

Amico Yasna Pars

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“Our eyesight allows us to see the world as it is,
but also as it could be.”

Dear valued partners

“Seeing the world as it could be” is the essence of life, as we come to this world it's our obligation to transcendence our limits and make this world a better place to live. Some of us can fulfill this obligation perfectly, others just tries.

Trying to improve eyesight probably is one the best ways to fulfill the mentioned obligation, as in your practice as ophthalmologists, the goal is to maintain and improve sight of people. People who can make this world a better place.

AMICO YASNA PARS is honored to company you in this journey by providing the most advanced technologies in the field.



All-in-One Optical Coherence Tomography with
Fundus Camera, Angiography, Biometry and Topography

HOCT-1/1F

One for All System

3D OCT
+ ANTERIOR OCT
FUNDUS CAMERA
ANGIOGRAPHY
BIOMETRY
TOPOGRAPHY

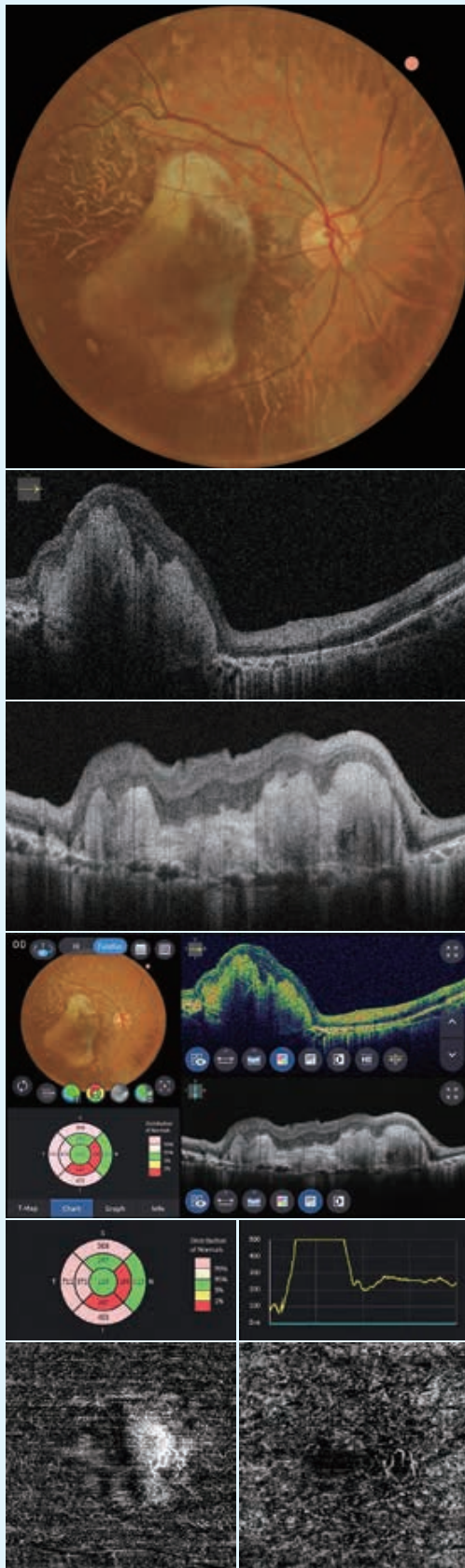
Huvitz HOCT-1F is a one-of-a-kind in One HIGH SPEED AND HIGH QUALITY

Offers high-speed scanning and high-quality imaging through Huvitz's outstanding optical technology and innovative imaging software. The all-in-one HOCT is easy to use. With one button, it creates a high-speed scan and a high-quality image, offering an excellent perspective for the ophthalmology clinic. One slot allows for capturing various types of analysis and diagnostic results. Easy to use, and the results are prominent and easy to follow. The all-in-one HOCT Huvitz will be the icon to lead a new era of Optical Coherence Tomography (OCT). The new multimodal optical coherence tomograph from Huvitz is the result of many years of development and analysis of the needs of the ophthalmic market. It managed to combine modern OCT functionality and a compact, ergonomic body.



Huvitz
Pacing Progress Toward People

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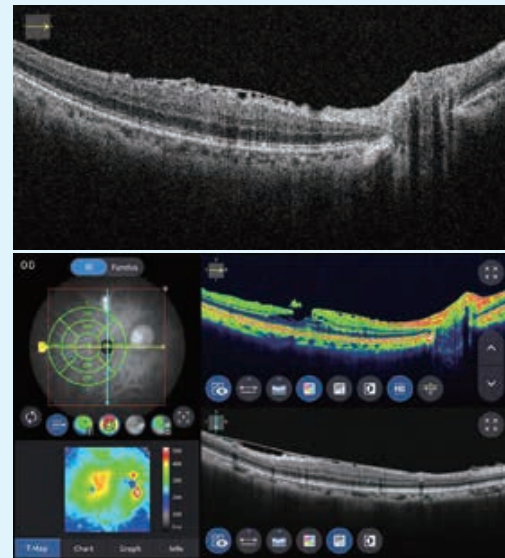
Choroidal Neovascularization (CNV)

Choroidal neovascularization refers to condition that new blood vessels created in the choroid layer.

In this case, because of huge choroidal neovascularization, distort the normal alignment of the overlying retina.

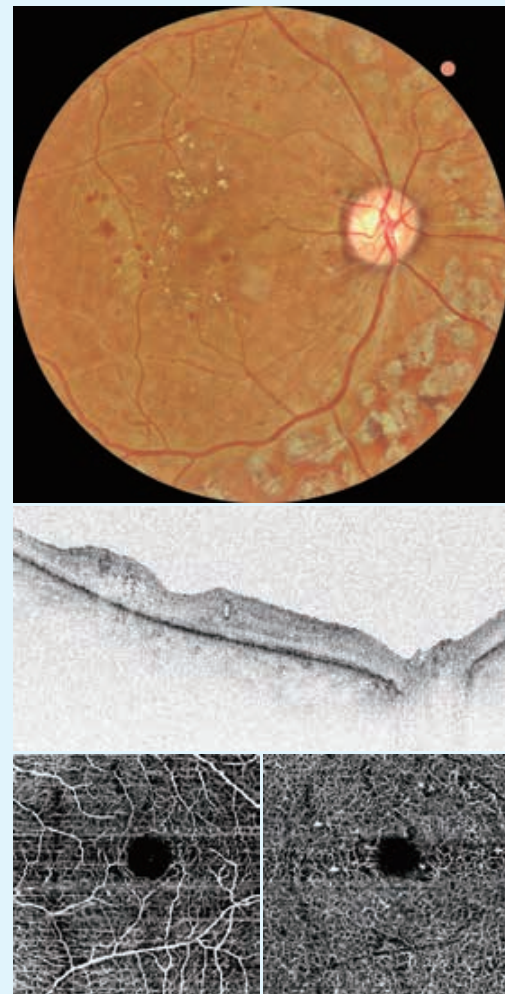
It can be seen that the overlying photoreceptor layer is not clearly delineated from the other retinal layers, and the temporal retina also has the geographic atrophy of the photoreceptor layers and retinal pigment epithelial layers.

This results is also visible on the Fundus photograph and Outer retina of angiography.



Epiretinal Membrane (ERM)

Epiretinal membrane is a disease of the eye in response to changes in the vitreous humor or more rarely, diabetes.



Diabetic Retinopathy (DR)

Diabetic retinopathy is when high blood sugar levels cause damage to blood vessels in the retina.

These blood vessels can swell and leak.

Or they can close, stopping blood from passing through.

Sometimes abnormal new blood vessels grow on the retina.

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28th Farabi Ophthalmology Scientific Seminar

The 28th Farabi Ophthalmology Scientific Seminar was held by Farabi Hospital at Tehran Olympic Hotel from May 3 to May 5 of this year with the presence of ophthalmologists from all over Iran.

AMICO YASNA PARS participated in the side exhibition of this valuable event to once more be in direct contact with its great partners.

We would like to thank Farabi Eye Hospital for holding such a great event.





شرکت آمیکو یسنا پارس (پ.ر.ج.س.کو)
Amico Yasna Pars (Pr.J.S.Co)

پیشتر در عرصه تجهیزات و دستگاههای
لیزر زیبایی و درمانی پوست

نماینده انحصاری محصولات معتبرترین
کمپانیهای پوست جهان مانند
آمریکا CYNOSURE
کره جنوبی LASEROPTEK
آلمان ZIMMER

شرکت آمیکو یسنا پارس را به انتخاب اول
متخصصین پوست و زیبایی
تبدیل کرده است

مجموعه کاملی از تجهیزات درمانیهای:
رفع موهای زائد
جوانسازی و احیای پوست
رفع ضایعات عروقی
رفع ضایعات پیگمانته
رفع تاتوهای تیره و رنگی
لاغری

CYNOSURE
LASEROPTEK
Zimmer
aypmedical.com

32nd Annual Congress of Iranian Society of Ophthalmology

The 32nd annual congress of Iranian society of Ophthalmology was held at Tehran Razi convention center from June 19 to June 22 of this year. In this great event all the ophthalmologists from Iran gathered to share their latest achievements and experiences, also in the side exhibition all the companies have the great opportunity to meet their customers face to face and offer them the latest ophthalmic products. AMICO YASNA PARS as one of the greatest Iranian medical companies in this field was honored to participate in this congress.





Phaco Fluidics: The Ins and Outs of Inflow and Outflow

Paul Rosen, BSc, FRCS, FRCOphth

Phacoemulsification is all about inflow and outflow. The inflow of fluid comes from one source – the bottle of balanced salt solution – while the outflow of fluid comes from two sources: suction via the phaco needle and leakage from around the incisions.

As we know, inflow can occur via the traditional method of using gravity, or we can instead use active methods of forced infusion with a pressurised bottle or a compressible bag. Outflow, on the other hand, is all about aspiration; removing material from the eye, as well as leakage.

Ultimately, the goal is to maintain a stable anterior chamber of comfortable depth, to avoid surge, to minimise damage to the cornea with free radicals and to minimise heat production in the wound. However, most surgeons don't adequately match the size of their instruments to the size of their incisions, and this can have a profound effect on the way the phaco machine works.

Anterior Chamber Stability

Active irrigation can make things easier. When you aspirate with your phaco instrument, you aspirate volume from the anterior chamber, and it must be replenished by your irrigation. The speed with which it is replenished is dependent on your intraocular pressure (IOP) or the bottle height of your phaco machine. At full aspiration rates, your minimum bottle height is set by the phaco machine because when you aspirate fluid from the anterior chamber it has to be replenished at sufficient rates so that your anterior chamber doesn't collapse. However, if you stop aspirating, you will still have that same bottle height and a very high IOP.

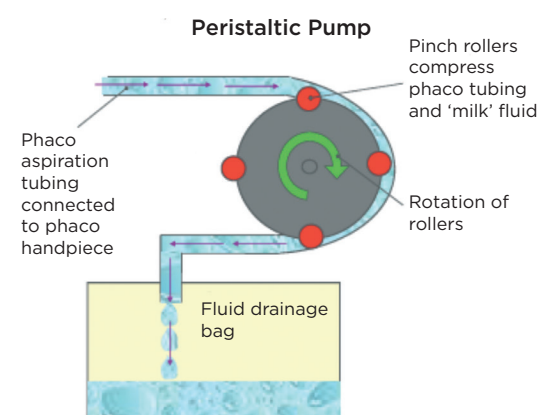
With active fluidics, it's much more interactive; the irrigation flow is dependent on how much volume you take out of the anterior chamber. Your IOP will be much more stable, so you can use lower IOPs throughout surgery, and this is associated with better outcomes. Active fluidics compensate for all the outflow with inflow and maintain a stable anterior chamber. Ultimately, we must balance inflow and outflow.

Peristaltic vs Venturi Pumps

So much is dependent on the type of pump used (Figure 4). With the flow-based Peristaltic pump, vacuum is created only after you have full occlusion. Although there is flow coming towards the phaco tip, this is generated by the pump and the speed at which it is turning. You will not get any vacuum with a Peristaltic pump until you have occlusion. You can also increase the flow by speeding up the pump once you get occlusion to get your preset vacuum level. As you approach your chosen vacuum level, the pump slows down. Initially, most phaco machines were Peristaltic, so we are familiar with and comfortable with the way these systems work. Venturi vacuum-based phaco systems are very different, requiring a different technique, but equally effective. Vacuum and flow are actually the same thing on these machines – they cannot be separated, but you get instant vacuum, so you don't need occlusion. This means the nuclear fragments will be drawn toward you during the entire process, which makes for fast, efficient surgery. Many experienced surgeons prefer to use this approach. There are certain advantages in, for example, doing irrigation/aspiration on a Venturi system. However, modern machines are evolving to the point where even on a Peristaltic machine you can now have linear flow and linear vacuum, which puts it much closer to a Venturi machine. Many surgeons consider the Peristaltic safer; but the evolution of phaco pump technology has made both types

similar in safety and efficiency. Some systems let us combine the benefits of each, and when that is available it makes sense to take advantage of that.

Most of the Venturi machines have a dual-linear foot pedal. This makes it possible to cut in ultrasound just by moving your foot to the side at any point in the cycle. This is a major advantage and provides considerably more control with a Venturi system than was possible prior to this advance.



Post-Occlusion Surge

Post-occlusion surge, which is caused when there is an occlusion break and fluid continues to be drawn out of the eye, is another important concern. This is much less of an issue with modern machines than it once was, because we now have active fluidics pushing fluid into the eye to mitigate against this. A Peristaltic system maintains the vacuum at full occlusion for a set amount of time. It then anticipates that you are not going to need full occlusion for such a long time, so it drops it back down before you get the occlusion break – all in an effort to minimise surge.

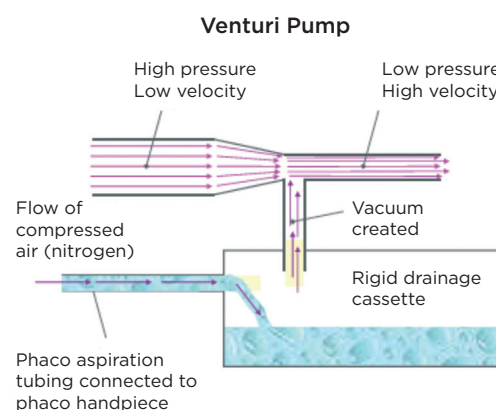


Figure 4. Peristaltic vs Venturi pumps

It's all in
**your
hands.**

CHOOSE A SYSTEM THAT
**EMPOWERS YOUR
EVERY MOVE.**

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LENS EXTRACTION
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The TECNIS Symphony™ IOL is intended to mitigate the effects of presbyopia so you can empower your patients to see clearly across the full range of vision.



TECNIS® Monofocal IOLs

**Proven, Everyday
Excellence**
enhanced functionality and long-term sustainability from the TECNIS® Monofocal 1-Piece IOL.

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- + Widest range of continuous vision with best near
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DELIVERY SYSTEM**

**Simplifying IOL Delivery.
Improving Efficiency.**
Safety of a single-use delivery system and the optical excellence of the TECNIS®FAMILY OF IOLs.

TECNIS Eyhance™ IOL

with TECNIS SIMPLICITY
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**EXPERIENCE
THE DIFFERENCE**

The TECNIS Eyhance™ IOL – defining the future of Monofocals.

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