AT TORBI 709M / MP
The first preloaded bitoric true-MICS IOL for better outcomes.
The moment you see precision in better outcomes.

This is the moment we work for.
Emmetropia is the goal for modern cataract surgery. In addition to spherical refractive errors, regular astigmatism can be easily corrected to ensure patients achieve the best possible post-operative visual outcomes.

Carl Zeiss offers the most innovative toric IOL technology for micro incision cataract surgery with AT TORBI® 709M / MP, the first preloaded bitoric true-MICS IOL.

Based on the successful ZEISS MICS IOL platform, the AT TORBI provides:

- Bitoric optic with cylinder correction in 0.5 D increments up to +12.0 D
- Precise toric IOL calculation via the Z CALC® online tool
- An integral part of the ZEISS Toric Solution

Due to the predictable and stable refractive outcomes, AT TORBI enables you to correct astigmatism precisely and achieve spectacle-free distance vision for more patients.
The solution for many of your patients

When astigmatism is corrected at the same time as the cataract is removed, you have the opportunity to significantly improve the quality of life for more patients. The chart below shows how up to 30% of your cataract patients could benefit from the AT TORBI. Better outcomes are why the use of toric IOLs is becoming routine in the safe and predictable correction of corneal astigmatism.

The AT TORBI 709M/MP from Carl Zeiss offers the most up-to-date technology to correct more patients’ astigmatism with greater precision and better outcomes. Clinical results show AT TORBI has very low postoperative residual cylinder.

Prevalence of Astigmatism

<table>
<thead>
<tr>
<th>D</th>
<th>% of eyes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0 – 1.0 D</td>
<td>70.9 %</td>
</tr>
<tr>
<td>1.5 D</td>
<td>12.6 %</td>
</tr>
<tr>
<td>2.0 D</td>
<td>7.2 %</td>
</tr>
<tr>
<td>2.5 – 4.5 D</td>
<td>8.4 %</td>
</tr>
</tbody>
</table>

Approx 30% of all patients have a corneal astigmatism above 1.0 D.¹

Clinical proven outcomes

Residual Refractive Cylinder²

91% of the patients who received a cylinder correction up to 4.5 D had < 0.50 D residual refractive cylinder postop.

Even with higher cylinder correction – only available with the AT TORBI, 84% of the patients who received a cylinder correction up to 6.5 D had < 0.50 D residual refractive cylinder postop.
“The lens is very stable in the capsular bag. There is no rotation or decentration, which is very important for refractive cataract surgery – especially for toric lenses.”

High rotational stability after surgery

Very good rotational stability

The excellent rotational stability and stable centration has been demonstrated in a number of studies. These studies confirm that the mean rotation of the AT TORBI was only 2° six months after surgery. It shows an excellent stability over time for accurate long term astigmatism correction.

Easier to Rotate During Surgery

High rotational stability is important and so is the initial alignment of the IOL. Whereas C-Loop lenses can only be rotated clockwise, AT TORBI has the great advantage to be rotated 360° in both directions. This makes it easy to align and fine-tune on the target axis. It is that simple.
Better outcomes with astigmatically neutral surgery

Astigmatism induced by larger incisions effects the predictability of the postoperative visual and refractive results. Surgically induced astigmatism can be reduced by switching to true-MICS. Based on the proven 4 haptic MICS design, AT TORBI 709M / MP provides a smooth and consistent implantation through 1.8 mm.

**True-MICS + Astigmatism Correction = AT TORBI**

- Minimizes surgically induced astigmatism
- Promotes rapid wound healing and accelerated postoperative rehabilitation
- Decreases the risk of endothelial cell loss
- Reduces the risk of inflammation

**MICS Techniques do not Induce Corneal Astigmatism**

Top:
Corneal topography maps (axial maps) of 1 eye preoperatively (left) and 1 month (center) and 3 months (right) after MICS

Bottom:
Corneal aberrometry maps (Seidel panels) of 1 eye preoperatively (left) and 1 month (center) and 3 months (right) after MICS

Courtesy of Jorge L. Alió, MD, PhD, Alicante, Spain
Advantages of a bitoric design

There are many advantages to using the AT TORBI 709M/MP over monotoric IOLs. The unique bitoric design is one of them. Equiconvex toric anterior and posterior optics:

- Provide a larger usable optic compared with a monotoric IOL
- Provide better imaging quality
- Enable production of higher cylinder powers

**Astigmatism**

**Astigmatism Correction**

The natural lens usually does not completely correct corneal astigmatism. Light rays from a single point converge in two distinct focal lines causing blurred images.

The bitoric optic design of AT TORBI corrects regular corneal astigmatism. Light rays from a single point converge in one single focal point for sharp vision.
AT TORBI and ZEISS Toric Solution

Implantation of toric IOLs has never been easier due to the ZEISS Toric Solution. From diagnosis to surgery, ZEISS Toric Solution keeps your workflow reliable, precise, comfortable and integrated so you can focus on what matters most: helping patients experience their best vision.

Precise calculation with Z CALC
Precise toric calculations are just a few clicks away. The proven ZEISS algorithm and easy to use interface provide easy and reliable lens selection. The toric IOL sphere and cylinder powers can be modified according to the target refraction desired.

Advantages of Z CALC
- Precise, reliable calculations
- Easy to calculate both toric and multifocal toric IOLs
- Convenient and customizable user interface

Precise alignment with CALLISTO eye ASSISTANCE with Z ALIGN
Z ALIGN® is the video-supported assistance function tool for precise, marker-based toric alignment.

Displaying the defined reference and target axes onscreen and in the eye piece, CALLISTO eye® ASSISTANCE with Z ALIGN ensures you align toric IOLs safely and precisely.
Make your life easier

MICS and astigmatism correction are a perfect match. When you add preloaded IOLs, the process just gets easier.

**AT TORBI 709MP preloaded**

Use the BLUEMIXS® 180 injector for an easy and safe implantation of the preloaded AT TORBI through 1.8 mm micro incision. Surgeons who tested the BLUEMIXS 180 were impressed with how easy and safe the MICS IOL implantation is using this injector especially designed for the MICS procedure.

**The BLUEMIXS 180 injector**

- 1.8 mm incision size
- Safety of preloaded IOLs
- Controlled and linear IOL injection
- Astigmatism-neutral surgery
  with rapid visual recovery
The moment innovation and passion lead to the best vision for your patient.

This is the moment we work for.
**AT TORBI – The first preloaded bitoric true-MICS IOL**

**Benefit from precision in every step of surgery:**
- High rotational stability
- Astigmatism-neutral implantation
- Extended diopter range with 0.5 D increments

**Technical data AT TORBI 709M/MP preloaded**

<table>
<thead>
<tr>
<th><strong>Optic Design</strong></th>
<th>Monofocal, bitoric, aspheric (aberration neutral)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Material</strong></td>
<td>Hydrophilic acrylic (25 %) with hydrophobic surface</td>
</tr>
<tr>
<td><strong>Optic Diameter</strong></td>
<td>6.0 mm</td>
</tr>
<tr>
<td><strong>Total Diameter</strong></td>
<td>11.0 mm</td>
</tr>
<tr>
<td><strong>Haptic Angulation</strong></td>
<td>0°</td>
</tr>
<tr>
<td><strong>Lens Design</strong></td>
<td>Single-piece, bitoric, MICS</td>
</tr>
<tr>
<td><strong>Incision Size</strong></td>
<td>1.8 mm</td>
</tr>
<tr>
<td><strong>Company Labeled A-Constant</strong>*</td>
<td>118.3</td>
</tr>
</tbody>
</table>
| **Diopter Range**        | Sphere: -10.0 to +32.0 D, 0.5 D increments  
Cylinder: +1.0 to +12.0 D, 0.5 D increments |
| **ACD**                  | 5.14                                             |
| **Implantation in**      | Bag                                              |
| **Preloaded**            | BLUEMIXS 180  
-10.0 to +28.0 D sphere with +1.0 to +4.0 D cylinder |
| **Injector / Cartridge Set**** | For IOLs from -10.0 to +28.0 D sphere with +1.0 to +4.0 cylinder***:  
AT.Shooter A2-2000 / ACM2 (1.5 mm)  
or  
VISCOJECT™ 1.8 Injector Set  
or  
Single-use injector A6 / *AT.Smart Cartridge Set (1.8 mm)  
*** For diopter range outside -10.0 to +28.0 D sphere with +1.0 to +4.0 D cylinder,  
the correct injector/cartridge set is ACCUJECT™ 2.6 |

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**References:**

2. Data on file, Wolfram Wehner MD, Chairman Maximilians-Augenklinik, Nuremberg, Germany
3. Wolfram Wehner MD, Chairman Maximilians-Augenklinik, Nuremberg, Germany

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* Please refer to our web pages for optimized A-Constants. ** Please refer to our web pages for the most up-to-date references.
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