
- No pouches

8065002620

8065002699

CUSTOM-PAK**

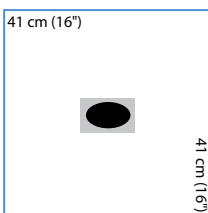


- Micro-embossed plastic
- Mini-size 41 cm x 61 cm (16" x 24")
- Oval aperture 6 cm x 4 cm (1.5" x 2.5"), adhesive
- Single fluid catch bag

8065112920

8065112999

CUSTOM-PAK**

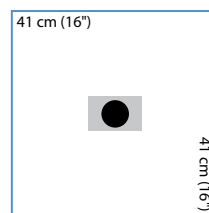


- Micro-embossed plastic
- Mini-size 41 cm x 41 cm (16" x 16")
- Oval aperture 6.5 cm x 4 cm (2.5" x 1.5"), adhesive
- No pouches

8065102620

8065102699

CUSTOM-PAK**

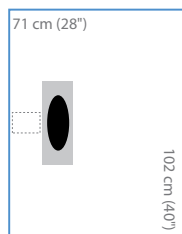


- Micro-embossed plastic
- Mini-size 41 cm x 41 cm (16" x 16")
- Round aperture 8 cm (3"), adhesive
- No pouches

8065104999

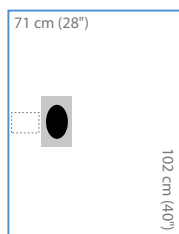
CUSTOM-PAK**

Adult Bilateral



- Micro-embossed plastic
- Mid-size 71 cm x 102 cm (28" x 40")
- Bilateral procedure drape
- Short chin length
- Wide oval aperture 17 cm x 6 cm (6.75" x 2.5"), adhesive
- No pouches

8065122899
CUSTOM-PAK***



- Micro-embossed plastic
- Mid-size 71 cm x 102 cm (28" x 40")
- Bilateral procedure drape
- Short chin length
- Oval aperture 6 cm x 4 cm (2.5" x 1.5"), adhesive
- No pouches

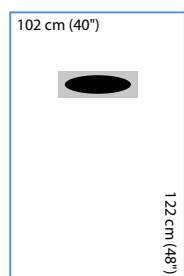
8065122199
CUSTOM-PAK***



- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Elongated oval aperture, 17 cm x 6 cm (6.75" x 2.5"), adhesive
- Designed for adult strabismus
- No pouches

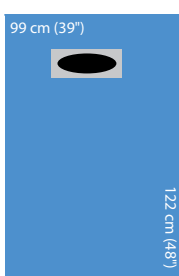
8065112899
CUSTOM-PAK***

Pediatric Bilateral



- Micro-embossed plastic
- Mid-size 102 cm x 122 cm (40" x 48")
- Elongated oval aperture 13 cm x 4 cm (5.25" x 1.5"), adhesive, pre-cut opening
- Designed for pediatric strabismus
- No pouches

8065102820



- Blue non-woven fabric
- Mid-size 99 cm x 122 cm (39" x 48")
- Elongated oval aperture 13 cm x 4 cm (5.25" x 1.5"), adhesive, pre-cut opening
- Designed for pediatric strabismus
- No pouches

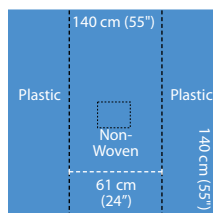
8065132899
CUSTOM-PAK**

*VISEO® Surgical Drapes

**CUSTOM-PAK® Surgical Procedure Pack

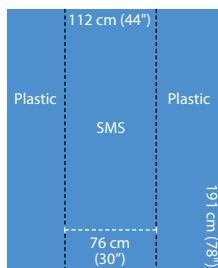
Back Table Covers

Designed to cover most standard operating room supply tables.



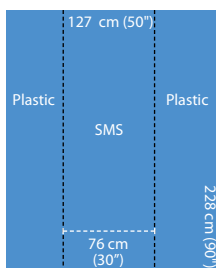
- Blue non-woven fabric/plastic
- 140 cm x 140 cm (55" x 55")
- 2" adhesive tape on back side to facilitate adherence to the back table
- Fan fold

8065113499
CUSTOM-PAK®**



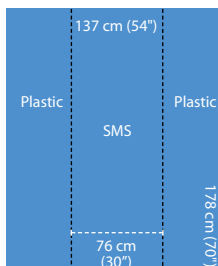
- Low-Lint Fabric**
- Blue SMS (VISEO®*) fabric/plastic
 - 112 cm x 191 cm (44" x 75")
 - No adhesive tape

8065153699
CUSTOM-PAK®**



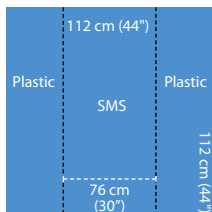
- Low-Lint Fabric**
- Blue SMS (VISEO®*) fabric/plastic
 - 127 cm x 228 cm (50" x 90")
 - No adhesive tape

8065153899
CUSTOM-PAK®**



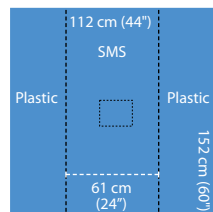
- Low-Lint Fabric**
- Blue SMS (VISEO®*) fabric/plastic
 - 137 cm x 178 cm (54" x 70")
 - No adhesive tape

8065154299
CUSTOM-PAK®**



- Low-Lint Fabric**
- Blue SMS (VISEO®*) fabric/plastic
 - 112 cm x 112 cm (44" x 44")
 - No adhesive tape

8065154799
CUSTOM-PAK®**

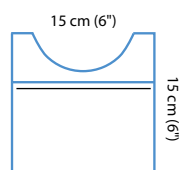


- Low-Lint Fabric**
- Blue SMS (VISEO®*) fabric/plastic
 - 112 cm x 152 cm (44" x 60")
 - 2" adhesive tape on back side to facilitate adherence to the back table

8065154899
CUSTOM-PAK®**

Fluid Catch Bag

Designed to collect fluid drainage from the irrigation system.



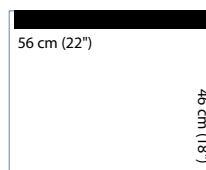
- Fluid collection bag
- 15 cm x 15 cm (6" x 6")
- Adhesive backed
- Holds 325 cc

8065102720

8065102799

CUSTOM-PAK^{®**}

Panel Drape

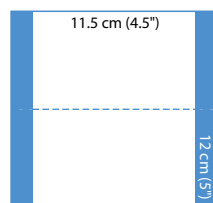


Front Panel Drape

- Clear plastic front panel drape
- For use with INFINITI[®], SERIES 20000[®], LEGACY[®] and ACCURUS[®] Surgical Systems
- 56 cm x 46 cm (22" x 18")
- Adhesive strip 56 cm (20")

8065103820

Lash Drapes



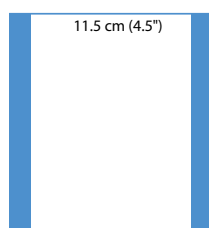
Plastic Lash Drape

- Scored/Perforated
- 11.5 cm x 12 cm (4.5" x 5")

8065105520

8065105599

CUSTOM-PAK^{®***}



Plastic Lash Drape

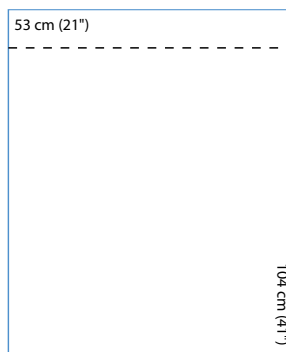
- Un-scored
- 11.5 cm x 12 cm (4.5" x 5")

8065105620

8065105699

CUSTOM-PAK^{®***}

Tray Support Cover



Tray Support Cover

- Standard support cover
- For use with INFINITI[®], SERIES 20000[®], LEGACY[®] and ACCURUS[®] Surgical Systems
- 53 cm x 104 cm (21" x 41")
- Cuff

8065740745

*VISEO[®] Surgical Drapes

**CUSTOM-PAK[®] Surgical Procedure Pack

Irrigating Cystitomes & Cannulas 10/box



Angled Reverse Cutting Cystitome

25 Gauge 8065425120
23 Gauge 8065426220
27 Gauge 8065425820



Straight Reverse Cutting Cystitome

23 Gauge 8065426320
25 Gauge 8065425320
27 Gauge 8065425920



Formed Reverse Cutting - Cystitome Deep Set Eyes

25 Gauge 8065446520
27 Gauge 8065426620



Formed Reverse Cutting - Short Radius Cystitome

25 Gauge 8065424620
27 Gauge 8065424720



Capsulorhexis Cystitome

25 Gauge 8065445520

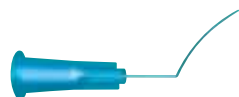


Irrigating Cannulas

4.0 mm from Bend to Tip

30 Gauge 8065420020
25 Gauge 8065420220
27 Gauge 8065420120

Angled Baffle Cutting Cystitomes 10/box



25 Gauge, angle 40° 8065425520
27 Gauge, angle 40° 8065426020



23 Gauge, straight 8065426520

Anesthesia Needles & Cannulas 10/box



Thornton Retrobulbar Needle

25 Gauge, 1-1/2" 8065420420
23 Gauge, 1-1/2" 8065420520



Atkinson Retrobulbar Needle

25 Gauge, 1-1/2" 8065420920
23 Gauge, 1-1/2" 8065421020

Thornton Peribulbar Needle

27 Gauge, 3/4" 8065420720
25 Gauge, 3/4" 8065420620



Greenbaum Peribulbar Anesthesia Cannula, Flexible

8065443020

Thornton Peri/Retrobulbar Needle

25 Gauge, 1" 8065442520

Hydrodissection Cannulas 10/box



"J" Shaped Cannulas



25 Gauge
8065441220
27 Gauge
8065441120



Akahoshi



27 Gauge, 1.57 mm from Bend to Tip
8065441920



"J" Shaped



25 Gauge
8065441820



Hydrodissection Cannulas



25 Gauge, 8.0 mm
8065441420
25 Gauge, 11.0 mm
8065441520
27 Gauge, 8.0 mm
8065441620
27 Gauge, 11.0 mm
8065441720
30 Gauge, 7.0 mm
8065447320



VISCOAT® Cannula



27 Gauge, Threaded Hub
8065480120

PROVISC® Cannula

27 Gauge, Threaded Hub, 11.0 mm
8065440220

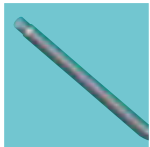
Capsule Polishers 10/box



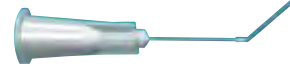
Sideport Polisher



21 Gauge, 13 mm
8065428020



"Terry Squeegee"



27 Gauge
8065428220

ClearCut® Knives

SLIT INSTRUMENTS



ClearCut™ S Slit

Single Bevel, Angled - 6/box

INTREPID® System 2.2 mm SB

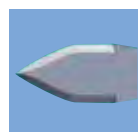
INTREPID® System 2.4 mm SB

2.75 mm SB Angled

8065772245

8065772445

8065772745



INTREPID® Micro-Coaxial System

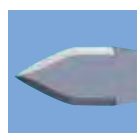
Single Bevel - 6/box

1.8 mm **8065991845**

2.0 mm **8065992045**

2.2 mm **8065992245**

2.4 mm **8065992445**



INTREPID® Micro-Coaxial System

Dual Bevel - 6/box

1.8 mm HP² **8065981865**

2.0 mm HP² **8065982065**

2.2 mm **8065982265**

2.4 mm **8065982465**



ClearCut® HP²

Dual Bevel - 6/box

2.6 mm **8065982665**

2.8 mm **8065982865**

3.0 mm **8065983065**

3.2 mm **8065983265**



ClearCut® HP

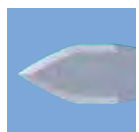
Dual Bevel - 6/box

2.6 mm **8065992648**

2.8 mm **8065992848**

3.0 mm **8065993048**

3.2 mm **8065993248**



ClearCut® Knives

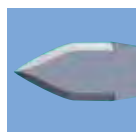
Dual Bevel - 6/box

2.6 mm **8065992647**

2.75 mm **8065992747**

3.0 mm **8065993047**

3.2 mm **8065993247**



ClearCut® SATINSLIT® Knives

Single Bevel - 6/box

2.6 mm **8065992645**

2.75 mm **8065992745**

3.0 mm **8065993045**

3.2 mm **8065993245**

3.4 mm **8065993445**



*CLEARCUT® Reg. USPTO

ClearCut® Knives

SIDEPORT INSTRUMENTS



ClearCut™ S Sideport

Angled - 6/box, Paracentesis

1.0 mm DB Angled **8065771540**

1.2 mm DB Angled **8065771541**

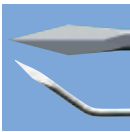


ClearCut™ S SAB Sideport

Standard Bevel - 6/box

15° **8065771501**

30° **8065773001**



ClearCut® Sideport

Angled - 6/box, Paracentesis

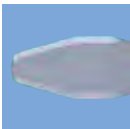
1.0 mm **8065921540**

1.2 mm **8065921541**

1.5 mm **8065921542**



IMPLANT



ClearCut® Dual Bevel

Dual Bevel, Angled - 6/box

3.2 mm **8065993240**

3.5 mm **8065993540**

3.75 mm **8065993740**

4.1 mm **8065994140**

5.2 mm **8065995240**

5.5 mm **8065995540**

6.0 mm **8065996040**



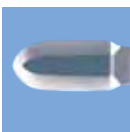
CRESCENT



ClearCut™ S Crescent

Angled - 6/box

2.3mm **8065770002**



ClearCut® HP Dual Bevel Crescent

Dual Bevel, Angled - 6/box

2.3 mm **8065997048**



DUAL BEVEL

*CLEARCUT® Reg. USPTO

A-OK® Ophthalmic Knives

STANDARD ANGLE KNIVES



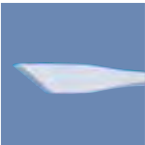
A-OK® Full Handle
6/box
15° Angle Blade, 1.52 mm
8065921501



22.5° Angle Blade, 1.65 mm
8065922201



30° Angle Blade, 1.85 mm
8065923001



45° Angle Blade, 1.85 mm
8065924501



SLIT KNIVES

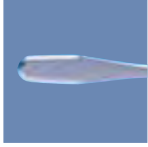


A-OK® SATINSLIT®
Angled - 6/box
2.5 mm **8065992561**
2.75 mm **8065992761**
3.0 mm **8065992961**
3.2 mm **8065993261**

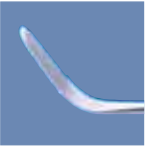


A-OK® Ophthalmic Knives

CRESCENT KNIVES



A-OK® SATINCRESCENT®
Straight, Bevel Up - 6/box
2.3 mm **8065990001**



2.3 mm, Angled, Bevel Up
8065990002



DISC KNIVES



2.25 mm Wide, Angled, Extended Bend
8065968161



MVR BLADES



A-OK® Corneal/Scleral V-LANCE® Satin Finish
6/box

19 Gauge, 1.6 mm
8065911901

20 Gauge, 1.4 mm
8065912001



23 Gauge **8065912301**
25 Gauge **8065912501**



I-Knife®



I-KNIFE®
Standard Angle, 6/box
15°, 5.0 mm x 1.30 mm
8065401501



Paracentesis Knife, 15°,
0.75 mm x 2.4 mm Short Handle,
MacKool® Sideport
8065921517



I-Knife® II Tips and Blades

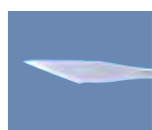
DISPOSABLE, SCREW-IN



I-KNIFE® II
6/box
Standard 15°, 5 x 1.5 mm
8065921502



15° Standard 5.0 mm, x 1.3 mm
8065921552



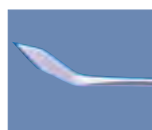
Standard 22.5°, x 1.65 mm
8065922202



Standard 30°, x 1.85 mm
8065923002



Standard 3.0 mm, x 0.8 mm
8065921532



I-KNIFE® II SATINSLIT®
6/box
2.75 mm, Angled
8065992762
3.0 mm, Angled
8065992962
3.2 mm, Angled
8065993262



ASB Collet, Handle & Blades



ASB Collet & Reusable Handle

1 each

for ALCON® Surgical Blades

8065929003

Reusable Handle

8065929000 – 1 each



ASB Surgical Blades

12/box

Hockey Stick Blade, Sharp All Around

8065005701



3/4" Edge, Round, Sharp Tip

8065006401



Tunnel Blade (Angled)

8065006601



Short Round Tip

8065006701



Tunnel Blade (Straight),

Microblade Full Edge

8065006901

ALCON® GRIESHABER® Surgical Instruments

SAFETY SLIT KNIVES



GRIESHABER® ULTRASHARP® G2

3/box

2.8 mm **681.128**

3.0 mm **681.130**

3.2 mm **681.132**



DISSECTION KNIFE



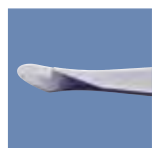
GRIESHABER® ULTRASHARP®

Straight, 3/box

0.5 mm **681.05**



SCLEROTOMY KNIFE



Straight

2.5 mm **681.01**



SPECIALTY KNIVES



Subretinal Spatula

45° Angled, 1.75 mm length

682.11

55° Angled, 2.50 mm length,

682.12



GRIESHABER® ULTRAVIT® Knife

3/box

Membrane Delamination Knife

682.01



SCLERAL POCKET KNIVES



2.9 mm, 60° Angled, Dual Bevel

681.11

2.9 mm, 60° Bevel Down

681.21

1.2 mm, 35° Mini-disk, Angled, Dual Bevel

681.25

1.0 mm, Straight, Mini-disk, Bevel Up

681.26





LenSx® Laser

LenSx® Laser

Indication: The LenSx® Laser is indicated for use in patients undergoing cataract surgery for removal of the crystalline lens. Intended uses in cataract surgery include anterior capsulotomy, phacofragmentation, and the creation of single plane and multi-plane arc cuts/incisions in the cornea, each of which may be performed either individually or consecutively during the same procedure.

Caution: United States Federal Law restricts this device to sale and use by or on the order of a physician or licensed eye care practitioner. United States Federal Law restricts the use of this device to practitioners who have been trained in the operation of this device.

Restrictions:

- Patients must be able to lie fl at and motionless in a supine position.
- Patient must be able to understand and give an informed consent.
- Patients must be able to tolerate local or topical anesthesia.
- Patients with elevated IOP should use topical steroids only under close medical supervision.

Contraindications:

- Corneal disease that precludes applanation of the cornea or transmission of laser light at 1030 nm wavelength
- Descemetocoele with impending corneal rupture
- Presence of blood or other material in the anterior chamber
- Poorly dilating pupil, such that the iris is not peripheral to the intended diameter for the capsulotomy
- Conditions which would cause inadequate clearance between the intended capsulotomy depth and the endothelium (applicable to capsulotomy only)
- Previous corneal incisions that might provide a potential space into which the gas produced by the procedure can escape
- Corneal thickness requirements that are beyond the range of the system
- Corneal opacity that would interfere with the laser beam
- Hypotony, glaucoma, or the presence of a corneal implant
- Residual, recurrent, active ocular or eyelid disease, including any corneal abnormality (for example, recurrent corneal erosion, severe basement membrane disease)
- This device is not intended for use in pediatric surgery
- A history of lens with zonular instability.
- Any contraindication to cataract or keratoplasty surgery.

Attention: Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.

Warnings: The LenSx® Laser System should only be operated by a physician trained in its use. The LenSx® Laser delivery system employs one sterile disposable LenSx® Laser Patient Interface consisting of an applanation lens and suction ring. The Patient Interface is intended for single use only. The disposables used in conjunction with ALCON® instrument products constitute a complete surgical system. Use of disposables other than those manufactured by Alcon may aff ect system performance and create potential hazards. The physician should base patient selection criteria on professional experience, published literature, and educational courses. Adult patients should be scheduled to undergo cataract extraction.

Precautions:

- Do not use cell phones or pagers of any kind in the same room as the LenSx(R) Laser.
- Discard used Patient Interfaces as medical waste.

AEs/Complications:

- Capsulotomy, phacofragmentation, or cut or incision decentration
- Incomplete or interrupted capsulotomy, fragmentation, or corneal incision procedure
- Capsular tear
- Corneal abrasion or defect
- Pain
- Infection
- Bleeding
- Damage to intraocular structures
- Anterior chamber fluid leakage, anterior chamber collapse
- Elevated pressure to the eye

LenSx® Laser

The LenSx® laser is designed specifically for laser refractive cataract surgery. The ALCON® LenSx® laser provides a proprietary image-guided surgical laser, which transforms many of the manually executed steps of cataract surgery to computer controlled laser precision.

8065998162 - 1 each



LenSx® Laser Patient Interface

8065998163 - 10/box



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Equipment

INFINITI® Vision System

Indication: The INFINITI® Vision System is indicated for emulsification, separation, and removal of cataracts, the removal of residual cortical material and lens epithelial cells, vitreous aspiration and cutting associated with anterior vitrectomy, bipolar coagulation, and intra-ocular lens injection. The AutoSert™ IOL Injector Handpiece is intended to deliver qualified AcrySof® intraocular lenses into the eye following cataract removal.

The following system modalities additionally support the described indications:

- Ultrasound with UltraChopper Tip achieves the functionality of cataract separation.
- AquaLase achieves the functionality for removal of residual cortical material and lens epithelial cells
- The AutoSertTM IOL Injector Handpiece achieves the functionality of injection of intraocular lenses.

The AutoSertTM is indicated for use with ACRYSOF lenses SN60WF and SN6AD1, as well as approved AcrySof lenses that are specifically indicated for use with this inserter, as indicated in the approved labeling of those lenses.

Caution: Federal (USA) law restricts this device to sale by, or on the order of, a physician.

As part of a properly maintained surgical environment, it is recommended that a backup IOL Injector be made available in the event the AutoSert™ IOL Injector Handpiece does not perform as expected.

Warnings: Appropriate use of INFINITI® Vision System parameters and accessories is important for successful procedures. Use of low vacuum limits, low flow rates, low bottle heights, high power settings, extended power usage, power usage during occlusion conditions (beeping tones), failure to sufficiently aspirate viscoelastic prior to using power, excessively tight incisions, and combinations of the above actions may result in significant temperature increases at incision site and inside the eye, and lead to severe thermal eye tissue damage.

Adjusting aspiration rates or vacuum limits above the preset values, or lowering the IV pole below the preset values, may cause chamber shallowing or collapse which may result in patient injury.

When filling handpiece test chamber, if stream of fluid is weak or absent, good fluidics response will be jeopardized. Good clinical practice dictates the testing for adequate irrigation and aspiration flow prior to entering the eye.

Ensure that tubings are not occluded or pinched during any phase of operation.

The consumables used in conjunction with ALCON® instrument products constitute a complete surgical system. Use of consumables and handpieces other than those manufactured by Alcon may affect system performance and create potential hazards.

AEs/Complications: Use of the NeoSoniX®, OZil® torsional, U/S, or AquaLase® handpieces in the absence of irrigation flow and/or in the presence of reduced or lost aspiration flow can cause excessive heating and potential thermal injury to adjacent eye tissues.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.

Class I Incisional Instruments

CAUTION: Federal (USA) law restricts this CLASS I incisional device to the sale by or on the order of a physician.

INDICATIONS: CLASS I incisional instruments are sterile, single use disposable devices intended for use during ophthalmic surgical procedures.

PRECAUTIONS: Potential complications resulting from use of this blade during ophthalmic surgery include, but are not limited to: infection, tissue damage, inflammation, edema, hyphema, hypopyon, secondary surgical re-intervention, and wound leak repair. Properly dispose of the used device in a secure sharps instrument container.

Do not reuse. Reuse may lead to wound irregularities (due to degradation of the cutting edge sharpness) and/or cross contamination between patients.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications and precautions.

AcrySof® IQ Toric Intraocular Lenses

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS: The AcrySof® IQ Toric posterior chamber intraocular lenses are intended for primary implantation in the capsular bag of the eye for visual correction of aphakia and pre-existing corneal astigmatism secondary to removal of a cataractous lens in adult patients with or without presbyopia, who desire improved uncorrected distance vision, reduction of residual refractive cylinder and increased spectacle independence for distance vision.

WARNING/PRECAUTION: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling. Toric IOLs should not be implanted if the posterior capsule is ruptured, if the zonules are damaged, or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction; if necessary lens repositioning should occur as early as possible prior to lens encapsulation. All viscoelastics should be removed from both the anterior and posterior sides of the lens; residual viscoelastics may allow the lens to rotate.

Optical theory suggests that high astigmatic patients (i.e. > 2.5 D) may experience spatial distortions. Possible toric IOL related factors may include residual cylindrical error or axis misalignments. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon for this product informing them of possible risks and benefits associated with the AcrySof® IQ Toric Cylinder Power IOLs.

Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySof® Natural IOL and normal color vision. The effect on vision of the AcrySof® Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve diseases) has not been studied. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.

AcrySof® IQ ReSTOR® Intraocular Lenses

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS: The AcrySof® IQ ReSTOR® Posterior Chamber Intraocular Lens (IOL) is intended for primary implantation for the visual correction of aphakia secondary to removal of a cataractous lens in adult patients with and without presbyopia, who desire near, intermediate and distance vision with increased spectacle independence. The lens is intended to be placed in the capsular bag.

WARNING/PRECAUTION: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling. Physicians should target emmetropia, and ensure that IOL centration is achieved. Care should be taken to remove viscoelastic from the eye at the close of surgery.

Some patients may experience visual disturbances and/or discomfort due to multifocality, especially under dim light conditions. Clinical studies with the AcrySof® ReSTOR® lens indicated that posterior capsule opacification (PCO), when present, developed earlier into clinically significant PCO. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon for this product informing them of possible risks and benefits associated with the AcrySof® IQ ReSTOR® IOLs.

Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySof® Natural IOL and normal color vision. The effect on vision of the AcrySof® Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve diseases) has not been studied. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.

MONARCH® II/III IOL DELIVERY SYSTEM

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS: MONARCH® II and III are titanium handpieces that are indicated for use with corresponding MONARCH® cartridges for the surgical implantation of Alcon foldable intraocular lenses (IOLs). AcrySof® IOLs are qualified for use with specific MONARCH® handpiece/cartridge combinations. No unqualified lenses should be used with the MONARCH® II or III IOL Delivery Systems.

The MONARCH® II and III cartridges are single-use devices. The MONARCH® II and III handpieces may be reused after sterilization.

- CAUTIONS:**
- Consult the cartridge product information for the correct MONARCH® handpiece/cartridge combination to use with a specific AcrySof® lens model.
 - Only use an Alcon qualified viscoelastic for use with the Monarch® cartridges.
 - The MONARCH® II and III handpieces are non-sterile and must be thoroughly cleaned and sterilized prior to each use.
 - Improper cleaning and rinsing of the handpieces has been linked to Toxic Anterior Segment Syndrome.
 - Potential risks from reuse or reprocessing the MONARCH® cartridges include a damaged cartridge, a damaged lens, or an unexpected delivery outcome.
 - If in the medical opinion of the physician a patient with a prion related disease undergoes a high risk procedure, the instrument should be destroyed or be processed according to local requirements.
- ATTENTION:** Reference the Directions for Use labeling for a complete listing of indications and precautions.

INFINITI® Vision System

The INFINITI® Vision System, now featuring OZil® Intelligent Phaco (IP) puts the new standard for phacoemulsification at your fingertips. Strategically designed with intuitive and adaptive control, OZil® IP brings surgeons enhanced confidence in managing phacoemulsification during cataract surgery.

Contact your local Alcon representative.

INFINITI® Vision System Upgrades

INFINITI® System non-OZil® to OZil® IP Upgrade
8065751130

Handpieces & Accessories for Phacoemulsification

INFINITI® Vision System

Handpieces and Accessories



OZil® Torsional Handpiece

8065750469



INFINITI® NeoSoniX® Handpiece

8065750120



INFINITI® Ultrasound Handpiece

8065750121



INFINITI® Enhanced

Foot Switch, without cable

8065750403

INFINITI® Accessories

8065103820	Front Panel/Utility Drape, 22"x18", Plastic**	20/box	STTL*/INFINITI®
8065740749	Turbo Hex Wrench for TURBOSONICS® Tips**	1 each	STTL*/INFINITI®
8065740759	LEGACY®/INFINITI® IV Pole Extension**	1 each	STTL*/INFINITI®
8065740997	ACCURUS®/LEGACY® 6-Function Foot Switch***	1 each	STTL*/ACCURUS®/INFINITI®
8065750214	INFINITI® Foot Switch Cable	1 each	INFINITI®
8065750243	INFINITI® Dust Cover	1 each	INFINITI®
8065750254	INFINITI® Memory Card	1 each	INFINITI®
8065750403	INFINITI® Enhanced Foot Switch, without cable	1 each	INFINITI®
8065750468	INFINITI® Remote Control, V1.15/UP	1 each	INFINITI®
8065751495	High definition INFINITI® VideOverlay	1 each	INFINITI®
8065803602	Sterilization Tray (STTL*) U/S and Frag. Handpiece*	1 each	STTL*/INFINITI®
20000TP	Remote Control Transfer Pouch†	6/box	STTL*/ACCURUS®/INFINITI®

LEGACY® EVEREST® Handpieces and Accessories



LEGACY® 375/40 Turbo Phaco Handpiece
TurbosonicS® -375

8065740749	Turbo Hex Wrench for TURBOSONICS® Tips*	1 each	STTL*/INFINITI®
8065740759	LEGACY® IV Pole Extension*	1 each	STTL*/INFINITI®
8065740985	Remote Control, ADVANTEC®	1 each	STTL*
8065740997	ACCURUS®/LEGACY® 6-Function Foot Switch**	1 each	STTL*/ACCURUS®
8065803602	Sterilization Tray (STTL*) U/S and Frag. Handpiece*	1 each	STTL*/INFINITI®

*STTL: SERIES 20000® LEGACY® System

** Used with STTL or INFINITI® System

***Used with ACCURUS®, LEGACY® or INFINITI® Systems

†Use with STTL

INTREPID® CLEARCUT® Knives



INTREPID® CLEARCUT™ S Single Bevel Slit Knives

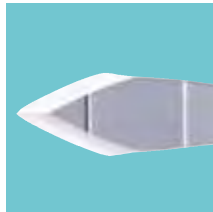
Angled, 6/box

2.2 mm

8065752245

2.4 mm

8065752445



INTREPID® Single Bevel Slit Knives

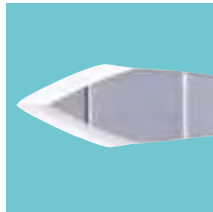
Angled, 6/box

2.2 mm

8065992245

2.4 mm

8065992445



INTREPID® Dual Bevel Slit Knives

Angled, 6/box

2.2 mm

8065982265

2.4 mm

8065982465



INFINITI® Vision System with the OZil® Torsional Handpiece

INFINITI® FMS 0.9 mm

8065751717 Infiniti® US Pak, 0.9 mm Ultra, Mini-flared 30° KELMAN® Tip

8065751718 Infiniti® US Pak, 0.9 mm Ultra, Mini-flared 45° KELMAN® Tip

8065751719 Infiniti® US Pak, 0.9 mm Ultra, Mini-flared 30° OZil® 12

8065751720 Infiniti® US Pak, 0.9 mm Ultra, Mini-flared 45° OZil® 12



INTREPID® FMS 0.9 mm

8065752081 INTREPID® Plus FMS, 0.9 mm Basic

8065752082 INTREPID® Plus FMS, 0.9 mm Ultra

8065752083 INTREPID® Plus FMS, 1.1 mm Ultra

8065752086 INTREPID® Plus FMS, 0.9 mm Ultra, Mini-flared 30° KELMAN® ABS® Tip

8065752087 INTREPID® Plus FMS, 0.9 mm Ultra, Mini-flared 45° KELMAN® ABS® Tip

8065752088 INTREPID® Plus FMS, 0.9 mm

8065752093 INTREPID® Plus FMS, 0.9 mm Ultra, Mini-flared 30° OZil® 12

8065752094 INTREPID® Plus FMS, 0.9 mm Ultra, Mini-flared 45° OZil® 12

8065752095 INTREPID® Plus FMS, 0.9 mm Micro, Mini-flared 30° KELMAN® Tip

8065752096 INTREPID® Plus FMS, 0.9 mm Micro, Mini-flared 45° KELMAN® Tip

8065752097 INTREPID® Plus FMS, 0.9 mm Micro, Mini-flared 45° OZil® 12

8065752098 INTREPID® Plus FMS, 0.9 mm Micro, Mini-flared 45° OZil® 12



Micro-Coaxial I/A Tips & Sleeves

8065751013 INTREPID® I/A tip, 0.3 mm, Bent



8065751012 INTREPID® I/A tip, 0.3 mm, Straight



8065750517 MicroSmooth® 0.9 mm, Enhanced Ultra Infusion Sleeve



8065750518 MicroSmooth® 1.1 mm, Ultra Infusion Sleeve



8065740970 Silicone I/A tip, 0.3 mm, Straight



8065740969 Silicone I/A tip, 0.3 mm, Bent



8065817801 ULTRAFLOW® I/A SP Threaded Handpiece



Polymer Irrigation and Aspiration Tips

6/box

8065751510 Straight



8065751511 35° Bent



8065751512 Curved



AcrySof® Aspheric IOLs (Diopter range for D cartridge)

SN60WF AcrySof® IQ Monofocal IOL (+6 to +27.0 D)

SN6AD1 AcrySof® IQ ReSTOR® IOL +3.0 D (+6 to +27.0 D)

SN6AD3 AcrySof® IQ ReSTOR® IOL +4.0 D (+10 to +27.0 D)

SN6AT3 AcrySof® IQ Toric IOL (+6 to +30.0 D), 1.50 Cylinder

SN6AT4 AcrySof® IQ Toric IOL (+6 to +30.0 D), 2.25 Cylinder

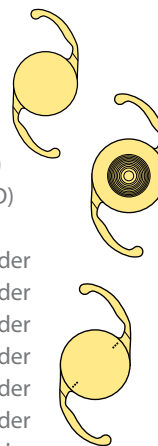
SN6AT5 AcrySof® IQ Toric IOL (+6 to +30.0 D), 3.00 Cylinder

SN6AT6 AcrySof® IQ Toric IOL (+6 to +30.0 D), 3.75 Cylinder

SN6AT7 AcrySof® IQ Toric IOL (+6 to +30.0 D), 4.50 Cylinder

SN6AT8 AcrySof® IQ Toric IOL (+6 to +30.0 D), 5.25 Cylinder

SN6AT9 AcrySof® IQ Toric IOL (+6 to +30.0 D), 6.00 Cylinder



MONARCH® III IOL Delivery System

8065977773 MONARCH® III Injector



8065977763 D Cartridge, 10/box



Threaded I/A ULTRAFLOW® S/P Tips



For use with INFINITI®, SERIES 20000® LEGACY® System* and ACCURUS® style irrigation sleeves

8065817801 - 1 each

I/A Tip, 0.3 mm Small Bore

356-1007 - 1 each

I/A Tip, 0.3 mm 45° Bend

356-1010 - 1 each

Polymer Irrigation and Aspiration Tips

6/box

8065751510 Straight



8065751511 35° Bent



8065751512 Curved



Silicone Irrigation and Aspiration Accessories



Silicone I/A Tip, 0.3 mm Curved

8065740969 - 4/box

Silicone I/A Tip, 0.3 mm Straight

8065740970 - 4/box

ULTRAFLOW® Instruments Complete Set

8065814101 - 1 each



ULTRAFLOW® Instruments I/A Accessories

I/A Tip, Threaded Adaptor (STTL* only)

8065814801 - 1 each

O-Ring Removal/Replacement Tool

405-184 - 1 each

Ultra O-Ring Replacements

ULTRA O-RNG RPL - 40/box

(20 red, 20 black)

ULTRAFLOW® Sterilization Tray

8065-A001-01 - 1 each

ULTRAFLOW® Irrigation Lever

8065814901 - 1 each

ULTRAFLOW® Tip Protector

8065817002 - 1 each

ULTRAFLOW® Handpiece with Interchangeable Tips



ULTRAFLOW® Handpiece Body

8065814201 - 1 each



I/A Tip, 0.3 mm Straight

8065814301 - 1 each

I/A Tip, 0.3 mm Curved

8065814401 - 1 each

I/A Tip, 0.3 mm 45° Bend

8065814501 - 1 each

I/A Tip, 0.3 mm 90° Bend

8065814601 - 1 each

I/A Tip, 0.3 mm 120° Bend

8065814701 - 1 each

*SERIES 20000® LEGACY® System

For Important Safety Information about these Alcon products please refer to back of Equipment tab.

Single Piece ULTRAFLOW® Series



8065817001 ULTRAFLOW® S/P Straight Tip, 0.3 mm - 1 each

8065817601 ULTRAFLOW® S/P Curved Tip, 0.3 mm - 1 each

8065817201 ULTRAFLOW® S/P 45° Angled Tip, 0.3 mm - 1 each

8065817301 ULTRAFLOW® S/P 90° Angled Tip, 0.3 mm - 1 each



8065817501 ULTRAFLOW® S/P Irrigating Tip** - 1 each

SERIES 20000® LEGACY® System*/
ACCURUS®/INFINITI®

**STTL: SERIES 20000® LEGACY® System, STTM: SERIES TEN THOUSAND™ LEGACY® System*

*** Used with STTM, STTL, ACCURUS® and INFINITI® Systems*

Irrigation and Aspiration Accessories

Single-Use I/A Products

ULTRAFLOW® Instruments Bimanual I/A Disposable

170.72 ULTRAFLOW® Bimanual I/A Disposable Set, Polished
6/box



170.71 ULTRAFLOW® Bimanual I/A Disposable Set, Textured
6/box



ULTRAFLOW® I/A Disposable

170.52 ULTRAFLOW® I/A Disposable Set with Silicone Tip, Bent
6/box



170.51 ULTRAFLOW® I/A Disposable Set with Silicone Tip, Straight
6/box



INFINITI® Vision System Packs

INFINITI® Vision System Fluidics Management System (FMS)

The INFINITI® Vision System Pack includes a Fluidics Management System (FMS) offering a low-compliance (rigid) design. Improved surge suppression and a high performance pump mechanism allow for smooth aspiration and precise fluidic sensing.

Non-Invasive Vacuum Pressure Sensor:

This sensor provides real-time vacuum information to the computer system.



Irrigation Pressure Sensor:

INFINITI® Vision System introduces another first in the industry; irrigation fluid pressure monitoring in real-time.

INTREPID® PLUS Fluidics Management System (FMS)

The INTREPID® PLUS Fluidic Management System (FMS) is uniquely designed for enhanced fluidics during micro-coaxial phacoemulsification.

INTREPID® Micro-Coaxial System Ultrasound FMS Packs

INTREPID® PLUS FMS 0.9 mm Ultra
8065752082 - 6/box

INTREPID® PLUS FMS 1.1 mm Ultra
8065752083 - 6/box

INTREPID® PLUS FMS 0.9 mm Nano
8065752084 - 6/box

INTREPID® PLUS FMS 0.9 mm Ultra, Mini-flared 30° KELMAN® ABS® Tip
8065752086 - 6/box

INTREPID® PLUS FMS 0.9 mm Ultra, Mini-flared 45° KELMAN® ABS® Tip
8065752087 - 6/box

INTREPID® PLUS FMS 0.9 mm
8065752088 - 6/box

INTREPID® PLUS US Pak, 0.9 mm Ultra, Mini-flared 30° OZil® 12 ABS® Tip
8065752093 - 6/box

INTREPID® PLUS US Pak, 0.9 mm Ultra, Mini-flared 45° OZil® 12 ABS® Tip
8065752094 - 6/box

INTREPID® PLUS US Pak, 0.9 mm Micro, Mini-flared 30° KELMAN® ABS® Tip
8065752095 - 6/box

INTREPID® PLUS US Pak, 0.9 mm Micro, Mini-flared 45° KELMAN® ABS® Tip
8065752096 - 6/box

INTREPID® PLUS FMS 0.9 mm, Mini-flared 30° OZil®
8065752097 - 6/box

INTREPID® PLUS FMS 0.9 mm, Mini-flared 45° OZil®
8065752098 - 6/box



The INFINITI® Vision System Packs

INFINITI® Vision Ultrasound FMS Packs



0.9 mm

INFINITI® US Pak, Ultra Sleeve, tipless

8065751716 - 6/box

INFINITI® US Pak, Ultra, Mini-flared 30° KELMAN® ABS® Tip

8065751717 - 6/box

INFINITI® US Pak, Ultra, Mini-flared 30° OZil® 12 ABS® Tip

8065751719 - 6/box

INFINITI® US Pak, Ultra, Mini-flared 45° OZil® 12 ABS® Tip

8065751720 - 6/box

INFINITI® US Pak, Mini-flared 30° KELMAN® ABS® Tip

8065751721 - 6/box

INFINITI® US Pak, Mini-flared 45° KELMAN® ABS® Tip

8065751722 - 6/box

INFINITI® US Pak, Mini-flared 30° OZil® 12 ABS® Tip

8065751723 - 6/box

INFINITI® US Pak, Mini-flared 45° OZil® 12 ABS® Tip

8065751724 - 6/box

Ultrasound FMS - Micro 30° R ABS® Pack

8065741085 - 6/box

Ultrasound FMS - Micro 45° R ABS® Pack

8065741086 - 6/box

Ultrasound FMS - Micro 30° KELMAN® ABS® Pack

8065741087 - 6/box

Ultrasound FMS - Micro 45° KELMAN® ABS® Pack

8065741088 - 6/box

Ultrasound FMS - Micro Sleeve, Tapered ABS®
30° R Pack

8065750278 - 6/box

Ultrasound FMS - Micro Sleeve, Tapered ABS®
45° R Pack

8065750279 - 6/box

Ultrasound FMS - Micro Sleeve, Tapered ABS®
30° KELMAN® Pack

8065750280 - 6/box

Ultrasound FMS - Micro Sleeve, Tapered ABS®
45° KELMAN® Pack

8065750281 - 6/box

Ultrasound FMS - Micro Sleeve, Flared ABS®
30° R Pack

8065741093 - 6/box

Ultrasound FMS - Micro Sleeve, Flared ABS®
45° R Pack

8065741094 - 6/box

Ultrasound FMS - Micro Sleeve, Flared ABS®
30° KELMAN® Pack

8065741095 - 6/box

Ultrasound FMS - Micro Sleeve, Flared ABS®
45° KELMAN® Pack

8065741096 - 6/box

Ultrasound FMS - Micro Sleeve, MACKOOL*
30° R Pack

8065750266 - 6/box

Ultrasound FMS - Micro Sleeve, MACKOOL*
30° KELMAN® Pack

8065750268 - 6/box

1.1 mm

Ultrasound FMS - ABS® 30° R Pack

8065741089 - 6/box

Ultrasound FMS - ABS® 45° R Pack

8065741090 - 6/box

Ultrasound FMS - Flared ABS® 30° R Pack

8065741097 - 6/box

Ultrasound FMS - Flared ABS®
30° KELMAN® Pack

8065741099 - 6/box

Ultrasound FMS - MACKOOL* Flared ABS®
30° R Pack

8065750274 - 6/box

*MACKOOL is a trademark of Richard J. MacKool, MD

LEGACY® MAXVAC® Phaco Packs



0.9 mm

30° Round 0.9 mm MAXVAC® Pack
20130MM - 6/box

30° Round 0.9 mm ABS® MAXVAC® Pack
8065740632 - 6/box

45° Round 0.9 mm ABS® MAXVAC® Pack
8065740633 - 6/box

30° KELMAN® 0.9 mm ABS® MAXVAC® Pack
8065740634 - 6/box

30° Round 0.9 mm Flared ABS®
MAXVAC® Pack
8065740827 - 6/box

45° Round 0.9 mm Flared ABS®
MAXVAC® Pack
8065740828 - 6/box

30° KELMAN® 0.9 mm Flared
ABS® MAXVAC® Pack
8065740829 - 6/box

30° Round 0.9 mm MACKOOL® Pack
8065740964 - 6/box

30° KELMAN® 0.9 mm MACKOOL® Pack
8065740966 - 6/box

1.1 mm

30° Round 1.1 mm ABS® MAXVAC® Pack
8065740787 - 6/box

30° Round 1.1 mm Flared ABS®
MAXVAC® Pack
8065740801 - 6/box

30° KELMAN® 1.1 mm Flared ABS®
MAXVAC® Pack
8065740803 - 6/box

ACCURUS® Cataract Packs



0.9 mm

30° Round 0.9 mm Pack, without Reflux
8065740887 - 6/box

45° Round 0.9 mm Pack, without Reflux
8065740888 - 6/box

30° Round 0.9 mm MACKOOL® Pack, without Reflux
8065740892 - 6/box

30° KELMAN® 0.9 mm MACKOOL® Pack, without Reflux
8065740894 - 6/box

45° KELMAN® 0.9 mm MACKOOL® Pack, without Reflux
8065740883 - 6/box

30° Round 0.9 mm Flared ABS® Pack, without Reflux
8065740922 - 6/box

45° Round 0.9 mm Flared ABS® Pack, without Reflux
8065740923 - 6/box

45° KELMAN® 0.9 mm Flared ABS® Pack, without Reflux
8065740925 - 6/box

30° Round 0.9 mm MACKOOL® Flared ABS® Pack, without Reflux
8065740927 - 6/box

45° Round 0.9 mm MACKOOL® Flared ABS® Pack, without Reflux
8065740928 - 6/box

1.1 mm

30° Round 1.1 mm Flared ABS® Pack, without Reflux
8065740914 - 6/box

45° Round 1.1 mm Flared ABS® Pack, without Reflux
8065740915 - 6/box

Vented Gas Forced Infusion Tubing Set

Anterior VGFI® Tubing Set
8065740701 - 12/box



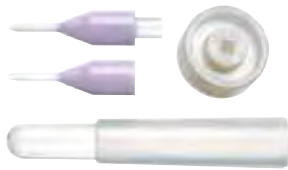
**MACKOOL is a trademark of Richard J. MacKool, MD*

MicroSmooth® Irrigation Sleeves

0.9 mm



0.9 MICROSMOOTH® Small Parts Kit
8065750159 - 6/box

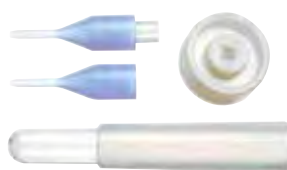


0.9 MICROSMOOTH® High Infusion Sleeve Kit
8065740842 - 6/box

1.1 mm



1.1 MICROSMOOTH® Small Parts Kit
8065750160 - 6/box

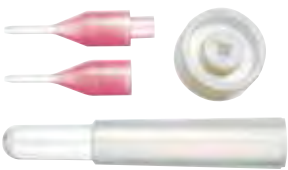


1.1 MICROSMOOTH® High Infusion Sleeve Kit
8065740872 - 6/box

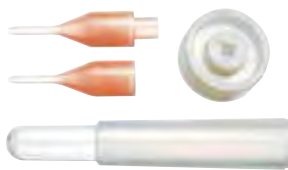


1.1 MICROSMOOTH® Micro Small Parts Kit
8065750519 - 6/box

INTREPID® Micro-Coaxial Phacoemulsification Kits



0.9 MICROSMOOTH® Enhanced Ultra Parts Kit
8065750517 - 6/box



0.9 MICROSMOOTH® Nano Small Parts Kit
8065750515 - 6/box



1.1 MICROSMOOTH® Ultra Small Parts Kit
8065750518 - 6/box

Anterior Vitrectomy Disposables



INFINITI® 23 GA ULTRAVIT® Probe
8065751196 - 6/box



INFINITI® Anterior Vitrectomy Pack
8065750157 - 6/box



INFINITI® Anterior Vitrectomy
Co-Axial Irrigation Sleeve Pack
8065750352 - 6/box

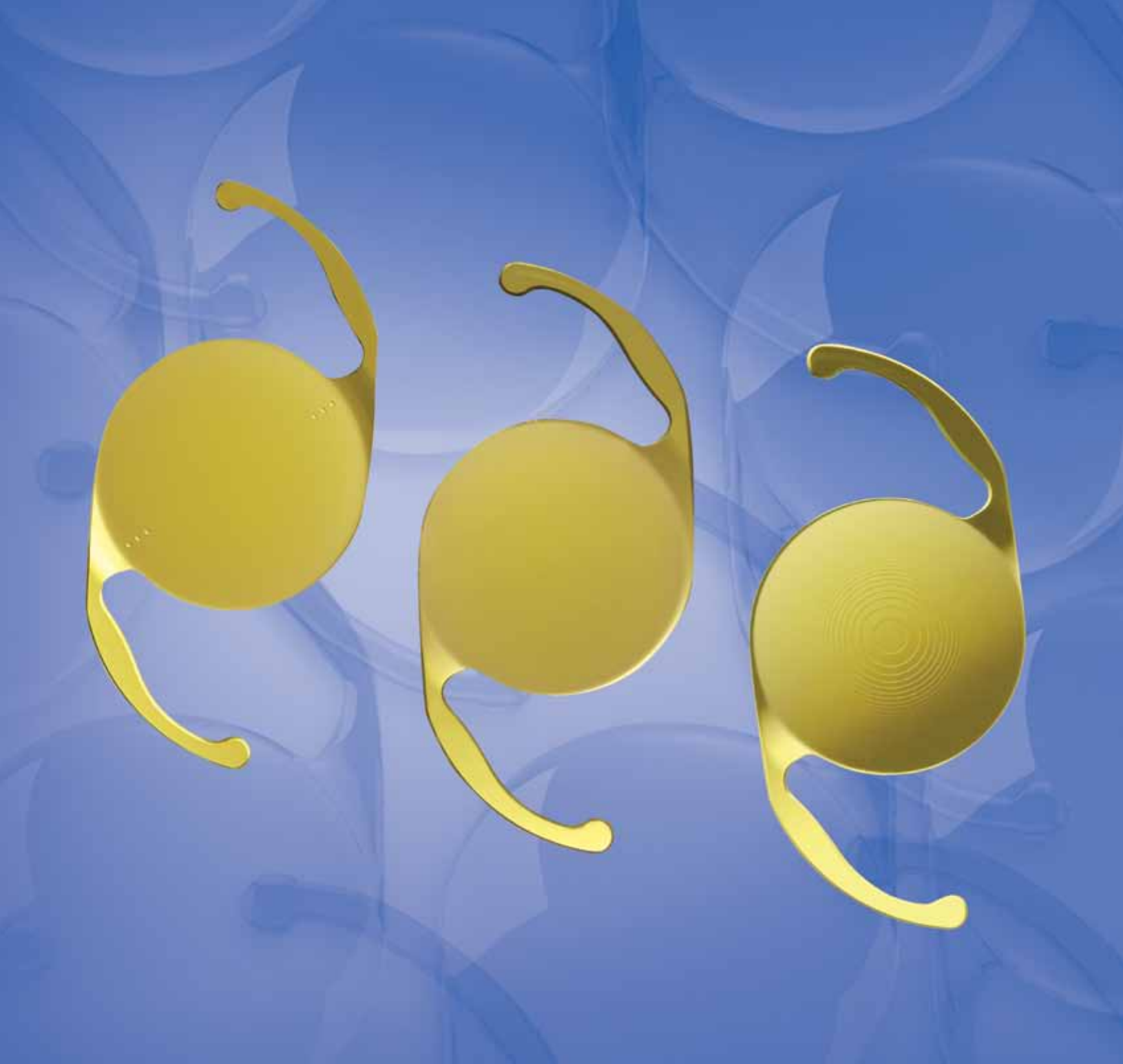
For use with 8065750157 20G
Anterior Vitrectomy Pack



LEGACY® EVEREST® ATIOP Anterior
Vitrectomy Probe
1006 - 6/box



ACCURUS® Anterior Vitrectomy Probe
8065803650 - 6/box



IOLs

LENSTAR LS 900** Optical Biometer

Indications for Use: The LENSTAR LS 900** Biometer is a non-invasive, non-contact OLCR (Optical Low Coherence Reflectometry) Biometer used for obtaining ocular measurements and performing calculations to assist in the determination of the appropriate power and type of IOL (intraocular lens) for implantation after removal of the natural crystalline lens following cataract removal. The LENSTAR LS 900** Biometer measures:

- Axial eye length
 - Corneal thickness
 - Anterior chamber depth
 - Lens thickness
 - Radii of curvature of flat and steep meridian
 - Axis of the flat meridian
 - White to white distance
 - Pupil diameter
- *LENSTAR® is a registered trademark of Haag-Streit

AcrySof® IQ Intraocular Lenses

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS: The AcrySof® IQ posterior chamber intraocular lens is intended for the replacement of the human lens to achieve visual correction of aphakia in adult patients following cataract surgery. This lens is intended for placement in the capsular bag.

WARNING/PRECAUTION: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling. Caution should be used prior to lens encapsulation to avoid lens decentrations or dislocations.

Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySof® Natural IOL and normal color vision. The effect on vision of the AcrySof® Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve disease) has not been studied. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.

AcrySof® IQ ReSTOR® Intraocular Lenses

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS: The AcrySof® IQ ReSTOR® Posterior Chamber Intraocular Lens (IOL) is intended for primary implantation for the visual correction of aphakia secondary to removal of a cataractous lens in adult patients with and without presbyopia, who desire near, intermediate and distance vision with increased spectacle independence. The lens is intended to be placed in the capsular bag.

WARNING/PRECAUTION: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling. Physicians should target emmetropia, and ensure that IOL centration is achieved. Care should be taken to remove viscoelastic from the eye at the close of surgery.

Some patients may experience visual disturbances and/or discomfort due to multifocality, especially under dim light conditions. Clinical studies with the AcrySof® ReSTOR® lens indicated that posterior capsule opacification (PCO), when present, developed earlier into clinically significant PCO. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon for this product informing them of possible risks and benefits associated with the AcrySof® IQ ReSTOR® IOLs.

Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySof® Natural IOL and normal color vision. The effect on vision of the AcrySof® Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve diseases) has not been studied. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.

AcrySof® IQ Toric Intraocular Lenses

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS: The AcrySof® IQ Toric posterior chamber intraocular lenses are intended for primary implantation in the capsular bag of the eye for visual correction of aphakia and pre-existing corneal astigmatism secondary to removal of a cataractous lens in adult patients with or without presbyopia, who desire improved uncorrected distance vision, reduction of residual refractive cylinder and increased spectacle independence for distance vision.

WARNING/PRECAUTION: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling. Toric IOLs should not be implanted if the posterior capsule is ruptured, if the zonules are damaged, or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction; if necessary lens repositioning should occur as early as possible prior to lens encapsulation. All viscoelastics should be removed from both the anterior and posterior sides of the lens; residual viscoelastics may allow the lens to rotate.

Optical theory suggests that high astigmatic patients (i.e. > 2.5 D) may experience spatial distortions. Possible toric IOL related factors may include residual cylindrical error or axis misalignments. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon for this product informing them of possible risks and benefits associated with the AcrySof® IQ Toric Cylinder Power IOLs.

Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySof® Natural IOL and normal color vision. The effect on vision of the AcrySof® Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve diseases) has not been studied. Do not resterilize; do not store over 45° C; use only sterile irrigating solutions such as BSS® or BSS PLUS® Sterile Intraocular Irrigating Solutions.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings and precautions.

MONARCH® II/III IOL DELIVERY SYSTEM

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS: MONARCH® II and III are titanium handpieces that are indicated for use with corresponding MONARCH® cartridges for the surgical implantation of Alcon foldable intraocular lenses (IOLs). AcrySof® IOLs are qualified for use with specific MONARCH® handpiece/cartridge combinations. No unqualified lenses should be used with the MONARCH® II or III IOL Delivery Systems. The MONARCH® II and III cartridges are single-use devices. The MONARCH® II and III handpieces may be reused after sterilization.

CAUTIONS:

- Consult the cartridge product information for the correct MONARCH® handpiece/cartridge combination to use with a specific AcrySof® lens model.
- Only use an Alcon qualified viscoelastic for use with the Monarch® cartridges.
- The MONARCH® II and III handpieces are non-sterile and must be thoroughly cleaned and sterilized prior to each use.
- Improper cleaning and rinsing of the handpieces has been linked to Toxic Anterior Segment Syndrome.
- Potential risks from reuse or reprocessing the MONARCH® cartridges include a damaged cartridge, a damaged lens, or an unexpected delivery outcome.
- If in the medical opinion of the physician a patient with a prior related disease undergoes a high risk procedure, the instrument should be destroyed or be processed according to local requirements.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications and precautions.

ALCON® ReFORM® Capsular Tension Rings

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

INDICATIONS: For the stabilization of the crystalline lens capsule in the presence of weak or partially absent zonules in adult patients undergoing cataract extraction with intraocular lens implantation. Conditions associated with weak or partially absent zonules may include primary zonular weakness (e.g., Marfan's Syndrome), secondary zonular weakness (e.g., trauma or vitrectomy), cases of zonulysis, cases of pseudoexfoliation.

CONTRAINDICATIONS:

- The ALCON® ReFORM® Capsular Tension Ring should not be used in children 12 years of age or younger.
- The ALCON® ReFORM® Capsular Tension Ring should not be used in patients with perforated or damaged capsules.

WARNINGS:

- The effect of the Capsular Tension Ring on the progression of zonular instability over time is unknown.
- Eyes with pseudoexfoliation syndrome and decreased anterior chamber depth exhibit a greater likelihood of zonular instability at the time of surgery and an increased probability of intraoperative complications.
- No scientific conclusions can be drawn regarding the probable visual outcome in patients with zonular dehiscence, especially in the presence of other preoperative pathologies.

PRECAUTIONS:

- Do not use the ALCON® ReFORM® Capsular Tension Ring if the packaging (or sterile pouch) is damaged or open.
- ALCON® ReFORM® Capsular Tension Ring are single use only; do not resterilize a capsular tension ring for subsequent use.
- Use only sterile buffered saline solution or its equivalent to rinse the capsular tension ring before use.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications and precautions.

LENSTAR LS900®* OPTICAL BIOMETER

The latest technology in optical biometry. The Lenstar LS 900 optical biometer (HAAG-STREIT USA) is a precise non-contact technology to capture patient friendly measurements on the visual optical line. Its ability to auto-populate measurements into the latest generation formulas make the Lenstar LS 900 a valuable diagnostic for any ophthalmic practice.



EQUIPMENT

LS1000	LENSTAR LS900 with 1 year warranty
LS1000W	Two additional years of warranty. 3 years total.
LS1000W Plus	One additional year of warranty. 2 years total

**LENSTAR® is a registered trademark of Haag-Streit.*

Advanced Technology IOLs

MODEL NUMBER	OPTIC TYPE	OPTIC SIZE (mm)	LENGTH (mm)	HAPTIC ANGULATION	OTHER FEATURES	DIOPTRIC RANGE/ INCREMENTS*	SUGGESTED A-CONSTANT*
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AcrySof® IQ ReSTOR® IOLs



SN6AD1	Apodized Diffractive Aspheric	6.0	13.0	0°	Natural +3.0 D add power	+6.0 to +30.0 +31.0 to +34.0 (1.0 diopter increments)	118.9
SN6AD3	Apodized Diffractive Aspheric	6.0	13.0	0°	Natural +4.0 D add power	+6.0 to +30.0 +31.0 to +34.0 (1.0 diopter increments)	118.9
MN6AD1	Apodized Diffractive Aspheric	6.0	13.0	10°	Natural +3.0 D add power	+6.0 to +30.0 +31.0 to 34.0 (1.0 diopter increments)	119.2

AcrySof® IQ Toric IOLs



SN6AT3	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 1.50 Cylinder	119.0
SN6AT4	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 2.25 Cylinder	119.0
SN6AT5	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 3.00 Cylinder	119.0
SN6AT6	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 3.75 Cylinder	119.0
SN6AT7	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 4.50 Cylinder	119.0
SN6AT8	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 5.25 Cylinder	119.0
SN6AT9	Biconvex Toric Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0 Spherical Equivalent 6.00 Cylinder	119.0

*Additional information on IOL constants obtained using ZEISS IOLMASTER[†] may be found at www.augenklinik.uni-wuerzburg.de/eulib/const.htm
[†] Unless otherwise noted, IOLs are available in 0.5 increments [†] IOLMASTER is a trademark of Carl Zeiss AG.

AcrySof® Single-Piece IOLs

MODEL NUMBER	OPTIC TYPE	OPTIC SIZE (mm)	LENGTH (mm)	HAPTIC ANGULATION	OTHER FEATURES	DIOPTRIC RANGE/ INCREMENTS*	SUGGESTED A-CONSTANT*
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AcrySof® IQ IOLs

SN60WF	Anterior Asymmetric Biconvex Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0	118.7
SN6CWS	Anterior Asymmetric Biconvex Aspheric	6.0	13.0	0°	Natural	+6.0 to +30.0	118.7



AcrySert® Delivery System



AcrySof® Single-Piece IOLs

SN60AT	Anterior Asymmetric Biconvex	6.0	13.0	0°	Natural	+6.0 to +30.0 +31.0 to +40.0 (1.0 diopter increments)	118.4
SA60AT	Anterior Asymmetric Biconvex	6.0	13.0	0°		+6.0 to +30.0 +31.0 to +40.0 (1.0 diopter increments)	118.4



<http://www.acrysoftoriccalculator.com>

* Unless otherwise noted, IOLs are available in 0.5 increments

Multipiece IOLs

MODEL NUMBER	OPTIC TYPE	OPTIC SIZE (mm)	LENGTH (mm)	HAPTIC ANGULATION	OTHER FEATURES	DIOPTRIC RANGE/ INCREMENTS [#]	SUGGESTED A-CONSTANT*
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AcrySof® Multipiece IOLs



MN60AC	Anterior Asymmetric Biconvex	6.0	13.0	10°	Natural	+6.0 to +30.0	118.4
MA30AC	Anterior Asymmetric Biconvex	5.5	12.5	5°		+10.0 to +30.0	118.4
MA60AC	Anterior Asymmetric Biconvex	6.0	13.0	10°		+6.0 to +30.0	118.4

AcrySof® Multipiece - Posterior Convex IOL



MA50BM	Biconvex	6.5	13.0	10°		+6.0 to +30.0	118.9
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AcrySof® Multipiece - EXPAND®^s Series IOLs



MN60MA	Meniscus	6.0	13.0	5°	Natural	-5.0 to +5.0 (1.0 diopter increments)	118.9
MA60MA	Meniscus	6.0	13.0	5°		-5.0 to +5.0 (1.0 diopter increments)	118.9

[#] Unless otherwise noted, IOLs are available in 0.5 increments

Single-Piece PMMA IOLs

MODEL NUMBER	OPTIC TYPE	OPTIC SIZE (mm)	LENGTH (mm)	HAPTIC ANGULATION	OTHER FEATURES	DIOPTRIC RANGE/ INCREMENTS	SUGGESTED A-CONSTANT*
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Single-Piece PMMA IOLs

MC40BD	Biconvex	5.0	12.5	5° SLANT® ^s		+10.0 to +30.0	118.7
MZ40BD	Biconvex	5.0	11.5	5° SLANT® ^s		+10.0 to +30.0	118.7
LX10BD	Biconvex	5.25	12.0	5° SLANT® ^s	SLIMPLANT® ^s DESIGN	+10.0 to +30.0	118.7
MZ30BD	Biconvex	5.5	12.0	5° SLANT® ^s		+10.0 to +30.0	118.7
LX90BD	Biconvex	5.75	12.0	5° SLANT® ^s	SLIMPLANT® ^s DESIGN	+10.0 to +30.0	118.7
MZ60BD	Biconvex	6.0	12.5	5° SLANT® ^s		+4.0 to +30.0 +31.0 to +34.0 (1.0 diopter increments)	118.7
MC60BD	Biconvex	6.0	13.5	5° SLANT® ^s		+10.0 to +30.0	118.7
MC50BD	Biconvex	6.5	13.5	5° SLANT® ^s		+10.0 to +30.0	118.7
CZ70BD	Biconvex	7.0	12.5	5° SLANT® ^s	Eyelet	+10.0 to +30.0	118.8
CR5BU0	Biconvex	7.0	13.5	10°		+10.0 to +30.0	119.0
CR70BU	Biconvex	7.0	13.5	10°	Eyelet	+4.0 to +30.0	119.0



*SLIMPLANT, MONOFLEX, SLANT, EXPAND, REFORM Reg. U.S. Patent and Trademark Office.

Single-Piece PMMA IOLs

MODEL NUMBER	OPTIC TYPE	OPTIC SIZE (mm)	LENGTH (mm)	HAPTIC ANGULATION	OTHER FEATURES	DIOPTRIC RANGE/ INCREMENTS*	SUGGESTED A-CONSTANT*
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Single-Piece PMMA EXPAND^{®§} Series IOLs



MZ60MD	Meniscus	6.0	12.5	5° SLANT ^{®§}		-3.0 to +3.0 (1.0 diopter increments)	118.7
MZ60PD	Plano-concave	6.0	12.5	5° SLANT ^{®§}		-10.0 to -4.0 (1.0 diopter increments)	118.7

* Unless otherwise noted, IOLs are available in 0.5 increments

§SLIMPLANT, MONOFLEX, SLANT, EXPAND, REFORM Reg. U.S. Patent and Trademark Office.

Anterior Chamber IOLs

MODEL NUMBER	OPTIC TYPE	OPTIC SIZE (mm)	LENGTH (mm)	HAPTIC ANGULATION	DIOPTRIC RANGE/ INCREMENTS [#]	ACD ¹	SUGGESTED A-CONSTANT [*]
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Anterior Chamber IOLs

MTA3U0	Convexoplano	5.5	12.5	0.5 mm	+5.0 to +28.0 +29.0 to +30.0 (1.0 diopter increments)	3.39	115.3
MTA4U0	Convexoplano	5.5	13.0	0.5 mm	+5.0 to +28.0 +29.0 to +30.0 (1.0 diopter increments)	3.39	115.3
MTA5U0	Convexoplano	5.5	13.5	0.5 mm	+5.0 to +28.0 +29.0 to +30.0 (1.0 diopter increments)	3.39	115.3



ReFORM™ Capsular Tension Rings

MODEL NUMBER	EXPANDED	COMPRESSIBLE TO
ACTR10	12.3 mm	10 mm
ACTR11	13.0 mm	11 mm
ACTR12	14.5 mm	12 mm



AcryPak® Folder 8065-977725

Designed specifically for multi-axis folding
of the AcrySof® IOL
Ten (10) AcryPak® Folders per box

[#] Unless otherwise noted, IOLs are available in 0.5 increments

⁵SLIMPLANT, MONOFLEX, SLANT, EXPAND, REFORM Reg. U.S. Patent and Trademark Office.

¹ ACD is based on the Binkhorst relationship as presented in Holladay, J.T., Musgrove, K.H., Prager, T.C., Lewis, J.W., Chandler, T.Y., and Ruiz, R.S., "A three-part system for refining intraocular lens power calculations," *Journal of Cataract and Refractive Surgery*, Vol. 14, pp. 17-24, 1988.

IOL Delivery Systems

MONARCH® Delivery System

The Monarch® IOL Delivery System combines a reusable titanium handpiece and a sterile single use cartridge for enhanced implantation of the AcrySof® IOL. Advanced design enables the surgeon to view and verify lens orientation throughout the implantation process. Simplified loading, controlled consistent delivery, and ease of implantation are the benefits that Monarch® IOL Delivery System can provide.

8065-977771
MONARCH® II
IOL Injector



8065-977773
MONARCH® III
IOL Injector



MONARCH® Cartridge/AcrySof® Lens Model/Diopter Range

8065-977757 A Cartridge ¹	8065-977758 B Cartridge ^{1,2*}	8065-977759 C Cartridge ^{1,2*}	8065-977763 D Cartridge ²
MA50BM	SN60AT	SN60AT	SN60WF
MN60MA	SN6AD3	SA60AT	SN6AD1
MA60MA	MA30AC	SN60WF	SN6AD3
MA60AC	MN6AD1	SN6AD1	SN6AT3
MN60AC	MA60AC	SN6AD3	SN6AT4
MN6AD1	MN60AC	SN6AT3	SN6AT5
	SA60AT	SN6AT4	SN6AT6
	SN6AD1	SN6AT5	SN6AT7
	SN60WF	SN6AT6	SN6AT8
	SN6AT3	SN6AT7	SN6AT9
	SN6AT4	SN6AT8	
	SN6AT5	SN6AT9	
	SN6AT6		
	SN6AT7		
	SN6AT8		
	SN6AT9		

MONARCH® Loading Forceps

560.01

The ALCON®/GRIESHABER® MONARCH® Loading Forceps is for fully controlled handling of the AcrySof® Single-Piece and AcrySof® Natural IOLs from packaging into the MONARCH® Delivery System.

MONARCH® Cartridges

10/box



¹Validated with the MONARCH® II IOL Delivery System

²Validated with the MONARCH® III IOL Delivery System

Holladay IOL Surgeon Factor Conversion Table

A-CONSTANT	S FACTOR	ACD	A-CONSTANT	S FACTOR	ACD	A-CONSTANT	S FACTOR	ACD
110.0	-3.31	0.30	114.0	-1.04	2.63	118.0	1.22	4.96
110.1	-3.25	0.36	114.1	-0.98	2.69	118.1	1.28	5.02
110.2	-3.19	0.41	114.2	-0.93	2.75	118.2	1.34	5.08
110.3	-3.14	0.47	114.3	-0.87	2.81	118.3	1.39	5.14
110.4	-3.08	0.53	114.4	-0.82	2.86	118.4	1.45	5.20
110.5	-3.02	0.59	114.5	-0.76	2.92	118.5	1.51	5.26
110.6	-2.97	0.65	114.6	-0.70	2.98	118.6	1.56	5.32
110.7	-2.91	0.70	114.7	-0.64	3.04	118.7	1.62	5.37
110.8	-2.85	0.76	114.8	-0.59	3.10	118.8	1.68	5.43
110.9	-2.80	0.82	114.9	-0.53	3.16	118.9	1.73	5.49
111.0	-2.74	0.88	115.0	-0.48	3.21	119.0	1.79	5.55
111.1	-2.68	0.94	115.1	-0.42	3.27	119.1	1.85	5.61
111.2	-2.63	1.00	115.2	-0.36	3.33	119.2	1.90	5.66
111.3	-2.57	1.06	115.3	-0.31	3.39	119.3	1.96	5.72
111.4	-2.51	1.11	115.4	-0.25	3.45	119.4	2.02	5.78
111.5	-2.46	1.17	115.5	-0.19	3.51	119.5	2.07	5.84
111.6	-2.40	1.23	115.6	-0.14	3.56	119.6	2.1	5.90
111.7	-2.34	1.29	115.7	-0.08	3.62	119.7	2.19	5.96
111.8	-2.29	1.35	115.8	-0.02	3.68	119.8	2.24	6.02
111.9	-2.23	1.40	115.9	0.03	3.74	119.9	2.30	6.07
112.0	-2.17	1.46	116.0	0.09	3.80	120.0	2.36	6.13
112.1	-2.12	1.52	116.1	0.15	3.86			
112.2	-2.06	1.58	116.2	0.20	3.91			
112.3	-2.00	1.64	116.3	0.26	3.97			
112.4	-1.95	1.70	116.4	0.32	4.03			
112.5	-1.89	1.76	116.5	0.37	4.09			
112.6	-1.84	1.81	116.6	0.43	4.15			
112.7	-1.78	1.87	116.7	0.49	4.21			
112.8	-1.72	1.93	116.8	0.54	4.26			
112.9	-1.66	1.99	116.9	0.60	4.32			
113.0	-1.61	2.05	117.0	0.66	4.38			
113.1	-1.55	2.11	117.1	0.71	4.44			
113.2	-1.50	2.16	117.2	0.77	4.50			
113.3	-1.44	2.22	117.3	0.83	4.56			
113.4	-1.38	2.28	117.4	0.88	4.62			
113.5	-1.32	2.34	117.5	0.94	4.67			
113.6	-1.27	2.40	117.6	1.00	4.73			
113.7	-1.21	2.46	117.7	1.05	4.79			
113.8	-1.16	2.51	117.8	1.11	4.85			
113.9	-1.10	2.57	117.9	1.17	4.91			

Holladay, J.T., et al. A three-part system for refining intraocular lens power calculations, *J. Cataract Refract. Surg.* 14:17-24, 1988.

Holladay, J.T., et al. Standardizing constants for ultrasonic biometry, keratometry, and IOL power calculations, *J. Cataract Refract. Surg.* 23:1356-1370, 1997.



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Solutions, Drugs and Specialty Items

EX-PRESS® Glaucoma Filtration Device

CAUTION: Federal (USA) law restricts this device to sale by, or on the order of, a physician.

INDICATION: The EX-PRESS® Glaucoma Filtration Device is intended to reduce intraocular pressure in glaucoma patients where medical and conventional surgical treatments have failed.

GUIDANCE REGARDING THE SELECTION OF THE APPROPRIATE VERSION: Prior clinical studies were not designed to compare between the various versions of the EX-PRESS® Glaucoma Filtration Device. The selection of the appropriate version is according to the doctor's discretion.

CONTRAINDICATIONS: The use of this device is contraindicated if one or more of the following conditions exist:

- Presence of ocular disease such as uveitis, ocular infection, severe dry eye, severe blepharitis.
- Pre-existing ocular or systemic pathology that, in the opinion of the surgeon, is likely to cause postoperative complications following implantation of the device.
- Patients diagnosed with angle closure glaucoma.

WARNINGS/PRECAUTIONS:

- The surgeon should be familiar with the instructions for use.
- The integrity of the package should be examined prior to use and the device should not be used if the package is damaged and sterility is compromised.
- This device is for single use only.
- MRI of the head is permitted, however not recommended, in the first two weeks post implantation.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings, precautions, complications and adverse events.

Sutures and Needles

Product Number	Needle					Suture			Length	
	Type	Size	Circle	Wire (mm)	Length (mm)	Color	Form	Armed	cm	in.
NYLON						A-SERIES SPATULATED NEEDLES				
8065692001	AU-5	10-0	1/2	.15	5.51	Black	Monofil	Double	15	6
8065692101	AU-5	10-0	1/2	.15	5.51	Black	Monofil	Double	30	12
8065693001	A-3	10-0	3/8	.20	6.55	Black	Monofil	Double	30	12
8065698001	AU-1	10-0	3/8	.15	6.19	Black	Monofil	Double	30	12
8065702001	AU-8	10-0	Bi-Curve	.15	4.83	Black	Monofil	Double	20	8
8065702101	AU-8	10-0	Bi-Curve	.15	4.83	Black	Monofil	Double	30	12
8065710001	AU-5	10-0	1/2	.15	5.51	Black	Monofil	Single	15	6
8065710401	AU-1	10-0	3/8	.15	6.19	Black	Monofil	Single	15	6
8065693101	A-3	9-0	3/8	.20	6.55	Black	Monofil	Double	30	12
8065691901	AU-5	8-0	1/2	.15	5.51	Black	Monofil	Double	30	12



NYLON						C-SERIES SPATULATED NEEDLES				
8065192101	CU-5	10-0	1/2	.15	5.51	Black	Monofil	Double	30	12
8065192001	CU-5	10-0	1/2	.15	5.51	Black	Monofil	Double	15	6
8065193001	C-3	10-0	3/8	.20	6.55	Black	Monofil	Double	30	12
8065194201	C-4	10-0	1/2	.20	7.13	Black	Monofil	Double	30	12
8065198001	CU-1	10-0	3/8	.15	6.19	Black	Monofil	Double	30	12
8065198201	CU-2	10-0	1/2	.15	6.98	Black	Monofil	Double	30	12
8065198501	CU-1	10-0	3/8	.15	6.19	Black	Monofil	Double	15	6
8065201201	CU-15	11-0	1/2	.10	5.51	Black	Monofil	Double	30	12
8065201701	CUM-15	10-0	1/2	.10	4.22	Black	Monofil	Double	30	12
8065202001	CU-8	10-0	Bi-Curve	.15	4.83	Black	Monofil	Double	20	8
8065202101	CU-8	10-0	Bi-Curve	.15	4.83	Black	Monofil	Double	30	12
8065208001	CU-1	10-0	3/8	.15	6.19	Black	Monofil	Single	30	12
8065208101	C-3	10-0	3/8	.20	6.55	Black	Monofil	Single	30	12
8065222101	CU-5C*	10-0	1/2	.15	5.51	Black	Monofil	Double	30	12
8065198101	CU-1	9-0	3/8	.15	6.19	Black	Monofil	Double	30	12
8065192201	CU-5	9-0	1/2	.15	5.51	Black	Monofil	Double	30	12
8065193101	C-3	9-0	3/8	.20	6.55	Black	Monofil	Double	30	12
8065194101	C-4	8-0	1/2	.20	7.13	Black	Monofil	Double	30	12

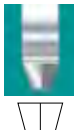
*Needle has calibrated marks

NYLON						N-SERIES SPATULATED NEEDLES				
8065711701	NU-1	10-0	3/8	.15	6.19	Black	Monofil	Double	30	12
8065712101	NU-5	10-0	1/2	.15	5.51	Black	Monofil	Double	30	12
8065712201	NU-5	10-0	1/2	.15	5.51	Black	Monofil	Single	15	6



Sutures and Needles

Product Number	Type	Size	Needle			Suture			Length	
			Circle	Wire (mm)	Length (mm)	Color	Form	Armed	cm	in.



S-SERIES SPATULATED NEEDLE

NYLON

8065218601	SU-1	10-0	3/8	.15	6.19	Black	Monofil	Double	30	12
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R-SERIES SPATULATED NEEDLES

NYLON

8065215501	R-5	5-0	1/4	.28	6.10	Black	Monofil	Double	45	18
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C-SERIES SPATULATED NEEDLES

SILK

8065193401	C-3	8-0	3/8	.20	6.55	Black	Braided	Double	30	12
8065193501	C-3	8-0	3/8	.20	6.55	Black	Braided	Double	45	18
8065193601	C-3	7-0	3/8	.20	6.55	Black	Braided	Double	45	18
8065205301	C-3	6-0	3/8	.20	6.55	Black	Braided	Double	45	18



R-SERIES CENTER POINT SIDE CUTTING NEEDLE

SILK

8065217701	R-7	4-0	1/4	.40	6.55	White	Braided	Double	45	18
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B-SERIES REVERSE CUTTING NEEDLES

SILK

8065195601	B-1	6-0	3/8	.20	7.92	Black	Braided	Double	45	18
8065186001	BO-1	6-0	3/8	.33	11.04	Black	Braided	Double	45	18
8065187501	BO-2	4-0	3/8	.43	13.07	Black	Braided	Double	45	18
8065187601	BO-2	4-0	3/8	.43	13.07	Black	Braided	Single	45	18



P-SERIES TAPER POINT NEEDLES

SILK

8065184501	P-5	4-0	3/8	.42	12.32	Black	Braided	Single	30	12
8065184601	P-5	4-0	3/8	.42	12.32	Black	Braided	Double	45	18



PC-SERIES CUTTING TAPER POINT NEEDLES (RECTUS FIXATION)

SILK

8065184801	PC-1	6-0	3/8	.35	13.99	Black	Braided	Single	45	18
8065184701	PC-5	4-0	3/8	.42	13.99	Black	Braided	Single	45	18
8065184901	PC-5	4-0	3/8	.42	13.99	Black	Braided	Single	75	30

Sutures and Needles

Product Number	Type	Needle				Suture			Length	
		Size	Circle	Wire (mm)	Length (mm)	Color	Form	Armed	cm	in.

POLYESTER

PC-SERIES SPATULATED NEEDLE

8065217601	PC-7	10-0	1/4	.23	13.34	Green	Monofil	Double	20	8
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POLYESTER

R-SERIES CENTER POINT SIDE CUTTING NEEDLES

8065211101	R-1	5-0	1/4	.35	7.92	White	Braided	Double	45	18
8065211201	R-1	5-0	1/4	.35	7.92	Green	Braided	Double	45	18
8065213101	R-3	5-0	1/2	.35	7.92	White	Braided	Double	45	15
8065213201	R-3	5-0	1/2	.35	7.92	Green	Braided	Double	45	18
8065215101	R-5	5-0	1/4	.28	6.10	White	Braided	Double	45	18
8065215201	R-5	5-0	1/4	.28	6.10	Green	Braided	Double	45	18



POLYESTER

T-SERIES SCLERAL SIDE CUTTING NEEDLES

8065189511	T-1	5-0	1/4	.33	7.92	White	Braided	Double	45	18
8065189611	T-1	5-0	1/4	.33	7.92	Green	Braided	Double	45	18
8065189411	T-2	4-0	1/4	.45	7.92	White	Braided	Double	45	18



POLYPROPYLENE

A-SERIES SPATULATED NEEDLES

8065306401	AU-1	10-0	3/8	.15	6.19	Blue	Monofil	Double	30	12
8065306701	AU-5	10-0	1/2	.15	5.51	Blue	Monofil	Double	30	12



POLYPROPYLENE

PC-SERIES SPATULATED NEEDLES

8065307601	PC-7	10-0	1/4	.23	13.34	Blue	Monofil	Double	20	8
8065307901	PC-9	10-0	1/4	.23	15.30	Blue	Monofil	Looped	20	8



POLYPROPYLENE

SC-SERIES STRAIGHT NEEDLE

8065308001	SC-5	10-0	Straight	.15	16.15	Blue	Monofil	Double	20	8
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Sutures and Needles

Needle						Length		
Product Number	Type	Size	Circle	Wire (mm)	Length (mm)	cm	in.	
PAIR-PAK II®						SURGICAL SUTURES & NEEDLES		
8065304901 (Polypropylene)	AUM-5	10-0	1/2	.15	4.22	30	8	
	SC-5	10-0	Straight	.15	16.00	30	12	
8065305201 (Nylon Pair Pak)	PC-5	4-0	3/8	.42	13.99	45	12	
	AU-1	10-0	3/8	.15	6.19	30	8	
8065305401 (12's Pair Pak)	A-4		3/8	.20	6.55	20		
	PC-5		3/8	.42	13.99	30		
8065307201 (Pair Pak 2)	CU-1	10-0	3/8	.15	6.19	30		
	PC-5		3/8	.42	13.99	75		

NEEDLE/SURGICAL PROCEDURES MATRIX

Series	N	S	A	C	I	R	T	B	P	PC-1 PC-5	PC-7 PC-9	SC
Surgical Procedure												
Cataract	x	x	x	x								
Glaucoma	x	x	x	x					x	x	x	
Corneal Transplant	x	x	x	x								
Strabismus				x	x	x				x	x	
Oculoplastic				x		x		x		x	x	
Iris Repair									x			
IOL Sulcus Fixation										x	x	x
Rectus Traction						x		x	x	x	x	
Retinal Detachment						x	x	x		x	x	

x = ALCON® needle available

Suture Materials and Specifications


NYLON

SILK

**POLYESTER
BRAIDED**

POLYPROPYLENE

Stretch Factor	20-25%	3-5%	1%	30-38%
Astigmatic Control	Excellent	Poor	N/A	Poor
Elasticity	Fair	Poor	Poor	Excellent
Absorption	No	No	No	No
Hydrolysis	No	No	No	No
Handling	Good	Excellent	Good	Good
Tissue Reaction	None	Some	None	None
Suture Colors	Black	Black or White	Green or White	Blue White
Monofilament	Yes	No	No	Yes
Braided	No	Yes	Yes	No
		(*N)		
Twisted	No	Yes	No	No
Loops	No	No	No	Yes
Size	5-0, 8-0, 9-0, 10-0, 11-0	4-0, 6-0, 7-0, 8-0, 9-0	4-0, 5-0, 10-0	10-0
Package Color	Mint Green	Light Blue	Burnt Orange	Royal Blue & White
Assist-O.R. Pack	Yes	Yes	Yes	Yes
Surgical Indication	Cataract, glaucoma, oculoplastic retinalvitreous, traction	Cataract, glaucoma, oculoplastic retinalvitreous, traction	Retinal detachment, strabismus	Cataract, glaucoma, iris repair, IOL fixation

Solutions and Drugs

BSS Plus®

STERILE INTRAOCULAR IRRIGATING SOLUTION

500 mL, Rx (N)

0065080050

6/box

250 mL, Rx (N)

0065080025

6/box



BSS®

STERILE IRRIGATING SOLUTION

All 36-month shelf life

500 mL, Rx (N)

0065079550

6/box

250 mL, Rx (N)

0065079525

6/box

30 mL, Rx (N)

0065079530

20/box

15 mL, Rx (N)

0065079515

36/box



BSS®/BSS Plus®

SOLUTION ADMINISTRATION SET (DNR)

0065082650

50/box



Legend:

Rx = Prescription Only

(LTX) = Contains Latex

(N) = No Preservatives

(Y) = Contains Preservatives

(DNR) = Dry Natural Rubber

Miostat®

(carbachol 0.01%)

Intraocular Solution

24-month shelf life

1.5 mL, GV (N), Rx (LTX)

0065002315

12/box



BETADINE®*

5% STERILE OPHTHALMIC PREP SOLUTION

30-month shelf life

30 mL, Rx (N)

Available in the U.S.

and limited

international markets.

0065041130

24/box



TRIESENCE®

(triamcinolone acetone injectable suspension)

40 mg/ml,

Preservative Free

24-month shelf life

Single use 1ml vial

0065054301

(1 vial/box)



Steri-Units®

OPHTHALMIC SOLUTION

All 24-month shelf life

ATROPINE SULFATE

1.0% 2 mL, Rx (N)

0065070212

12/box

TETRACAINE HCl

0.5% 2 mL, Rx (N)

0065074112

12/box

*BETADINE Trademark of Purdue Products L.P.

Specialty Items

MEROCEL* Lint-Free Products


Wick N' Wipe

3.25" x 3.25"

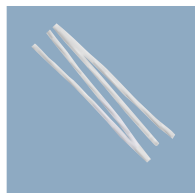
20/box

8065913189NS

Included in

CUSTOM-PAK®

Surgical Procedure
Packs Only


Eye Wicks

8"

3 wicks/envelope

10 envelopes/box

8065913196NS

Included in

CUSTOM-PAK®

Surgical Procedure
Packs Only


Eye Kit

One Wick N' Wipe

3.25" x 3.25" and

One Corneal Light

Shield per Packet

20 packets/box

8065913195NS

Included in

CUSTOM-PAK®

Surgical Procedure
Packs Only


Instrument Wipe

3.25" x 3.25"

20/box

8065913197NS

Included in

CUSTOM-PAK®

Surgical Procedure Packs
Only



GRIESHABER® Flexible Iris Retractors

Five Retractors for Single Surgery

1/box

611.74

24 Retractors (6 Sets of 5 Retractors)

6/box

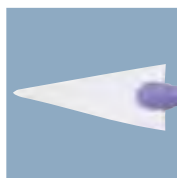
611.75



*Trademarks are the property of their respective owners.

Specialty Items

MEROCEL* Lint-Free Products



Surgical Spear, Lint Free

5/envelope

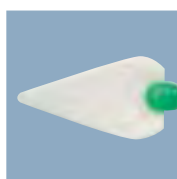
10 envelopes/box

8065913198NS

CUSTOM PAK® Only



MICROSPONGE® & I-SPEAR® Surgical Sponges



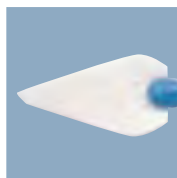
Surgical Sponge with Green Handle

Regular Tip

10/envelope

25 envelopes/box

8065100002



Surgical Sponge with Dark Blue Handle

Sharp Tip

10/envelope

25 envelopes/box

8065100003

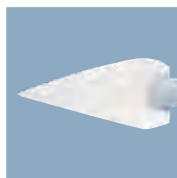


Surgical Sponge with Light Blue Handle

6/envelope

25 envelopes/box

8065100006



Surgical Sponge with Light Blue Handle

10/envelope

25 envelopes/box

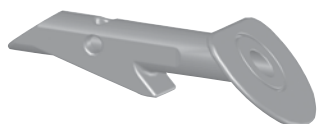
8065100010



**Trademarks are the property of their respective owners.*

Specialty Items

EX-PRESS® Glaucoma Filtration Device



EX-PRESS® Glaucoma Filtration Device R-50 Model
Internal lumen size 50µm

1/box

R-50 40053



EX-PRESS® Glaucoma Filtration Device P Model
Internal lumen size 50µm/200µm

1/box

P-50 47053

P-200 47203



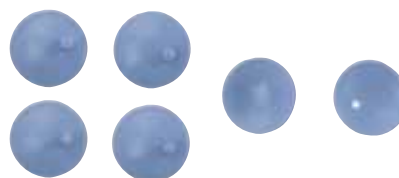
Schwartz/Norris Corneal Light Shield

Reusable Lightshields

Non-Sterile, Autoclavable

6/box

8065802001



SOFGUARD® Eye Shield with Flexible Edge

50/box

8065997501

PROSHIELD®

Corneal Collagen Shields

6/box

24-month shelf life



Shield RD
8065101400



Shield 12 Hour
8065101401



Shield 24 Hour
8065101701



Shield 72 Hour
8065101402

How to Order

Customer Service is available to assist you from 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday.

By Telephone

Call TOLL FREE 1-800-TO-ALCON (1-800-862-5266)

By FAX

We offer TOLL FREE fax service. Fax your purchase order directly to:
Alcon Customer Service Department
1-800-241-0677

By Mail

Mail to:
Alcon Customer Service Department
Mail Code WP-22
6201 South Freeway
Fort Worth, Texas 76134-2099

EDI (Electronic Data Interchange)

Alcon offers and encourages the ease of automated ordering to customers with compatible systems configurations. Please ask your customer service representative for additional details on EDI.

Automatic Order Scheduling Service

Regular automated orders can be scheduled based on interim dates most convenient for you. Ask your customer service representative about the benefits of our standing order program.

Payment Terms

Payment terms are net 30 days.

Distributor & Kit Packer Policies

Not all Products are available to a Kit Packer.
There are no quantity discounts.
All Alcon products are at list price.
Prices are subject to change at any time.

Merchandise Return Policy

Alcon will accept for return unopened, original trade units, up to the expiration date of the product. This applies to all surgical products. Please see Returns Disallowed, Customer product Returns, and IOL's Return Policy below for exceptions.

Returned inventory may be subject to a restocking fee.

CREDIT- All merchandise will be credited based on the original purchase price.

RETURNS DISALLOWED

- Merchandise with broken seals, labels removed, less than full boxes etc.
- Merchandise which has become deteriorated due to customer use, mishandling, and /or improper storage condition (heat, cold, water, fire, etc.).
- All Viscoelastics (OVDs/Viscosurgical Devices).
- Merchandise involved in a bankruptcy sale or sacrifice.
- Merchandise purchased through a distributor or Kit Packer.
- Purchases by Distributors and Kit Packers are not eligible for return as ALL SALES ARE FINAL .
- Equipment hand pieces are not returnable for credit. Some hand pieces may qualify for warranty replacement or exchange. For more information please call Customer Service at 1-800-832-7827, Opt 4.

CUSTOM PRODUCT RETURNS

- CUSTOM-PAK® Surgical Procedure Pack returns are subject to the terms and conditions contained in the CUSTOM-PAK® Procedure Pack contract.
- Unused inventory at termination of agreement is subject to a 15% restocking fee.
- Non-Alcon products are not eligible for return.
- PIK PAKs® Suture Packs are not eligible for return.
- SPECIAL PATIENT CARE Kit's (SPCK) are not eligible for return.

How to Order

INTRAOCULAR LENSES (IOLs) RETURN POLICY

- Alcon will accept for return Alcon® intraocular lenses that are not expired and in their original packaging. The returned IOLs will be credited at the original purchase price.
- For lenses that are expired, opened and not used, or damaged please call Customer Service at 1-800-TO-ALCON (800-862-5266) for assistance.

Return Authorization is required for all qualifying returns. Please call 1-800-TO-Alcon (1-800-862-5266) for a Customer Service Representative to provide you a merchandise return authorization to ensure acceptance at our warehouse locations.

TECHNICAL SUPPORT

For service/repair on Alcon® operating room or office-based instrumentation and accessories, please call Alcon Technical Services at 1-800-832-7827, 8:00 a.m. to 7:00 p.m. Central Time.

SHIPPING AND HANDLING POLICY

- Orders are processed from three main distribution centers located as follows:

Fort Worth, Texas

Elkridge, Maryland

Reno, Nevada

Cut off times for shipping varies dependent on the warehouse location

Product	Warehouse Locations			Shipping and Handling			
	Fort Worth, Texas (FTW)	Elkridge, Maryland (Elk)	Reno, Nevada (Reno)	Ground Shipment Cost	Two-Day Delivery Cost	Next Day Delivery Cost	Next Day Delivery Priority (a.m. delivery)
Intraocular Lens	**6:00 PM	N/A	N/A	\$15.00	\$20.00	\$30.00	\$30.00
Ophthalmic Viscoelastic Devices (OVD's)	**6:00 PM	**5:00 PM	**6:00 PM	N/A	N/A	\$15.00	\$30.00
CUSTOM PAK® Surgical Procedure Packs	**5:00 PM	**4:00 PM	**6:00 PM	\$15.00	\$30.00	*A	*A
All Other Surgical Disposable Products	**6:00 PM	**5:00 PM	**6:00 PM	\$15.00	\$30.00	\$30.00 or *A	\$30.00 or *A

* Actual cost based on weight and time zone

**All times listed above are in Central Standard Time zone

- Ground shipments are delivered up to 5 days from order placement
- Orders Totalling less than \$50.00** = \$3.00 Shipping and Handling
- Expedited Shipments** requests please check with an Alcon Customer Service representative to verify availability and shipping and handling charges.
- Surgical Instrumentation** Shipping and Handling is based on weight and freight zone.
- Kit Packers and Contract Distributors** \$30.00 or Actual Cost based on weight and freight zone.

ACCURUS® Cataract Packs	44	LEGACY® EVEREST® Handpieces & Accessories	36
AcrySof® IQ ReSTOR® IOL/ AcrySof® IQ Toric IOL	48	LEGACY® MAXVAC® Phaco Packs	44
AcrySof® IQ IOL/AcrySof® Single-Piece IOL	49	LENSTAR® LS 900	47
AcrySof® Multipiece Posterior Convex IOL	50	LenSx® Laser	33
AcrySof® Multipiece EXPAND™ Series IOL	50	Merchandise Return Policy	66
AcrySof® Multipiece IOL	50	MEROCEL® Lint-Free Products	63
AcrySof® Single-Piece PMMA	51, 52	MICROSMOOTH® Irrigation Sleeves	45
Advanced Technology IOLs	48	MIOSTAT® (carbachol 0.01%) Intraocular Solution	62
ALCON® GRIESHABER® Incisional Instruments	32	Monarch® IOL Delivery Systems	54
ALCON® Surgical Blades (ASB)	31	Needles, Nylon - A-Series Spatulated	57
Anesthesia Needles & Cannulas	24	Needles, Nylon - C-Series Spatulated	57
Angled Baffle Cutting Cystitomes	24	Needles, Nylon - N-Series Spatulated	57
Anterior Chamber IOLs	53	Needles, Nylon - R-Series Spatulated	58
Anterior Segment Surgical Equipment	35	Needles, Nylon - S-Series Spatulated	58
Anterior Vitrectomy Disposables	46	Needles, Polyester - PC-Series Spatulated	59
A-OK® Incisional Instruments	28	Needles, Polyester - R-Series Center Point Side Cutting	59
Back Table Covers	22	Needles, Polyester - T-Series Scleral Side Cutting	59
BAKPAK® Vitreoretinal Pack	10	Needles, Polypropylene - A-Series Spatulated	59
BETADINE® 5% Povidone-Iodine Sterile Ophthalmic Prep Solution	62	Needles, Polypropylene - PC-Series Spatulated	59
BSS® Sterile Irrigating Solution	62	Needles, Polypropylene - SC-Series Straight	59
BSS PLUS® Sterile Intraocular Irrigating Solution	62	Needles, Silk - B-Series Reverse Cutting	58
BSS®/BSS PLUS® Administration Set (DNR)	62	Needles, Silk - C-Series Spatulated	58
Cannulas & Cystitomes	24, 25	Needles, Silk - PC-Series Cutting Taper Point (Rectus Fixation)	58
Capsule Polishers	25	Needles, Silk - P-Series Taper Point	58
Cataract Consumables & Accessories	39-46	Needles, Silk - R-Series Center Point Side Cutting	58
Cataract Equipment & Accessories	35-36	Ophthalmic Viscosurgical Devices	9
CELLUGEL® Ophthalmic Viscosurgical Device (DNR)	9	Optical Biometry	47
ClearCut® Incisional Instruments	26	OZil® Torsional Handpiece	35
ClearCut™ S Safety Knives	27	PAIR-PAK II® Sutures Packs	60
CUSTOM-PAK® Surgical Procedure Packs	10, 11	PROSHIELD® Corneal Collagen Shield	65
DISCOVISC® Ophthalmic Viscosurgical Device	9	PROVISC® Ophthalmic Viscosurgical Device (DNR)	9
Drapes	12-23	PROVISC® Capsular Tension Rings	53
Drape, 3/4 Length, Incise & Aperture	16	Schwartz/Norris Corneal Light Shield	65
Drape, Full Body, Incise & Aperture	14	Silicone Irrigation & Aspiration Accessories	39
Drape, Lash	23	Single-Piece ULTRAFLOW® Series	40
Drape, Mid-Size, 3/4 Length, Incise & Aperture	19	Single-Piece PMMA	51
Drape, Mid-Size, Incise & Aperture	18	Single-Piece PMMA EXPAND™ Series	52
Drape, Mid-Size, Plastic, Incise & Aperture	17	Single-Use I/A Products	41
Drape, Mini, Incise	20	SOFGUARD® Eye Shield with Flexible Edge	65
Drapes, Miscellaneous	23	Solutions & Drugs	62
Drape, Panel	23	Specialty Items	63-65
Drape, Pediatric	21	STANDARD CATARACT PACK (LTX)	10
DUOVISC® Ophthalmic Viscosurgical Device (DNR)	9	STERI-UNITS® Ophthalmic Solution	62
EX-PRESS® Glaucoma Filtration Device	65	Sutures & Needles	57-60
Fluid Catch Bag	23	Threaded I/A ULTRAFLOW® S/P	39
Gas Forced Infusion Tubing Set	44	Tray Support Cover	23
GRIESHABER® Flexible Iris Retractor	63	TRIESENCE® (triamcinolone acetonide injectable suspension) 40 mg/ml	62
How to Order	66, 67	ULTRAFLOW® Bimanual I/A Disposables	41
Hydrodissection Cannulas	25	ULTRAFLOW® Handpiece with Interchangeable Tips	39
I-KNIFE® II Screw-In Tips & Blades	30	ULTRAFLOW® I/A Disposable	41
I-KNIFE® Incisional Instrument	30	VISCOAT® Ophthalmic Viscosurgical Device	9
Incisional Instruments	26-32	WAVELIGHT® Diagnostic Therapeutic System	8
INFINITI® Enhanced Foot Switch	35	WAVELIGHT® Laser System	5
INFINITI® NeoSoniX® Handpiece	35	WAVELIGHT® Refractive Suite	3
INFINITI® Ultrasound Handpiece	35	WAVELIGHT® Workstation	4
INFINITI® Vision System Fluidics Management System (FMS)	42		
INFINITI® Vision System Handpieces & Accessories	35, 36		
INFINITI® Vision System & Upgrades	35		
INFINITI® Vision System with the OZil® Torsional Handpiece	35		
INFINITI® Vision System Ultrasound FMS Packs	43		
INTREPID® Micro-Coaxial Phacoemulsification	37		
INTREPID® Fluidics Management System (FMS)	42		
INTREPID® Micro-Coaxial System	38		
INTREPID® Micro-Coaxial System Ultrasound FMS Packs	42		
IOL Delivery Systems	54		
Irrigating Cystitomes & Cannulas	24		
Irrigation & Aspiration Accessories	41		
LASIK Refractive Pack	10		
Latex-Free Standard CUSTOM-PAK® Surgical Procedure Packs	10		

*BETADINE® Trademark of Purdue Products L.P.

**CLEARCUT® Reg. USPTO

