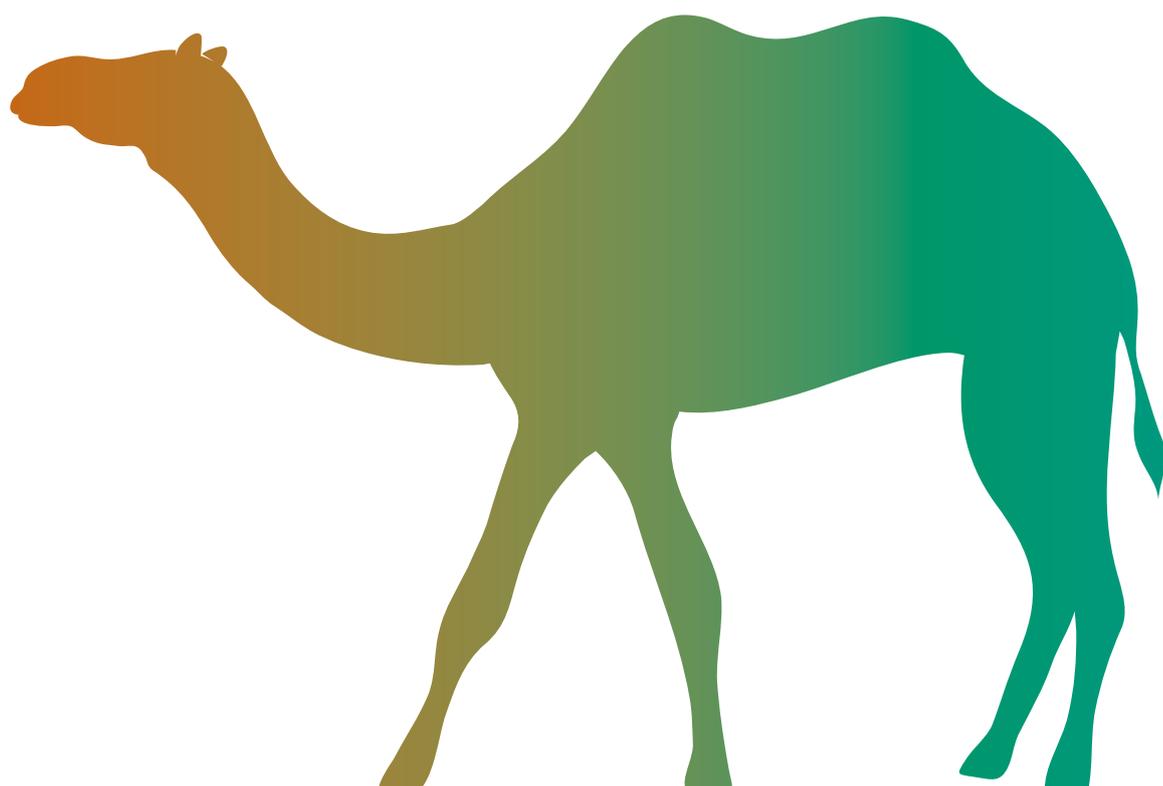


CAMELLENS

INTRA OCULAR LENS



Q SOLEKO™
IOL DIMSION
ITALIAN OPHTHALMIC LAB



Camellens 1 PRIMARY LENS

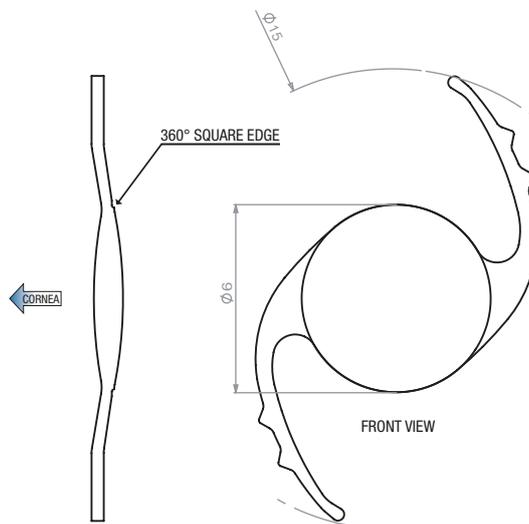
Monofocal **FIL 622-1**
Toric **FIL 622-1 T**

Lente altamente performante in materiale idrofilico. Ideata per il posizionamento sia nel solco ciliare che nel sacco capsulare, in impianti singoli od accoppiata ad una lente della famiglia *Camellens 2*. Particolarmente stabile al tilt/rotazione grazie alle lunghe loop ed alla tipica coppia di cuspidi a “gobba di cammello”.

High performing lens made by hydrophilic material. Designed to be placed both in the ciliary sulcus then in the capsular bag, alone or coupled with a lens of the *Camellens 2* family. Superior stability against tilt and rotation is assured by long loops and the tipycal pair of cusps looking like “camel humps”.

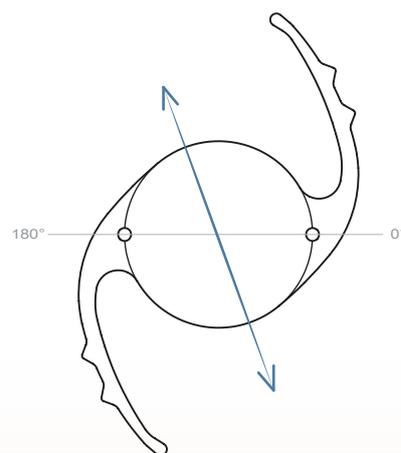
FIL622-1 MONOFOCAL

Diametro ottico Optic diameter	6.0 mm
Diametro totale Total diameter	15.0 mm
Angolazione ansa Haptic angulation	10°
Bordo dell'ottica Edge design	360° square edge
Materiale Material	foldable acrylic with 25% H ₂ O and UV filter
Indice di rifrazione Refractive index	1,461 (546 nm , 20°C in water)
Gamma poteri Diopter range	from -5.00 to +40.00 (step 0.5D)
Costante A consigliata Recommended A constant	119.1 ¹ / 119.4 ² / 118.8 ³ (optical biometry)
Iniettore consigliato Recommended injector system	Medicel Viscojet 2.2 or 2.7



FIL622-1 T TORIC

Diametro ottico Optic diameter	6.0 mm
Diametro totale Total diameter	15.0 mm
Angolazione ansa Haptic angulation	10°
Bordo dell'ottica Edge design	360° square edge
Materiale Material	foldable acrylic with 25% H ₂ O and UV filter
Indice di rifrazione Refractive index	1,461 (546 nm , 20°C in water)
Gamma poteri Diopter range	from -1.00 to +35.00 (step 0.5D)
Cilindro Cylinder	from +1.00D to +6.00D (step 0.5D) axis from 0° to 180° (step 1°)
Costante A consigliata Recommended A constant	119.1 ¹ / 119.4 ² / 118.8 ³ (optical biometry)
Iniettore consigliato Recommended injector system	Medicel Viscojet 2.2 or 2.7



Real Axis Technology

Note:

- 1) posizionamento nel sacco capsulare
- 2) posizionamento nel sacco capsulare, accoppiata ad una FIL 622-2
- 3) posizionamento nel sulcus

Notes:

- 1) positioned in the capsular bag
- 2) positioned in the capsula bag, coupled with a FIL 622-2
- 3) positioned in the sulcus

Real Axis Technology

L'asse del cilindro viene impostato al momento della costruzione della lente ed è indicato nel disegno tecnico allegato. La lente deve essere sempre posizionata sul meridiano 0°-180°.

The cylinder axis is set during the construction and is indicated on the technical drawing belonging the lens. The lens must always be positioned on the 0°-180° meridian.

Camellens² SECONDARY LENS

Monofocal **FIL 622-2**
Toric **FIL 622-2 T**
Multifocal **FIL 622-2 PV**
Multifocal Toric **FIL 622-2 PVT**

Lente altamente performante in materiale idrofilico. Ideata come impianto secondario nel solco ciliare per raggiungere una perfetta emmetropia o per correggere la presbiopia. Particolarmente stabile al tilt/rotazione grazie alle lunghe loop ed alla tipica coppia di cuspidi a “gobba di cammello”.

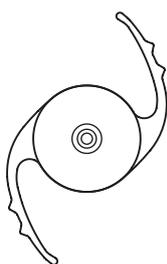
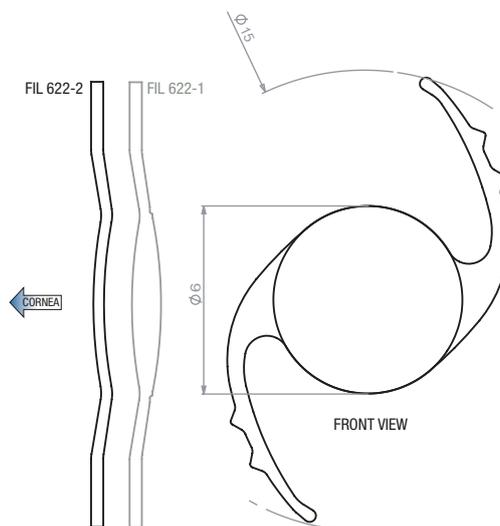
Le lenti della famiglia *Camellens 2* offrono un approccio più semplice al paziente: possono essere facilmente rimosse anche dopo mesi dall'intervento, rendendo reversibili impianti complessi, come nel caso di cornee instabili o lenti multifocali mal tollerate. Si prestano perfettamente anche ad integrare vecchi impianti nel sacco capsulare.

High performing lens made by hydrophilic material. Designed to be placed as a secondary implant in the ciliary sulcus to ensure a perfect emmetropia or correction of presbyopia. Superior stability against tilt and rotation is assured by long loops and the typical pair of cusps looking like “camel humps”.

The lenses of the *Camellens 2* family offer a simpler way to patient managing: they can be easily removed even after months from surgery. Complex implants like unstable cornea or multifocal lenses now are reversible. Perfectly suitable to fit old capsular bag implants too.

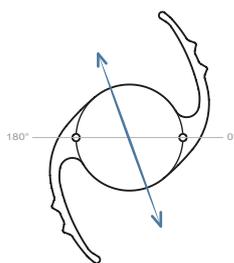
FIL622-2 MONOFOCAL

Diametro ottico Optic diameter	6.0 mm
Diametro totale Total diameter	15.0 mm
Angolazione ansa Haptic angulation	10°
Materiale Material	foldable acrylic with 25% H ₂ O and UV filter
Indice di rifrazione Refractive index	1,461 (546 nm , 20°C in water)
Gamma poteri Diopter range	from -5.00D to +5.00D (step 0.5D)
Iniettore consigliato Recommended injector system	Medicel Viscojet 2.2 or 2.7



FIL622-2 PV MULTIFOCAL

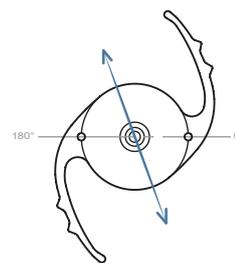
Gamma poteri Diopter range	from -5.00D to +5.00D (step 0.5D)
Addizione Add power	+3.00D (at spectacles plane)



Real Axis Technology

FIL622-2 T TORIC

Gamma poteri Diopter range	from -5.00D to +5.00D (step 0.5D)
Cilindro Cylinder	from +1.00D to +12.00D (step 0.5D) axis from 0° to 180° (step 1°)



Real Axis Technology

FIL622-2 PVT MULTIFOCAL TORIC

Gamma poteri Diopter range	from -5.00D to +5.00D (step 0.5D)
Addizione Add power	+3.00D (at spectacles plane)
Cilindro Cylinder	from +1.00D to +6.00D (step 0.5D) axis from 0° to 180° (step 1°)

Real Axis Technology

L'asse del cilindro viene impostato al momento della costruzione della lente ed è indicato nel disegno tecnico allegato. La lente deve essere sempre posizionata secondo il meridiano 0°-180°.

The cylinder axis is set during the construction and is indicated on the technical drawing belonging to the lens. The lens must always be positioned following the 0°-180° meridian.

Particular applications of a double implantations

In all **classical/traditional multifocal** implantations can be inserted simultaneously *Camellens 1* monofocal + *Camellens 2* multifocal with the possibility of an easy removal even after months in case of intolerance.

In **cornea transplantation** the toric IOL implant is generally deprecated for the possibility of astigmatic degeneration after time. Instead, through *Camellens 1 + 2* implant, it is possible to insert a *Camellens 2* toric in the sulcus allowing easy rotation or replacement in case of subsequent corneal changes.

In **congenital cataracts** the *Camellens 2* multifocal can be quickly replaced in the sulcus during the years, adapting the power to the variations of post-pubertal refraction.

In **cataracts undergoing incisional refractive surgery (radial keratotomy or curve)**, in case a Toric IOL is required, a *Camellens 1* monofocal in the bag and a *Camellens 2* toric in the sulcus should be implanted in order to allow rotation or easily replacement in case of mutation in the corneal shape after cataract surgery.

In **keratoconus** the astigmatism may vary/change belatedly and so it is preferable to implant a *Camellens 1* in the bag and a second *Camellens 2* toric in the sulcus.

In **homocentric corneas** there is often an *irregular astigmatism*, whose axis varies, however, from 80° to around 110°(in the meridian less refractive). Unfortunately it's not possible calculate the correct axis based on topographic analysis. In these cases it is preferable to adjust this toricity with *Camellens 2* toric set with a diopter on axis 180, so that, in the post-operative controls, it will be easy to verify the axis of the IOL to optimize the astigmatic correction and so rotate it.

Frequently Asked Questions

Is there enough clearance for the simultaneous implant of *Camellens 1 + 2* in small eyes?

The total thickness of the two IOLs is about 1mm, it is a value much lower than the natural crystalline, that generally varies from 4.5 to 5.5 mm.

Does the IOL constant change depending on the seat/positioning of *Camellens 1*?

If the Camellens 1 is positioned in the bag the constant is 119.1, while in the sulcus it is 118.8. If there is an implant Camellens 1 + 2 this moves slightly back the principal planes of the IOL and the constant becomes 119.4.

If one implants the *Camellens 2* in the sulcus in a patient with a previous implant in the bag, does this second implant move back the previously implanted IOL?

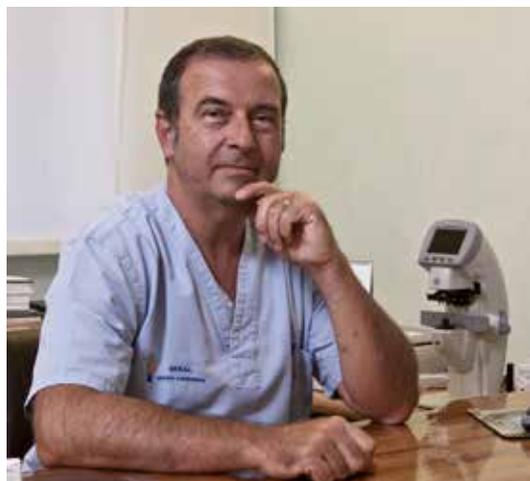
No, because the bag is already coerced and does not move the IOL back significantly.

In case of the removal of *Camellens 2*, how one should operate?

It is sufficient an opening of 2.5 mm and the insertion of little viscoelastic based on methyl-cellulose. The IOL, due to its reduced section, can be extracted with extreme easiness.

Can a so long type of loops, due to the contraction of bag, overlap the optical zone?

Unlike other three pieces IOLs with rigid loops, the loops of Camellens, being very long, adapt to the equator of the bag and remain stabilized already in the first month. Hence there is not a centripetal force that leads them toward the optical disc. The two "Camel humps" also stabilize immediately the rotation of the IOL.



Massimo Camellin was born in Rovigo on 5 Sept. 1958, graduated in Ferrara at Medicine and Surgery in 1983 and specialized in ophthalmology in 1987.

He developed a Thesis: "Problems of estimate calculation of dioptric power and Analysis of proposed formulas in the system of intraocular lenses" and a postgraduate thesis: "Analysis of surgical techniques for the correction of astigmatism and experimental investigations".

He is the author of a book on LASEK, developed by him in 1998 "Lasek & ASA"; author and coordinator of the Congress "Topography and Diagnostics of Anterior Segment applied to ..."

He has been publishing more than articles on ophthalmologic journals.

He has been co-author of 15 books with topics like refractive surgery, corneal topography and contactology.

Peer Reviewer of the major international journals and member of CPI (International Power Club).

He has always been interesting in the field of intraocular lenses and has developed the IOL Calculator Program (Camellin - Calossi) from 2015 available on Iphone and IPad.

Camellens 1 and 2 platform is the result of a collaboration with Soleko.

Currently he is the Medical Director of Sekal Microsurgery Rovigo with a team of 11 people including 4 doctors.