Improved control is BLIS
Bausch + Lomb BLIS™ Injector System

Advanced features

Reusable handpiece (BLIS-R1)
- Excellent surgeon control and ease of use
- High-quality, durable titanium material for reliability
- Screw-style design allows consistent, predictable lens delivery
- Simple cleaning and sterilization

Single-use cartridge (BLIS-X1)
- Rear-loaded cartridge designed for easy loading and smooth delivery
- Small 2.2- to 2.4-mm incision size
- Bevel tip designed for easy wound entry

For use with enVista®
hydrophobic acrylic IOL

For more information or to order, contact your Bausch + Lomb representative.
Excellence. The ultimate outcome.

Give your patients long-term clarity and quality of vision.

- No glistenings were reported at any time in controlled clinical studies.
- Aberration-free aspheric Advanced Optics.
- Low rates of PCO.

For more information or to order, contact your Bausch + Lomb representative.

For use with envista® hydrophobic acrylic IOL

Model number: MX60
- Diopter range
  - 0.0 D to +34.0 D (0.0 D to +10.0 D in 1.0-D increments; +10.0 D to +30.0 D in 0.5-D increments; and +30.0 D to +34.0 D in 1.0-D increments)
- Applanation A-scan
  - A-constant: 118.7
  - ACD: 5.37
  - Surgeon factor: 1.62
- IOL Master or immersion A-scan
  - A-constant: 119.1
  - ACD: 5.61
  - Surgeon factor: 1.85
- Refractive index: 1.54 at 35°C

INDICATIONS: Indicated for primary implantation for the visual correction of aphakia in adult patients in whom the cataractous lens has been removed by an extracapsular cataract extraction method. The lens is intended for placement in the capsular bag.

WARNINGS: Physicians considering lens implantation under any of the following circumstances should weigh the potential risk/benefit ratio: 1. Recurrent severe anterior or posterior segment inflammation or uveitis. 2. Patients in whom the intraocular lens may affect the ability to observe, diagnose, or treat posterior segment diseases. 3. Surgical difficulties at the time of cataract extraction, which might increase the potential for complications (e.g., persistent bleeding, significant iris damage, uncontrollable positive pressure, or significant vitreous prolapse or loss). 4. A distorted eye due to previous trauma or developmental defect in which appropriate support of the IOL is not possible. 5. Circumstances that would result in damage to the endothelium during implantation. 6. Suspected microbial infection. 7. Children under the age of 2 years are not suitable candidates for intraocular lenses. 8. Patients in whom neither the posterior capsule nor zonules are intact enough to provide support. 9. It is intended for permanent implantation. If explanted, sterility and proper function cannot be assured. For a complete physician labeling information, refer to the envista® product package insert.

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