Amico Yasna Pars

Ophthalmology Newsletter / No.11

SUMMER / 2024

Perfection is not attainable. But if we chase perfection, we can catch excellence.

Vince Lombardi

Dear valued partners,
It's an honor to have you by our side to present the latest edition of the AMICO YASNA PARS newsletter.
AMICO YASNA PARS, as a leading company in healthcare, especially in the field of ophthalmology, set its mission, vision and values to be a great companion for variety of subspecialties therefore our mission to provide you with the best available products and technologies, seems unstoppable. Needless to say that working in such a delicate field gives us the burden of being perfect in all aspects of our work. Trying to be perfect as Vince Lombardi quoted, is the way we can catch excellence, the value that we pursue in AMICO YASNA PARS.

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

Web Browsing System to view data anytime, anywhere

Patient's test data can be analyzed anywhere on the Internet.
You can check and analyze all data of HOCT through Web Browser such as Internet Explorer, Safari, Chrome without installing special software separately.

Huvitz
Pacing Progress Toward People

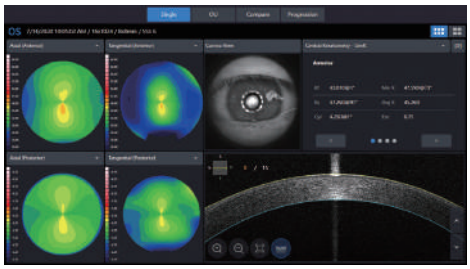
Amico Yasna Pars (Pr. J. S. Co)

More Exquisite Topography

Comprehensive Analysis by Topography in OCT Method : Providing Total Cornea Power Map able to measure Anterior & Posterior.

Total Cornea Power Map

Since the HOCT can analyze the posterior of the cornea, Users can now minimize errors caused by anterior & posterior axis of the cornea, corneal thickness, and refractive errors caused by the vitreous and corneal structures.

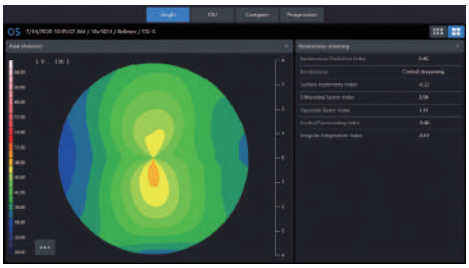


Simple setting & integrated Display

Analysis Display / Numerical Information

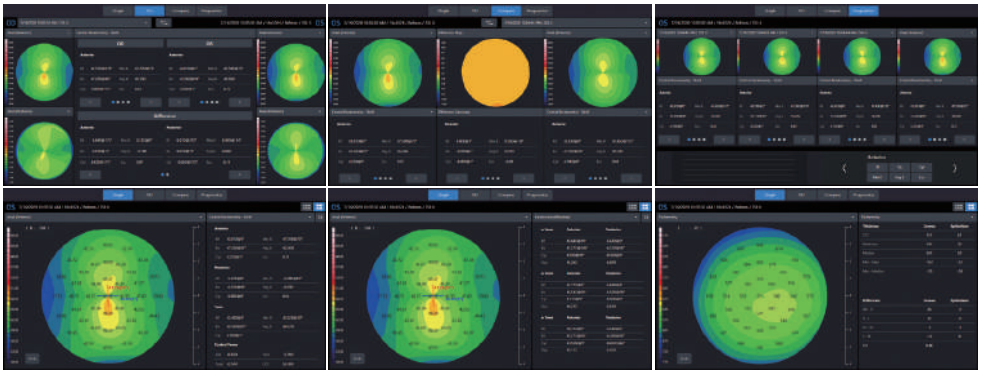
Users can analyze with either Single Eye, OU, or Comparison functionality. It is also possible to check for clinical
changes after treatment or surgery with the Progression function.
Because the Map displays accurate distance, size, and area with numerical information, the User is able to perform their analysis with confidence.

- Sim-K : Typical curve in order to utilize optimal IOL Lens calculation
- Meridian : Provide ø3, 5, 7 mm meridian by dividing the cornea into 3 areas
- Pachymetry : Total Thickness of Cornea
- Epithelium : Provide epithelium thickness at each point



Keratoconus Analysis

OU | Comparison | Progression



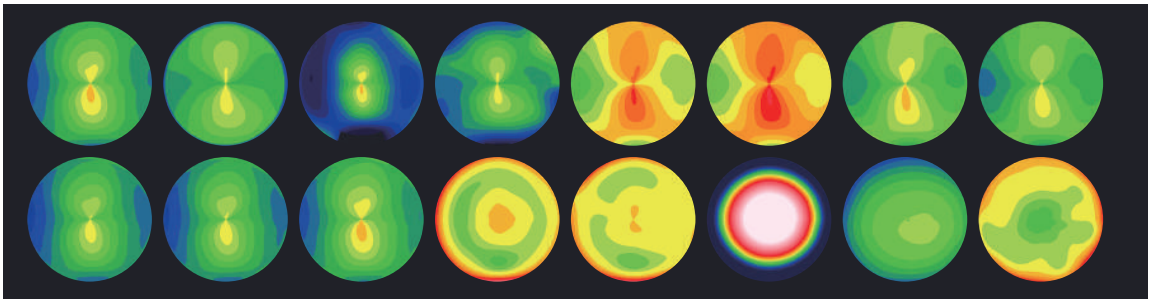
Sim-k | Meridian | Pachymetry

16 Map Types for Anterior & Posterior Topography

OCT Topography Methods by Optical Measurement

The HOCT Topography provides curvature data on both the anterior and posterior surface of the cornea, as well as corneal thickness measurements, with a higher accuracy than the Placido or Scheimpflug methods. It minimizes motion artifacts because of its 2-second high speed capture rate. Users can display a wide variety of options to analyze and diagnose. In particular, posterior corneal surface measurements that allow for more accurate surgical outcomes

Axial (Anterior) | Axial (Posterior) | Tangential (Anterior) | Tangential (Posterior) | Refractive Power (Kerato) | Refractive Power (Anterior) | Refractive Power (Posterior) | Refractive Power (Total)



Net | Axial True Net | Equivalent Keratometer | Elevation (Anterior) | Elevation (Posterior) | Height | Pachymetry | Epithelium

Phaco: Technology Shapes Technique

A look at cataract removal techniques using the latest machines.

Christine Leonard
Senior Associate Editor

Today's phacoemulsification machines are packed with innovative features such as advanced fluidics and IOP control, all in the name of enhancing the safety and efficiency of cataract removal procedures. No two systems are exactly alike, however. In this article, we'll take a look at several cataract surgeons' techniques using different phacoemulsification systems and how the technological advances are making a difference.

Veritas (Johnson & Johnson Vision)

Jason J. Jones, MD, medical director of the Jones Eye Clinic in Sioux City, Iowa, has been using Veritas since its preliminary market release in early May 2021. With Veritas, he reports increasing his effective bottle height to around 115 cm for venturi quadrant removal, noting that "The forced infusion plus physical bottle height [during this stage] offers some extra stability." He says Veritas' dual pump system is convenient , allowing him to easily switch between peristaltic and venturi. "I use peristaltic for my chop because it's still very efficient for whatever I might need it for, whether that's a dense or a soft nucleus," he says. "If you're on a venturi setting and have a very soft cataract, you still want to chop it. You need to be able to chop things with control, and then when those pieces are liberated, you want something with good response and very high performance."

Dr. Jones also reports less fatigue using the new foot pedal, which has a flat rather than angled design.

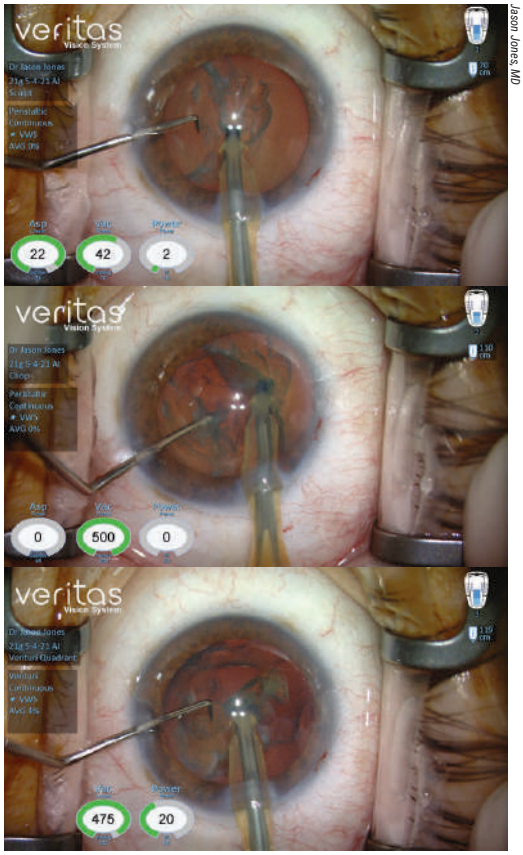
Dr. Jones shares his cataract removal technique with Veritas: He begins his cases by irrigating with lidocaine and epinephrine. Then he fills the anterior chamber with dispersive viscoelastic (Healon EndoCoat, Johnson & Johnson Vision) and stabilizes the eye through the paracentesis with his instruments. Next, he marks the cornea for centration. He makes his capsulorhexis using Utrata forceps and hydrodissects with a Chang cannula.

He begins cataract removal in the sculpt setting with fairly low vacuum and aspiration (Figure 1).

"This is a peristaltic setting," he explains."I use it to clean off the anterior cortex from the surface of the nucleus within the capsulorhexis." Afterwards, he switches to a chop setting (also peristaltic) and buries the tip. He listens for the machine's pulsing sounds. "When you achieve an occlusion state, the sound becomes noticeably higher," he says. "Veritas doesn't give you an occlusion bell, but it's very easy to listen for the level that indicates I have a grasp on a piece of cataract. The Veritas' tones are more pleasant to listen to than those of previous machines—for me and for the patients.

"I then use a small amount of phaco energy to get in, and then I do a vertical chop," he continues. "I maneuver my chopper away from me, plunge it into the nucleus and bring it toward my phaco tip. The crack will elaborate on its own. When the two devices come close to each other, I separate them while paying attention to a posterior separation, so it's more of a pivot of instruments from their incision fulcrum than a translational movement. I want to get that crack through the posterior

plane, but also subincisionally and distally from me.
“I now have essentially two nuclei to deal with,” he continues.
“This typically helps to rotate the nuclei counterclockwise. I’ll usually do two more chops on each hemi-nucleus for a total of six pieces. As I rotate the nucleus around to get to the last piece, I’ll chop it while I’m still in occlusion
holding. “Then, I touch my button to advance, and go right into my venturi quadrant removal and start to take out pieces,” he says. “I use my chopper to help enucleate pieces out of the capsular bag, but typically they’re pretty
wellliberated from each other as well as from the capsular bag, so they kind of tumble out pretty nicely. I rotate the second hemi-nucleus to the other side, away from me again, and complete the case of phacoemulsification.” He adds that as he gets to that last piece, he switches from the vertical chopper to a more blunt instrument that he developed, which is on the other end of his chopper. “This way, if I need to touch the capsule or something comes close to it, it’s less risky
from a safety standpoint. I rotate the chopper in my hand, put it back in the paracentesis and finish manipulation of it up to the phaco tip.”
He then switches out his second instrument and goes back in with dispersive viscoelastic. “I lay a stripe of viscoelastic in the anterior chamber,” he says. “To do that properly, I need to come down to foot-position zero because any irrigation is going to shoot the viscoelastic out of the wound. Basically, I replace the anterior chamber volume with viscoelastic. This provides better stability and nicer tension overall to the anterior chamber with less collapse.”
If he has any formed cortex left, he goes in with irrigation/aspiration and pulls it out in venturi mode. “Having remaining cortex is pretty uncommon—about 10 to
15 percent of the time I do need to get some small piece out of the capsular bag, but otherwise I go in with a silicone-tip cannula on a 5-cc syringe to irrigate and polish off the central posterior capsule,”
he explains. “After that, I go in with a 27-gauge cannula 5-cc syringe and irr gate into the fornix of the bag.”
To eliminate any cortical remnants, he reenters the main wound and sweeps around to a 12 o’clock position. He says it’s reassuring to clean these chunks out since the iris
obscures the view, hiding any leftover material. “I take the same 27-gauge cannula and go into the paracentesis,” he continues. “I go subincisionally over to my right; now I’ve done about three-quarters of the capsular fornix. Next, I go back with a Chang cannula 5-cc syringe, which isn’t like hydrodissection, but I use the angled cannula to go and clean the inferior subincisional fornix and sweep around to my incisional left to irrigate out 360 degrees of capsular fornix.” He then puts in dispersive viscoelastic. “To inflate the capsular bag, I curette the capsular bag for lens epithelial cell removal from the subcapsular region of the anterior leaflet,” he says. After placing the IOL, he removes the viscoelastic with irrigation/aspiration.
“Be sure to rotate the lens and go behind it as well,” he notes. “I go under one side, rotate the lens and go on the other side. It’s amazing how often there’s a thin layer of viscoelastic still on the opposite side of the lens. It’s nice to get all of that out. Be sure to get all of the viscoelastic out of the anterior chamber as well. I irrigate into the fornices of the angle using a 27-gauge cannula, hydrate my wounds, check my incisions and ensure they’re dry, and then the case is completed.”



Jason Jones, MD

Figure 1. Jason Jones, MD, performs cataract removal surgery using the Veritas (Johnson & Johnson Vision). Shown here: sculpt (top), chop (middle) and venturi quadrant removal (bottom).

RS-OIL

THE PUREST SILICONE OIL

RS-OIL is 100% ultra-purified silicone oil free of low molecular weight components (LMWC) thanks to an innovative proprietary purification method.
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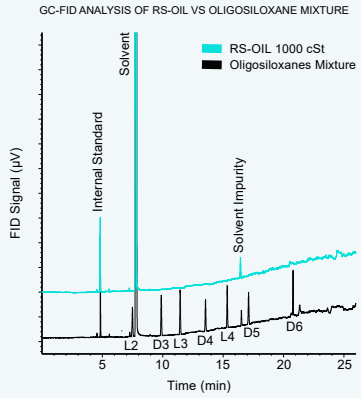
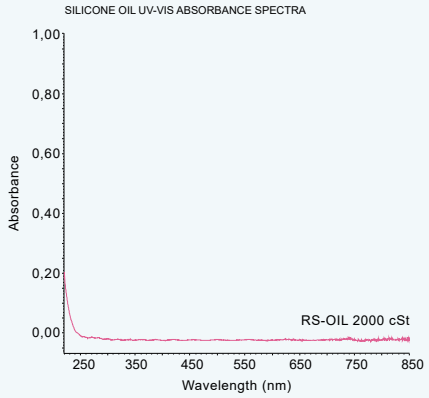
a Safety Choice

The safety of RS-OIL is guaranteed by accurate chemical and biological tests conducted during all production phases.
RS-OIL is tested for citotoxicity in accordance with the international standard ISO 10993-5 on the BALB 3T3 and ARPE-19 cell lines.



RS-OIL is **free of low molecular weight components** (LMWC) intended as linear oligosiloxanes chain (L2-L3-L4) and cyclic chain (D3-D4-D5).



RS-OIL has a **volatility of less than 0.01%** and a reduced concentration of active UV substances at ≥ 220 nm wavelengths.

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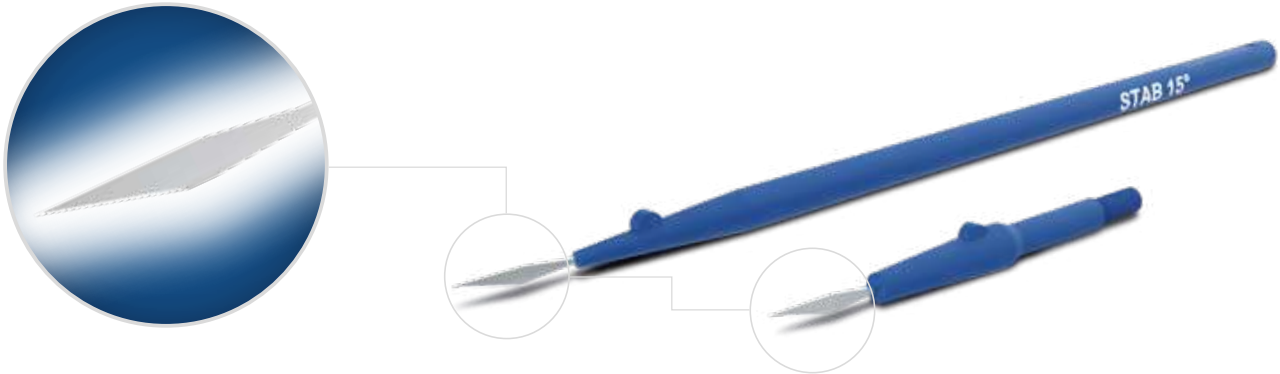
The outstanding cutting abilities of NanoEdge knives enable better surgical outcomes.
Geuder offers an extensive portfolio for most standard and specialty ophthalmic procedures.
The wide range of sizes and straight, angled or special shaped blades in double-bevel or bevel-up grinds covers all relevant incision types.

PARACENTESIS AND STAB KNIVES

- Create square incisions
- Straight incisions are less prone to intersect the conjunctiva
- Used for initial paracentesis incisions
- Flat wound constructions
- Different blade degrees determine incision sizes (e.g. 15° stab produces smaller incision than 30° stab)



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Amico Yasna Pars (Pr.J.S.Co)

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Johnson&Johnson VISION

Amico Yasna Pars (Pr. J. S. Co)

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+ Superior image contrast day and night

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Safety of a single-use delivery system and the optical excellence of the TECNIS®FAMILY OF IOLs.

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