CAPSULASER®

Selective Laser Capsulotomy

CAPSULASER®

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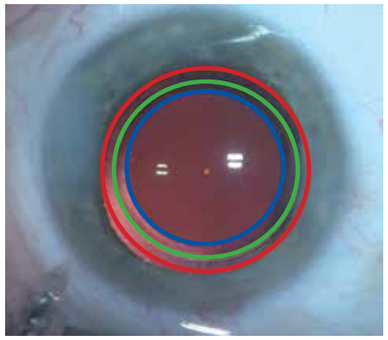
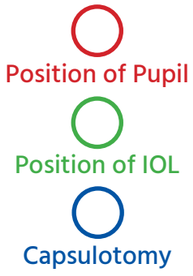
CA 94551 USA
www.capsulaser.com

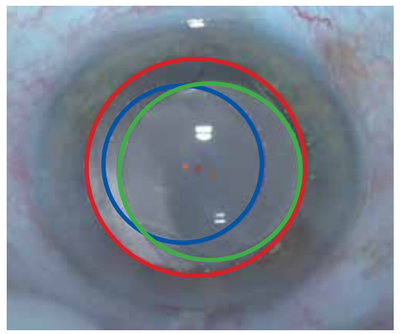
Welcome to the future of
Capsulotomy

Precise capsulotomy size, circularity and position every time



CAPSULaser



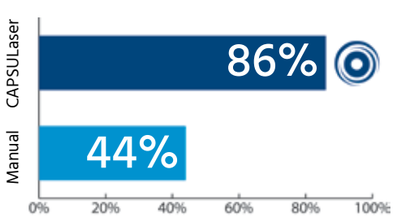


Manual

Study Results - 100% of eyes with 360° IOL coverage with the CAPSULaser Selective Laser Capsulotomy (SLC)

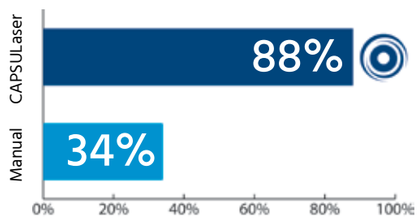
In the CAPSULaser CE Clinical study[1] superior sizing, circularity & centration resulted in 100% of the SLC eyes having full 360-degree IOL coverage by the capsulotomy compared with 91% in the CCC group. Other published studies[2] show even lower 360-degree IOL coverage with Manual at 72% and Femto at 89% .

Superior Diameter Accuracy



In the CAPSULaser CE Clinical study 86% of the SLC Eyes were within 0.1mm of target diameter compared to 44% in the manual capsulorhexis group.

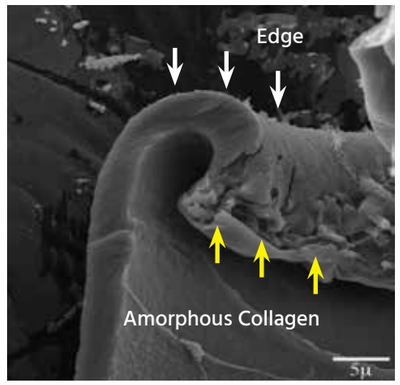
Superior Circularity Accuracy



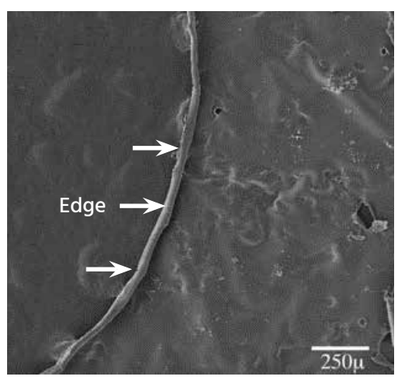
In the CAPSULaser CE Clinical study 88% of the SLC Eyes were within 99% circularity compared to 34% in the manual capsulorhexis group.

An Elastic Capsule that is strong, smooth, flexible and resistant to tearing

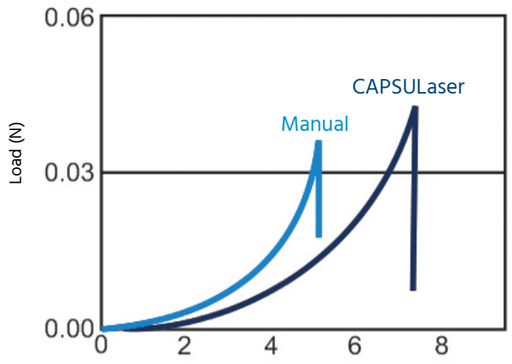
Doubling of the capsular edge thickness provides additional strength to the SLC edge profile. A smooth edge devoid of irregularity and defect ensures that there are no tags that create the potential for radial tear out [3]. The transition from Type IV to amorphous collagen creates a capsulotomy rim with higher elasticity compared to manual CCC [4]. This phase change at the capsulotomy edge reduces the potential of tear-out under increased distension.



Cross Section SEM



Capsulotomy SEM



Extension beyond Capsulotomy (mm)

The ideal capsulotomy

"The ideal capsulotomy is one that can be performed rapidly and in a reproducible manner with good centration on the crystalline lens, circular with good edge strength whereby there is little or no risk of radial anterior capsular tears during cataract surgery, lens prolapse and manipulation."

Sheraz M Daya MD FACP FACS FRCS(Ed) FRCOphth[5]

Discover the

CAPSULaser Advantage

CAPSULaser creates a selective laser capsulotomy in about a second. The laser energy is delivered in a continuous manner which eliminates any tissue bridges.

In clinical studies CAPSULaser has demonstrated superior consistency in creating a capsulotomy:

- 100% Free-floating capsulotomy
- 100% 360° IOL coverage

CAPSULaser creates an elastic capsulotomy rim resistant to tearing:

- Rolled over edge (double thickness)
- Smooth amorphous collagen rim
- Continuous 360° tag free profile

CAPSULaser is a small ergonomic device:

- Seamless integration into the cataract work flow
- No requirement to move patient as capsulotomy takes place at the OR microscope

CAPSULaser offers the surgeon laser precision to:

- Pre-select the capsulotomy size from 4.0mm to 5.5mm in 0.1mm increments
- Personalize capsulotomy size and aim beam intensity
- Use intuitively

CAPSULaser provides a cost and time effective solution to create the ideal capsulotomy:

- Affordable acquisition and running costs
- Short and straight forward learning curve
- Non-invasive procedure with improved visualization throughout the surgery

CAPSULBlue

The New Standard in Anterior Capsule Staining

Fast Acting

CAPSULBlue® has a significantly faster stain rate than other commercially available Trypan Blue Solutions.[6]

Intense Staining

CAPSULBlue is a patented formulation with an optimized concentration of trypan blue that provides the most effective anterior capsule stain available.

Purity & Confidence

CAPSULBlue is manufactured under a proprietary purification and filtration process that consistently ensures the highest quality intraocular stain available.

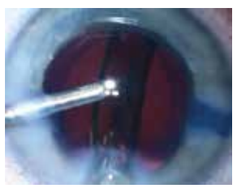
Intense Staining

An intense capsule stain every time, highlights paracentesis incisions for easy access.

Phaco

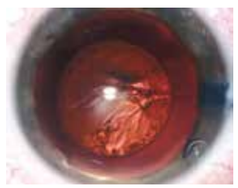
Dramatically aids visualization of the capsulotomy during phaco.

Lens Implantation



An ideal aid for "In the Bag" IOL placement.

Challenging Cases



An essential tool for use with mature cataracts with no red reflex.

CAPSULaser

The only trypan blue approved for use with CAPSULaser.

CAPSULaser

Technical Specifications

Parameter	Selective Laser Capsulotomy System
Capsulotomy Diameter Range	User selectable, 4.0 - 5.5mm in 0.1mm increments
Laser Treatment Duration	> ⅓ second
Treatment Laser Type	Solid State Laser
Treatment Wavelength	590 +/- 3nm
Duty Cycle	100%, continuous wave
European MDD Laser Classification	Class 4
Electrical Specification	120-230V 50/60Hz
Fusing	250V T 3A

Environmental Requirements

Maximum Altitude	3,900m (13,000 feet)
Operating Temperature	15-32˚C (59-90˚F)
Maximum Humidity	Up to 90% at 32˚C (90˚F)

Parameter	Aiming Beam
Aim Reticle Laser Source	Diode Laser
Aim Reticle Wavelength	635 +/- 10nm
Power Output	User selectable, maximum less than 10mW
European MDD Laser Classification	Class 2

References

1. Stodulka et al. Efficacy and safety of a new selective laser device to create anterior capsulotomies in cataract patients. Journal of Cataract & Refractive Surgery: May 2019 - Volume 45, Issue 5, May 2019, Pages 601-607.

2. Nagy et al. Journal of Refractive Surgery, 2011; 27: 564-569.

3. Daya et al. Parameters affecting anterior capsulotomy tear strength and distension. Journal of Cataract & Refractive Surgery: March 2019 - Volume 45 - Issue 3 - p 355-360

4.. Daya S, Chee S-P, Ti S-E, et al. Comparison of anterior capsulotomy techniques: continuous curvilinear capsulorhexis, femtosecond laser-assisted capsulotomy and selective laser capsulotomy. Br J Ophthalmol 2019;0:1–6. doi:10.1136.

5. Centre for Sight, East Grinstead, W. Sussex, UK

6. EXCEL-LENS Inc, data on file 2018.