

- *Provide excellent far, intermediate, and near vision*

Compared to other multifocal lenses, Acriva^{UD} Reviol series maintain less visual distortion and have a large range of accommodation, thus providing independence from spectacles.

- *High optic quality*

Acriva^{UD} Reviol series demonstrate high contrast sensitivity even during night vision. It is also designed to correct the positive aberration of the cornea as it has aspheric structure and aberration control which is termed the "ultra definition" technology.

- *Pupil independent*

With the IOL's diffractive design, quality vision can be obtained independent of pupil size.

- *Premium material*

Acriva^{UD} Reviol series are made of an ultrapure acrylate monomer. It contains 25 % water and has a hydrophobic surface. With the hydrophobic surface, the risk for posterior capsule opacification remains at a minimal level.

Compliance with Ethical Requirements No animal studies were carried out by the authors for this article.

Dr. Tomita is a consultant for VSY.

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all patients for being included in the study.

References

1. Ale JB. Intraocular lens tilt and decentration: a concern for contemporary IOL designs. *Nepal J Ophthalmol.* 2011;3(1):68-77.
2. Knorz MC. Multifocal intraocular lenses: overview of their capabilities, limitations, and clinical benefits. *J Refract Surg.* 2008;24(3):215-7.
3. Alió JL, Piñero DP, Plaza-Puche AB, Chan MJ. Visual outcomes and optical performance of a monofocal intraocular lens and a new-generation multifocal intraocular lens. *J Cataract Refract Surg.* 2011;37(2):241-50.
4. Lane SS, Morris M, Nordan L, Packer M, Tarantino N, Wallace 3rd RB. Multifocal intraocular lenses. *Ophthalmol Clin North Am.* 2006;19(1):89-105.
5. Alió JL, Grabner G, Plaza-Puche AB, et al. Postoperative bilateral reading performance with 4 intraocular lens models: six-month results. *J Cataract Refract Surg.* 2011;37(5):842-52.
6. Can I, Bostancı Ceran B, Soyugelen G, Takmaz T. Comparison of clinical outcomes with 2 small-incision diffractive multifocal intraocular lenses. *J Cataract Refract Surg.* 2012;38(1):60-7.
7. Alió JL, Piñero DP, Plaza-Puche AB, et al. Visual and optical performance with two different diffractive multifocal intraocular lenses compared to a monofocal lens. *J Refract Surg.* 2011;27(8):570-81.
8. Conrad-Hengerer J, Hengerer FH, Schultz T, Dick HB. Effect of femtosecond laser fragmentation of the nucleus with different softening grid sizes on effective phaco time in cataract surgery. *J Cataract Refract Surg.* 2012;38(11):1888-94.
9. van der Linden JW, van der Meulen IJ, Mourits MP, Lapid-Gortzak R. In-the-bag decentration of a hydrophilic radially asymmetric multifocal intraocular lens secondary to capsule contraction. *J Cataract Refract Surg.* 2013;39(4):642-4.
10. Altmann GE, Nichamin LD, Lane SS, Pepose JS. Optical performance of 3 intraocular lens designs in the presence of decentration. *J Cataract Refract Surg.* 2005;31(3):574-85.
11. Baumeister M, Bühren J, Kohner T. Tilt and decentration of spherical and aspheric intraocular lenses: effect on higher-order aberrations. *J Cataract Refract Surg.* 2009;35(6):1006-12.
12. Mester U, Sauer T, Kaymak H. Decentration and tilt of a single-piece aspheric intraocular lens compared with the lens position in young phakic eyes. *J Cataract Refract Surg.* 2009;35(3):485-90.
13. Crnej A, Hirschschall N, Nishi Y, et al. Impact of intraocular lens haptic design and orientation on decentration and tilt. *J Cataract Refract Surg.* 2011;37(10):1768-74.
14. Rabsilber TM, Rudalevicius P, Jasinskas V, Holzer MP, Auffarth GU. Influence of +3.00 D and +4.00 D near addition on functional outcomes of a refractive multifocal intraocular lens model. *J Cataract Refract Surg.* 2013;39(3):350-7.
15. de Vries NE, Webers CA, Montés-Micó R, Ferrer-Blasco T, Nuijts RM. Visual outcomes after cataract surgery with implantation of a +3.00 D or +4.00 D aspheric diffractive multifocal intraocular lens: Comparative study. *J Cataract Refract Surg.* 2010;36(8):1316-22.
16. Toto L, Carpineto P, Falconio G, et al. Comparative study of Acrysof ReSTOR multifocal intraocular lenses +4.00 D and +3.00 D: visual performance and wavefront error. *Clin Exp Optom.* 2013;96(3):295-302.