**MPL™ 200 correction of high hyperopia**
- One piece
- Optic Ø 4.50 mm
- MPL - 100 total Ø =10.6 mm
- Convex - concave
- Width - 6 mm
- Powers from +3D to +15D 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 Ø4.50 mm
- 50% thinner edges (0.1mm) securing the presence of a gap while improving buoyancy.
- Full spread of powers from +3.0 D up to +15.0 D in 0.5 increments.

**Your choice of implantation**
- With forceps
  - 3.2 mm incision
- With injector - Optec OD660 -2.4
  - 2.4 mm incision

Refer to the operative protocol before implantation!
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.
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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.