Mini Incision implantation

- Easily and safely injected through an incision as small as 1.8 mm.
- Lower surgically induced astigmatism.
- Fast recovery after surgery, less inflammation.
- Less trauma to the cornea and the eye.
- Less endothelial cell loss.



angulation 5°

Ø 13 mm total diameter

Technical Specifications

Overall diameter						13.0 mm
Ontic diameter						60 mm

+31.0 to +35.0 (1 D increments)

Optic design Multifocal Diffractive Apodized Aspheric

Haptic angulation......5°

UV Blocker and violet light filter

Refractive Index 1.46 (hydrated @ 35°c)

Nd-YAG laser Compatible

Estimated A constant SRK/T IOLMASTER biometry: 118.6**

SRK/T US biometry: 118.27**

Placement Capsular Bag

CE Approved

- * Additional power range can be provided by special order
- ** It is recommended that surgeons personalize their A-constant based on their surgical techniques and equipment, experience and post-operative results. For more information please visit Hanita Lenses web site.

Hanita Lenses

Hanita Lenses is a worldwide trusted manufacturer and provider of intraocular lens solutions for cataract surgery.

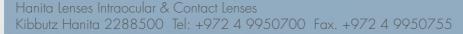
With more then 30 years of experience in meeting the varied needs of ophthalmic surgeons, the Hanita Lenses name is synonymous with high quality, reliability and service.











SeeLens MF, the diffractive multifocal aspheric intraocular lens from Hanita Lenses, provides the patient with an excellent depth of focus for the near, intermediate and far visual ranges. The use of SeeLens MF reduces spectacle dependency for reading, driving and using the computer.



Advanced Optical Design

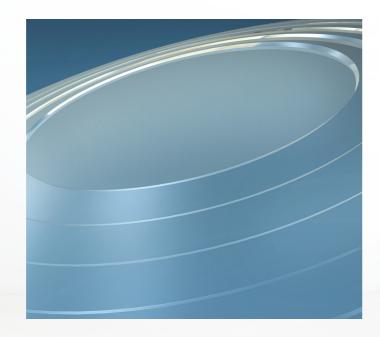
The SeeLens MF was designed using the most advanced tools by a professional R&D team of optical and mechanical engineers.

The optical diffractive apodized aspheric profile was developed using proprietary algorithms and the ZemaxTM software. Calculations were optimized to provide optimal energy distribution in different light conditions and minimize spherical aberrations. The available addition powers of +2.25 or +3.0 diopters in IOL plane allow the surgeon to select a treatment option with either a longer or shorter focal distance, depending on patient lifestyle and personal preference.

Apodized Diffractive Optics

The aspheric - diffractive profile of the SeeLens MF has been clinically proven to provide an excellent and reduced spherical aberration, in all conditions and for all distances. The diffractive steps are located in the 4mm central zone, suiting pupil sizes in various lighting conditions.

The steps follow an apodization function, meaning they reduce in height according to an algorithm designed so the patient can function comfortably all day long.

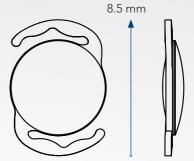


The state-of-the-art apodized diffractive surface provides visual functionality throughout the day:

- In photopic conditions, when the pupil is small, the SeeLens MF distributes 60% of the light for far vision and 40% for near vision, providing light for all daytime activities.
- In mesopic and scotopic conditions, distance vision gets most of the light energy, enabling night vision and driving in the dark, when the pupil is enlarged.

Geometrical Design

- Excellent stability and centration due to the unique haptic design
- Fixed position of IOL along the visual axis allowing for highly predictable refractive outcome
- 360° continuous square edge in order to reduce PCO



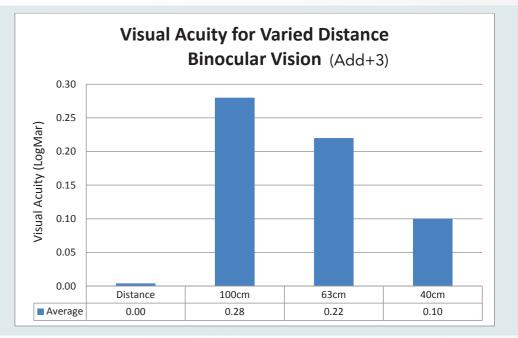
SeeLens MF provides stable position of the optic even in exceptionally small capsules



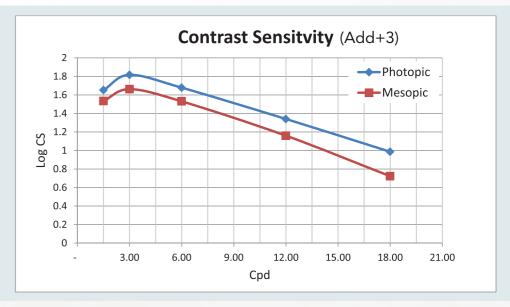
SEM image of Seelens MF edge design[1]
[1]Image by Prof. Manfred Tetz, ATK Spreebogen Berlin.

Clinical Evaluation Results*

Designed to rejuvenate vision, the SeeLens MF works in harmony with the pupil to provide a quality depth of vision for all distances.



Due to its aspheric optical design profile, clinical results of the SeeLens MF show superior contrast sensitivity providing sharper vision in all lightning conditions.



^{*}Based on Clinical results of the SeeLens MF Multi-center study by Prof. M. Tetz, Prof. R. Bellucci, Prof. J.L. Alio