The KAMRA™ Inlay
Small Aperture Solution for Presbyopia

TM
Understanding Small Aperture Optics

By applying the depth of focus principle commonly used in photography, the KAMRA™ inlay controls light transmission allowing only central rays to reach the retina through the fixed 1.6 mm aperture.\textsuperscript{5,6}

Before the KAMRA Inlay: The presbyopic eye is unable to focus light.

After the KAMRA Inlay: Clinical results have confirmed that the central 1.6 mm aperture is the optimal size for improving near vision and maintaining distance vision.\textsuperscript{2}

Becoming a KAMRA Inlay Surgeon
To learn more about how the KAMRA inlay is helping surgeons around the world deliver a long-term solution to presbyopia, contact AcuFocus at info@acufocus.com and a representative will contact you or visit us at AcuFocus.com.
The Presbyopia Solution
You’ve Been Waiting For

By 2020, there will be an estimated 2.1 billion presbyopes worldwide.¹
While multiple options exist to treat this patient segment, some are
temporary and most require significant compromise. For surgeons seeking
a long-lasting solution for these patients, there is the KAMRA™ inlay.

The KAMRA Inlay Delivers:

- **Full Range of Vision**: Delivers a complete uninterrupted range of vision²
- **Excellent Outcomes**: Achieves an average of J2 uncorrected binocular visual acuity
  at near and 20/16 uncorrected binocular visual acuity at far in clinical study patients³
- **High Safety Profile**: Provides an option to remove the inlay, which keeps patient’s
  future options open⁴

![KAMRA Inlay Diagram]

8,400 laser etched perforations to
support corneal health

¹ By 2020, there will be an estimated 2.1 billion presbyopes worldwide.
² Full Range of Vision: Delivers a complete uninterrupted range of vision.
³ Excellent Outcomes: Achieves an average of J2 uncorrected binocular visual acuity at near and 20/16 uncorrected binocular visual acuity at far in clinical study patients.
⁴ High Safety Profile: Provides an option to remove the inlay, which keeps patient’s future options open.
The design of the KAMRA inlay delivers an extended depth of focus while:
- Maintaining contrast sensitivity in all lighting conditions
- Allowing the patient to see from near to far without blur zones
- Providing the ability to achieve up to 2.25 diopters (D) of add (achieved when patient has a refraction between -0.50 D and -0.75 D)

The images above represent a patient’s range of vision before and after the KAMRA inlay.
**Maintain Stereopsis**

With the KAMRA™ inlay, there is no change to the refraction of either eye, allowing both eyes to be refracted to their optimal acuity. This is why a KAMRA patient can enjoy excellent vision from near to far. Unlike the KAMRA inlay, monovision does change the refraction of at least one eye, which typically results in the loss of binocularity and stereopsis.

Most monovision corrections are performed in excess of +0.75 D, often greater than +1.50 D, which decreases stereopsis to a considerably greater extent.

**Long-Term Performance**

Outcomes from a long-term study demonstrate KAMRA patients achieve mean uncorrected visual acuity of 20/25 in their inlay implanted eye across all distances. This change represents an average gain of 3.2 lines of near acuity. After five years of follow-up, vision remained stable, with no need to exchange for a higher power. The US pivotal clinical study data reported an average gain of about 3 lines of near visual acuity.
References
2. Data on file at AcuFocus, Inc.
3. PMA data on file at AcuFocus, Inc.

Indications for Use:
The KAMRA™ inlay is indicated for intrastromal corneal implantation to improve near vision by extending the depth of focus in the non-dominant eye of phakic, presbyopic patients between the ages of 45 and 60 years old who have cycloplegic refractive spherical equivalent of +0.50 D to -0.75 D with less than or equal to 0.75 D of refractive cylinder, who do not require glasses or contact lenses for clear distance vision, and who require near correction of +1.00 D to +2.50 D of reading add.

Summary of Important Information:
- The KAMRA™ inlay procedure may not eliminate the need for reading glasses.
- The KAMRA inlay procedure may cause blurred vision, difficulties with contrast sensitivity, problems with night vision, double vision, ghost images, glare, halos, and color disturbances. Patients may also feel pain, dryness, burning, discomfort and look red.
- Other risks the patient may experience include infection, swelling, thinning, or inflammation of the cornea, and changes in the patient’s vision.
- The KAMRA inlay can be removed. During the clinical study, after removal of the inlay, vision generally returned to the level the patient had prior to the implantation with the KAMRA inlay. However, this does not guarantee that the patient’s vision will return to exactly what it was before surgery or that the eye will not have permanent damage.
- Non-surgical alternatives to the KAMRA inlay procedure include the use of reading glasses or contact lenses.
- Before considering the KAMRA inlay procedure the patient should: 1) Have a complete eye examination and, 2) Talk with their eye surgeon about the alternatives to treatment, potential benefits, complications, risks, and time required for healing.

The KAMRA inlay may be covered by one or more of the following: U.S. Patents 7,404,637; 7,628,810; 7,976,577; D656,526; 8,287,592; 8,460,374; other U.S. and foreign patents pending AcuFocus, Inc., KAMRA, the KAMRA logo, Small Aperture Solution for Presbyopia, and Across the Page, Across the Room, Across the Years, are trademarks of AcuFocus, Inc. © 2015 AcuFocus, Inc. All rights reserved.

AcuFocus, Inc. • 32 Discovery #200 • Irvine, CA 92618 • 1-949-585-9511 • www.AcuFocus.com