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Vision with Attitude

In this issue:

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The Business we are in...

It is quite hard sometimes for us to justify what we do in terms of business practice being in an industry that I believe is yet to be properly defined!...

Today distributors market, as suppliers define it, is not easy to justify. Products supplies are accessible through multiple outlets, internet is one of them. Prices are known to our customer base; so how can we build an organization and make it profitable out of this simplified definition of what we do? How can we secure the future of hundreds of staff that are joining us and looking to build a future and a career?

Maybe this introduction could brief our readers on what we go through when our role was simply defined as "distributors" not only by our suppliers but by the market and our direct competitors. However are we simply a distributor?

After close to 16 years of running Medicals International I experienced firsthand the role of what companies like us do and I challenge every supplier, customer or competitor on the branding of our business as a simple distribution network. My experience in the last decade and a half highlighted very much to me the need for structured Sales & Marketing Organizations in our region to act as the extended branch of manufacturers.

Today's products are quite complex and the medical field is developing at a pace maybe faster than any other industry. The value added we offer as a local organization allow the products to be well marketed, understood, utilized, and the final clinical outcome perfected. This exercise require a long practice of defining appropriate packaging, adequate product message and thorough staff training to ensure the product we acquire is safely "consumed/utilized" and the final clinical outcome is perfected.

At Medicals International we take our role very seriously and after 16 years I can assure many of my suppliers that our franchise together with them will only prosper, and I can guarantee my customers that for every extra dollar of pricing up from suppliers there is a dollar and half value added and by ensuring this practice is in place every one of us at MI will surely enjoy a healthy and progressive career path that will secure each a prosperous future.

Your colleague, partner and friend,
Walid G. Barake
President and Founder

Launching CLEARKONE

Medicals International is honored to extend its product line and introduce a new hybrid lens for Keratoconus, **CLEARKONE** from ***SynergEyes***.

SynergEyes, Inc. was founded in 2001 with a recognized need for a hybrid contact lens that combines the superior visual acuity of a rigid gas permeable lens with the comfort of a soft contact lens.

The revolutionary ClearKone is the only FDA approved hybrid contact lens for Keratoconus. The RGP component provides patients with a high corneal oxygenation and a crisp, stable vision whereas the soft outer skirt allows all-day comfort.

ClearKone offers a solution for patients that exhibit GP intolerance with decreased wearing time, lens awareness, complaints from haloes and glare.

It is, as well, the best option for patients experiencing difficulty with an existing piggyback fit such as GP lens decentration, GP lens adherence or post surgery corneas.

Medicals International team members are ready to train and provide technical information and assistance in fitting ClearKone in order to offer your keratoconic patients an excellent vision and a comfortable wearing experience.

ClearKone™, The New Hybrid Revolutionary Lens For Keratoconus

ClearKone™ is a revolutionary contact lens for keratoconus that takes advantage of the best features of the hybrid platform, providing superior visual acuity, stability, centration and all-day comfort. The patent-pending design is optimized to vault the predominant irregularities of the keratoconic cornea, thus, effectively restoring vision to a vast majority of irregular cornea patients.

It is a Hybrid Contact Lens that provides refractive error correction for keratoconus when worn for daily wear.

The central RGP portion is manufactured from Paragon HD material (Dk 100) and a non-ionic 27 % water, soft hydrogel skirt bonded by a patented 'Hyperbond' junction. The available parameters of the ClearKone lens are shown in *Table 1*.

The key feature of the lens is that it fits on sagittal depth rather than curvature of the cornea. The sagittal depth of the cornea is defined as the depth of the cornea at the width of the lens. Hence each lens in the fitting set increases in sagittal depth or vault in a linear progression from 100-600 µm in 50 µm step.

As the lens increases in vault not in curvature, the base curvature remains relatively flat for all lenses. This gives improved and consistent optics compared to lenses that increase in curvature. In addition, as the lens is centered and stable over the visual axis rather than over the cone, this gives a marked reduction in optical aberrations such as coma. Hence visual acuity may as well be better than with a standard RGP lens.

The linear increase in the vault of the lens increases the tear lens power in a predictable fashion. The back vertex powers of the diagnostic lenses have been chosen so that the over-refraction for an eye will be identical with any of the lenses.
Therefore as long as an over-refraction has been taken for one of the lenses there is no need to repeat for another and the expected power of a lens with any vault can be calculated empirically.

The ClearKone lens is designed to vault the central cornea completely. It has a patented reverse curve landing zone where the RGP portion meets the soft skirt.

The lens is recommended while having one of the following pathologies:

1) Patients with early manifestations of KC where a soft toric lens produces good acuity in the subclinical eye, but not the other. In most cases, a well-fit hybrid will be a more comfortable balance in the more progressed eye than a monocular GP.
2) Patients who exhibit GP intolerance with decreased wearing time, persistent lens awareness, complaints of haloes and glare.
3) Patients experiencing difficulty with an existing piggyback fit such as GP lens decentration, GP lens adherence, or difficulty dealing with multiple lenses.
4) Dynamic patients: performing some sports activities and where they can't wear the GP lens while performing this activity.
5) Patients fitted with rings and intolerant to GP lenses or that undergone other refractive procedures.

Charbel Farfour,
Training & Marketing Coordinator,
MI - Offshore

Design	spherical optic zone with reverse curve landing zone
Material	Paflufocon D center , (hemiberfilcon A skirt)
Dk	RGP portion 100 Dk
water content (%)	27 (soft skirt)
Diameter (mm)	14.5
Vault (µm)	100-600 in 50 µm steps
Skirt curve	Steep, medium, flat
Wear indications	Daily wear
Recommended replacement	6 months

Table 1: Clearkone lens parameters

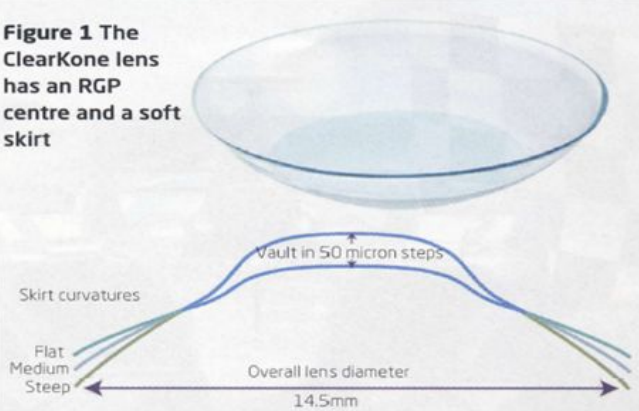
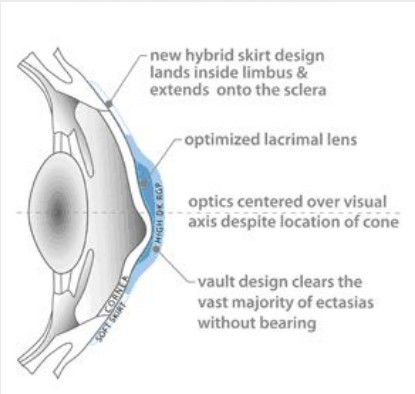
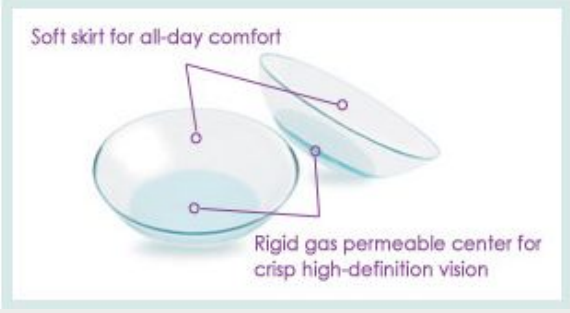


Figure 2 The ClearKone lens has a range of vaults from 50-600µm and three skirt curves





Intacs with Femtosecond: A Breakthrough for Keratoconus Management

When I started working with ***Intacs*** (Addition Technology, Inc., Des Plaines, IL) in 2003, I followed the pioneering research of **David Schanzlin, MD; Penny Asbell, MD; Joseph Colan, MD; and Ricardo Guimaraes, MD**. All of these doctors investigated Intacs for the treatment of myopia and keratoconus. Early on, I recognized the value of intracorneal rings as an alternative to penetrating keratoplasty for keratoconus. By modulating the stresses on the cornea, these inserts create a hammock effect that reduces the biomechanical force exerted by the aqueous and thus prevent further steepening of the cornea.

I faced several challenges e.g. I found that mechanical dissection system with which I created the intrastromal channels required a significant amount of skill to master, and patients recovered their vision more slowly than desired secondary to corneal trauma. I was also hindered by our inability to predict with absolute certainty the channels' final diameter or the depth at which the inlays were implanted.

The advent of femtosecond laser technology, and its incorporation into the implantation of intracorneal segments, allows us to create channels of appropriate depth and diameter with significant accuracy. Consequently, patients enjoy a speedy visual recovery and overall satisfaction with the vision provided by intracorneal implants.

MECHANISM OF ACTION OF INTRACORNEAL RINGS:
Unlike penetrating keratoplasty—previously the definitive surgical treatment for keratoconus—intracorneal implants reshape abnormal corneas without permanently removing tissue. Surgeons can therefore reverse the topographic and refractive effects of intracorneal implants at any time by explanting the devices.

Histopathologic analysis of eight corneal buttons removed from keratoconic eyes with a history of Intacs showed focal epithelial hypoplasia immediately adjacent to the intrastromal tunnel. The investigators also noted a lower density of keratocytes in the area surrounding the tunnel than in other areas of the cornea. These changes appeared to be reversed in eyes from which the inserts were explanted several months before they underwent penetrating keratoplasty.

Creation of Intracorneal Channels (Surgical dissection versus Femtosecond)
1. Visual Results:
Before the introduction of femtosecond laser technology approximately 9 years ago, surgeons exclusively used handheld instruments to create intrastromal tunnels for corneal implants. A retrospective analysis of 10 eyes prepared with a mechanical spreader (data collected at 6 months) versus 20 eyes prepared with the IntraLase femtosecond laser (Abbott Medical Optics Inc., Santa Ana, CA; data collected at 1 year) showed that both groups had comparable improvements in UCVA (3.63 ±2.67 vs 4.13 ±3.02 lines), BSCVA (1.63 ± 3.58 vs 3.92 ±2.40 lines), and average keratometry (2.52 ±2.21 D vs 2.91 ±2.45 D). More patients in the femtosecond group (85%), however, could tolerate wearing contact lenses postoperatively than in the mechanical group (70%).

2. Which method tends to be deeper in the stroma?
Carrasquillo et al observed comparable refractive outcomes between eyes with intrastromal tunnels that were created mechanically (n = 17) or with the IntraLase femtosecond laser (n = 16). At mean follow-up of 10.3 months, UCVA and BSCVA in the mechanical group had improved from 20/200 to 20/100 and 20/40 to 20/30, respectively. During the same period, UCVA and BSCVA in the femtosecond group had improved from 20/158 to 20/63 and 20/40 to 20/25, respectively. The investigators stated, however, that they were able to implant Intacs more deeply with femtosecond versus mechanical dissection.

3. Which is more effective: narrow channel versus wide channel?
A retrospective study by Ertan et al showed a statistically significant relationship between the size of the intrastromal channel and visual improvement among 159 keratoconic eyes of 103 patients. The eyes were randomized to receive channels measuring 6.7 X 8.2 mm (approximately 1.3 mm wide; n = 97) or 6.6 X 7.6 mm (approximately 1 mm wide; n = 62). All of the intrastromal tunnels were created with the femtosecond laser. At 6 months, more eyes in the narrow-channel group showed significant improvement in UCVA and BSCVA from baseline (72.5% and 75.8%) than in the wide-channel group (63.9% and 70.1%). The investigators observed a higher incidence of complications with narrow versus wide channels, however, including epithelial plugs (26 vs 12 eyes), yellow deposits (29 vs 10 eyes), haze in the tunnel (nine vs two eyes), and an upward displacement of the implant (four vs zero eyes).

When using the Femtosecond laser to create intrastromal tunnels, surgeons must be sure to center the laser's applanation plate over the pupil. In a retrospective case series, Ertan and Karacal found that the Intacs in 59 eyes of 39 patients were temporally decentered by a mean of 788.33 ±500.34 µm. The investigators hypothesized that the pressure exerted on keratoconic corneas by the laser's applanation plate may dilate the pupil and shift its geometric center, thus leading to the creation of decentered intrastromal tunnels. Strategies for avoiding the decentration of Intacs include:
- properly positioning the patient's head,
- lifting the plate before readjusting its position.
- marking the pupil's center preoperatively.

References:

1. GŸell JL. Are intracorneal rings still useful in refractive surgery? Curr Opin Ophthalmol. 2005;15:260-265.
2. Samimi S, Leger F, Touboul D, Colin J. Histopathological findings after intracorneal ring segment implantation in keratoconic human corneas. J Cataract Refract Surg. 2007;33:247-253.
3. Rabinowitz YS, Li X, Ignacio TS, Maguen E. Intacs inserts using the femtosecond laser compared to the mechanical spreader in the treatment of keratoconus. J Refract Surg. 2006;22:764-771.
4. Carrasquillo KG, Rand J, Talamo JH. Intacs for keratoconus and post-LASIK ectasia. Mechanical versus femtosecond laser-assisted channel creation. Cornea. 2007;26:956-962.
5. Ertan A, Kamburoglu G, AkgŸn U. Comparison of outcomes of 2 channel sizes for intrastromal ring segment implantation with a femtosecond laser in eyes with keratoconus. J Cataract Refract Surg. 2007;33:648-653.
6. Ertan A, Karacal H. Factors influencing flap and Intacs decentration after femtosecond laser application in normal and keratoconic eyes. J Refract Surg. 2008;24:797-801.

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STAAR Surgical's Prominent Presence in the ESCRS Congress in Paris

STAAR Surgical Company, the leading worldwide developer, manufacturer and marketer of phakic intraocular lenses, announced that the ***Visian Implantable Collamer(R) Lens (ICL)*** was featured prominently in more than 40 presentations by leading ophthalmologists at meetings prior to and during the **2010 Congress of European Society of Cataract and Refractive Surgeons (ESCRS)** held in Paris, France from September 4 through 8, 2010. The presentations, based on studies conducted by surgeons throughout the world, confirmed that the Visian ICL offers superior visual results over a wide range of myopic and hyperopic refractive errors including those within the most popular LASIK areas of treatment. These presentations also confirmed the safety and efficacy of the Visian ICL over a period of 17 years.

The 7th Annual Visian ICL Expert Meeting was held prior to the conference with more than 100 surgeons from 34 countries in attendance. There were 26 presentations and eight specialized breakout sessions on ICL topics over a two-day period.

During the opening presentation, **Hans Blickensdoerfer** (President, STAAR EMEA-LA) demonstrated the rapid growth in Visian ICL procedures from one implant every 20 minutes in 2008 to one implant every 10 minutes in 2010 worldwide.

"We continue to see strong growth in the Visian ICL throughout the world and believe that the newly expanded Visian ICL diopter ranges launched here at ESCRS more than doubles the market opportunity for Visian and allow us to compete directly within the most popular myopic and hyperopic ranges of treatment with LASIK. Key presentations during the meeting demonstrated that though the Visian ICL has very good results in the higher refractive areas, it can have even better visual results in the lower ranges of refractive procedures where LASIK is most popular currently."

During the formal free paper presentation sessions at the ESCRS meeting there were 17 papers on the Visian ICL, 14 scientific posters and 2 instructional courses. All of these continued to reinforce the Visian ICL technology as a safe and effective option for addressing a wide range of myopia, hyperopia and astigmatism.

Also STAAR Surgical sponsored a Symposium on refractive surgery that was attended by over 400 surgeons. In 16 video based presentations, leading global refractive surgeons demonstrated how practitioners can fine tune success in their surgical results.

"The newly expanded indications of the Visian ICL for international markets more than doubles the potential market for the ICL," said **Barry Caldwell** (President & CEO) ."The lower diopter range for both myopic and hyperopic patients will now be available in 0.25 diopter increments. The addition of a Visian Toric Hyperopic ICL and the ability to treat mixed astigmatism will also increase the addressable market with the Visian ICL. Results from an interactive response system of the attendees at the ICL Expert's Meeting revealed the belief shared by 40% of the group that within five years, 40% of all refractive procedures would be with phakic IOLs."

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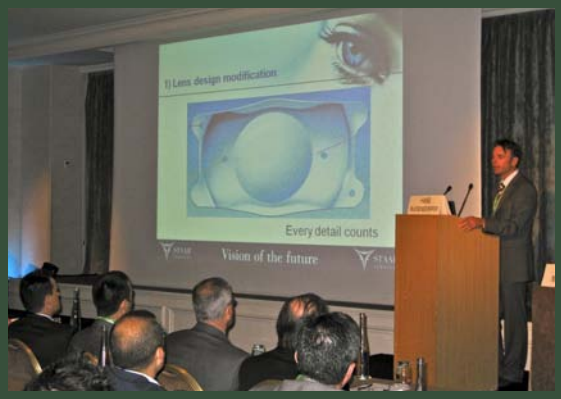
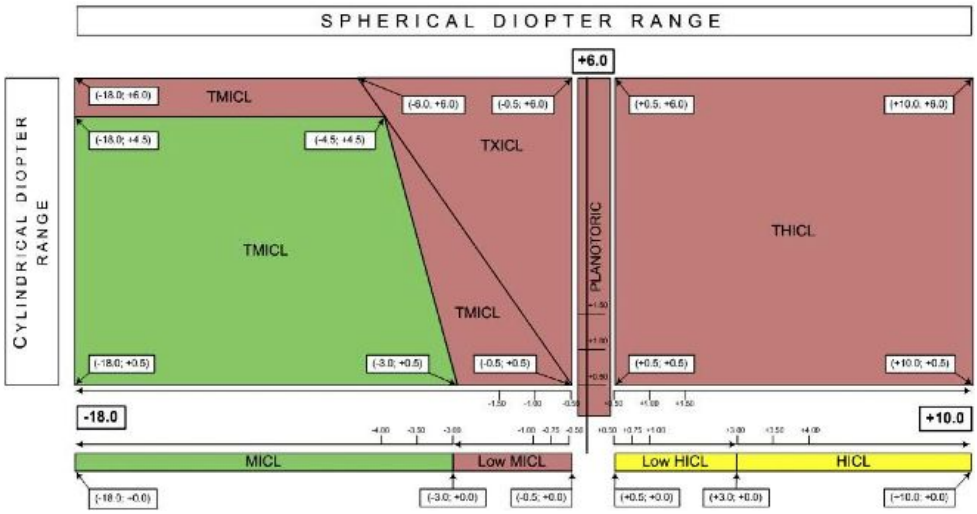


STAAR Surgical Launches New Visian ICL(TM) Product Line Extensions



Also during the **ESCRS** congress in Paris, **STAAR Surgical Company** has officially launched the newly CE-approved range of product improvements to the company's Visian Implantable Collamer(R) Lens (ICL(TM)) that more than doubles the current Visian addressable market in the international market. This is the biggest and most important product launch in STAAR Surgical since the Toric ICL in 2002.

"We believe these expanded offerings will provide the broadest correction approval of any refractive technology for surgeons in countries where the CE Mark applies and will allow the surgeon to treat virtually any patient who is a candidate for refractive surgery," said **Barry G. Caldwell** (President & CEO). "This approval will now allow surgeons to treat myopic patents from -0.5D to -2.75D with the new Visian ICL, hyperopic patients from +0.5D to +2.75D with the new Hyperopic ICL and both myopic and hyperopic astigmatic patients with up to 6 diopters of astigmatism. The addition of quarter diopter increments for low myopes (-0.5D to -2.75D) and low hyperopes (+0.5D to +2.75D) should optimize refractive targeting the sweet spot of the LASIK range and allow the surgeon to deliver an even more customized solution. STAAR is committed to the continuous improvement and expansion of patient benefits offered by the Visian ICL product line and additional Visian ICL features are in our pipeline. Our goal is to continue to offer new technology benefits in order to maintain the Visian ICL's leadership role in the refractive lens market."

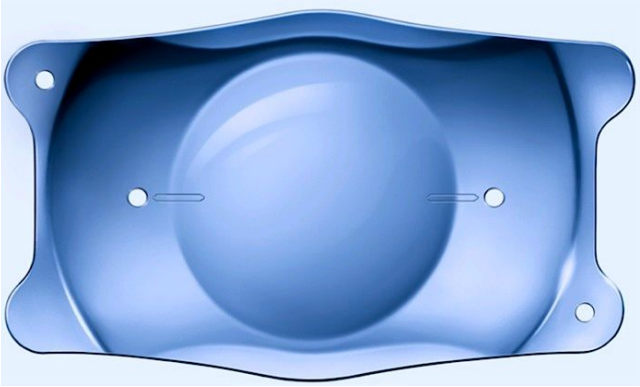
With the CE Mark approval STAAR Surgical now offers Visian ICLs in the applicable countries ranging from myopic ICLs at -18.0D to hyperopic ICLs at +10.0D without interruption. Additionally STAAR can offer Visian Toric ICLs up to 6.0 diopters of cylinder for the entire range. For diopter ranges between -3.0D and +3.0D, the CE Mark approval has been expanded to quarterly increments from the previous 0.5 increments.

Specifically, diopter range of ICL models will be extended to now cover the following diopters:
- Positive spheric, 0.25D steps from +0.5D to +2.75D, 0.5D steps from +3.0D to +10.0D.
- Negative spheric, 0.25D steps from -0.5D to -2.75D, 0.5D steps from -3.0D to -18.0D.
- Toric addition, 0.5D steps from +0.5D to +6.0D for all diopters from -18.0D to +10.0D, excluding quarter diopters, including 0.0D (plano).

In addition to the expanded diopter range and Hyperopic Toric CE Mark approval, STAAR Surgical also designed several enhancements that increase physician ease of use of the Visian ICL during implant. These improvements include: the addition of perforating holes in the lens haptic to assist with removal of viscoelastics, improved lubricity on injector cartridges for ease of insertion, and new laser marks for the TICL designed to improve the surgeon's ability to see the axis during and after implantation.

"We've also been approved to begin packaging Visian ICL products in BSS (Balanced Salt Solution) for CE markets, which is the same storage medium for product marketed in the U.S. These approvals are the first step toward allowing us to move our global refractive business to a unified platform that should lead to greater manufacturing efficiencies," added Mr. Caldwell.

STAAR Surgical first received CE Marking for the ICL in 1997, indicating the product is approved by the European Union (EU) and by other countries that recognize the CE Mark.



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Beirut International Dental Meeting 2010

Medicals International had the pleasure to participate in the 20th annual scientific convention of the LDA, **namely BIDM 2010 (Beirut International Dental Meeting)** that was held in Dbayeh from 22 to 25 September, 2010.

Twenty five highly esteemed guest speakers from 10 countries around the world (Japan, Mexico, USA, France, Germany, Spain, Turkey, Greece, Italy and the Netherlands) in addition to an interesting panel of Arab and Lebanese talented lecturers attempted to clarify some of the most important issues and dilemmas arousing today and they responded to this with evidence-based knowledge.

Dr. Mariano Sanz, M.D. School of Medicine, Specialist in Periodontology conducted a workshop and gave 2 significant lectures regarding the **Astra Tech Dental Implants**. The workshop included a detailed review on the Astra system and a hands-on training. As for his lectures, they were focused mainly on immediate implantation and periodontal regeneration.

The one of highlights of this congress is the number of participants that attended. They benefited from over 125 sessions, live video transmissions, podium sessions, poster presentations and a newly introduced research forum, together with a series of pre-congress "step-by step" courses.

A large trade exhibition featuring the world's leading companies ran throughout the conferences representing the BIDM main sponsors.

We are committed to exceeding your expectations with every growing step and are looking for a very productive 2011 with you.

Rebecca Aoun ,
Territory Manager,
Dental Department,
MI - Beirut

Hands-on with Dr. Mariano Sanz

Sarah Berry (MI team) representing the Astra System

Astra Tech Implant: A System That Works For You

With the **Astra Tech Implant System**, dentists have the flexibility to manage every clinical situation and to adapt to different challenges as they arise:

- One system for all indications.
- Suitable for both one-stage and two-stage surgery.
- Designed for immediate and early restoration.
- Restorative freedom and simplicity.

The OsseoSpeed surface characteristics and properties have been reviewed in numerous published articles confirming positive bone response.

As a result from the extensive OsseoSpeed clinical study program that shows good functionality and predictable maintained marginal bone levels in prospective studies after three and five years of follow-up, with a mean marginal bone level reduction of only 0.3 mm, the FDA has cleared expanded labeling claims for the Astra Tech Implant System. The Astra Tech Implant System is designed to maintain marginal bone support, proven clinically to maintain marginal bone level and provide maintenance of marginal bone level superior to success criteria developed by Albrektsson.

A dip in implant stability (measured in ISQ) is usually seen and is related to the shift between decreased initial stability (due to remodeling) and increased secondary stability (osseointegration). However, Astra Tech OsseoSpeed implants do not have a dip in ISQ during the early healing phase. Instead, constant or increased ISQ values are reported. Published data shows that the OsseoSpeed implant can be safely used with reported survival rate between 94.5% and 100%, also in demanding situations. These situations include the use of immediate loading protocol, even in the atrophic edentulous maxilla, in sinus lifted maxillary posterior jaw sites, when applying immediate installation in extraction sockets, and also for implants placed in atrophied mandibles close to the nerve.

Charbel Chaaya,
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MI - Dubai

Documentation and Clinical Studies in Implants' Industry

The dental implant industry is growing more and more every year, even though the number of patients using that treatment is still considerably low compared to the potential number of patients in need for implants. In the United States alone, 70% of the population has at least 1 missing tooth while only 10% are treated with dental implants.

To answer this growing need, many implant manufacturers appear every year, and many others disappear. How would a doctor be assured that his system is reliable, predictable and sustainable, and how would he or she trust any implant to be inserted in their patients' mouth? The answer to this is clinical documentations.

Studies show that 90% of worldwide manufacturers do not present any clinical data whatsoever regarding their products and only 3 systems have 5 years radiographic clinical studies. (**Astra Tech Dental, Straumann tissue level implants, and Branemark external hex implants**). And despite that, we can always find tons of articles here and there presenting all kind of information. But in order to validate and trust a scientific clinical study, many points should be checked and reviewed.. **Astra Tech Dental** emphasizes a lot on that subject, so in this current article, I will enumerate the most important points that should be taken into consideration:

1- The purpose of the study & the Conclusion
The purpose of the study should be clear. Why are we doing that study? And at the end it should be compared with the results.

2- Type of study
We should know if we're facing a prospective or retrospective study. Usually Prospective studies are more efficient since the criteria are set before selecting the patients and then the patients are identified and followed forward in time.

3- Number of patients
How many patients were included in the study?

4- Number of dental implants
How many implants were placed? And the number should be identified separately for the upper or lower jaw.

5- Time of follow-up
How many implants were followed and for how long? Was it 1 year, 3 years, 5 years or more? And when did the follow up start, at installation or at loading?

6- Loading protocol
Immediate, early or conventional? When were the abutments placed?

7- Type of restoration
Was it a single, partial or a full tooth restoration? in case of a full bridge, was it a fixed prosthesis or an overdenture (the attachment-retained abutments are balls or locators?)

8- Failures
How many implants were lost? How many patients were not available in the complete period of the follow-up? And why patients were dropped out of the study?

9- Methodology
How were results recorded? By X-Rays or ...? How was the bone level measured?

10- Statistics
The study should include statistical facts. It should also include a worst case analysis assuming that all drop-outs were lost implants.

Judging how reliable the results are is a very important process that the doctor must go through before taking any decision about the credibility of the studies and thus of the product itself. You can always visit the website of Astra Tech Dental *www.astratechdental.com/documentation* to get more information about our documentation and scientific reviews and where you can find more than 450 published articles dating since 1990.

Bassam Khoury,
Managing Director,
Kuwait & Oman

Fotona X D-2: A Powerful Compact Dental Laser System

Fotona's XD-2 is the ideal solution for any dentist looking to take their first steps into the world of laser dentistry.

The Fotona XD-2 delivers a class-leading 7W of peak power, 810 nm wavelengths, ensuring this system can perform precise, safe and efficient surgical procedures on all oral soft tissues, including fibroma removal, frenectomies, excision and vaporization of herpes simplex I and II, exposure of unerupted teeth, implant exposure, incision and drainage of abscesses and excisional and incisional biopsies.

In addition, the clinically-proven bactericidal effects ensure increased success rates for these treatments and further expand its treatment options to include aphthae lesions, peri-implantitis and disinfection in periodontics and endodontics. It also has applications in aesthetic dentistry, with a pre-set treatment specifically for tooth-whitening procedures.

Fotona XD-2 Unique Advantages
- 4 preset treatment options (Endo, Perio, Cut, White)
- Wide range of custom treatments available
- Clinically proven bactericidal effects
- No damaging effect on surrounding tissues
- User-friendly and easy to use
- Compatible with Fotona's Fidelis laser systems range

Habib Abboud,
Product Specialist,
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AUBMC Cutera Training

One of the major educational events that the Aesthetics Department at Beirut Operation organized was a clinical training where different patients having skin anomalies were treated.

For this purpose, **Dr. Antonio Campo**, a prominent european dermato-venereologist and laser specialist was flown to Beirut.

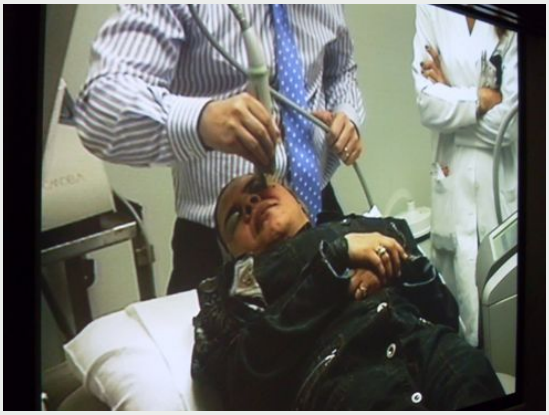
The AUBMC Dermatology Department prepared a list of patients to be treated and the Technical Department at MI placed a video-conferencing set-up so that to accomodate all the MDs and Residents who wanted to attend this training session.

Dr. Campo demonstrated the utilization of the Cutera multi-aesthetic platform devices on indications such as vascular lesions (facial & leg), chicken pox scars, deep acne scars and rosacea.

All treated patients showed major improvements in their skin anomalies and were happy of the results.

Finally, I would like to thank the AUBMC Dermatology Department for their professionalism and support in making this event a successful one.

Jennifer Bedran,
Territory Manager,
Aesthetics Department,
MI - Beirut



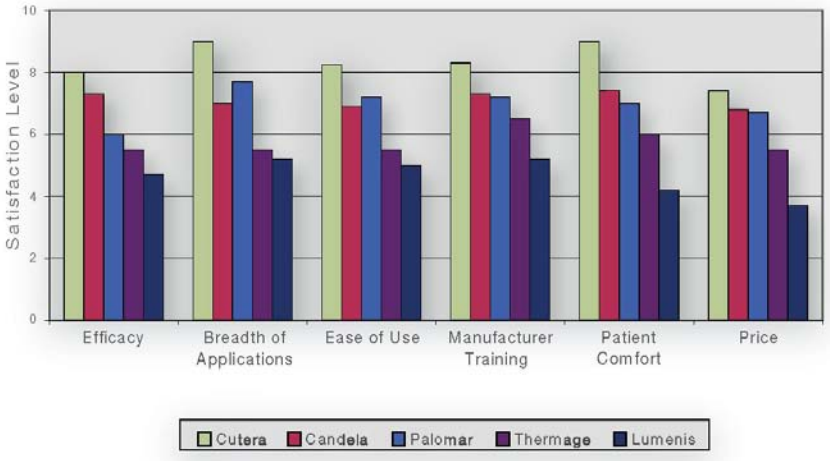
Customer Satisfaction Survey

Millennium Research Group conducted an on-site survey of physicians attending the 2008 American Academy of Dermatology annual meeting in San Antonio.

Their Survey covered laser, light and energy devices and procedures. Results for the top 5 companies are shown in the below chart.

Cutera Scores Highest for All Categories.

Of the individual scores of 8 or higher, Cutera earned all 5!.



Aseptim Plus Photo Activated Oral Disinfection

The Aseptim Plus system utilizes Photo Activated Disinfection to eliminate all species of oral bacteria in the treatment of root canals, periodontal disease, peri-implantitis and caries.

The Aseptim technology is supported by an extensive list of peer-reviewed, published, microbiological and clinical studies.

How does Aseptim work?

Aseptim is based on two components:
- A solution of dilute, pharmaceutical grade tolonium chloride (a vital stain)
- Red light of a specific wavelength (635 nm) to activate the Aseptim solution.
- The Aseptim solution selectively targets and tags all bacteria. When the solution is activated by the Aseptim light it releases singlet oxygen which ruptures the cell walls of bacteria, killing them in seconds.
- Aseptim solution selectively eliminates all bacteria and, unlike other methods of disinfection, does not affect the healthy surrounding tissue, nor does it stain soft tissue or tooth colored restoration.

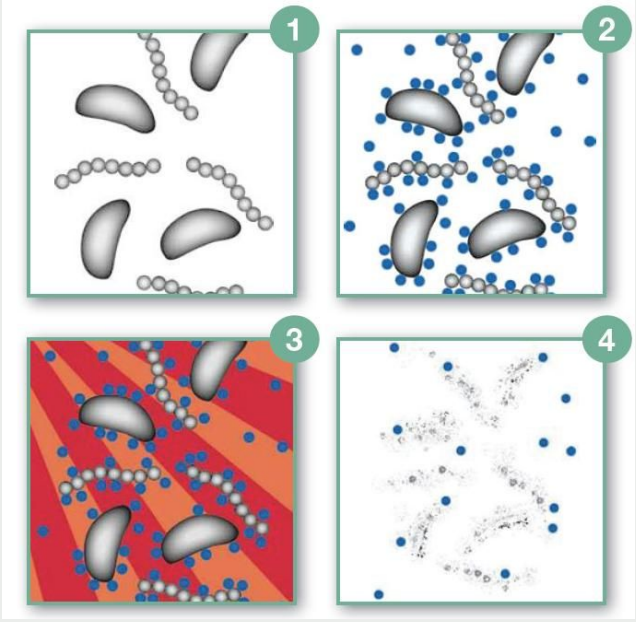
There are four important benefits to using Aseptim Plus:
- Saving time – reduced treatment and single visit treatment possible.
- Saving supporting tissue in periodontal disease without antibiotics.
- Saving expensive implants by total disinfection of the implant site prior to placement.
- Saving hard issue with minimally invasive procedures and encouraging the process of natural remineralisation.

Aseptim Plus is equally effective on the bacteria found in root canals, periodontal pockets, peri-implantitis and carious teeth.

Aseptim Plus kills all bacteria including:
- Streptococcus mutans
- Total streptococcus
- Streptococcus sobrinus
- Streptococcus intermedius
- Actinomyces
- Lactobacillus
- Veilonella • Prevotella intermedia
- Peptostreptococcus micros
- Fusobacterium nucleatum
- Porphyromonas gingivalis
- Staphaloccoccus aureus
- E.faecalis

Aseptim Plus also kills Candida albicans.

Aseptim Plus



Aseptim Plus Mecanism

Habib Abboud,
Product Specialist,
Dental Line,
MI - Offshore

New by Oertli®

Oertli® launches a New Self-Sealing 1-Step Incision System for Pars Plana Vitrectomy.

In the past few years, 23 gauge vitrectomy has established itself as the gold standard in many places. The great advantage of the 1-Step System *(illustration 1)* is that it can be used more quickly when changing instruments as fitting the pilot tubes is not necessary. This saves time and facilitates the operating procedure.

The pilot tubes *(illustration 2)* of **Oertli®**'s new 1-Step System are self-sealing, thanks to a silicon valve set within them. The soft membrane and crosswise incisions within the valve facilitate a smooth introduction of the instruments and, in addition, guarantee a constant intra-ocular pressure. When changing instruments, the resistance within the system is so low that practically no effort is required.

In order to get absolutely tight sclerotomies, **Oertli®** has developed a new trocar knife *(illustration 3)* with special cutting geometry. Thanks to the conjunctiva slider provided, the trocar knife can be entered at an entrance angle of about 30° without difficulty.

A further advantage is the simple way of attaching it to the infusion line, which can be affixed to each trocar and reallocated at any time.

Oertli Instrumente AG
Thomas Bosshard
Head of Marketing

Illustration 1: Oertli® 1-Step PMS autoseal

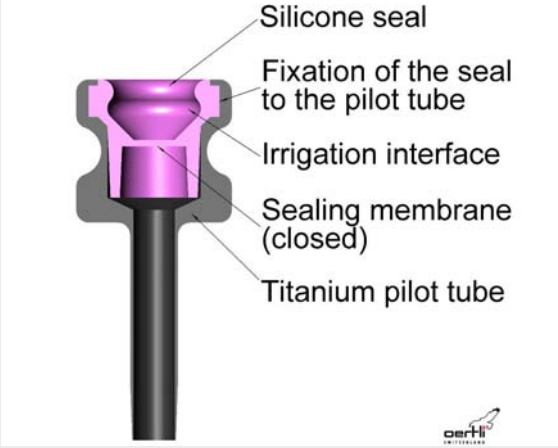


Illustration 2: Pilot tube 1-step

Illustration 3: Trocar knife with Trocar

Launching Schwind AMARIS in Egypt: A New Concept of Perfection

Launching the new Excimer laser generation, **SCHWIND AMARIS** in Egypt has redefined the concept of perfection in refractive corneal surgery to the experienced Egyptian surgeon and to those who are new with Excimer lasers. The advanced features of AMARIS and excellent results met every need of surgeons making AMARIS a highly desirable package.

The tangible thing we felt is that the attention of the surgeons was drawn greatly to the speed and high level of accuracy demonstrated by AMARIS.

With a repetition rate of 500 Hz and automatic fluence of two levels, the laser performs about 80 percent of corneal ablation with high fluence level thereby speeding up the treatment. While fine and precise correction is taking place by the low fluence level, making the correction of one diopter take less than 2.5 seconds with stroma preservation through thermally optimized Laser pulse distribution.

Such features are introduced with 1050 Hz multidimensional eyetracker (5 & 6 D) considering static and dynamic Cyclotorsion, an integrated online Pachymetery, and a fantastic particle aspiration system that gives a real stable climate around the eye making the system independent from the environmental conditions and airflow.

The surprising feedback from Surgeons in hospitals and centers, such as **International Eye Hospital** having 2 AMARIS systems in 2 hospital branches, **Clear Vision Center** and **Eye Laser Center** was really impressive knowing that they compared their results from AMARIS with other competitors systems confessing the major differences on both levels of post operative results and outstanding high-tech machine.

Thus, no wonder why AMARIS exists today in the biggest Eye hospitals and centers in Egypt, the spreading of which is due to Medicals International's vision of introducing new horizons to the refractive corneal surgeries in the Middle East.

Salman Moubarak,
Field Service Engineer,
MI - Cairo

Launching HOYA Lenses

In our strive for excellence in our Ophthalmic product range and for the sake of providing an everlasting comfort for our dear patients, we at ***Medicals International*** have found the best IOL that will perfectly fill in the market gap with its exquisite characteristics. Medicals International is proud to introduce the iSert preloaded IOL system from ***HOYA-Japan***.

Company background:

HOYA Corporation is a worldwide renowned Japanese optical company with a long history of well celebrated products ever since 1941. Starting as a small family business specialized with optical glasses in a small town known as Hoya, the company developed tremendously to become a multinational corporation with 102 consolidated subsidiaries and 10 affiliates with the global HOYA Corporation headquarters in Tokio-Japan. Nowadays HOYA Group plays an important role in the development of modern lifestyle products including information technology (mask blanks, photomasks, glass memory disks), eye care (spectacles, contact lenses, IOLs), and most recently the brand Pentax (cameras, endoscopes) has been incorporated within the HOYA group.

About HOYA IOLs:

HOYA's **iSymm IOL** is a single piece hybrid IOL designed to fit in the capsular bag along with the sulcus. The basis of this design is the acrylic hydrophobic optical part that is chemically copolymerized with the hydrophilic blue PMMA haptics resulting in the monoblock platform. The manufacturing process that insures such brilliant assembly is the lathe cutting process that is followed by tumble polishing. With an extremely smooth optical surface due to the tumble polishing process, the optical part is also characterized by its 360° square edge design at the posterior surface, assuring a maximum protection against posterior capsular opacification.

Further to the above mentioned properties, the superb AF-1 technology in the PY-60AD design reveals a higher level of asphericity and natural blue light filter. The AF-1 design has successfully gained FDA and CE approval with an excellent reputation worldwide. Keeping all these in mind and treasuring HOYA's long journey in the field of optics, ophthalmic surgeons worldwide have learnt to appreciate and recommend AF-1 IOLs promising patients persistent and luxurious post operation relief.

HOYA's recent optical achievements:

- In 2007 HOYA launched the world's first preloaded system along with the AF-1 lenses having the iSymmAspheric technology with ABC design.

- In 2008 iSymm gained FDA approval and HOYA successfully achieved 2 million AF-1 implantations worldwide.

- In 2009, preloaded AF-1 design gained the FDA approval

- In 2010, HOYA has launched the new generations of IOLs dedicated for microincisions, the iMics IOL.

Randa El Orm,
Territory Manager,
Ophthalmology M&D Line,
MI - Beirut

Figure 1: HOYA's product range

PY-60AD	PC-60R
PRELOADED	PRELOADED
YELLOW: blue light filter + UV filter	CLEAR UV filter
6.0 mm OPTICS	6.0 mm OPTICS
ASPHERIC design	Regular SPHERIC

Table 1: Types of HOYA IOLs marketed in the Lebanese market

Figure 2: HOYA's injector

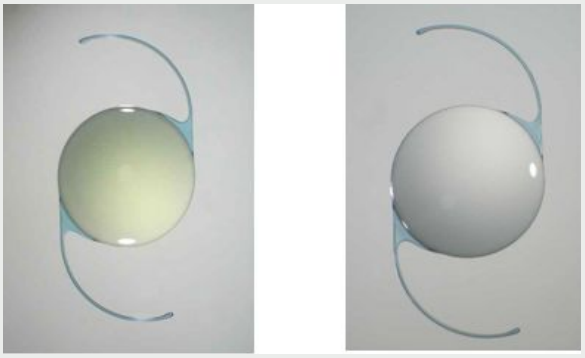


Figure 3: Yellow and clear HOYA IOLs with iSymm technology

Invasion of the East!

The drums of war began to be heard! Everyone is preparing himself, the world entered a new Era, the Era of total competition after this sudden dramatic financial crisis, business giants bankrupted; reputable companies reduced their appearance, cutting expenses, etc.

But on the contrary, **Medicals International** decided to expand, to invade, to sail against the winds; there is a battle-ready NOW! Battle that Medicals is placing its rules in the ophthalmic industry with its high standards, wide range products, high level quality and services.

This time from the East, the Eastern KSA, with a population of around 8,000,000 residents and petroleum-based economy, **Medicals International** proudly announce opening its new office located in Al-Khoubar, covering eastern province, Bahrain and Qatar territories with a team of young professionals and well motivated people that will accept the challenge and succeed without a doubt, as we are an organization that believes in empowering people to give their best, and today we are among the top players in the market thanks to the unlimited purposefulness, the faith in what we are offering as well what we are willing to provide in the near future.

At the end I would like to thank everyone involved in the success of this expansion and long term investment, the people who believe in **Medicals International** especially our valuable customers to be their partner.

Look forward for the sucess of our Eastern Venture...

Mario Darouni,
Operation & Customer Service Manager,
MI - Khobar

Kick Off

Oscars Festival is the leading forum hat highlights achievements and success stories in the movie industry. Yes, there are immortal films that you can't but positively evaluate, so allow me to place these films in a formula that satisfies everyone's Cinema taste in Medicals:
Gladiators + Bravehearts + Beautifulminds = Riyadh football team = Riyadh office.

Founding Riyadh football team carries deeper meaning for office members than the games that'll take place. A meaning that fits new strategy placed for the office over the last two years. Game field for this strategy is the market; other teams' players are competitors that recognizes no rules or referees. Such conditions required for the office to employ elite members that rely on nothing but their skills that have been always Medicals International most valuable investment. As our strikers are now conquering the market, defeating competitors fouls and their regular offside deals, we decided to crown this strategy by wearing a unique shirt and declaring the birth of our football team-the birth of social interactive activities in Medicals International Riyadh as a part of our overall social policy.

First game took place, and one of our colleagues scored the first football goal in his life. He screamed happily "Thank you for allowing me to score". Welcome for the many goals we'll allow you to score. Such activities will help each member of MI-Riyadh team make our service time in Saudi Arabia a much more enjoyable one.

Ibrahim Hariri,
Customer Care Manager,
MI - Riyadh

Medicals International

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Medicals International

We think of the patient first