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Vision with Attitude

In this issue:

Medicals international

Egypt
28, Michael Bakhoum Street, 10th Floor, Dukki - Cairo
Tel: +202 37486789 - Fax: +202 37496509

Jordan
Houtary Building, Unit # 4, Alrazi Street, Jabal el Hussein, Amman - Tel: +962 65695166 - Fax: +962 65695177

Kuwait
Abd Al Latif Al Sarraf Tower, 5th Floor, Ahmed Al Jaber Street, Block 1 Sharq Kuwait - Tel: +965 22250228 - Fax: +965 22250229

Lebanon
Blata Area, Medicals International Bldg, P.O. Box 272 Mansourieh, Lebanon - Tel: +961 4 530630 - Fax: +961 4 409365

Oman
Al Montazah Street, Unit # 2, Bldg 228, Block 230, Way 3005, Shatei Al Qurum Area, Muscat - P.O. Box # 497 Postal Code # 118 - Tel: +968 24692033 /4 – Fax: + 968 24692035

Saudi Arabia (Jeddah)
Nahr el Nile Street (58), Medicals International Bldg
Tel: +966 266 40960 - Fax: +966 266 40780

Saudi Arabia (Khobar)
Akrabia, 22nd Street, Mekkah, Villa 108
Tel: +966 3 8491577 - Fax: +966 3 8491599

Saudi Arabia (Riyadh)
Malaz District, Siteen Street, Durrat Al Sitteen Bldg, 1st Floor - Tel: +966 147 83877 - Fax: +966 147 80711

Syria
Mazze Highway, FineArt Building, Unit # 4, Damascus
Tel: +963 11 6129481 /2 - Fax: +963 11 6129483

UAE
Alquoz WH.No.29, No.364-4191, Dubai
Tel: +971 4 32 32 420 - Fax: +971 4 32 32 430

Our careers and worthy profession at Medicals...

One of the serious challenges that I encounter everyday in developing and building Medicals International leadership is the perception of Sales as a career. Sales careers in the middle eastern region are still to be properly defined as a profession.

We live in a region with a culture that looks up to a lawyer, engineer or doctor as a "real" career. On the other hand, a professional sales man may not carry the same career weight, respect or prestige. However, a sales professional title is surely not socially appealing for the many young individuals that join our ranks to build a professional career. Even the ones who start their careers "in the field" selling goods, technology, and products, do so with the promise to themselves that they will be one day promoted in the ladder of success to "a manager"; someone who hides in his office and dictates the rules of the game and commands others.

Hasn't the world changed? Today's leaders are running and transforming business by moving on planes, trains, and automobiles. Professional sales people build relationships, create business opportunities and grow revenues to employ 100's even thousands of people. They enhance revenue and supply life support for all organizations.

Executives of our day are the young affluent generation of skilled negotiators who are opening markets for the abundant supply of real estate, pharmaceuticals, medical care, and financial services to name a few. The industrial era is over. The financial prosperous service season just passed by. Today is our day, Man in the field, looking for opportunities, matching needs with products and changing practices and perceptions.

As Medicals International grows and many businesses similar to ours prosper, the need for a career oriented sales individuals will continue to be on high demand and high pay. Whether the title is VP, President or Business Development, the objective is the same; to grow revenue and enhance the well-being of a company. The pools of graduates coming to the market place aspiring to make it big in their lives will have one thing in common; they will have to be competitive sales people.

Welcome to the club!.

Your team mate, partner and friend,

Walid G. Barake
President and Founder

Medicals International on Facebook

Medicals International is pleased to announce the launch of Medicals International on Facebook.

Get the latest up to date information on the products and technologies that will bring HOPE to your patients.

"We Think of the Patient First"

http://www.facebook.com/pages/Medicals-International/126362767412879

Join us and click on

AVAIRA...The Evolution of the Revolution!

Silicone hydrogel is a revolutionary lens material because it incorporates the high Dk levels of silicone with the benefits of conventional hydrogel lens materials. This means that, unlike conventional hydrogels that link the Dk to the water content, the Dk of silicone hydrogels is controlled by the level of silicone incorporated into the base material. The result is a far higher Dk. In addition, the hydrogel phase facilitates lens movement on the cornea because water and ions diffuse through the lens.

Combining conventional hydrogel monomers with silicone proved to be an enormous challenge, and it took considerable intellectual input and financial resources to create these materials. Indeed, the process has been compared to mixing oil and water, while maintaining optical clarity.

Silicone hydrogel lenses provide up to eight times the oxygen transmissibility of conventional soft lenses while providing initial comfort, fitting performance and surface characteristics similar to conventional soft lenses. The major disadvantage of the first-generation silicone hydrogel (Focus night & day) materials is that they are hydrophobic, thus they need treatment to become hydrophilic (water loving). This surface treatment (plasma coating) solved the problem momentarily and the wearer will experience the annoying feeling of silicone as soon as the coating is gone.

In an attempt to improve comfort and help reducing dryness, soluble polymers were used instead of hydrophilic coatings. Vistakon's Acuvue Advance added to the material a wetting agent based on polyvinyl pyrrolidone (PVP). Currently approved for daily wear, Vistakon's Acuvue Oasis (senofilcon A), a silicone hydrogel introduced in 2005, has a PVP-based wetting agent similar to Acuvue Advance, called Hydraclear Plus. It has about 30% more wetting agent than Acuvue Advance, which was added by the manufacturer to make the lens softer and more wettable, but still, with less than 40% water content, Oasis remains a high modulus Si-H lens which delivers stiffness and hydrophobicity to its wearer.

Introducing the Third Generation of Si-H:

Comfilcon A (Biofinity, CooperVision) and Enfilcon A (Avaira, CooperVision) are the latest silicone hydrogel entries. Both use a unique long-chain siloxane macromer combined with other components to result in a lens that features high oxygen permeability and a relatively low modulus. These materials are inherently wettable — no internal wetting agent or surface treatment is required, this is due to the CooperVision patent Aquaform technology.

What makes Aquaform different?

1. Incorporates longer chains of silicone

– Less silicone incorporated into the lens material to achieve high levels of oxygen transmission

– Reduced silicone gives a softer, lower modulus, more wettable material for better all-day comfort

2. Hydrogen bonds are established with water molecules

– Creates a naturally hydrophilic contact lens that retains water within the matrix, minimising dehydration

– The wettability of the material is inherent within the lens itself

– There are no additives, coatings, wetting agents or surface treatments

What makes Avaira different?

Simply....The combination of:

• Naturally wettable lens material (no surface treating necessary)
Benefit: Reduces deposition

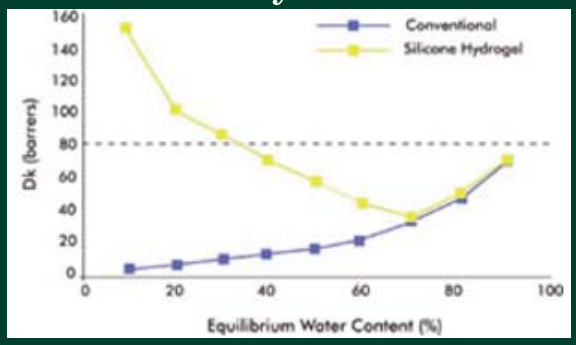
• Dehydration resistance (hydrogen bonds aid water retention)
Benefit: All-day comfort

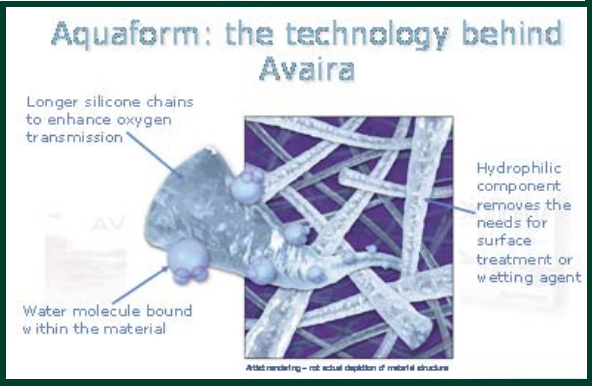
• Low modulus material (approaching that of softer hydrogel materials)
Benefit: Better overall comfort

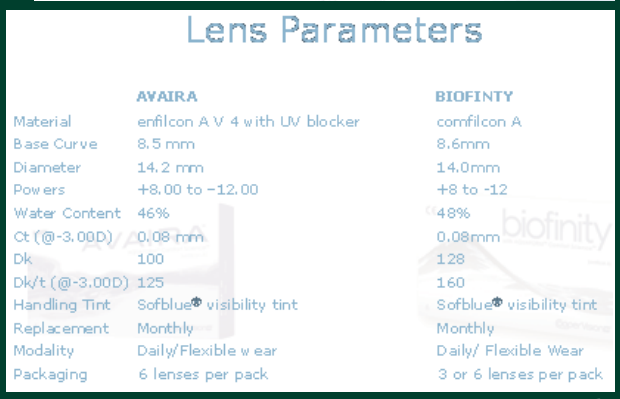
• High Dk
Benefit: Adequate oxygen for healthy wear

• Optimized design (aspheric optics, back surface design, round edge)
Benefit: Better vision and comfort

Avaira...Because Your Eyes Deserve The Best!







Martin Deeb,
Assistant Sales Manager, CL
MI - Syria

Keratoconus

Keratoconus (KC) is a fairly common bilateral, non-inflammatory, degenerative axial ectatic condition of the cornea in which the cornea assumes an irregular conical shape. It is one of the most common corneal diseases that the refractive surgeons encounter. KC is very common in the Mediterranean region; it has high incidence in high cold dry areas especially where intermarriage is also common.

The onset of the disease is at around puberty and progresses slowly thereafter, although it may become stationary at any time.

The hallmark of KC is central or paracentral stromal thinning, apical protrusion and irregular astigmatism. This usually results in significant impairment in both the quantity and quality of vision because of the progressive nature of the disease.

In advanced KC with corneal opacities, corneal grafting can be the only surgical alternative, in spite of its technical, biological, and refractive complications. Therefore, modern managements have been developed either to stop the progression of the disease, to rehabilitate vision or to achieve both.

In this series, I will try to cover important clinical aspects of the disease, including diagnostics, classification, management options and I will finalize with my systematic approach of the disease. I will cover the topic in a way that busy practitioners like: quick shots direct to the point.

For more information, please wait for my coming book "Quick Guide to the Management of Keratoconus: A systematic Approach" by Springer.

Diagnosis of KC: (Clinical Findings):

1.External Signs:
a) Munson's sign (figure 1.1)
b) Rizzuti's sign (figure 1.2)

2.Retinoscopy Signs: the scissoring effect

3.Slit Lamp Biomicroscopy Signs:
a) Focal Thinning (figure 1.3)
b) Fleischer's iron ring
c) Vogt's striae, hydrops cornea and corneal scaring (figures 1.4, 1.5 and 1.6)

4.Keratoscopy and Photokeratoscopy Signs:
Keratoscopy and Photokeratoscopy use a pattern of concentric rings (mires) called a Placido disk with approximately 9 alternating bright and dark rings. When the curved surface of the cornea is viewed with the keratoscope or photokeratoscope, the rings appear to be thin and tightly squeezed together in those regions where the curvature is steep and broadly dispersed wherever the curvature is flat (figure 1.7).

In the next newsletter, I will talk about corneal hysteresis and the principles of corneal topography in KC.

Dr. Mazen Sinjab,
Owner and General Manager,
Al Zahraa Medical Group,
Syria

Figure 1.1:
Munson's sign: V-shape of the lower lid when the patient looks down.

Figure 1.2:
Rizzuti's sign: when the cornea is illuminated from the temporal direction, an illuminated nasal sclera can be seen.

Figure 1.3:
Focal thinning: It is located just below the apex of the cone in pellucid marginal degeneration.

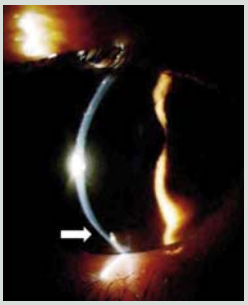
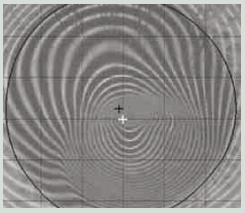


Figure 1.4:
Vogt's striae or stress lines: Fine bright lines in deep stroma adjacent to Descemet's membrane. They represent stretching of the stroma under the tension of intraocular pressure on a thin and weak cornea.

Figure 1.5:
Anterior stroma scars.

Figure 1.6:
Hydrops cornea: An intensive and abrupt stromal edema due to a tear in Descemet's membrane. The cornea is hazy and grayish.

Figure 1.7:
Photokeratoscopy in KC: The rings are distorted and grouped more closely in the region of the cone.



Ziemer's FEMTO LDV

Ziemer's FEMTO LDV™ is a medical instrument exclusively designed for use in ophthalmic surgery.

Ziemer's first compact and mobile femtosecond surgical laser, the FEMTO LDV, has been conceived to provide a versatile and powerful platform for a wide spectrum of applications in corneal surgery. The "Classic" system addresses the demand of refractive surgeons for an "all-laser LASIK" capability which is consistent with an efficient LASIK workflow.

Ziemer has set a new standard in the refractive market. With its radically new concept, it has become the technology leader among all femto second lasers.

Dr. Mazen Sinjab, M.D., PhD., is an assistant professor at Damascus University, consultant anterior segment and refractive surgery and senior lecturer at Al-Mowasat University Hospital, Owner and General Manager of Al Zahraa Medical Group in Syria. He is a member of ESCRS, AAO and ISCRS. He is our first LDV user in Syria.

For this reason, we took the time to interview Dr. Mazen on April 16th, 2011 and benefit from his valuable experience by asking him the following questions:

- Let me begin by asking you what are your criteria for using Femtosecond LDV for surgery? In other words: do you believe that femto nowadays is a necessity or a luxury?
It is a very good question. Of course it is a demand not a luxury. Whenever a doctor reads and attends presentations about this technology, he does not recognize the difference. One should feel the flap, the tunnel and all, to be able to differentiate.

- How do you compare MK flap to Z-Lasik flap?
More precise, more homogeneous, more predictable.

- From your clinical point of view, how fast LDV should be applied on the eye? Is the speed of the Ziemer's LDV fast enough?
Yes it is.

- What is your opinion about the flap edges?
With low energy, the cutting is safer, the complications are much less encountered, and you do not need to keep very big safety margin of tissue in LK.

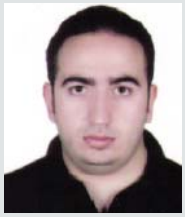
- What are the advantages for LDV in intra corneal rings in comparison to manual surgery?
With LDV, you feel that the money you are taking from the patient for the rings are "Halal" since you are doing the best for him; the tunnel is precisely located at the desired location.

- You always prefer to work on a flap thickness of 90µm, why is that? Especially that Ziemer Inc. doesn't recommend performing at this particular thickness?
I do not agree with Ziemer Inc. in this point, although I respect their strategy. The 90µm flap puts the doctor on the general thinking today, that is back to surface ablation. Therefore, it is a kind of SBK which gives us the benefits of PRK and Lasik.

- What are the differences between Suction ring and computer controlled vacuum system in LDV versus MK?
The suction ring raises the IOP to more than 70mmHg, while the LDV raises the IOP to about 45mmHg.

- What do you think of the HP of the LDV? Is it easy to learn how to use?
It is not very easy, but the learning curve is very fast.

- What would you tell your patients about safety when using a blade or a bladeless LASIK procedure?
If I had the opportunity to do Lasik for myself, I would never ever use the blade.



Ahmed Jizawi,
Field Service Engineer
MI - Syria

Dr. Vukich ME Trip

When we say "***Dr. John Vukich***", we mean not only the Associate Clinical Professor of Ophthalmology and the Director of Davis Duehr Dean Center for Refractive Surgery, in Madison - Wisconsin (USA), but also the Chief Medical Monitor for the Visian™ Implantable Collamer Lens (ICL) from STAAR Surgical Company (www.staar.com / NYSE: $STAA) since 2004, the Medical Monitor for the Visian ICL US-FDA clinical trials since 1999, one of the leading refractive surgery & anterior segment surgeons worldwide, and an official consultant for many leading ophthalmic manufacturers all over the world !

Dr. Vukich has made his third trip to the Middle-East region last April, in coordination between STAAR Surgical AG and Medicals International. This trip's focus was to update the local ophthalmic community about the latest worldwide clinical information concerning the Visian ICL, mainly in terms of its long-term safety and stability (he has more than 13 years experience with the Visian ICL), and to assist us in launching the new Visian ICL model, the V4B, with its broad refractive range correction (-18.0D to +10D, with up to 6D of myopic, hyperopic, mixed, and pure cylinder in the Toric version). His main talks highlighted the superiority of the Visian ICL over other refractive procedures (PRK, LASIK, wavefront-guided LASIK, & other Phakic IOLs), its excellent results in low to moderate refractive errors, and its effectiveness to treat difficult cases like Keratoconus and others. In addition, Dr. Vukich has explained the various methods of sizing the Visian ICL and the various iridectomy/iridotomy techniques as well, which is required while implanting the current Visian ICL models (V4 and V4B). Finally, he has discussed the various complications associated with this procedure at various levels (pre-op, intra-op, and post-op), along with the best ways to avoid and manage them.

Dr. Vukich started his trip in Lebanon, then he moved to Syria, and later on to Al-Riyadh, Al-Khobar, and Jeddah in the Kingdom of Saudi Arabia, where he has actively participated in various round table discussions with key Visian ICL surgeons in all these countries. In addition, he has proctored a few new surgeons in their first cases, and he has delivered five successful presentations about the Visian ICL in Beirut, Damascus, King Khaled Eye Specialist Hospital, Dhahran Eye Specialist Hospital, Jeddah Eye Hospital, and Magrabi Eye & Ear Hospital.

We thank Dr. Vukich for his continuous involvement in clinically promoting the Visian ICL in the Middle-East and Gulf region since the very beginning of its commercial launching in 2007. We also thank Medicals International for its full (sales & marketing) support for the Visian ICL and for its ongoing educational and training activities throughout its various offices in the region.

Finally, we look forward to gain more surgeon and patient awareness for the Visian ICL in our region, taking into consideration that it has been CE-approved for 14 years, and FDA-approved for 6 years, and today every 10 minutes one Visian ICL is implanted somewhere on the planet !

For further information about the Visian ICL, you can contact your local Medicals International's product specialist, or you can easily contact me on the below address.

Youssef M. ALWAN
Area Manager, Middle East
STAAR Surgical AG

Youssef Alwan **Dr. Vukich**

Youssef Alwan **Dr. Vukich** **Arnold Flores** **Elie Abou Aziz**

Astra Users Meeting in Lebanon

On the 1st of June 2011, Medicals International had its Astra Users Meeting at Metropolitan Palace Hotel, Sin El-Fil, in Meera Dina Hall.

The conference was held for 2 hours, it included an introduction presented by **Mr. Walid Barake**, President and Founder, introducing Medicals International to the 75 Astra Users that attended the event, followed by **Professor Clark Stanford**, from the Astra world team, who presented "Integrating predictable aesthetics into clinical practice".

The surgical part was presented by **Prof. Antoine Berberi**, from the Astra world team on how to maintain predictable clinical results around single maxillary implants: the marginal bone level. **Prof. Elie Maalouf** also presented a comparison between bone level and Tissue Level implants.

We were honored to have as moderators **Prof. Nada Naaman**, Dean of Saint Joseph University, **Prof. Lucette Segaan**, Beirut Arabic University, and **Prof. Emile Chrabieh**.

At the end of the meeting the doctors and the participants enjoyed a seated dinner at "Venezia" restaurant in the hotel itself.

Habib Abboud,
Associate Sales Manager,
Dental & Aesthetic Lines
MI - Beirut

Asnan Clinic and Medicals International

A business relationship between two organizations is considered to be successful when mutual interest for the best of both parties is serviced.

This is the case with Asnan Clinic and Medicals International.

Asnan clinic is the number one dental clinic in Kuwait, and one of the top clinics in the Gulf and Arab countries, leading the path in offering a luxurious and professional service for their patients.

They are able to do so by combining the expertise, knowledge, high education and professionalism of the group of doctors working there, on top of them **Dr. Issa Issa**.

We, at MI, were able to support their professionalism by organizing a training that would move the type of business at their clinic from one high level to another and would add value to their well-known reputable services.

This training conducted by **Mr. Bassam Khoury** was about patient communication. It showed the type of mentality we share with Asnan clinic and emphasized on the way nurses and doctors should communicate with patients, to be able to understand their needs and in return, offer them the best service.

The training was held at Movenpick Hotel, Bedaa, Kuwait and was followed by a dinner with the staff and nurses.

Ziad Nissi,
Territory Manager, Dental
MI - Kuwait

Astra Users Meeting in UAE

The second Astra User's meeting in the UAE was held at Crowne Plaza Hotel, in Dubai, on the 24th of June, 2011.

During that day, ***Dr. Georges Eid*** from Lebanon tackled the prosthetic aspect of the Astra system along with the esthetic considerations in implantology.

During his presentation, Dr. Georges Eid spoke about the wide range of abutments available in the Cement Retained Restorations and the indication of each one. The Direct Abutment is a one piece prefabricated abutment available in different diameters and heights, used when we have a parallelism between the implant and the teeth and the angulation is less than 10°.

The ZirDesign is a two-piece transmucosal component, made of Yttria-stabilized zirconia. This abutment is intended for use in anterior and pre-molar regions and comes in an angled version to meet more demanding implant angulations.

The TiDesign abutment is a two piece component, pre-designed for fast and simple handling. The design and dimension of TiDesign is well-suited for cases requiring compensation for deviations between implants or when misalignments are dictated by anatomical conditions. This abutment is indicated for single, partial and fully edentulous situations and used in all positions in the mouth.

The CastDesign is a two piece component, recommended for fabrication of a customized abutment for both Screw (one single restoration) and Cement (single crown and bridge restorations) Retained Restorations, using regular wax-up and cast-to techniques. It provides great flexibility for creating excellent individualized esthetics even if the soft tissue is very thin. CastDesign is useful for solving complicated cases that require angulations corrections up to 30°.

Afterwards, Dr. Eid presented his clinical experience with the UniAbutment and the Angled Abutment used for Screw Retained Restorations in many different situations. The wide range of abutments is designed to successfully meet every clinical indication. In addition to simply connecting the crown to the implant, the abutments are designed to:

- Transfer forces to the implant, minimizing the risk of overload and fractures.
- Establish and maintain healthy connective tissue and epithelial attachment.
- Resolve dimensional and geometric discrepancies between crown and implant.

Forty Two (42) dentists from all the United Arab Emirates had the opportunity to participate in this event and had a very positive feedback about the theme of this meeting.

At the end, I would like to thank everyone involved in the success of this event, and the people who believed in me, especially our valuable customers in UAE. We are still in the beginning, and lots of developments are still to come.

Charbel Chaaya,
Territory Manager, Dental
MI - Dubai

Why buy a Cutera Laser?

Cutera Inc. is an American based company that is totally focused on Aesthetic Dermatology Lasers.

Cutera Inc. really invests on research and development to produce lasers having technical and clinical advantages over other manufacturers.

Currently Cutera is focusing on each dermatological indication to produce a specific platform like for example Excel V for vascular lesions and Genesis Plus for Toe Nail Fungus.

Cutera is one of the leading companies in the USA and for the past few years, Cutera has developed pioneering technologies as follow:

•**2000:** First long-pulse Nd:YAG cleared for permanent hair reduction
•**2001:** First variable spot size Nd:YAG handpiece for vascular treatments
•**2002:** Unique microsecond Laser Genesis skin rejuvenation procedure
•**2003:** First real-time calibration for pulsed light treatments
•**2004:** Titan - First with optical approach to skin tightening
•**2005:** ProWave -First programmable wavelength pulsed light system for hair removal
•**2006:** AcuTip - First programmable wavelength pulsed light device for targeted facial veins and spots
LimeLight - First programmable wavelength pulsed light device for skin rejuvenation, facial vascular and pigmented lesions
•**2007:** Pearl – YSGG laser, a new laser wavelength to renew the skins surface
•**2011:** 5mm spot size laser for treatment of onychomycosis or toe nail fungus

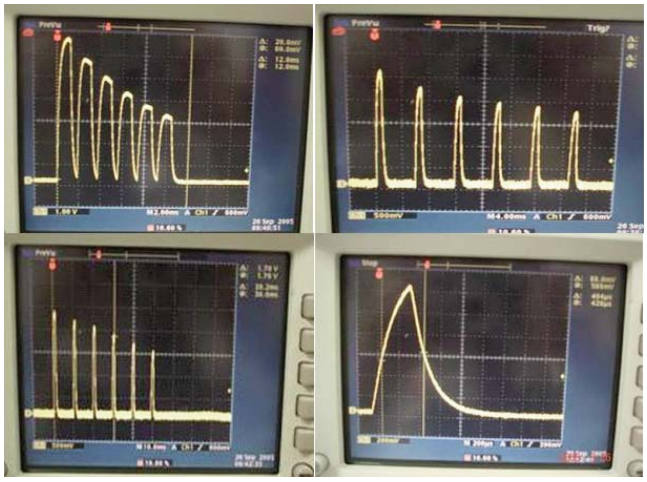
All Cutera treatments are FDA cleared.

Why buy a Cutera Laser:
- Most of Cutera treatments are suitable for all skin types from the Caucasian to the black skin as well as tanned skin.
- Most of the treatments are all-year-round treatments except for Limelight and Prowave our IPLs.
- Cutera is also the only company that offers a guarantee for its IPLs lifetime.
- All treatments have no consumables or disposables except for Titan that needs a refill after 10,000 shots.
- All Cutera handpieces have an integrated cooling system to protect the epidermis during the laser process.
- All treatments have real-time autocalibration which means sensors that constantly monitor the output of the laser / light device and continually update the drive current to control the output intensity.
- All laser treatments are square-pulsed; all IPL treatments have filters to condense the wavelengths range.

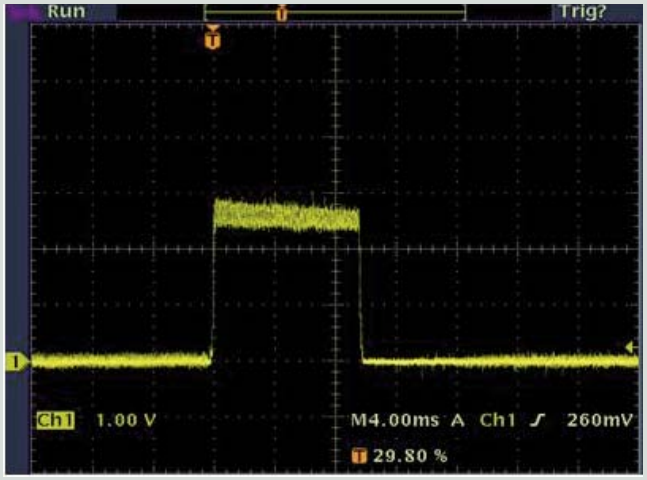
Pulse waveforms:
Technically: other brands give spiked & drooping pulse (please refer to the below figures) meaning that the intensity in the first half of the pulse is much higher than during the second half. Clinically speaking this might cause a safety risk for the epidermis since it is getting to full temperature in ½ to ¼ of a typical pulse so this means that it is being heated significantly more than the average power level of the pulse.

Cutera devices have a very high power supply but coupled with real time power control resulting in controlled square pulses which use minimum amount of peak power required to deliver the requested fluence & hence are the safest way to deliver energy through the epidermis:

Last but not least, Cutera is one of the few companies that offer their clients the possibility of perpetual upgrades and software update, which means the product will never become obsolete.



Other brands spiked pulses



Cutera's squared pulse

Jennifer Bedran,
Territory Manager, Aesthetics
MI - Beirut

Oertli Training

It was a warm and beautiful sun that welcomed us in Switzerland on Sunday 3rd of April 2011, Geneva was crowded with tourists and ski lovers from all over the world, Arabs, Japanese, Europeans… with hassled steps my colleague, Jad, and I rushed to the train on our way to the Metropol Hotel in Widnau. Three things I can't erase from my memory as the train hustled through the cities and villages of Switzerland: the remarkable green sceneries, the prototype houses and the sight of bikers crossing the pavements… After 5 hours, arriving at the hotel was a joy by itself… and we met our fellow colleagues from MI's KSA, Syria and GCC offices.

And as the proverb says "April weather, Rain and sunshine, both together", I woke up on Monday morning with rain clouds up my window and strikingly cold breeze. Off we went to the OertliInstrumente Headquarters in Berneck, and the training began…

To those who don't know **Oertli** yet, allow me to take you in a journey through the main stages of its history... Established in 1955 by Heinz A. Oertli, the company started designing, manufacturing and marketing ophthalmic surgical equipment facilitating safer, simpler and more economic cataracts and vitrectomy.

Then in 1965, they had pioneering work in vitrectomy in collaboration with Prof. Klöti and in:

1971 Klötivitrectomy stripper
1972 Invention of ophthalmological bipolar diathermia
1974 First control apparatus for vitrectomy
1980 Invention of the cassette concept for irrigation/aspiration systems
1985 Invention of dual linear foot pedal control
1991 Invention of the bipolar incision of a capsule and introduction of the orbit operation system
1992 Purchase of the company by Andreas Bosshard
1994 Quinto operation system
1996 Venturi/peristaltic dual pump
1997 CataRhex, the only portable phaco system so far
2002 OS3 surgery system
2004 SwissTech high intelligence phaco system
2005 Twinac® stripper capable of 3000 cuts for 23G and 25G vitrectomy surgery
2006 CO-MICS 1.6mm cataract surgery
2006 Pars plana micro-incision system for 23G and 25G vitrectomy surgery
2007 Goodlight® metal halide light source
2008 Autoseal PMS system for 23G vitrectomy surgery
2008 easyPhaco®Technology for 1.8mm CO-MICS
2009 easyPhaco®Technology for 2.2mm cataract surgery
2010 faros surgery platform for anterior and posterior eye surgery
2010 easyPhaco®Technology for 2.8mm cataract surgery
2010 Autoseal PMS one step system for 23G vitrectomy surgery

Nowadays, Oertli stands as an alternative to multinational companies with main markets in Europe, India and Middle East.

Our training was focused on the newest microsurgical platform presented by Oertli, **the Faros**. Characterized by an advanced peristaltic pump, Faros provides the surgeon with venturi effect aided by the easy phaco technology for maximum stability of the eye during phaco, anterior vitrectomy and posterior vitrectomy surgeries.

Advantages of Faros:

a. Very ergonomic size
b. Cataract and posterior vitrectomy accessibility
c. User friendly due to the Direct Access interface for easy manipulation and rebooting
d. Maximum anterior chamber stability ensured by the easy phaco technology
e. Precision in cutting rate by the pneumatic cutter
f. Low running cost
g. Rf capsulotomy and instant diathermy
h. Methyl halide lights for minimum thermal energy in the eye

Easy phaco tips provide:

a. ***Negligible thermal effect*** due to the minimal phaco time in the eye
b. ***Highly efficient Ultrasound*** with NO repulsions of the lens materials
c. ***Improved occlusion*** due to the innovative geometry of the tip that allows the surgeon to safely use very high parameters i.e. (50ml/min flow and 600 mmHg vacuum).
d. ***Mini-incision options*** as tips are ranging between 2.8, 2.2 and 1.6 mm
e. ***The best solution for very hard cataracts*** (best holdability, flowability and emulsification of lens materials)

So, if you were wondering what machine to choose and would like to have the latest technology with no compromises, search no more, because Faros has it all.

Randa El Orm,
Territory Manager, Ophthalmology
MI - Beirut

Keratoconus Management with INTACS SK(6mm) Corneal Implants

Keratoconus is a disease characterized by abnormal shaped cornea with a "coning" or protrusion of the tissue comprising the homogenous cornea. The name Keratoconus (care ah toe cone us) is also difficult to pronounce. Keratoconus is typically characterized by increasing astigmatism and myopia associated with the bulging of the cornea. Additionally, many factors influence the biomechanics of the cornea:

- Eye rubbing
- Thinning
- Long term hard contact lens wear
- Allergies
- Collagen lacking cross linking mechanism
- Familial genes or genetic disorder
- Environmental
- Structural integrity of Bowman's layer
- Elastic or non-elastic corneas
- Etc.

What we do know is that Keratoconus is a thinning of the cornea that bulges with time thus increasing astigmatism and myopia. Additionally, the onset of Keratoconus begins during adolescence (teen age years) and is a progressive eye disease. The symptoms and consequences of Keratoconus may be addressed with early intervention to improve functioning vision. In 2010 the ESCRS recommended Keratoconus treatment guidelines suggest treating early Keratoconus with glasses and contact lenses as a first option. However, when a Keratoconus patient can no longer achieve functional vision with glasses or contact lenses, (s)he may be treated with premium Keratoconus contact lenses such as Rose K and Clearkone. Next, when Keratoconus sufferers become contact lens intolerant, the next step is surgical intervention. There are several intrastromal corneal rings available in the market; however INTACS is the only FDA approved surgical treatment for Keratoconus with long term clinical follow up and a proven safety record.

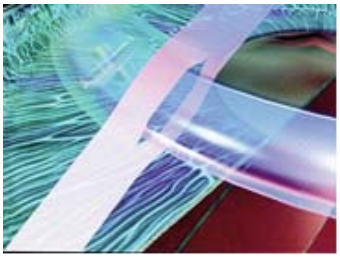
INTACS corneal implants are the next natural step as long as the cornea is not scarred.

Good ideas create HOPE!

Intacs was first conceived by **A.E, Gene Reynold** in 1978. In 1997, Intacs developed a nomogram to treat Keratoconus. In 2004, FDA approved Intacs to treat Keratoconus. The first Keratoconus treated with INTACS or any intracorneal ring was in 1997 by **Prof. Joseph Colin** (France). In the landmark article "Pilot trial of ICRS for keratoconus suggests benefit", published in 1998 in the "Ocular Surgery News" magazine, Prof. Colin states "ICRS [implantation] could be an interesting surgical alternative to delay or avoid PK in patients with clear corneal keratoconus and contact lens intolerance". INTACS safety and efficacy have been demonstrated over a long period of time.

Intacs long term follow up includes:

- 15 years studies on myopia and astigmatism
- 13 years follow up on lasikectasia
- 13 years follow up on Keratoconus treatment



INTACS has over 200 peer review articles and over 15 years of scientific and clinical follow up.

~ Long Term follow up with INTACS, Journal of Cataract and Refractive Surgery, Asbel, 2001
~ Long Term Efficacy of Intrastromal Corneal Inserts (INTACS) for Myopia, ARVO IOVS 2004
~ INTACS for Keratoconus show safety, stability in long term, OSN Europe, Colin 2005
~ Intrastromal Corneal Rings (INTACS 360°) for Myopia: A Ten–Year Follow–Up on Visual Outcomes, ARVO IOVS 2005
~ Do INTACS Help in Keratoconus?, Tarek A. Ibrahim, MD, PhD Cataract and Refractive Surgery Today, 2006
~ Long Term Follow-up of Intacs in Keratoconus, George D. Kymionis, MD, PHD, et al, Am J Ophthalmol. 2007 Feb;143(2):236-244. Epub 2006 Nov 30.
~ Long Term Follow up INTACS Post LASIK Ectasia, Ophthalmology, 2006
~ Long Term Follow up INTACS for Keratoconus, American Journal Ophthalmology, Kymionis, 2007
~ 10 Year Stability INTACS for Keratoconus –, Prof. Joseph Colin, American Academy of Ophthalmology, 2007.
~ Expert shows intracorneal rings INTACS stable over 10 years, Ocular Surgery News, Colin 2008
~ Nine-year follow-up of Intacs implantation for keratoconus. George D. Kymionis, MD, PHD, et al, Ophthalmol J. 2009 Dec 8;3:77-81.

INTACS are designed to optimize the biomechanics of the cornea to improve astigmatism and myopia associated with Keratoconus.

Who is a Candidate for INTACS Corneal Implants

Keratoconus patients who:
- have experienced a progressive deterioration in their vision, such that they can no longer achieve functional vision on a daily basis with their contact lenses or spectacles
- are 21 years of age or older
- have clear central corneas
- have a corneal thickness of 450 microns or greater at the proposed incision site
- have corneal transplantation as the only remaining option to improve their functional vision.

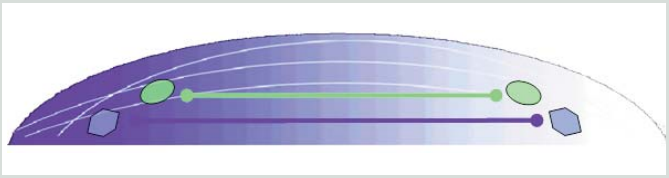
Do INTACS Corneal Implants Delay the Need for a Corneal Transplant?

- Intacs corneal implants flatten the cornea helping achieve a functional contact lens fit
- Intacs corneal implants help provide patients the best functional corrected visual acuity and contact lens fit
- Intacs corneal implants stabilize the cornea helping the patient defer the need for a corneal transplant
- According to a survey of 76 U.S. surgeons who performed 2,136 Intacs surgeries between August 2004 and April 2008, only 1.9% have gone on to a corneal transplant.

Keratoconus Management with INTACS SK(6mm) Corneal Implants (cntd)

INTACS Features and Design

- Designed to treat early, moderate and severe Keratoconus
- Easy to implant in the cornea with Prolate System or Femtosecond laser
- Removable
- Replaceable
- Adjustable
- Spares tissue
- Creates Prolate Cornea
- Reduces and improves aberrations
- Reduces the "cone" by flattening the cornea
- Improves patient contact lens tolerance
- Delays the need for a corneal transplant
- Follows the natural curve of the cornea



- INTACS 7mm has an Hexagonal design with high quality grade PMMA
- INTACS SK Corneal Implant 6mm is round shaped to optimize biomechanical effect while reducing or eliminating glare and halo

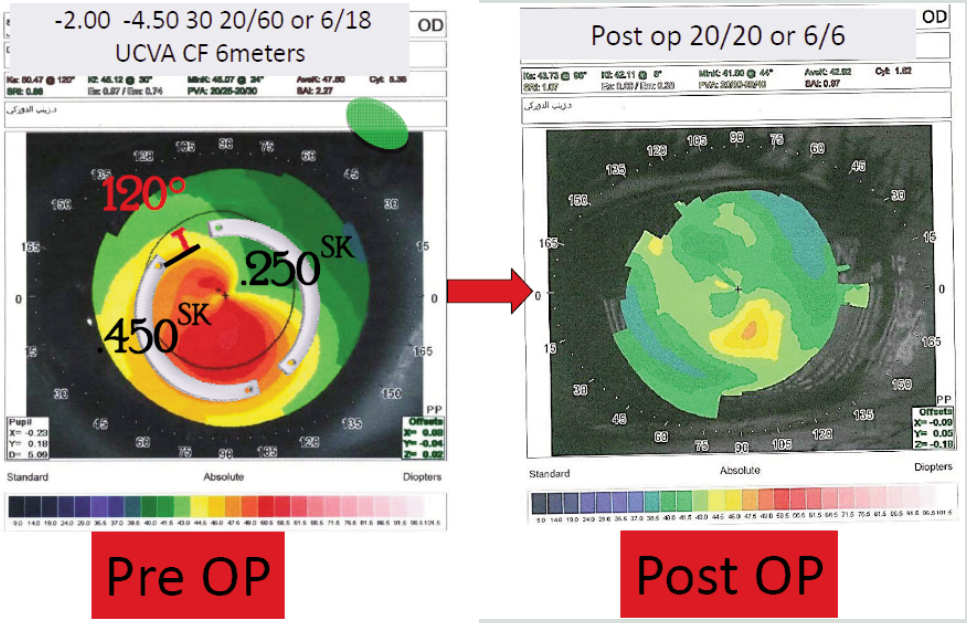
Case example submitted by Dr. Zainab Al-Dorky (IRAQ)

- Young male early 20's presented with moderate keratoconus in the right cornea
- Contact lens intolerant and unable to achieve functioning vision
- Asymmetric corneal topography with myopia and moderate astigmatism
- Surgical Plan for decentered Keratoconus (Asymmetric INTACS Nomogram)
- Incision 120° on the positive axis of cylinder (manifest refraction)
- Treatment plan 210SK/450SK to balance the asymmetry, reduce the astigmatism & improve functioning vision
- Goal with INTACS SK (6mm Rings) is to reduce astigmatism, improve asymmetry, restore functioning vision & delay corneal transplant.

Dr. Zainab commented that her patient was "jumping up and down" with the new vision. Moreover, she conveyed her thoughts, "I offer my patients the most up to date treatment options to solve and meet their vision needs. INTACS offers hope and functional vision. Careful patient selection and expectation management are important ingredients to happy patients."

All in all, INTACS Corneal Implants offer Keratoconus sufferers HOPE and a sound surgical option after they are no longer able to tolerate contact lenses including Rose K and Clearkone hybrid design.

Please contact us to assist in your surgical hands on approach as well as topography review and planning.



Arnold Flores,
Vice President, Sales & Marketing
MI - Group

HOPE and Ophthalmology: How do we Define our Business?

I often think to myself, what business am I managing? The obvious response is "Medicals International (MI) is in the business of ophthalmology as a professional sales and marketing organization." Medicals International distributes, sells, promotes, services, and offers the best ophthalmology medical devices in the world which enhance a surgeon's practice and allows the surgeon or eye doctor to treat patients safely and effectively.

Similarly, we ask the same question to eye surgeons or ophthalmologists: "What business are you involved in or why did you become an ophthalmologist?" Their response is equally evident and the ophthalmologists state, "We are in the business of ophthalmology or eye care." "I became an ophthalmologist to help patients with common vision problems."

I believe MI and eye doctors are in the business of HOPE. HOPE is a feeling, optimism, want, desire, assurance, expectation, a wish for something good that we want to happen. When a patient is diagnosed with Keratoconus or specific sight threatening disease, the psychological crash is emotionally devastating. The initial shock leads to many questions that we as industry and medical professionals must answer in a cool, calm and collected nature. However, the core message in managing the patient's emotion is offering HOPE.

Hope has a powerful inherent significance and meaning to a patient who is diagnosed with a sight threatening disease that may leave them blind one day or lead to an invasive surgical intervention. HOPE is the best first solution to address the patient's FEAR. Hope offers the patient a serene comfort. Fear is a distress, panic, and not knowing what is going to happen in the future. Hope is stronger than "Thou shall not harm" because an ophthalmologist becomes a doctor to HEAL; therefore, HOPE is paramount since the patient is already harmed by the devastating news of soon becoming blind.

Eye doctors certainly offer HOPE to patients during and after the eye exam, when a devastating diagnosis happens. A patient has limited knowledge of a disease like Keratoconus. The word Keratoconus is difficult to pronounce yet understand. Doctors' words of HOPE offer well-being and allow the patient to relax, achieve a trust with their eye doctor, and move toward a solution.

Next, surgical solutions are offered and the surgeons are bombarded with questions:
"How well will I see? Will my vision improve?", "How many of these procedures have you done?"

The patient truly hangs on to every word the doctor speaks regarding functional vision. Restoring a patients vision is HOPE. Patients do not hear the informed consent that explains potential complications. The surgeon may state verbally, "there is a 5% chance of infection, rejection, suboptimal result" etc. However, the 5% chance of a problem is not heard. The reason patients hear HOPE is because they are now entrusting their eyes, which are the windows to the soul, to the eye surgeon. The patients hear, "You will do fine", "your vision will improve" and "I will do my best to restore your vision to functional vision."

HOPE is a more powerful portrayal of the business we are in because we, as industry professionals and surgeons, want to heal vision and enhance patients' lives by creating functional vision. Functional vision allows patients to integrate into our society by going to school to learn, being productive citizens in our society, at work, with family. HOPE is a feeling, optimism, want, desire, assurance, expectation, a wish that a surgeon or eye doctor must offer every patient.

***Arnold Flores*,**
Vice President, Sales & Marketing
MI - Group

Changing Inventory Back into Cash

Simple title for complicated process that manages our company's largest assests on the statement of account: Inventory & Receivables in Al Riyadh office. However, complete theory states: It's so easy to change cash into inventory, the challenge is to change inventory back into cash.

So a detailed interpretation for the above team will form bottom line for Receivables and Inventory management methodology in a company that thinks about the patient first.

1-It's so easy to change cash into inventory:
That's true, but not in Medicals International. Once in the university, we were dealing with complicated formulas, large tables and recursive functions during Operating Research and Quantitative Management course. I asked my doctor at that time "Will we use these algorithms in our professional life?" she replied "only in a professional company" same as she said "Only in Medicals International". When you talk about placing Stock Order in Medicals International than you are talking about "Lead Time", "Turnover Ratio", "Safety Stock" and other terms that need advanced business courses to deal with. We care to have Optimum not Maximum stock level. We care for Safety not Extra Stock. We have warehouses for high turnover ratio products not for obsolete and near expiry products. With %75 turnover ratio we are not worried about cash changed into inventory.

2-Changing Inventory Back into Cash:
And that's the hard part in a company that considers clients as partners. Contrary to other companies, we seek best methods to help our partners do business, sell, make profit and share us the profit by paying us there due balance. By this, our stock and client's stock are changed back into cash and both partners gain there expected profits. Daily workshop is applied in the receivables department supported by preset managed forecast sheets and aging reports. With such algorithms applied, %90 of our collection target is always guaranteed supported by 90 days receivables aging which signals successful transfer of our inventory into stock and successful end of a recursive cycle.

So allow me to change the whole principal to be:
In Medicals, we manage changing our cash into inventory because we'll absolutely change this inventory back into cash.

***Ibrahim Hariri*,**
Custome Care Manager,
MI - Riyadh

Medicals International

Head Office
Mansourieh, Lebanon - Tel: 961 4 530630
Fax: 961 4 409365
Email: info@medicalsintl.com
www.medicalsintl.com
P.O.Box: 272 Mansourieh, El Metn, Lebanon