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Amico Yasna Pars

Ophthalmology Newsletter

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“Action is the foundational key to all success.”

Pablo Picasso

Dear Valued Partner

Then we are here to touch progression in each individual step within the road of success. Our actions lead our steps in an infinite path of perfection.

In order to keep on these steps alongside the road, like recent years, Amico Yasna Pars honorably participated in mostly all relevant official ophthalmology events in 2016 including Annual Ophthalmology Seminar by Farabi, Annual Ophthalmology Seminar by Kermanshah University of Medical Sciences, Annual Ophthalmology Seminar by Shiraz University of Medical Sciences as well as Seminar of Anterior Segment Specialists in Isfahan to introduce the latest innovations in ophthalmology.

Also to extend our academic presence, along with distributing the evolutionary Presbyopia Correcting IOL titled as Tecnis Symphony and Whitestar Signature PRO phacoemulsification machine by AMO Company, Amico Yasna Pars established three consequence seminars with participation of the company representative in Noor Hospital, Basir Clinic and in Shiraz for all the enthusiastic ophthalmologists.

Day by day, these steps are getting bigger for bigger actions and fortunately this story continues in the road of Success...

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WHITESTAR Signature® PRO Phacoemulsification System Now with CASA Application

Cataract Analysis and Settings Application (CASA):

The future of lens extraction isn't simply about innovation for the OR, but about what goes beyond it. With interactive practice development applications, we're setting the standard in intelligent solutions for the total spectrum of your practice.

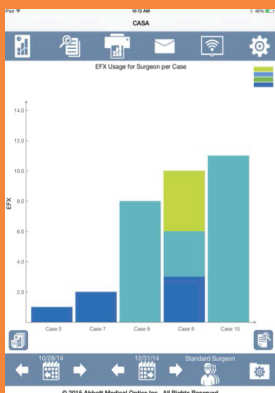
- The first and new standard in practice management tool.
- The first mobile analytics tool in phaco
- Designed for surgeons, administrators, practice managers and everyone in between.
- CASA connect easily and securely to

one or multiple WHITESTAR Signature® PRO Systems over Wi-Fi and delivers accurate, accessible performance metrics directly to your iPad device (CASA is not available for Android devices).

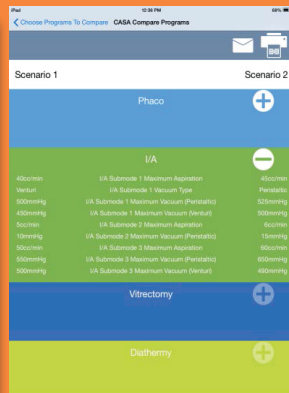
- Gives you a customized, strategic view of a practice
- Visualize your performance with easy-to-create charts
- Analyze your data based on date, facility, surgeon and other criteria
- Optimize your surgical suite management with customized procedural intelligence



With CASA, you can easily access WHITESTAR SIGNATURE PRO System data from your iPad.



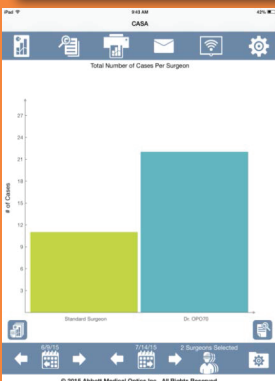
Know how much Ultrasound was used per submode per case



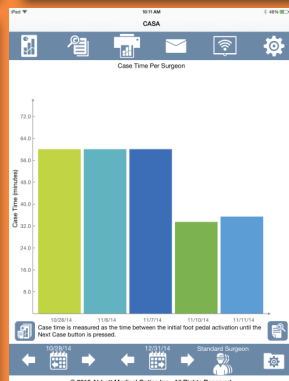
Compare Program Settings. Share visuals via email or print



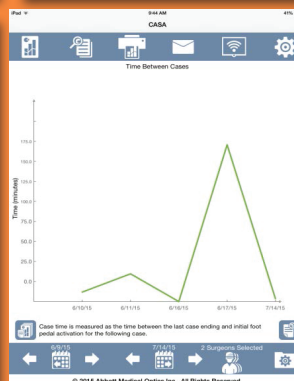
Know how much time each case is taking



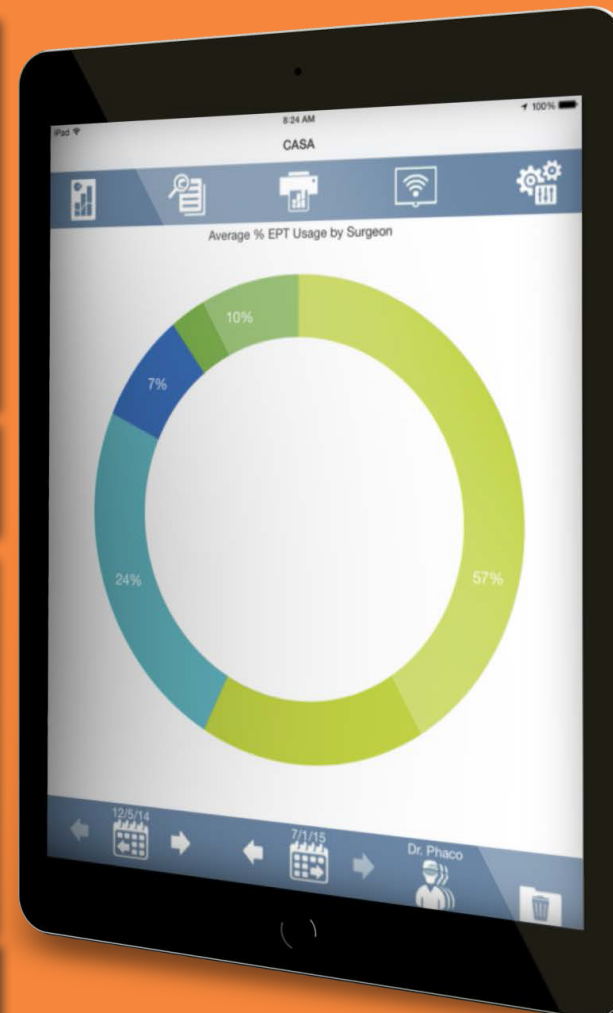
Know Productivity Per Surgeon in your practice



Know the Average case time for a single surgeon.



Know OR Turnover



Discussion

Tecnis[®] Symphony

THE EVALUATION OF A NEW PRESBYOPIA-CORRECTING IOL

DISCUSSION OF CLINICAL OUTCOMES WITH AN ERV IOL

Symphony extended range of vision lens provided excellent visual outcomes across all distances.

BY BÉATRICE COCHENER, MD, PhD, FOR THE CONCERTO STUDY GROUP*



The average eye has approximately 2.00 D of chromatic aberration for wavelengths between 400 and 700 nm and 0.80 D for wavelengths between 500 and 640 nm.¹ Because corneal chromatic aberration causes blur and reduction in contrast sensitivity, the correction of this aberration by means of an IOL based on achromatic optical technology should result in

a sharper focus of light. The goals of extended range of vision and extended depth of focus IOL technologies—to provide patients with enhanced contrast sensitivity and to generate an extended range of vision or depth of focus—reflect this need to compensate for corneal chromatic aberration.

The ability of a diffractive IOL with achromatic technology to compensate for corneal chromatic aberration, and, thus, to enhance contrast sensitivity, has been demonstrated in previous studies.^{2,3} Specifically, when correction of chromatic aberration is combined with correction of spherical aberration, the retinal image quality has been shown to improve without negatively affecting depth of focus.²

ACHROMATIC DIFFRACTIVE PATTERN

With its proprietary achromatic diffractive echelette design,⁴ the Tecnis Symphony IOL (Abbott Medical Optics) is based on these optical principles. The achromatic diffractive

pattern of this extended range of vision (ERV) IOL, which is available in both nontoric and toric versions, elongates the depth of focus of the eye and compensates for the chromatic aberration of the cornea. Therefore, this IOL does not show similar focus characteristics to either monofocal or multifocal IOLs. Clinical data do not demonstrate the typical behavior that results from designs using multiple focal points, as this ERV lens instead has an elongated focal area.

MULTICENTER STUDY

A prospective international multicenter study, the CONCERTO study, was designed to evaluate clinical outcomes obtained with the Tecnis Symphony IOL. At 40 active study sites in Finland, France, Germany, Norway, Spain, Sweden, and the United Kingdom, a total of 476 patients were enrolled and bilaterally implanted with the Tecnis Symphony IOL. Postoperative follow-up examinations were performed at 4 to 8 weeks and 4 to 6 months after second-eye surgery. The study is ongoing; to date, the 4-to-8-week clinical data are available for 290 patients.

Patients were divided into two groups depending on whether monovision was intended or not: the micro-monovision group, consisting of 77 patients, and the no-monovision group, consisting of 213 patients (Table 1).

Mean binocular decimal distance UCVA was 0.93 and 0.98 in the micro-monovision and no-monovision groups, respectively (Figure 1). This outcome appears to confirm the ability of the Tecnis Symphony ERV IOL to successfully restore distance visual function. The relatively small difference between the two groups also demonstrates an ability of this lens to tolerate refractive error.

An excellent visual outcome was also observed for intermediate distance at 70 cm, with mean decimal intermediate UCVA of 0.85 and 0.77 in the micro-monovision and no-monovision groups, respectively (Figure 1). These values are similar to or better than those obtained with multiple types of multifocal IOLs, including diffractive bifocal and trifocal IOLs.^{5,6} Furthermore, the intermediate visual outcome obtained with the Tecnis Symphony was better than the outcomes reported for rotationally asymmetric refractive multifocal⁷ and apodized diffractive IOLs.⁸

Near decimal UCVA outcome at 40 cm was 0.77 and 0.66



AT A GLANCE

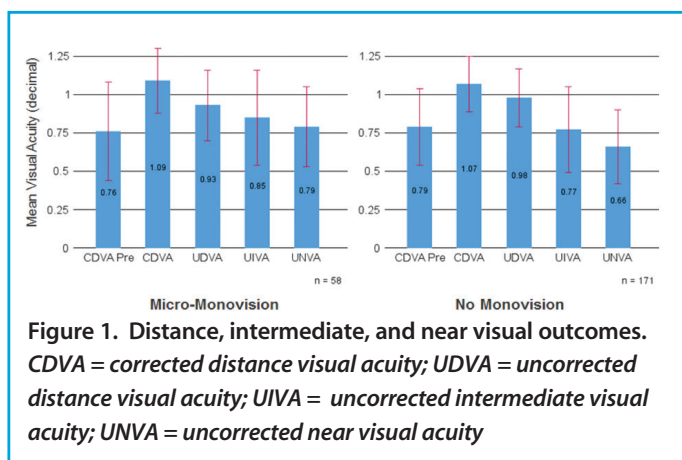
- The small difference in mean binocular decimal distance UCVA between the micro-monovision and no-monovision groups demonstrated an ability of the Symphony IOL to tolerate refractive error.
- In the CONCERTO study, the Tecnis Symphony IOL provided visual restoration after cataract surgery with excellent visual outcomes across all distances.
- Patients enrolled in the study had minimal levels of disturbing photic phenomena and high levels of spectacle independence and postoperative satisfaction.

Discussion

TABLE 1. DEMOGRAPHIC AND REFRACTIVE DATA

Variable	Micro-Monovision Group	No-Monovision Group
Number of patients	77	213
Age (mean $\pm$ SD)	63.78 $\pm$ 12.81	64.65 $\pm$ 10.96
Sex	55% female, 45% male	60.6% female, 39.4% male
Preoperative SE (mean $\pm$ SD)	-0.34 $\pm$ 3.28 D	-0.46 $\pm$ 2.96 D
Postoperative SE (mean $\pm$ SD)	emmetropic target: -0.27 $\pm$ 0.40 D; myopic target: -0.84 $\pm$ 0.46 D	-0.22 $\pm$ 0.45 D

SD = standard deviation; SE = spherical equivalent

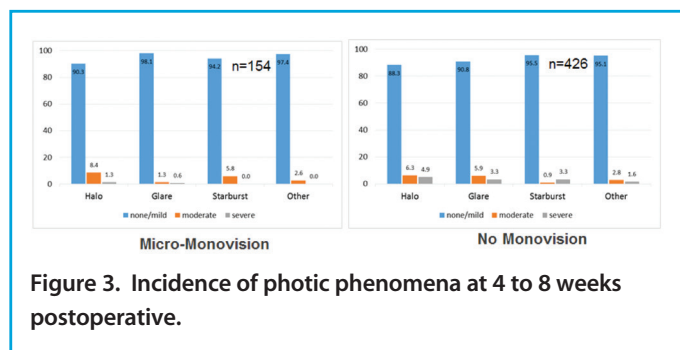
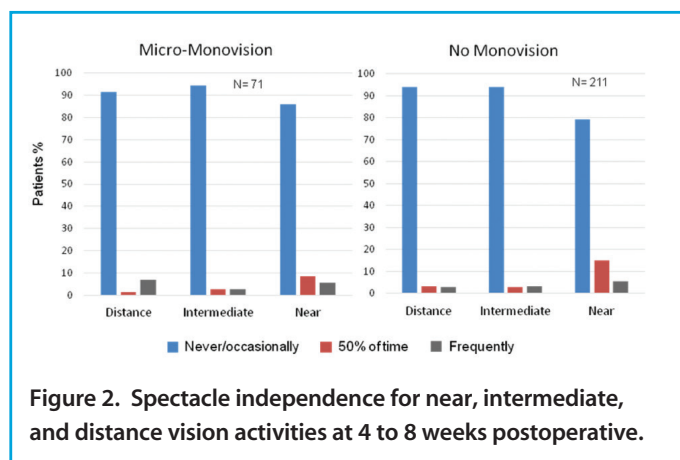


in the micro-monovision and no-monovision groups, respectively (Figure 1). These values are similar to those reported for some models of multifocal IOLs, including refractive⁷ and diffractive.⁶ Law and colleagues⁹ recently reported a mean binocular decimal near UCVA value of 0.7 in a group of eyes implanted with a trifocal diffractive IOL model.

In agreement with these visual outcomes, the level of spectacle independence achieved with the Tecnis Symphony IOL was high, with most of the eyes not requiring spectacles for any distance, intermediate, or near visual activity (Figure 2). The micro-monovision option provided better outcomes in terms of spectacle independence, with less than 10% of eyes needing glasses for near activities.

As expected considering the design of the IOL, the levels of certain types of photic phenomena were minimal. More than 88% of patients reported no or mild halos, glare, starbursts, and other types of photic phenomena (Figure 3). This is in contrast with dissatisfaction rates and patient complaints reported with other presbyopia-correcting IOLs, for which medium or greater difficulties were reported by 33.7% (glare) and 66.7% (halos) of patients at 3 months postoperative.⁹

Finally, patient satisfaction, both with visual outcomes and with the procedure, was high. On a scale from 0 (not at all satisfied) to 10 (very satisfied), mean scores of patient satisfaction with distance, intermediate, and near vision were



8.75, 9.18, and 8.53 in the micro-monovision group, and 8.91, 8.92, and 7.76 in the no-monovision group, respectively (Figure 4). These values demonstrate high levels of satisfaction among both groups of patients in this study.

Additionally, more than 94% of patients reported that they would recommend the same procedure to their friends and family, and up to 96% would choose the same lens again. Likewise, surgeon satisfaction with regard to handling and performance of the lens and achieving target refraction were also high (Figure 5).

CONCLUSION

In the CONCERTO study, the Tecnis Symphony IOL provided visual restoration after cataract surgery with excellent visual outcomes across all distances. These visual results were associated with minimal levels of disturbing photic

Discussion

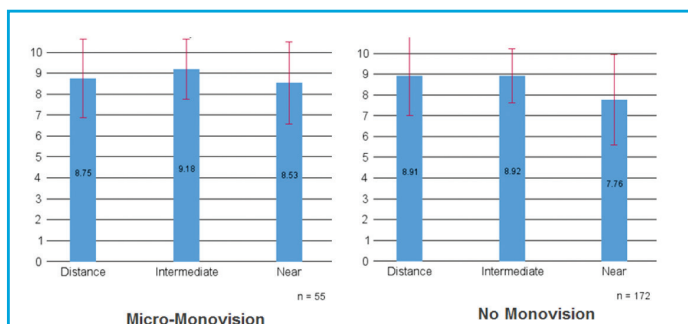


Figure 4. Mean patient satisfaction with distance, intermediate, and near vision after implantation of the Tecnis Symfony IOL.

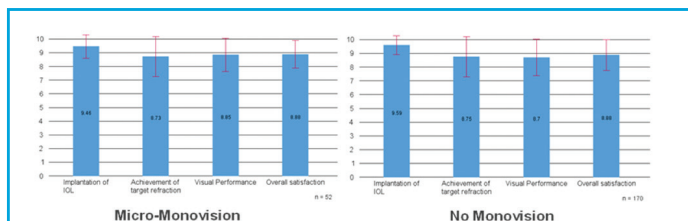


Figure 5. Mean score of surgeon assessment of implantation of the Tecnis Symfony IOL, achievement of target refraction, visual performance, and overall satisfaction.

phenomena and high levels of spectacle independence and postoperative patient satisfaction. ■

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1. Thibos LN, Ye M, Zhang X, Bradley A. The chromatic eye: a new reduced-eye model of ocular chromatic aberration in humans. *Appl Opt*. 1992;31:3594-3600.
2. Weeber HA, Piers PA. Theoretical performance of intraocular lenses correcting both spherical and chromatic aberration. *J Refract Surg*. 2012;28:48-52.
3. Artal P, Manzanera S, Piers P, Weeber H. Visual effect of the combined correction of spherical and longitudinal chromatic aberrations. *Opt Express*. 2010;18:1637-1648.
4. Tecnis Symfony [package insert]. Z310939 Rev. 03 Revision Date: 10-03-2014. <http://www.tecnisiol.com/eu/tecnis-symfony-iol/files/symfony-dfu.pdf>. Accessed March 15, 2016.
5. Mojzsis P, Kukuckova L, Majerova K, Liehneova K, Piñero DP. Comparative analysis of the visual performance after cataract surgery with implantation of a bifocal or trifocal diffractive IOL. *J Refract Surg*. 2014;30:666-672.
6. Alió JL, Montalbán R, Peña-García P, Soria FA, Vega-Estrada A. Visual outcomes of a trifocal aspheric diffractive intraocular lens with microincision cataract surgery. *J Refract Surg*. 2013;29:756-761.
7. Ramón ML, Piñero DP, Pérez-Cambrodi RJ. Correlation of visual performance with quality of life and intraocular aberrometric profile in patients implanted with rotationally asymmetric multifocal IOLs. *J Refract Surg*. 2012;28:93-99.
8. Alfonso JF, Fernández-Vega L, Puchades C, Montés-Micó R. Intermediate visual function with different multifocal intraocular lens models. *J Cataract Refract Surg*. 2010;36:733-739.
9. Law EM, Aggarwal RK, Kasaby H. Clinical outcomes with a new trifocal intraocular lens. *Eur J Ophthalmol*. 2014;24:501-508.

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- Financial disclosure: Consultant (Abbott Medical Optics, Alcon, Thea, Santen), Clinical investigator (Abbott Medical Optics, Alcon, Horus, Thea, Revision Optics, Santen)



Phaco Prechop (Takayuki Akahoshi, MD)

PRINCIPLE AND HISTORY OF PRECHOP

Phaco prechop is a technique of mechanical nucleofracture performed under viscoelastic material prior to phacoemulsification. Without using any ultrasound or femtosecond laser energy, the nucleus is manually divided into fragments. Once the nucleus is divided, subsequent phacoemulsification can be performed quite easily and safely in a short time. Compared with the conventional grooving

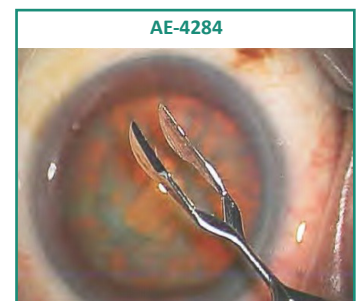
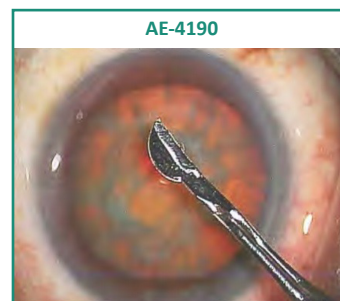
or divide-and-conquer technique, total ultrasound energy will be drastically reduced. As a result, there will be no thermal damage even through a sub-2 mm microcoaxial incision. The aspiration time and amount of balanced salt solution (BSS) irrigation will also be reduced significantly.

This minimizes the risk of damage to the corneal endothelium and of elevated intraocular pressure (TOP) stressing the optic nerve. Because the total surgical time is remarkably reduced, I believe prechopping the nucleus before phacoemulsification is the most efficient and least invasive method of cataract surgery. I first developed this phaco prechop technique in 1992 at Mitsui Memorial Hospital in Tokyo and it received the American Society of Cataract and Refractive Surgery (ASCRS) Film Festival award in 1994. Since then all my cataract surgeries have been performed using this technique.

I currently perform nearly 60 cases a day and 8,000 cases a year using prechop through a sub-2mm incision as my routine procedure. I first designed and commercialized special instrumenta-

tion for this technique in 1995. This Akahoshi Phaco Prechopper received an ASCRS Film Festival award in 1997. Because I did not patent this instrument, there are dozens of different prechoppers and modified prechop techniques in use worldwide. However, I continue to use only 2 prechoppers and 2 methods: the Karate Prechop with the Akahoshi Combo II prechopper for soft cataracts and the Counter Prechop with the Akahoshi Universal II prechopper for dense cataracts.

These 2 instruments and techniques are suitable for the entire spectrum of cataracts.



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EyeNet Magazine

3rd Issue

In this volume, latest update on ophthalmic concepts;

- Potential of Cross-Linking for Corneal Infection
- On the Horizon: New Treatments for Glaucoma
- Cataract Challenges
- Management of Intraorbital Foreign Bodies

Coming Soon...

ALCHIMIA

HPF8 and HPF10 Syringe

HPF8 is high purity perfluoro-n-octane, sterile and apyrogenic, packaged in prefilled syringe, to be used intraoperatively to defold and stabilize detached retina. Products allows a clear visualization of the perfluorocarbon/aqueous, a rapid vaporization and elimination of any residual material and easy product injection and removal.

HPF10 is high purity perfluorodecalin, sterile and apyrogenic, packaged in prefilled syringe, to be used intraoperatively to defold and stabilize detached retina. Product allows a safe delivery of laser energy and a reduced number of bubbles



	HPF8 - high purity in prefilled syringe	HPF10 - high purity in prefilled syringe
Ingredient	100% fluorinated perfluoro-n-octane	100% fluorinated perfluorodecalin
Molecular formula	$n-C_8F_{18}$	$C_{10}F_{18}$
Molecular weight	438 g/mol	462 g/mol
Purity	≥ %99	≥ %95
Density (°20C - °25C)	1.733 - 1.76 kg/l	1.917 - 1.94 kg/l
Refractive index at °20C	1.29	1.31
Boiling point	°110C	140 °C
Viscosity, dynamic (from °15C to °35C)	from 1,7 to 1,1 mPas	from 6,2 to 4,4 mPas
Viscosity, kinematic (from °15C to °35C)	from 1,1 to 0,5 cSt	from 2,9 to 1,9 cSt
Vapour tension	56 mm Hg	13 mm Hg
Substances reducing potassium permanganate	passes test	passes test
Acidity	none detected	none detected
Infrared absorbance	0.167 AU cm ⁻¹	0.175 AU cm ⁻¹
Form	liquid	liquid
Volume	5 ml / 7 ml	5 ml / 7ml
Packaging	prefilled syringe	prefilled syringe
Sterilization	moist heat according to EN 1-556 and EN ISO 1-17665	moist heat according to EN 1-556 and EN ISO 1-17665
Storage temperature	°15+C / °32+C	15+ °C / 32+ °C
Expiry date	24 months	24 months
Intended use	intraocular tamponade during vitreoretinal surgery	intraocular tamponade during vitreoretinal surgery
Class	medical device	medical device
GMDN code	P 45283	P 45283
MD registration number	446649/R - 446657/R	446658/R - 446660/R
Medical device class	IIa	IIa
CE mark	CE 0546	CE 0546

Exclusive launch Seminars by Amico Yasna Pars; TECNIS Symphony IOL utilizing new phacoemulsification machine: WHITESTAR Signature® PRO

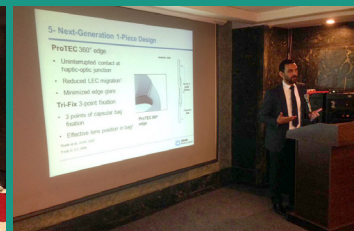
In order to extend academic goals and to introduce the latest technologies and innovations in the field of ophthalmology from AMO Company, Amico Yasna Pars held three scientific seminars with participation of AMO representative, Mr. Foaud Salem in the second quarter of 2016 in Tehran and Shiraz.

During these events, benefits of the revolutionary Tecnis Symphony presbyopia correcting IOL and exciting experience of the latest phacoemulsification machine, Whitestar Signature Pro, and all of their features were introduced to valued ophthalmologists of Noor complex, Shiraz and Basir Clinic in theoretical and practical sessions.

**Tecnis Symphony + WhiteStar
Signature PRO Half Day Seminar
and Live Surgery for Noor Eye
Hospital**
Tehran, May 13th, 2016



**Tecnis Symphony Half Day Seminar
in Shiraz during 24th Oculoplastic
Surgery and Orbital Diseases**
Shiraz, May 18th, 2016



**Tecnis Symphony Half Day Seminar
in Basir Eye Clinic**
Tehran, June 12th, 2016



Upcomming Events

1 - 4 June 2016

XIV International Congress
of Cataract and Refractive
Surgery

Paulo, Brazil

6 - 7 June 2016

Global Pediatric
Ophthalmology Congress

London, UK

23 - 26 June 2016

16th ESASO Retina Academy
Congress Centre Estoril

Portugal

18 - 20 July 2016

8th Global Ophthalmology
Meeting

Chicago, Illinois, USA



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