PATIENT INFORMATION

Clareon Vivity® Extended Depth of Focus Lens

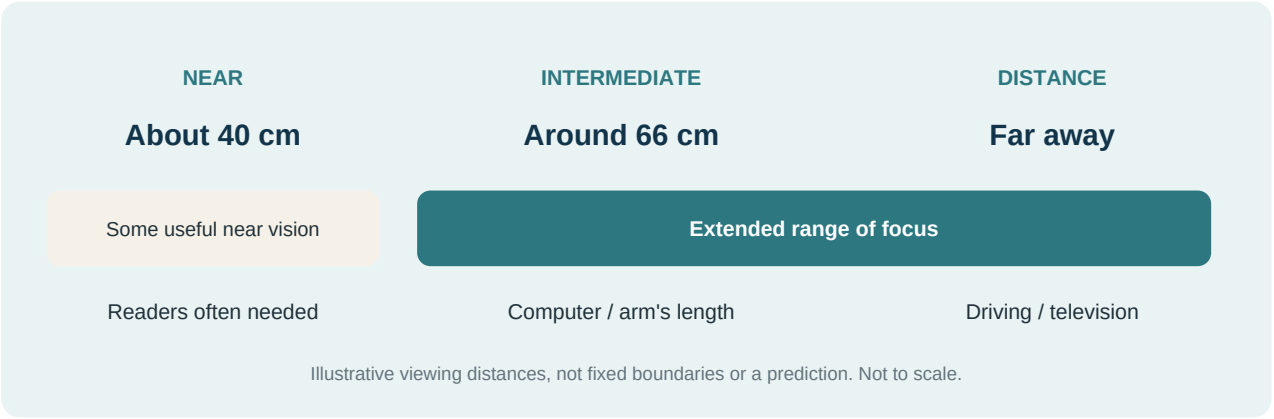
A clear guide to the intended benefits, visual compromises, surgical risks and realistic expectations.

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What this lens is designed to do

Clareon Vivity is a non-diffractive extended depth of focus (EDOF) intraocular lens. It aims to give clear distance vision and a wider range of intermediate vision than a standard monofocal lens, with some useful near vision. The aim is reduced dependence on glasses, not complete freedom from them.



An extended range, rather than three sweet spots

Vivity creates an elongated range of focus, particularly for distance and intermediate activities such as watching television, cooking and computer work. Intermediate vision is commonly assessed at about 66 cm. This is a reference distance, not a precise sweet spot or a guaranteed limit. Your own clearest viewing distances will vary.

Near vision at about 40 cm may be useful for some brief tasks in good light, but reading glasses are commonly needed for books, small print and detailed close work. Moving a screen slightly further away or increasing text size may help.

How the lens works

A standard monofocal lens has one principal focus and is usually selected for distance, with glasses for reading and often for computer work. Vivity uses a shaped optical surface to stretch and shift the light focus without the diffractive rings used in a trifocal lens. It does not restore the natural focusing ability of a young eye.

Compared with a trifocal lens

Vivity generally offers less near spectacle independence, while aiming for a lower burden of halos and glare. It can still cause optical symptoms and reduced contrast. Neither design is best for everyone; the choice depends on your eyes, daily activities and willingness to use glasses.

This leaflet supports the discussion with your surgeon. It does not replace individual clinical advice or the formal consent process.

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Expected vision and reading ability

READING GLASSES WILL BE NEEDED

You should expect to need reading glasses after Vivity surgery. The lens is designed mainly for distance and intermediate vision, not freedom from reading glasses.

Vivity is designed primarily to support distance and intermediate vision. Some near vision may be available, but it is not intended to provide the same near focus as a trifocal lens. Individual results vary, even when surgery is uncomplicated and the lens is functioning as intended.

The final result can be affected by:

- the individual characteristics and health of the eye
- the accuracy and limitations of preoperative measurements
- the eye's response to surgery and healing, and the final position of the lens
- residual long-sightedness, short-sightedness or astigmatism
- the distance, size and contrast of the material being viewed
- the available lighting and the patient's ability to adapt to the new optical system

Reading glasses will be needed for close tasks such as small print, prolonged reading and detailed work, particularly in dim light. Some brief near tasks may be possible without them, but you should plan to keep reading glasses available. Glasses may also sharpen distance or intermediate vision.

Comfortable reading in everyday life

Being able to identify small letters on a test chart is not the same as reading a book comfortably for a long time. Reading speed, print size, contrast and lighting all matter. A well-positioned reading light, larger text on a phone or tablet, and adjusting the viewing distance may help. Some patients still prefer reading glasses for sustained reading, even when they can read short passages without them.

If agreed in advance, a small difference in the prescription target between the eyes (mini-monovision) may be used to help near vision. This can involve compromises in distance sharpness or depth perception and does not guarantee freedom from readers. It is an individual option, not an automatic part of Vivity surgery.

REALISTIC EXPECTATIONS

Most people are very happy with their vision following surgery. Although every effort is made to achieve the best possible visual outcome, I cannot guarantee that you will be satisfied with your vision following surgery.

Satisfaction is personal

A procedure may be clinically successful and performed to an appropriate professional standard without achieving every patient's preferred outcome or complete satisfaction. Expectations, priorities and perception of vision differ from one person to another.

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Possible optical effects and limitations

Glare, halos and starbursts

Glare means dazzle or excessive brightness; halos are rings around lights; starbursts are rays or streaks extending from lights. These effects can occur even after an uncomplicated operation with a Vivity lens. They are often most noticeable around headlights and streetlights at night. Vivity studies have reported generally low levels of bothersome light effects, but this does not mean that symptoms cannot occur or become severe. Some patients find them significantly disruptive.

Night driving and reduced contrast

Contrast sensitivity means distinguishing an object from its background, especially in poor light. Alcon warns that most Vivity recipients are likely to have a significant reduction in contrast sensitivity compared with a monofocal lens. This can matter even if vision is good on an eye chart and halos are minimal. Take particular care in dim light, fog or night driving, especially with oncoming headlights. Discuss essential night-driving needs before choosing your lens. Drive only when you meet the legal standard and feel safe.

Adaptation to the lens

The brain may become less aware of the optical effects over time, a process called neuroadaptation. The duration and success of adaptation vary; symptoms may persist indefinitely, and improvement cannot be promised. A small number of patients remain unable to tolerate the effects.

Persistent blur, ghosting or troublesome symptoms

A faint secondary image or shadow around letters or objects is sometimes called ghosting. Persistent blur or optical symptoms should be assessed rather than simply attributed to adaptation. Dry eye, a residual prescription or astigmatism, lens position and clouding of the supporting capsule can contribute. Treating an identified cause may help, but cannot guarantee complete resolution.

Residual refractive error

Despite careful measurements and lens-power calculations, the final prescription may differ from the intended target. This is sometimes called a refractive surprise and does not necessarily mean that an error has been made. Depending on its nature and severity, it may be managed with glasses, contact lenses or, where clinically appropriate, an additional procedure. No further intervention can guarantee the desired result.

Floaters - when to seek urgent advice

Pre-existing floaters may become more noticeable after surgery because vision is clearer. New floaters can also occur. A sudden increase in floaters, flashing lights, a curtain or shadow in the vision, or a sudden reduction in vision requires urgent ophthalmic assessment.

Lens exchange

If visual symptoms remain severe and cannot be managed satisfactorily by other means, removal or exchange of the Vivity lens may be considered. Lens exchange is additional intraocular surgery and carries its own risks. It cannot guarantee that all symptoms will resolve or that you will be completely satisfied.

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General risks of cataract surgery

Cataract surgery is commonly performed and most patients have a good outcome. However, no operation is without risk. Complications may occur during surgery or afterwards, even with appropriate care, and may require additional treatment or surgery. Some can leave vision permanently worse than before the operation.

This list is not exhaustive

The following are examples of recognised complications, not a complete list of every possible risk. Other uncommon, rare or unexpected complications can occur. This leaflet supports, rather than replaces, a discussion of the risks that matter to you personally.

- Infection inside the eye
- Bleeding or inflammation
- Raised or reduced eye pressure
- Corneal swelling or loss of clarity
- Retinal swelling
- Retinal tear or detachment
- Tear in the lens capsule or damage to its supports, sometimes with loss of vitreous gel
- Retained lens material
- Incorrect position, movement or dislocation of the implant
- Drooping eyelid, double vision or a change in pupil shape
- An unexpected refractive outcome
- Posterior capsule opacification
- Need for medication, laser treatment or further surgery
- Permanent reduction or, rarely, severe loss of vision

Your individual risk

Risk depends on your eyes, general health and the complexity of surgery. For example, high short-sightedness can increase retinal detachment risk; diabetes or previous eye inflammation can increase the risk of swelling at the centre of the retina. Previous eye surgery, weak lens supports and other eye disease may also affect risk or limit visual improvement. Mr Voyatzis will discuss the risks of particular relevance to you. Risks associated with anaesthesia, sedation or medicines will be discussed where applicable.

When to seek urgent advice

Contact the surgical team or an emergency eye service urgently if you develop increasing pain, increasing redness or worsening vision after surgery. New flashes, a sudden increase in floaters, or a curtain or shadow in your vision also require urgent assessment. Do not wait for a routine follow-up appointment.

Posterior capsule opacification

The membrane supporting the implant may become cloudy months or years after surgery. This may cause blurred vision, glare or reduced contrast. When clinically appropriate, it can usually be treated with Nd laser capsulotomy. This is a separate procedure with its own benefits, risks and possible charges.

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Further treatment, costs and alternatives

Further treatment and costs

If further intervention is required because of a surgical complication, most associated surgeon's charges may be waived. This does not necessarily include hospital, facility, anaesthetic, medication, investigation or other consultant charges.

Treatment intended to alter an otherwise uncomplicated refractive result, improve spectacle independence or address dissatisfaction with the optical characteristics of a Vivity lens will attract additional charges. This may include laser vision correction, supplementary lens implantation, lens exchange or other procedures.

The likely management options, their risks and any anticipated charges will be discussed before further elective treatment is undertaken. Where additional charges apply, Mr Voyatzis will endeavour to minimise them.

Balancing benefits and compromises

Choosing Vivity involves balancing improved intermediate range and some near vision against the need for reading glasses and possible reduced contrast or optical symptoms.

Your decision should take account of:

- eye health and previous eye treatment
- occupation and driving requirements
- lifestyle and visual priorities
- expectations and tolerance of visual imperfections

You are encouraged to ask questions and make sure you understand the alternatives, including a monofocal lens or a trifocal lens, before deciding whether Clareon Vivity is appropriate for you. A toric Vivity lens may be considered for corneal astigmatism; rotation can reduce its correction and may require repositioning.

Questions you may wish to ask

1	What level of spectacle independence is realistic for my eyes?
2	How might glare or halos affect my night driving?
3	Are there features of my eyes that increase risk or reduce suitability?
4	What alternatives should I consider?

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Important acknowledgement

Whilst most patients undergoing cataract surgery have very good outcomes, individual results vary and may be less favourable than expected or intended. Satisfaction is inherently subjective and depends on each patient's expectations, priorities and perception of the result.

Mr George Voyatzis will use reasonable professional skill and care and will endeavour to achieve the best outcome reasonably possible. However, biological, optical and physical limitations, together with factors specific to the individual patient, mean that a particular result, complete freedom from glasses or complete patient satisfaction cannot be guaranteed.

Mr Voyatzis therefore does not provide a money-back guarantee, a guarantee of complete satisfaction or a warranty of 100% perfection.

YOUR RIGHTS AND YOUR DECISION

This leaflet is provided to support an informed discussion. Reading, retaining or signing any acknowledgement of receipt does not waive or restrict your legal rights, and does not replace the consent discussion with your surgeon.

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Please contact the clinical team if you have questions about this information or if your symptoms change.

Selected references and further reading

General surgical risks: NICE NG77, Cataracts in adults: management, individual risk and patient information; Royal Free London, Cataract surgery patient information. Accessed 23 October 2026. Published general estimates are not a substitute for individual risk assessment.

Alcon. Clareon Vivity: professional product information and warnings; patient information. Accessed 23 October 2026. The US product information includes a specific contrast-sensitivity warning. Your surgeon will discuss the applicable lens information.

Shafer BM et al. The REVIVE Study: long term outcomes of a novel non-diffractive extended vision IOL versus monofocal control IOL. *Clin Ophthalmol.* 2022;16:3945-3950. doi:10.2147/OPTH.S390380. Small follow-up study: 32 patients, approximately 3 years; AcrySof Vivity, not Clareon. Alcon describes the two Vivity platforms as optically equivalent.

Outcomes of bilateral implantation of a new aspheric hydrophobic non-diffractive extended depth of focus IOL with a mini-monovision approach. *Clin Ophthalmol.* 2025;19:4801-4809. doi:10.2147/OPTH.S560191. Single-arm Clareon Vivity study, 25 patients, 3 months; results with mini-monovision do not predict results when both eyes are targeted for distance.

Woodward MA et al. Dissatisfaction after multifocal intraocular lens implantation. *J Cataract Refract Surg.* 2009;35:992-997. PubMed:19465282. Older multifocal-lens referral series; informs assessment of symptoms, not Vivity complication rates.