1. Begin with a Crystalens or TRULIGN Toric IOL of appropriate model and dioptic power, a Crystalsert delivery system, Amvisc® Plus viscoelastic, and a pair of nontoothed forceps.

2. Remove the lid from the IOL case, then inspect the Crystalsert to ensure that the drawer is fully retracted and that the plunger is in the starting position as evidenced by the location of the stop at the rear detent of the syringe.

3. Keeping the Crystalsert level, apply Amvisc Plus viscoelastic to the area extending under the lens track edge as well as to the floor of the loading area as shown. Using nontoothed forceps, carefully remove the IOL from its case and confirm that the right loop of the leading haptic is round, to ensure that the lens is anterior side up.
**Crystalens® Accommodating Posterior Chamber Intraocular Lens**

**Indications for Use:** The Crystalens® is intended for primary implantation in the capsular bag of the eye for the visual correction of aphakia secondary to the removal of a cataractous lens in adult patients with and without presbyopia. The Crystalens® provides approximately one diopter of monocular accommodation which allows for near, intermediate, and distance vision without spectacles. **Warnings:** 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. Some adverse events which have been associated with the implantation of intraocular lenses are: hypopyon, intraocular infection, acute corneal decompensation, and secondary surgical intervention. **Precautions:** Do not resterilize; do not store over 45°C. **ATTENTION:** Refer to the Physician Labeling for complete prescribing information.

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**TRULIGN Toric intraocular lens**

**Indications for Use:** The TRULIGN Toric Posterior Chamber Intraocular Lens is intended for primary implantation in the capsular bag of the eye for the visual correction of aphakia and postoperative refractive astigmatism secondary to removal of a cataractous lens in adult patients with or without presbyopia who desire reduction of residual refractive cylinder with increased spectacle independence and improved uncorrected near, intermediate and distance vision. **Warnings:** 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. Some adverse events which have been associated with the implantation of intraocular lenses are: hypopyon, intraocular infection, acute corneal decompensation, and secondary surgical intervention. **Safety and Precautions:** Do not resterilize; do not store over 45°C. **ATTENTION:** Please see Directions for Use for important safety information.

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4. Place the IOL onto the loading area so that the leading plate haptic is tangent to the body, and position the leading right loop under the lens track edge as shown. Then actuate the drawer by pressing up on the drawer stop arm...

5. ...and slowly close the drawer until the snap-closure mechanism has engaged. The right trailing loop should be visible, but not protruding from the opening, as shown above.

6. Slowly advance the plunger, which will move the IOL forward and up into the tip of the Crystalsert®, then stop when the plunger hits the forward detent position of the syringe. Then fill the cavity of the tip with Amvisc® Plus to avoid introducing air bubbles during the insertion process.