MPL™ 100 & 101 correction of high myopia

- One piece
- Optic from Ø 6.00mm to 4.25mm
- MPL - 100 total Ø =10.8 mm
- MPL - 101 total Ø =11.3 mm
- Biconcave
- Width - 6 mm
- Powers from -3D to -28D by 0.5D

Unique and Safe Design
- Implantation between iris and crystalline
- Natural and precise self-centration by iris
- The posterior surface of the lens is designed to conform to the shape of the anterior capsule of the natural lens and to move with dynamic changes of the eye.
- Spherical and very flexible haptics
- Lens is not fixated to the ciliary sulcus
- Lens dimensions, shape and material properties enable “floating” on the natural lens without touching it.
- A layer of aqueous surrounds the MPL, avoiding contact to the crystalline lens and the pigment epithelium of the iris
- Overall diameter smaller than sulcus to sulcus distance avoiding compression of intraocular structures

Monobloc Silicone Polymer
- Hydrophobic silicone material enables to float over the crystalline.
- High refractive index 1.46

Optimized Design Features
- Rounded edges throughout its entire contour.
- Maximized optic sizing as large as 6.0mm for powers up to -15.0 diopters
- 50% thinner edges (0.1mm) securing the presence of a gap while improving buoyancy.
- Full spread of powers between -3.0 diopters up to -28.0 in 0.5 increments. By adopting ISO labeling methodology the incremental values were redefined to more accurate levels providing users with smaller increments of refinement between available powers translating into even more accurate final results.
- Central perforation to maximize centering (Parachute Centering Technology).

Your choice of implantation
- With forceps
  - 3.2 mm incision
- With injector - Ophtec OD665-2.0 / RET INC. Comport Trimo REF: T22T7113
  - 2.2 mm incision

MPL™
Is an alternative to Lasik, reversible option, and the only floating posterior chamber lens in the world
A safe and effective predictable and stable method to correct high myopia / hyperopia(1)

(1)References:

2. Phakic refractive lens experience in Spain. *JCRS Nov. 2002*
3. One piece “floating” refractive implant could prove to secure new option for the correction of myopia. *Eurotimes April 2003.*
16. Portaloiu DM, MD; Kymionis GD, MD, PhD; Panagopoulos SI, PhD; Kalyvianaki MI, MD, PhD; Grentzelos M, MD; Pallikaris I, MD, PhD, “Long-term Results of Phakic Refractive Lens Implantation in Eyes with High Myopia,” *Journal of Refractive Surgery*, 2011; 27(11): 787-791.
17. Pérez-Cambrodi RJ, MSc; García-Lázaro S, PhD; Blanes-Mompó FJ, MD; Piñero D, PhD; Cerviño A, PhD, “Phakic Refractive Lens to Correct Moderate to High Myopia Five Years after Implantation”, *J Emmetropia 2011; 2: 73-78.*
18. Interaction of the corneal endothelium with the Phakic Refractive Lens. Report By Medical University of South Carolina, Storm Eye Institute. On file at Medennium Inc.