

## Technical Specifications

- Optic Diameter: 6.0 mm
- Overall Diameter: 10 D to 18 D in 12.5mm  
18.5D to 30 D in 12mm
- Optic: Anterior Surface - Toric
- Edge: Posterior optic - 360 degree square edge
- Angulation: Zero degree angulation
- A Constant: 118.0 (US), 117.8 (Optical)
- ACD: 5 mm
- Haptic Design: Dual haptic
- Incision Size: 2.8 mm
- Diopter Range: Cylinder power 1.5D to 3.0D in 0.5 increments  
Spherical power 10.0D to 30.0D in 1.0 increments  
Spherical power 15.0D to 25.0D in 0.5 increments

Model Nos:	Lens Model	In IOL Plane	In Corneal Plane
	FH560T1.5	1.5	1.03
	FH560T2.0	2	1.37
	FH560T2.5	2.5	1.71
	FH560T3.0	3.0	2.05



auroflex  
**Toric**

“A well designed Toric IOL like Auroflex Toric offers the perceivable benefit of superior quality vision for a patient with corneal astigmatism. It is designed on the successful and trusted platform of Auroflex and offers convenience of use for the surgeon and satisfaction for the patient.”

Auroflex Toric IOL has round edged surface with toricity on the anterior surface of the lens and enhanced by the TRUEDGE technology (360° square edge technology) on the posterior side for prevention of PCO.

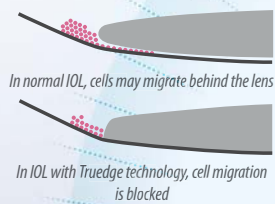
This IOL is manufactured from a material with a refractive index of 1.46 and 25% water content UV absorbing p-HEMA with proven clinical performance.

### Rotational Stability

The success of a Toric IOL depends on the rotational stability post implantation as every 1 degree IOL rotation results in a loss of 3.3% of IOL cylinder power. Our clinical study result shows that the Auroflex design with dual haptics and large surface area of contact with the capsular bag provides excellent stability for the IOL post implantation and has been vindicated. The fenestration in the Auroflex Toric haptics enables better fixation during fibrosis and hence aids for better stability of the lens.

### Truedge Technology to prevent PCO

- Truedge 360° Square Edge acts as a mechanical barrier for cell growth.



### Precision - 0.5D Increment

Auroflex offers the cylindrical power in steps of 0.5D thereby giving you flexibility to precisely correct the refractive error of your patients.

### Toric Calculator

OPTical is a website designed to help you choose the right Auroflex Toric IOL for patients—[www.aurotoric.com](http://www.aurotoric.com)

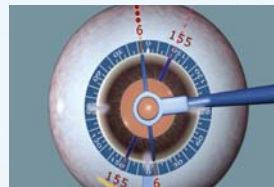
- Registered users can login to access the video guide and calculators.
- New users can create an ID and password to login to the calculator.



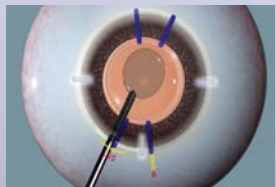
Verify the incision location, axis of placement and IOL power before the procedure



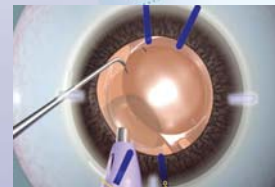
Mark the axis on the cornea in a slit lamp with vertically aligned slit overlapping the blades of reference marker.



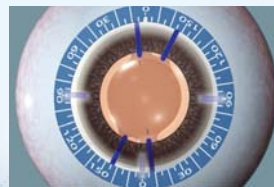
Mark the incision location and axis of placement using axis marker and gauge.



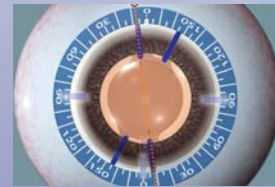
It is recommended to use Aurogel (Sodium Hyaluronate) before IOL implantation to facilitate complete removal, and hence avoid IOL rotation.



Make a gross alignment 15-20 degrees before the intended axis while removing viscoelastic.



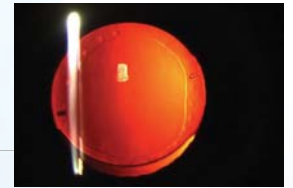
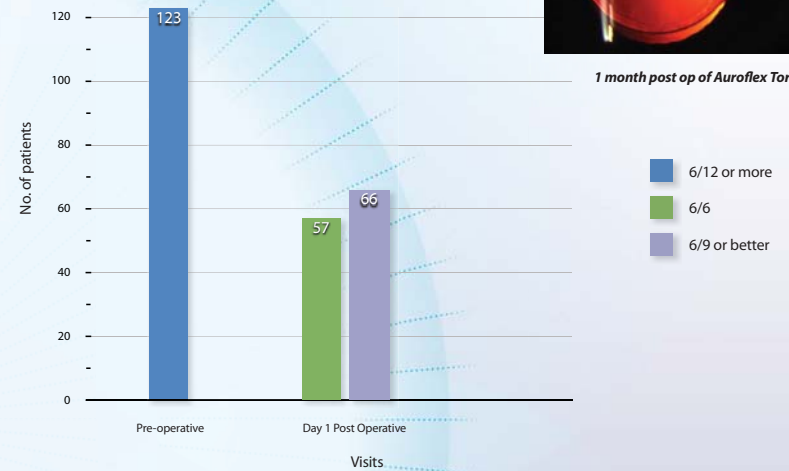
After complete visco (Sodium Hyaluronate) removal make the final alignment of IOL to place it on the calculated axis overlapping with the marks on the cornea.



Recheck with the gauge if the IOL is placed in the desired axis.

### Clinical Studies

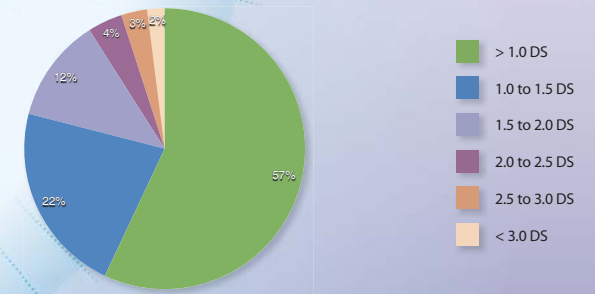
#### Unaided Visual Acuity in Patients with Auroflex Toric IOL



1 month post op of Auroflex Toric

### Prevalence of Astigmatism

Sample size of 633 patients



A sample study was conducted at AEH, Coimbatore to understand the possibility of TORIC IOL usage among patients. It turns out that more than 40% of patients counselled for cataract are eligible to receive TORIC IOL.