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DESCRIPTION

The ARTISAN® phakic intraocular lenses (IOLs) are one-piece lenses made of UV absorbing polymethylmethacrylate (PMMA). The lens is designed for implantation into the phakic human eye for the correction of a refractive error. The lens is fixated to the relatively immobile anterior midperiphery of the iris stroma by two indoplastic bridges with enclavation mechanisms ("claws").

SPECIFICATIONS

Construction	One-piece design
Material (Optic / Haptic)	Polymethylmethacrylate (PMMA) with bound UV absorber
Material specification	≈ 99% Polymethyl methacrylate (PMMA), <0.5% UV blocker
Optic diameter	204001W: 6.0 mm Other: 5.0 mm
Body configuration	Convex - concave
Overall diameter	8.5 mm
Dioptric power range spherical IOLs	203001W: +1.0 to +12.0 D 204001W: -1.0 to -15.5 D 206001W: -1.0 to -23.5 D (0.5D increments)
Dioptric power range toric IOLs	Cylinder -1.0D to -7.5D (0.5D increments) Within a spherical range of +14.0D to -22.0D (0.5D increments) (Note: not all combinations are possible)
Performance indicators	
UV cut-off wavelength (<10%)	400 nm
Light transmittance	> 90% in the visible spectrum
Refractive index	1.49

INTENDED PURPOSE

Indications

The ARTISAN® Phakic IOL is indicated for the correction of myopia or hyperopia, in patients aged 18 and older, when there are no compromising ocular pathology(ies).
The ARTISAN® Toric Phakic IOL is indicated for the correction of astigmatism, in patients aged 18 and older, when there are no other compromising ocular pathology(ies).

Intended user

The ARTISAN® Phakic IOLs are intended to be used by a healthcare professional.

Use environment

The implantation of the ARTISAN® Phakic IOLs will be carried out in a controlled environment, or more specific a hospital setting.

Contraindications

Patients with any of the following conditions may not be suitable candidates for receiving an ARTISAN® Phakic IOL:
Pre-existing pathology or physiology which may be aggravated by the implant or where the implant may interfere with the possibility of examining or treating disease:

- Abnormal cornea (e.g. keratoconus, opaque cornea, corneal scars, post corneal transplant, corneal dystrophy or regarding toric IOLs: other cornea pathologies resulting in irregular astigmatism);
- Abnormal iris (e.g. convex, bulging or volcano shaped iris);
- Abnormal pupil (e.g. nonreactive, fixed, ectopic pupil);
- Acute or chronic inflammation;
- Aged under 18;
- Cataract of any grade;
- Choroidal hemorrhage;
- Chronic or recurrent uveitis or family history of the same condition;
- Corneas with high rates of polymegathism (a coefficient of variation > 0.40) and pleomorphism (the presence of ≤ 50% hexagonal cells);
- Corticosteroid responder;
- Crystalline lens rise of 600 µm or more;
- Diabetes or diabetic retinopathy;
- Glaucoma or family history of glaucoma;
- High preoperative intraocular pressure (> 21 mm Hg);
- Patient not meeting age specific minimum preoperative endothelial cell density as follows:

< 25 years of age	2250 cells/mm ²
26 - 30 years of age	2650 cells/mm ²
31 - 35 years of age	2400 cells/mm ²
36 - 45 years of age	2200 cells/mm ²
> 45 years of age	2000 cells/mm ²
- Pregnant or nursing;
- Preoperative anterior chamber depth measurement of below 3.0 mm from corneal endothelium to the anterior pole of the crystalline lens. A preoperative anterior chamber depth of below 3.0 mm will result in a critical distance between IOL and endothelium of below 1.5 mm as simulated with anterior segment imaging;
- Preoperative ocular or systemic condition or medication use that would be expected to present undue risk to the subject or that can predispose for future complications. E.g. the systemic use of alpha-1a adrenergic receptor antagonists was suggested to increase the occurrence of intraoperative floppy iris syndrome, alter iris morphology – or more specifically reduce iris thickness at the site of potential IOL enclavation – and increase postoperative endothelial cell loss;
- Pupil in scotopic light conditions greater than lens optic diameter + 1.0 mm;
- Regarding spherical phakic IOLs: significant amount of astigmatism (greater than 2 diopters);
- Retinal detachments or family history of retinal detachments;
- Unstable refraction (≥ 0.5D of variability in refraction over the last 12 months);
- White-to-white smaller than the overall diameter of the IOL plus 2.0 mm.

LIFETIME

Under normal conditions and medical circumstances, the expected lifetime of an ARTISAN® phakic IOL is at least 20 years.

CLINICAL BENEFITS

The intended clinical benefit of the ARTISAN® Phakic IOL is the improvement of the uncorrected visual acuity resulting in a reduced spectacle need for distance vision. The outcome parameters are the measurements of visual acuity and spectacle dependency.

COMPLICATIONS

As with any surgical procedure, there is risk involved. Potential complications accompanying implant surgery may include but are not limited to the following:

- Ametropia (spectacle dependency)
- Aniseikonia (spectacle dependency)
- Astigmatism (surgically induced)
- Cataract (surgically induced)
- Corneal edema and decompensation
- Cystoid macular edema
- Dysphotopsia (e.g. halos/glare)
- Endophthalmitis (intraocular infection)
- Endothelial cell loss (severe)
- Flat anterior chamber
- Glaucoma
- High intraocular pressure (uncontrolled)
- Hyphema
- Hyppopyon
- IOL decentration
- IOL precipitates
- IOL (sub)luxation
- Iris atrophy
- Iris erosion
- Iris perforation
- Iris prolapse
- Myopic shift
- Ocular infection (e.g. cornea, conjunctiva)
- Ocular pain
- Pupil ovalization
- Pupillary block

- Pupillary membrane
- Retinal detachment
- Synechiae
- Toxic Anterior Segment Syndrome (TASS)
- Ureter Zavalia syndrome

Some of these complications may necessitate a secondary surgical intervention (e.g. IOL exchange, removal or repositioning) or specific treatment (e.g. corticosteroids).

PRECAUTIONS

- A high level of surgical skill and training specific to iris-fixated IOLs is required for ARTISAN® lens implantation. Training courses for iris-fixated IOL implantation are provided by OPHTEC BV.
- This device is restricted to the use by a physician with training specific to iris-fixated IOLs and may only be used in compliance with appropriate medical guidelines.
- An iridotomy or iridectomy outside the IOL periphery should be performed to reduce risk of high ocular pressure as a result of pupillary block.
- In addition to standard postoperative examinations, postoperative follow-up after six months and annual examinations are required, including but not limited to intraocular pressure, endothelial cell density monitoring and anterior chamber measurements. Device explantation should be considered when abnormal endothelial cell patterns are observed or when endothelial cell count is less than 1500 cells/mm².
- Disposal of waste products of the device must be in accordance with Good Hospital Practices.
- See sections "PATIENT INFORMATION for the physician" and "PATIENT INFORMATION for the patient" for other relevant precautions.

WARNINGS

- For single patient use only. Do not reuse, reprocess or sterilize, this may compromise the structural integrity of the device and/or create a risk of contamination. Malfunction and cross-contamination may lead to injury or illness of the patient.
- Do not resterilize.
- Do not reuse.
- Do not use after the expiration date.
- Do not use if the integrity of the product or the packaging has been compromised.
- Do not store at temperatures >40 °C or 104 °F.
- Do not soak the IOL in fluids other than a sterile balanced salt solution.
- Prior to implantation, verify that the correct product and lens power has been selected for the concerning eye.
- The physician must ensure traceability of the IOL and provide the patient with a patient implant card.

The residual risks are addressed by warnings, precautions and contraindications.

CALCULATION OF LENS POWER

General:

The dioptric power of the phakic IOL has to be calculated for each eye. It is important that accurate preoperative biometry measurements are taken. Preoperatively, the physician can provide OPHTEC BV with the subjective manifest refraction, the anterior chamber depth and the keratometry values. Based on the "van der Heide" formula and the data provided by the physician a recommendation for the lens power of the lens will be provided.

Regarding ARTISAN® Toric Phakic IOLs:

Accurate preoperative examination of the patient's astigmatism is essential for an optimal postoperative outcome. For the proper placement of the ARTISAN® Toric phakic IOL in the eye and to avoid placement errors, OPHTEC BV can provide the physician with an illustration of the situation in situ together with the lens power calculation. More information on the choice of lens model can be found in the "SURGICAL PROCEDURE".

Contact OPHTEC BV for more information on lens power calculation.

PATIENT INFORMATION for the physician

All patients receiving this lens should be given an extensive preoperative ocular examination. In addition, the physician should provide thorough counselling to the patient on the potential risks as well as benefits of refractive surgery with the ARTISAN® Phakic IOL. In order to assess the safety of the lens over time, patients should be examined 6 months after surgery and subsequently once a year. The follow-up examination should include monitoring of intraocular pressure, endothelial cell counts and anterior chamber measurement. Follow-up frequency should be increased to once every six months in case the decrease in cell count exceeds the physiological norm or when the anterior chamber becomes shallower. Patients should be instructed not to rub the eye after the implantation and to avoid physical impact or direct pressure to the eye and/or activities that increase the risk of ocular trauma (e.g. certain ball sports, martial arts) or to wear safety glasses during such activities. In case of malfunction of the lens or changes in its performance, the patient should be instructed to contact the physician.

PATIENT INFORMATION for the patient

Information for the patient can be found on our website: www.ophtecimplants.info.

OPERATING INSTRUCTIONS

Prior to implantation, all packaging should be carefully examined to verify that the contents have not been damaged, the correct lens power has been chosen and that the expiration date is respected. Using a sterile technique, open the blister pack and deliver the lens tray with the lens to the sterile prep tray. The IOL can become electrostatically charged and stick to the lid of the lens tray. Tap lightly on the lid before opening the lens tray. Open the lens tray and examine the IOL for damage or debris. The IOL may be rinsed with sterile balanced salt solution to remove the electrostatic charge and coated with a viscoelastic prior to implantation to facilitate easy passing through the main incision.

SURGICAL PROCEDURE

A full description of the surgical procedures for implantation, re-enclavation and explantation of the ARTISAN® Phakic IOLs can be found on the company website: www.ophtec.com.

RECOMMENDATION FOR USE WITH OTHER DEVICES

The use of specific ARTISAN® instruments developed by OPHTEC BV is recommended: ARTISAN® Reusable Implantation Forceps Refractive, Long
ARTISAN® Reusable Implantation Forceps Refractive, Short
ARTISAN® Reusable Lens Manipulator Standard, straight
ARTIFIX® Reusable Holding Forceps
ARTISAN® Reusable Endoactivation Forceps
ARTISAN®/ARTIFILEX® Disposable Enclavation Needle
ARTISAN®/ARTIFILEX® VacuFix™ Disposable Vacuum Endoactivation System

Viscoelastic Substances

Only a high viscosity sodium hyaluronate (1.0 - 1.4%) viscoelastics such as ArtVisc® or ArtVisc Plus® should be used.

HOW SUPPLIED

Each lens is supplied sterile in a protective tray sealed in a blister pack and packaged in a box. Attached to the box and blister pack are labels containing the lens model, serial number, expiration date, lens power, a description of the lens and the UDI code.

PATIENT IMPLANT CARD

A patient implant card is provided with each lens implant. The physician or physician's staff should fill in the appropriate information on each card and instruct the patient to carry the card at all times in case emergency medical treatment is necessary. Please check the symbol explanation table below to complete the patient implant card correctly.

RETURN LENS POLICY

A request for return or exchange should always include a specification of the model of the intraocular lens, dioptric power, serial number, customer reference and reason for return. Please contact OPHTEC BV for more information regarding the policy for the return/exchange of intraocular lenses.

SERIOUS INCIDENTS

Any Serious Incident that has occurred in relation to one of OPHTECs IOLs must be reported immediately to OPHTEC BV at tel. (+31) 505251944 or by e-mail info@ophtec.com and to the competent authority of the Member State in which the user and/or patient is established.

CLINICAL INVESTIGATION DATA

A summary of the results of the clinical investigation can be found on our website: www.ophtec.com.

SUMMARY OF SAFETY AND CLINICAL PERFORMANCE

A summary of safety and clinical performance (SSCP) is available in the European database on medical devices (Eudamed) at <https://www.ec.europa.eu/tools/eudamed>. The SSCP is linked to the Basic UDI-DI number:

- REF 203001W: 8717819Artisan203/3Z
- REF 204001W: 8717819Artisan204/44
- REF 206001W: 8717819Artisan206/44A
- REF 130**1W/140**1W: 8717819ArtisanToricKY

DISCLAIMER OF LIABILITY

OPHTEC BV shall not be liable for any injury or damage suffered by a patient as a result of:

- The surgical technique or implantation method used by a physician to implant the IOL;
- Improper patient selection;
- Improper product selection.

OPHTEC BV makes no expressed or implied warranties in connection with the resale of its intraocular lenses or the fitness for use other than the intended purpose, as defined by the manufacturer, and/or the specified operational conditions.

ARTISAN® & ARTIFILEX® are registered trademarks of OPHTEC BV

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Symbol	Explanation	Symbol	Explanation
[REF]	Catalogue number	[M]	Date of manufacture
STERILE EO	Sterilized by ethylene oxide	[MD]	Medical Device
[X]	Do not resterilize	[UDI]	Unique Device Identifier
[X]	Do not reuse	[SBS]	Single Sterile Barrier System
[U]	Use by	[P]	Patient Identification
[I]	See Instructions for Use	[31]	Date of Implantation
[SN]	Serial number	[G5]	Left Eye
[X°C (X°F)]	Upper limit of temperature	[G6]	Right Eye
[X]	Do not use if package is damaged	[HCD]	Healthcare Centre/Doctor
[M]	Manufacturer	[I]	Information website for patients