Start your toric IOL journey with Rayner

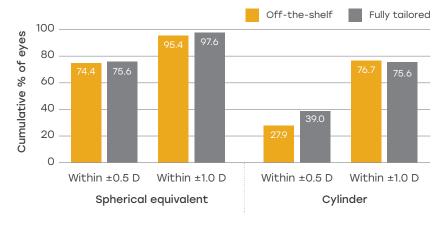
It's generally accepted that eyes with corneal astigmatism of 1.0 D or greater would benefit from a toric IOL.¹ In the NHS, over 20% of cataract patients have corneal astigmatism 1.5 D or greater, which if not addressed, results in suboptimal unaided vision, spectacle dependence and reduced patient satisfaction.² Despite the proven clinical benefits, toric IOLs are implanted in only 0.4% of NHS patients for logistical and budgetary issues.²

A recently published study led by **Professor David O'Brart** at **St Thomas' Hospital** in London proposed an 'off-the-shelf' (OTS) strategy to correct up to +5.0 D of corneal astigmatism using only +2.0 and +4.0 D cylindrical power toric IOLs, with residual astigmatism corrected by opposite clear corneal incisions (OCCI). This strategy was compared to a 'fully tailored' (FT) approach where patients received a toric IOL with full correction of their corneal astigmatism.²

Key study takeaways:

- 1. Non-inferiority of the OTS strategy was demonstrated.
- 2. There was no difference between the OTS or FT groups for UDVA, CDVA, residual cylinder, TIA, SIA, PROMs or AEs.
- 3. The OTS strategy allows the majority of cataract patients with significant corneal astigmatism to achieve satisfactory refractive and visual outcomes.
- **4**. Using only +2.0 D and +4.0 D cylinder IOLs, the OTS strategy greatly reduces the number of toric IOL combinations needed, the logistical burden and the associated costs, thereof allowing wider access to toric IOLs in the public health sector.

Refractive predictability





How can Rayner support you?

Simplicity

Available in a simple range of spherical equivalent and cylindrical powers, our RayOne Toric monofocal toric IOL has proven rotational stability and centration with predictable and accurate visual results.³ rayner.com/RayOneToric

Education

Our **Peer2Peer** clinical education platform contains a library of open access webinars and podcasts, with experts in astigmatism management and toric IOLs covering fundamental topics such as identifying toric IOL patients, conducting proper measurements, choosing incision location, selecting a marking system, and managing IOL rotation.

rayner.com/Peer2Peer

For more information and preferential pricing for RayOne Toric IOLs in the public health sector, please speak to your local Rayner representative today

1. Hoffmann PC, Hütz WW. Analysis of biometry and prevalence data for corneal astigmatism in 23,239 eyes. J Cataract Refract Surg. 2010;36:1479-85. 2. [O'BRART PAPER REFERENCE TO BE CONFIRMED] 3.Bhogal-Bhamra GK et al. Journal of Refractive Surgery. 2019;35(1):48-53.

