

# Vision With Attitude

**Medicals International**

*Inside this issue:*

<b>Launching Biomedics 1 Day - Lebanon</b>	<b>2</b>
<b>Professionals' Corner</b>	<b>3</b>
<b>Business; Optical, One Day. Syria - CL Events</b>	<b>4</b>
<b>Ophthalmology.</b>	<b>5</b>
<b>STAAR; ICL Training</b>	<b>6</b>
<b>Dental</b>	<b>7</b>
<b>JORDAN's Activities</b>	<b>8</b>
<b>SLT - EGYPT</b>	<b>9</b>
<b>SLT - U.A.E.</b>	<b>10</b>
<b>Refractive - Saudi Arabia</b>	<b>11</b>
<b>A Team member point of view</b>	<b>12</b>

## ISO FOR MEDICALS INTERNATIONAL (LEBANON)

Dear Colleagues, Suppliers, Partners and Friends:

It is my great pleasure to report to all that, after about two years of work, Medicals International SARL, our Lebanon Subsidiary, was awarded ISO 9001:2000 International Management Quality Standard accreditation last week after going through a tough audit by QMI (management systems registration).

Working on a quality management system was a commitment that we undertook, knowing that to continue to grow and serve the interest of our customers and suppliers best, it was a must step. We have many new staff, growing number of clients, and a larger supplier base therefore it was impossible to continue to count on individual innovation solely; a proper quality management system became a need.

I am happy to report that thanks to the engagement of everyone in our Beirut team we succeeded in going through the audit for ISO and we proved that our system was fully compliant with the audit. ISO is a first step in the way as we will have a continuous improvement program to ensure that we have the most competitive and fit organization in the industry.

Medicals International SARL is the first organiza-

tion in our industry to be awarded such a prestigious accreditation. Now, we will move to apply those new methods of management and work on all of our organization and we will be better structured to grow. I believe Egypt is next in our line up.

Medicals is committed to excellence. We have expanded our training budgets to a much aggressive figures this year. We have much more people under industry training or undertaking academic challenges that will help them deliver better job to all. Parallel we are going through a full refurbishing of our locations. Cairo team moved recently to a new owned location. Dubai will be moving next to a much larger facility. Riyadh signed a new space, Syria soon, and the list is growing..

Thank you for your trust.. My message is a simple assurance that we are quite wary that we need to be much more organized to service everyone's interest better.

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



### Medicals International

Medicals Bldg., Al-Blata Area  
El-Metn  
Mansourieh, Lebanon

has demonstrated that its Quality Management System is in compliance with:

### ISO 9001:2000

The following scope of registration applies:

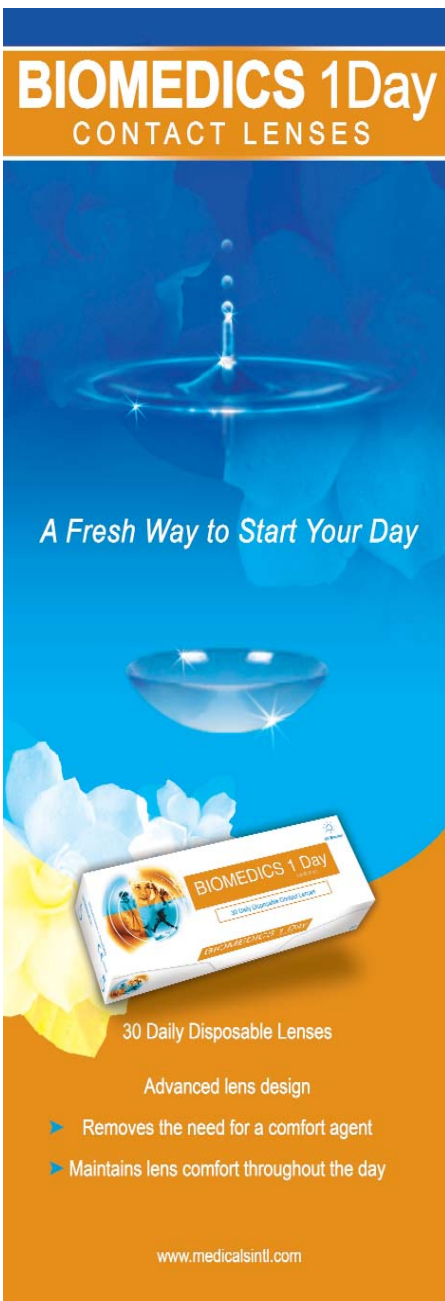
Medicals Int'l is a customer oriented company with focus on service:  
Sale & Distribution of Health Care Products Maintenance of Capital Equipments.

Certificate Number:	CERT-0025255
QMI File Number:	1063405
SIC Numbers / NACE Codes:	5999, 5047 / G52.3, G51.4
Original Registration Date:	July 24, 2007
Current Registration Date:	July 24, 2007
Registration Expiry Date:	July 23, 2010



## BIOMEDICS ONE DAY NOW IN LEBANON

## BIOMEDICS 1Day CONTACT LENSES



**BIOMEDICS 1Day**  
CONTACT LENSES

*A Fresh Way to Start Your Day*

30 Daily Disposable Lenses

Advanced lens design

- ▶ Removes the need for a comfort agent
- ▶ Maintains lens comfort throughout the day

www.medicalsintl.com

Medicals International is pleased to announce the launching of the Biomedics One Day in Lebanon with a motto; **A Fresh Way to Start Your Day.**

"The Biomedics Contact Lens Family is a market leader in 3 markets in our region; including Lebanon. Our valued contact lens wearers and practitioners will surely appreciate the introduction of the one day modality to the Lebanese Market" announced Walid G. Barake, President & Founder of the Medicals International Group, at the opening ceremony at the Metropolitan Palace Hotel in Beirut. "Global Contact Lens Trends reflect growth of 11% in this segment of the industry" Mr. Barake added. Rita Chehwane, Sr. Sales & Marketing Manager, Lebanon presented to the audience a brief on the product and the specially designed marketing program that she drafted for the Lebanese market that offers our contact lens wearers a 20% in free goods once they prescribe to our Prestigious Card program.

The Biomedics Family of contact lenses is an FDA approved product (Federal Food & Drug Association in the USA) and is accredited with CE mark. The Biomedics Contact Lens Family has been in the Arab World Market for over 13 years distributed exclusively by Medicals International.

Rita Chehwane, B.Sc., MBA  
Sr. Sales & Marketing Manager  
Lebanon



## THE ALL NEW BIOMEDICS 1DAY PRODUCT SPECIFICATIONS

*The newly designed pack & patient friendly blister.*



## BIOMEDICS 1Day CONTACT LENSES

### Biomedics 1-Day

<b>Material:</b>	Ocufilcon B; with visibility handling tint & UV inhibitor
<b>Diameter:</b>	14.2 mm
<b>Center Thickness:</b>	0.07 mm
<b>Base Curve:</b>	8.7 mm
<b>Water Content:</b>	52%
<b>Power Range:</b>	-10.00 to +6.00
<b>Packaging:</b>	30 blisters per box

## HOW IS KERATOCONUS TREATED?

The goal of treatment is to correct vision. In very mild cases, this can be achieved with eye-glasses; however, the majority of those with KC require contact lenses to correct vision adequately. In severe cases, a corneal transplant may be necessary.

In the earliest stages of KC, ordinary eye-glasses may be used to correct the mild myopia and astigmatism. As the disease progresses, additional thinning and bulging of the cornea creates a unique form of astigmatism. This astigmatism is not correctable with glasses and often best managed with contact lenses. Many contact lens designs have been promoted to correct the distorted vision commonly seen in KC. The lens type that is most frequently used is called a rigid gas permeable lens (RGP).

RGP lenses (ROSE K lens) have a number of features that make them ideal for KC.

### Why Using Rose k Lens?

In my experience for fitting contact lens I found the Rose K Lens is the best RGP lens

available in the market of Saudi Arabia, because the design of this contact lens which has a smaller posterior optical zone which decreases as the base curve of the lens steepens. This allows better clearance of the mid-peripheral cornea. The design also consists of three peripheral clearance systems, thus allowing different peripheral corneal-lens relationships. It is fitted from a trial set and the multiple parameters make fitting the Rose K lens easy with reduced chair time and increased practice efficiency.

It offers a choice of standard, flat and steep peripheral systems producing a range of different edge lifts. With rose-k better visual acuity is reached and the clinical results have shown an improvement in patient vision. Increased patient comfort is well experienced by patients who have worn other Keratoconus RGP designs choose Rose K.

Its simply more comfortable. The Lens is designed to produce good tear exchange underneath the lens, to keep overall thickness

minimal and to maximize the optic area for any base curve.

All Rose K fitting sets are supplied in Boston ES material without UV blocker. This is done so that the practitioner can assess the best fluorescein pattern. (Rx lenses that are supplied in Boston ES with UV blocker, sometimes makes it difficult to assess the true fluorescein pattern).

I highly encourage all optometrist to abuse positively this type of contact lens. I will continue using this excellent lens as I also look towards excellence in patient care.



Ghassan H. Radwan  
Kingdom of Saudi Arabia  
Optometrist  
National Guard Hospital  
King Abdulaziz Medical  
City - Jeddah

## EYE AND VISION DEVELOPMENT

The visual system is the most complex sensory system in the human body. However, it is the least mature system at birth. Though they have the anatomical structures needed for sight, infants have not learned to use them yet. Much of their first weeks and months are spent learning to see. As children grow, more complex skills, like visual perception, develop.

At birth, babies are capable of seeing shapes by following lines where light and dark meet. They can see variations of light and dark and shades of gray. Newborns can only focus between 8 1/2 inches (20 3/4 cm), so much of their vision is blurred. Full term babies should be able to see their mother's facial expressions within a week of birth.

Eye muscle coordination in a newborn is also very immature. Babies' eyes often turn in or out or do not work together, a condition called strabismus. Babies initially learn to focus their eyes by looking at faces. They then gradually move out to objects brought close to them. Tracking and eye teaming skills begin to develop when infants start following moving objects.

### EXPECTED VISUAL PERFORMANCES:

Birth to 6 weeks of age:

- " Stares at surrounding when awake
- " Momentarily holds gaze on bright light or bright object
- " Blinks at camera flash
- " Eyes and head move together
- " One eye may seem turned in at times

8 weeks to 24 weeks:

- " Eyes begin to move more widely with less head movement
- " Eyes begin to follow moving objects or people (8-12 weeks)
- " Watches parent's face when being talked to (10-12 weeks)

" Begins to watch own hands (12-16 weeks)

" Eyes move in active inspection of surroundings (18-20 weeks)

" While sitting, looks at hands, food, bottle (18-24 weeks)

" Now looking for, and watching more distant objects (20-28 weeks)

30 weeks to 48 weeks:

" May turn eyes inward while inspecting hands or toy (28-32 weeks)

" Eyes more mobile and move with little head movement (30-36 weeks)

" Watches activities around him for longer periods of time (30-36 weeks)

" Looks for toys he drops (32-38 weeks)

" Visually inspects toys he can hold (38-40 weeks)

" Creeps after favorite toy when seen (40-44 weeks)

" Sweeps eyes around room to see what's happening (44-48 weeks)

" Visually responds to smiles and voice of others (40-48 weeks)

" More and more visual inspection of objects and persons (46-52 weeks)

12 months to 18 months:

" Now using both hands and visually steering hand activity (12-14 months)

" Visually interested in simple pictures (14-16 months)

" Often holds objects very close to eyes to inspect (14-18 months)

" Points to objects or people using words "look" or "see" (14-18 months)

" Looks for and identifies pictures in books (16-18 months)

24 months to 36 months:

" Occasionally visually inspects without needing to touch (20-24 months)

" Smiles, facial brightening when views favorite objects and people (20-24 months)

" Likes to watch movement of wheels, egg beater, etc. (24-28 months)

" Watches own hand while scribbling (26-30 months)

" Visually explores and steers own walking and climbing (30-36 months)

" Watches and imitates other children (30-36 months)

" Can now begin to keep coloring on the paper (34-38 months)

" "Reads" pictures in books (34-38 months) 40 months to 48 months:

" Brings head and eyes close to page of book while inspecting (40-44 months)

" Draws and names circle and cross on paper (40-44 months)

" Can close eyes on request, and may be able to wink one eye (46-50 months)

4 years to 5 years:

" Uses eyes and hands together well and in increasing skill

" Moves and rolls eyes in an expressive way

" Draws and names pictures

" Colors within lines

" Cuts and pastes quite well on simple pictures

" Copies simple forms and some letters

" Can place small objects in small openings

" Passes all the tests described in Important Observation Parents Can Make

" Visually alert and observant of surroundings

" Tells about places, objects, or people seen elsewhere

" Shows increasing visual interest in new objects and place.

ref: \*encyclopedia of children  
\* Lea-test



Widad Is'haq, OD  
Senior Optometrist  
Jeddah Eye Hospital  
Low Vision Practitioner  
Ebsar Foundation

## COATING QUALITY FROM SEIKO

The competitive situation for opticians is increasingly challenging. Many retailers take the easy, but short sighted, option to offer low prices. This creates the need to achieve high volumes to be profitable and creates the idea in customer minds that spectacles have low value.

Forward looking opticians see the need to offer added value products such as SEIKO. They discuss the many benefits that SEIKO lenses have to offer and this builds customer understanding of the real value of their purchase. It has been shown all over the world that consumers will pay more for goods that will improve their lives.

Medicals International understands customer motivation and this is why they offer a wide range of high value, high benefit SEIKO lenses in

their markets. Some benefits such as clear lens coatings or ultra-thin materials are relatively easy to demonstrate or explain to customers. Others such as progressive lens designs are more complicated so it is important that retailers should prepare simple explanations to help wearers understand the benefits that high technology lenses offer. Medicals International can help you to understand and explain SEIKO lenses and this will help you to raise the value of the lenses that you sell.

For more details please contact Elyse El-Chouiefaty at [echouiefaty@medicalsintl.com](mailto:echouiefaty@medicalsintl.com)

David Nicoll  
International Sales  
SEIKO Optical UK



## ONE DAY BUSINESS AND YOUR NET RETURN

As an optical retailer the challenges you are facing today are of significance that it is becoming important to have a close look at what makes sense for you to sell and what not!

Competition today is very different from what we considered our competitor "yesterday". Competition in our Days include:

1- The emergence of large optical retail outlets and purchasing groups that have the financial power to invest significantly in various means to reach a large customer base such as: better outlet positioning, larger retail space, advertising, advanced merchandising, etc...

2- The acquisition of large optical designers and manufacturers of retail chains. Today you are

faced with a next door competitor that has a manufacturer cost. This is becoming of significant danger to your very existence since a large number of the brands that your retail are made by those same groups.

3- In every country the number of retail outlets in general is expanding.

4- Refractive surgery is becoming a viable visual correction alternative to many patients around the globe.

5- Plus various other competitive factors.

Does this mean we should be scared and start looking for alternative career opportunities? Of course NOT!

I believe what the above means is that we

should be wary that our profit centers have changed and that we are faced with a newer type of competition that should be our tomorrow's foremost challenge to deal with.

In my intervention today I want us to have a closer look on how the business of One Day can significantly improve our per patient profit margin whilst offering a healthier alternative for any contact lens wearers and will improve your patient retention. I want you kindly to consult with your designated Medicals International Territory Manager on how this could be possible and how we can work together in confronting our mutual challenges.

from our editing team

## SYRIA OFFICE STARTS ITS TUTORIAL PRESENTATIONS SERIES ENTITLED CONTACT LENSES & OPTIMAL CARE SYSTEMS BY NICOLAS ARAMOUNI; SALES MANAGER



Our first official presentation in Damascus-Syria took place at the Blue Tower Hotel on July 27, where we had the pleasure to meet with most of our customers in Damascus & surrounding region.

Mr. Walid Barake presented first, introducing our company profile & directing the attendance to a valuable insight, towards sales strategies, which will enable them achieving better results when implementing them. He then, presented our Tri-Kolor features & benefits, where everyone was delighted to hear about.

Mr. Nicolas Aramouni our Sales Manager, presented secondly, listing CLs' problems and how to better handling them!

Afterwards we shared with our dear guests, a wonderful calm dinner, exchanging thoughts and ideas about future projects.



## 7 YEARS, 3 OERTLI UNITS, 1 PARTNERSHIP BY AHMAD TABAGA, B.ENG., SALES MANAGER OPHTHALMOLOGY

We are privileged to be the provider of choice for Prof. Dr. Mohamad Al Saadany of Tanta University. Dr. Al Saadany was interviewed while delivering to him his 3rd Oertli unit in 7 years.

Prof. Al Saadany, it was 7 years since you have been introduced to Medicals International, can you tell us how did it start?

7 years ago MI was unknown to us, they had just started running their operation in Egypt. At that time we were, as a group of ophthalmic surgeons, working on constructing the 1st large Ear and Eye subspecialty hospital in the Delta of Egypt. Salah Malek who was in charge of sales at the time was the first to visit us. Actually when he was introducing the company and his products, we have been impressed by the quality of his knowledge and his professional attitude. This is what made him gain our trust rapidly, amid the fact of him being new in the Egyptian market.

Is this what encouraged you to buy your first Oertli CataRhex unit?

Actually it was a very hard decision, at that time, to buy a Phaco system that has little reference in Egypt. The trend was to buy one of the systems of the eminent American manufacturers.

MI has helped us with a lot of information that have reflected their understanding of this recent technology, and we put their machine under trials for a while and to be compared to other competing systems.

And how was the evaluation?

Efficiency, stability and friendly use were the final agreed judgment.

Is this what made you do it again 5 years later when you bought your second one?

In those 5 years our CataRhex has given us many proves that it deserves to be the only Phaco to use. When we did an extension in our surgical theatre in the year after buying Oertli, we had a belief that we should gather different technologies in our place and not to rely on one technology provider. This was the reason to acquire a second system other than Oertli. In 5 years, we realized that the whole team favors the Oertli. Amid the high surgical load, the Oertli proved to be very robust and its down time was negligible. Even when it broke down, the Medicals team was always ready to provide prompt and efficient service. With the back up unit and instruments strategy that Medicals employs, they saved us from any work interruptions.

- With the Cool Phaco introduced in 2002, Oertli were the pioneers this technology.

- One of the bench marks that appreciate for Oertli, that we were able to upgrade our existing system to the latest phaco technology in a very low cost, where other phaco manufacturers offered the new technology only with the new models leaving their old machine users hesitated between buying new systems to use the technology or live with the old technology.

- With the new SwissTech from Oertli, they were able

introduce ample advantages to continue with what they have been started with their CataRhex Model - With the second Oertli we have turned 100% of our phaco surgeries to Oertli systems.

This very interesting doctor, 2 machines are filling your needs, what about the 3rd one?

This unit is purchased by me for personal use, the portability of CataRhex is a unique advantage, it is only 5.7 Kg that can fit in any pilot case, when my colleagues and friends invite me to help them with phaco surgeries, I take my oertli with me, I feel comfort and efficiency when I use it.

Also with the new SwissTech machine they introduced the new COMICS through 1.6mm incision, they results looks very promising.

**Doctor, how do you see MI?**

When MI tried to sell us the 1st phaco, they said that they aim to be our partner, after 7 years I'm convinced that this is the most accurate definition for our relation, it has been started to last for ever.

Best regards to MI team.



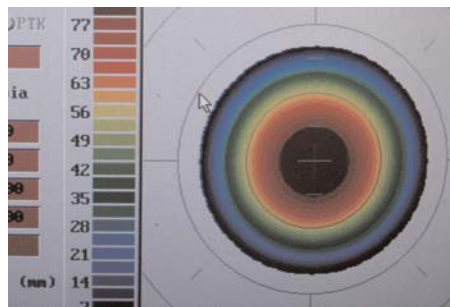
Mohamed el Saadany Ghoraba  
Professor of ophthalmology  
Tanta university

## THE NEW ASTRASCAN XL EXCIMER LASER FROM LASERSIGHT (SAME PREVIOUS SHAPE, TOTALLY DIFFERENT LASER!)

"Key element of medical equipments is keeping your machine performing properly as well as having the latest update available from the supplier installed on your system."

To be able to have this, it is mandatory that the system you have purchased would be able to be upgraded by having minimal intervention or parts replaced reducing upgrade cost and time.

Lately I have experienced upgrading the Excimer laser system at the Canadian Eye centre (Hazmieh-Lebanon), from its old platform (200Hz, 50 Hz tracker, ...) to the latest generation software and hardware available from LaserSight.



The new upgrade package came to life from LaserSight for the AstraScan XL systems only, this upgrade includes:

- 300 Hz running frequency which decreased laser surgical time by around 45% (if the time optimization is enabled), or by 30% if time optimization is disabled.
- Electronic energy feedback system for the laser cavity output, this will increase dramatically the cavity life time and reduce the need of interventions on the laser optics.
- The user interface just got better and more user friendly facilitating patient data entry where the technician would enter the patient parameters from one screen and immediately visually check the ablation profile, as well as, having automatic calibration

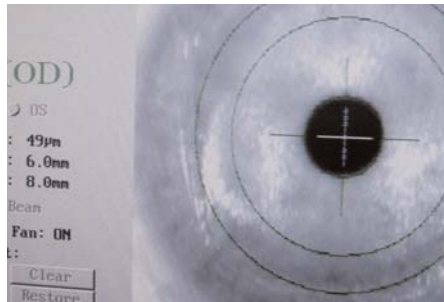
to accurately prepare the laser for patient surgery and daily calibration procedures.

4. As the laser frequency is set now to 300Hz, the system has to have a fast eye tracking system running parallel at the same frequency 300Hz.

5. the new software as well supports pupil registration option, this will help locking the eye tracker to the visual axis (instead of the pupil center) when there is big difference between both axis (or high value of angle Kappa).

6. As well the new software will give the user the option to choose automatically the centre of the treatment as sent from the customized ablation/planning software (AstraPro), or set this manually using the In\_situ pupil registration or using the center of the pupil.

On the other hand the AstraPro (LaserSight custom ablation software) was upgraded as well to include 2 activation modalities according to the user needs: either as per case or yearly licensing basis, the new software is able to perform three types of treatments:



- P surgeries, where the system do the calculation or planning of the surgery to compensate only for the prolate shape of the cornea.
- The second type is the Q Surgeries one: in this type of surgery the laser will adjust the Q value of the cornea to adjust for asphericity as well as to com-

pensate for the Prolate shape similar to the P procedures.

3. Finally the last type of surgeries that we can do with the AstraPro, are the Z Surgeries, this is suitable for correcting irregular astigmatism as well as de-centered treatments where adjustment of Z axis is needed. Surely Z surgeries will be compensating for both Prolate and Asphericity.

As a final but essential stage of the upgrade, we had to install new software for the AstraMax 3D topography station. The AstraMax new software will include the Zernike coefficient table in addition to the full anterior/posterior coverage of the cornea using three independent cameras available in the previous software.

The new software as well will include higher resolution for better image/topography acquisition.



For more information about our new Excimer laser upgrade please do not hesitate to contact our representatives.



Michel Kleib  
Chief Engineer,  
Product Development Manager

# STAAR CERTIFIED ICL ADVANCED PROCTORING COURSE: THUN, SWITZERLAND



Four product specialists from Medicals International attended the Staar Visian ICL/Toric ICL advanced proctoring course, which was held on July 1-5 in Thun, Switzerland. Mireille Gemayel (Dubai), Ahmed Tabaga (Egypt), Paul Khalil (KSA), and Youssef Alwan (KSA) were among 27 proctors who participated in the course. Seven trainers from Staar were present, with the participation of Dr. Kjell Gundersen (Norway) as a clinical advisor for this course, which consisted of the following topics:



1. Advanced pre-op examinations for ICL/TICL
2. ICL/TICL calculation
3. Advanced Surgical Procedure steps
4. Complication avoidance and management
5. Hands on experience: pre-op measurements using various methods
6. Calculation workshop
7. Case studies
8. Practice development
9. User complaints handling and management
10. Competitor analysis
11. Meetings, conferences, and training programs overview
12. Clinical studies and key articles overview



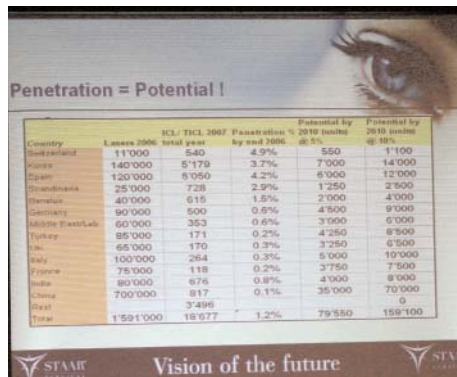
After the course, a trip to Staar manufacturing plant in Nidau was organized, where the step-by-step manufacturing of this highly advanced refractive implant (ICL/Toric ICL) was shown to the attendees.



This course highlights both companies' common goal in establishing a strong ground for modern additive refractive surgery implementation in the region. It also emphasizes our commitment towards providing a professional approach to our valuable ICL practitioners and potential users.



Youssef M. ALWAN, B.Sc., B.E.  
Sales Manager (Ophthalmic Surgicals),  
& Clinical Application Specialist



## A WONDERFUL START OF OUR DENTAL DIVISION IN KUWAIT

Five month ago I remember Walid telling me, "If you want to take any decision in your career, now it's the time." Five month ago I took that decision that really changed the flow's direction of my career, preferences that I was hanging to for the last decade now changed and I decided to take a rational detour. Four month passed and I'm still experiencing a total new rush.

In May 2007 our dental division saw the light in Medicals International Kuwait and I was (and still) the person in charge. I had a plan and the execution begun. I visited Lebanon many times and got the proper training with colleagues and great Lebanese doctors. The first step was introducing myself and the company to a totally new segment of the medical industry; The Dentists. This was totally strange to me since I never had done any sales' call before in my life. Of course all kind of worries were invading my mind, but I was determined to turn my tasks successful. And actually this what happened. I was able to create a very good connection with so many doctors in Kuwait in a very short time, ending up making my first sales, then the next, and the next. Today we're dealing already with the most prestigious clinics and hospitals in the country!

What made my life easier in that 5 month period, other than the back up of everyone in my company, is a product that I really believe in "Astra Dental Implants", moreover a product that I love!

I believed that everyone (in need) is entitled to have the best implants in the market. And I passed successfully this belief to our new customers. Why accept failures and you can get the most effective implant surface in the market? Why accept bone loss? Why accept screw loosening or fractures and we have the best implant-abutment connection known in the industry? This is what Astra is about

Strengthen by this belief, I have decided too to participate in the regions' events related to implants dentistry, to get to know deeper and

deeper the cultures, the business, to learn more and more about implantology to able to assist our customers in Kuwait with the best service available to them. My first one was in Aleppo where I attended the Thrid International Syrian German Congress of Implantology 2007.



*Prof. Wolfgang Voigt from Germany lecturing about Implants Fractures*

A very nice event, well prepared and coordinated, where I had the chance to meet doctors from the region, exchanged ideas, experiences and tips! Four days of presentations and trainings were undertaken. Many subjects tackling the sinus lift, the bone graft, the problems with implants, advanced clinical applications of implants in oral and maxillofacial surgeries, implants retained overdentures, esthetic considerations in dental implants and so many other issues of the day to day concern.

Distinguished doctors in the filed; from Germany, Syria, Jordan, Lebanon, France, Turkey participated in the event and lectures, like Dr. Anas Damalkhi, Dr. Issam Khoury, Prof. Wolfgang Voigt, Dr. Rola Al-Habashneh, Dr. Moussa Marashdeh, Prof. Meikel Vesper and many others had very interesting presentations.



*Receiving Appreciation Trophies and Souvenirs of the event in Sheraton Aleppo*

What's next? The first International Implantology Congress in Jordan is yet to come on 30th of October 2007 and we will be there. My objective is to take advantage of our "real true long-lasting treasure" in this part of the world, the knowledge; and pass it through and use it in my daily business practice to enhance the quality of the service ending up in a more satisfied doctor, consequently a better served patient.

Now that our dental division is growing, building up the best customers in Kuwait and the entire region, we will always keep our dentists up to date of all the events and new clinical and technical practices by constantly maintaining a special corner for the dental industry in our newsletter. That's a promise.



*Prof. Wolfgang and me in the last day of the event*

At the end, I would like to thank everyone who believed in me (and still ... since the we're only in the beginning) and backed me up, especially my valuable customers in Kuwait who trusted me with their most precious.

Best Regards,  
Bassam Khoury, MBA  
Business Manager, DENTAL.

## MEDICALS INTERNATIONAL, JORDAN ON THE MOVE...

### ROSE K PRESENTATION FOR OPTIC CENTRE

In the pursuit of improving the local level of our services, in a way to deliver to the patient a better vision with the best alternative visual correction, Medicals International Jordan represented by Alaa' Meqdadi, territory manager CL, gave a presentation on the Rose K lenses to 18 optometrists –divided on three group– from Al-Ganem Group, better known as Optics Centre . The presentation started with a review on the keratoconus, its definition, related symptoms, and continued with the specs and features differentiating the Rose K lens from other rigid lenses available in terms of materials used and lens design. After that, a detailed review of the fitting process used for the keratoconus patients was reviewed, followed by many cases as a live fitting. A Certificate was distributed for each of the attendants.



Alaa' in the middle of the picture



## OPHTHALMOLOGY - JORDAN & IRAQ

Medicals International - Jordan has always been seeking to implement modern techniques in refractive surgery other than the most common traditional correction techniques, like PRK and LASIK.

In this concern, several meetings were held during this year, where presentations, training courses, and proctored surgeries were done successfully.

1) Epi-LASIK, which has the same goal as PRK with much less pain and faster healing time. It is done using a mechanical separator to push to the side the epithelium bed at the level of the lamina densa in the basement layer, to expose the treated area, and then it will be pulled back manually when the laser procedure has finished (instead of washing it out like in PRK).

2) ICL/TICL, Implantable Contact lenses and Toric Implantable Contact Lenses:

The procedure involves an easy and short surgery, where a thin foldable lens is implanted properly in the sulcus, between the crystalline lens and the iris, to correct high Myopia, Hyperopia, and Myopic Astigmatism, or in critical eyes, where other procedures are risky to perform (thin corneas, forme-fruste keratoconus, etc..).

3) INTACS Corneal Implants (Rings), a therapeutic procedure dedicated for Keratoconus treatment, by flattening the cornea using two PMMA rings implanted at 70% depth in the stroma, after

manual (or now laser-induced) dissection of two appropriate corneal tunnels starting from a tiny 2-mm radial incision. These rings will delay the disease progression and restore a good part of the patient's visual acuity.



So here below are some of our activities:

Epi Lasik for Al Hussein Medical Center in May, 2007 where live surgeries for about 20 eyes were performed after a briefing from Eng. Salah Malek our Vice president.

Results: 18 over 20 of the flaps were performed only 2 of them were not perfect.

Post-Op less pain and faster recovery were seen Said Dr. Ayman Mdanat, Head of the Ophthalmic Department at the hospital, and Dr. Sami Daassan, Head of the Refractive Unit.

ICL/TICL

1) Didactic course at the Jordan University hospital, in early 2007.

2) Briefing at the King Abdullah hospital, in early 2007, followed by surgeries

Intacs:

1) Didactic course at The Jordan University hospital, in early 2007 followed by surgeries.

2) Briefing at The Eye Specialty hospital in January, 2007 .

3) Didactic course at King Abdullah hospital, in

early 2007 followed by surgeries

4) Didactic course at Al Hussein Medical Center in April, 2007 followed by surgeries.

Also I was invited in August 2007, by the Iraqi ministry of health through Dr. Fares El Bakri, a well known Iraqi doctor, for three days work in Irbil North of Iraq. Activities were the following:

1) One day presentations in Razghani hospital on Intacs, ICL and Oertli Phaco machine for around 30 attendees.

2) Two days cataract surgeries (around 15 surgeries) on the Oertli SwissTech Phaco machine. The first day was in the Republic Teaching hospital, and the second day in Irbil New Vision Eye Center (a private center), where beside the usual techniques, we tried the unique Radio Frequency Capsulorhexis and the CO-MICS (coaxial micro incision surgery) at 1.6mm incision! Surgeries went very well, and it was performed by Dr. Bakri.



The attendees were very satisfied and showed very high interest since these techniques were totally new for them.



Sincerely yours

Georges Aratimos  
Sales Manager  
Jordan Office

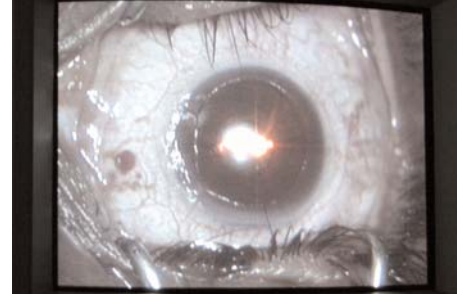




## EPI-LASIK INTRODUCTION TO BAHRAIN



Medicals International congratulates Dr. Haifa Mahmoud for the introduction of the Epi-LASIK highly advanced refractive procedure to Bahrain. Dr. Haifa has done more than 50 successful Epi-LASIK procedures on her recently acquired EpiVision system (made by Gebauer, Germany - [www.epivision.eu](http://www.epivision.eu)), to her prestigious and highly sophisticated center, Dr. Haifa Eye Center, who is the only center offering this kind of practice in Bahrain. Dr. Haifa is extremely happy about her EpiVision system, which is the most advanced worldwide. She has moved all her PRK procedures, and many of her LASIK procedures to Epi-LASIK. She said that the system is very easy to use and gives her a peace of mind and her patients extreme satisfaction after the procedure, since it has the advantages of both LASIK and PRK in terms of safety and



quick recovery. We congratulate Dr. Haifa for her always being up-to-date with the latest technologies and we wish her more and more success and prosperity

Youssef M. ALWAN, B.Sc., B.E.  
Sales Manager, Ophthalmic Line (KSA)  
& Clinical Application Specialist

## EGYPTIAN SLT SYMPOSIUM SPOTLIGHTS EARLY GLAUCOMA TREATMENT



I use SLT in the early stages of glaucoma, when treatment is most effective."  
Mr. Ejaz Ansari, Maidstone Hospital, Kent, UK

"For my patients already on topical treatment, I use SLT to reduce drug prescription and to improve pressure control," Ansari explained. "For my new glaucoma patients, I use SLT to delay the need for a prescription. For me, SLT is a safe, effective and versatile treatment."

glaucoma drugs or to avoid surgery," he said. "The preliminary results encourage me to propose SLT to the majority of my glaucoma patients. I have treated 22 eyes of 14 patients, (11 Females, 3 males, mean age 46.5 years) with a mean preoperative IOP at 22 mmHg and mean preoperative medications of 1.09. One month after treatment, the mean IOP is 17.1 mmHg (22.2% IOP reduction) and the number of medications has reduced to 0.5."

The July 2007 Cairo SLT Symposium provided an excellent opportunity for glaucoma experts to congregate and share their SLT knowledge and experience. Special guest Ejaz Ansari from the Eye, Ear and Mouth Unit (EEMU) of Maidstone Hospital, Kent, UK was invited to present his long-term experience with the treatment.

After a practical and precise description of treatment modalities, Ansari explained the importance of communication with patients. "I systematically present the different options to my new glaucoma patients - SLT and medication. I explain the advantages and disadvantages of both alternatives; then, I give them time to make their own decision."

To conclude, Abdel-Rahman outlined the results of the EMGTS study, which showed that the risk of glaucoma progression decreases by 50 percent with every 3 mm Hg of pressure reduction.

Mr. Ansari, who has been performing SLT for five years, emphasized the importance of the Early Manifest Glaucoma Treatment Study (EMGTS), which demonstrated that early glaucoma treatment helps to preserve the vision of patients with glaucoma. "SLT can be applied in the early stages of glaucoma to improve the long-term prognosis of patients," he said. "I use SLT in the early stages of glaucoma, when treatment is most effective."



After Ansari's presentation, Ahmed Mostafa Abdel-Rahman, MD, FRCSEd, Assistant professor, at the Cairo University provided attendees with an overview of papers from the recent World Glaucoma Congress in Singapore. He also shared his own recent experience with SLT. "I use SLT to stop or to avoid anti-glaucoma drugs, to reduce the number of anti-

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## GLAUCOMA FILTRATION VIA SELECTIVE LASER TRABECULOPLASTY



Dr. Abdul Razzak Al-Samarrai  
MD, FCES, FICS, HDO, MRC Oph  
Senior Consultant Ophthalmologist  
Ibn Al Haithem Specialty Medical  
Center, U.A.E.

SLT appears to be a safe and effective procedure for patients who have high intraocular pressure despite being on multiple pressure lowering medications.

Glaucoma is a series of diseases that if left untreated can cause damage to the optic nerve resulting in gradual visual loss and blindness, damage to the optic nerve due to glaucoma is caused by an elevated IOP, AH fills the AC and provides nourishment to the tissue, the AH also provides pressure to help maintain the shape of the eye, the increase in pressure cause the optic nerve damage, resulting in nerve cell death and vision loss.

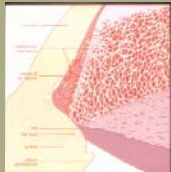
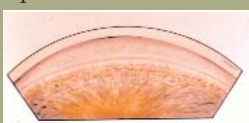
OAG is a progressive eye disease, the most common type of glaucoma, occurs when there is either a sustained increase in fluid production or decrease in fluid drainage, with this imbalance in fluid flow, there is an increase in the IOP, which in turn reduces blood flow to the sensitive tissue of the optic nerve, over time, as the optic nerve fibers are destroyed, peripheral vision lost.

OAG treatment concentrates on lowering the pressure inside the eye to prevent damage to the optic nerve, the most common treatments for glaucoma have been the use of medication in the form of eye drops, pills and laser treatments, laser treatment and some medications allow for faster drainage, while other medication reduce the production of AH, if these methods fail to decrease fluid pressure, SLT, ALT, or surgery may be required to create a new drainage channel.

Material and methods:

22 eyes of 12 patients were treated by SLT; all patients had POAG with IOP at upper level control by medical therapy (maximum), their ages ranged between 30 to 70 years.

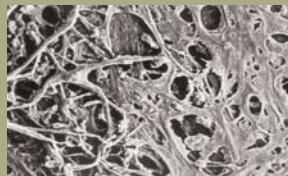
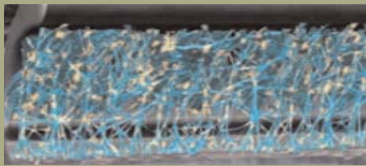
All patients have done for them procedure. VF, IOP, gonioscopy, funduscopy for evaluation of optic disc.



SLT perform in the office and only takes 15 minutes, prior to the procedure, eye drops will be given for anesthesia and to prepare the eye for treatment, the laser application are made through slit lamp microscope, the laser pulse duration is fixed at 3 nanoseconds, the spot size is fixed at 400  $\mu$ m, which cover the entire meshwork from Schwalk's line to ciliary body band, sixty confluent application over 180° or 120 per 360°, the power is adjustable from 0.3 to 2 mJ, using as a tissue end point for the energy setting, a tiny air bubble, with fly pigment or every slight blanching of the meshwork can be seen in 0.6 to 1.2 mJ range.

SLT use ND YAG laser to create channels within the trabecular meshwork of the eye to

allow better drainage of AH, the laser energy (532 nm wavelengths) targets melanocytes in the trabecular meshwork without damaging surrounding non pigment cells.



### Results:

" The IOP checked one hour, the following day, one week, 1 month, 2 months, 3 months, 6 months, and a year after laser treatment, minimum follow up 3 months.

" The average patient age was 52 years (from 30 to 75 years), the disease had been discovered since longtime (5 to 20 years) before laser treatment.

" The average total energy was 0.6 to 1.2 mJ, delivered 120 spot for 360°.

" Preoperative IOP was 25 - 6 mm Hg

" Postoperative IOP; one hour post laser a transient increase to 29 - 7 mm Hg occurred in all patients.

" Post operative IOP one day post laser decrease to 22 - 5 mm Hg.

" Postoperative IOP one week post laser decrease to 20 - 5 mm Hg.

" Postoperative IOP one month post laser decrease to 20 - 6 mm Hg.

" Postoperative IOP 3 month post laser decrease to 20 - 6 mm Hg.

" Postoperative IOP 6 month post laser decrease to 20 - 6 mm Hg.

" All patients have been stop medical treatment second day post laser therapy

" 2 Eyes need medical therapy 4 months post laser, where done for them repeat SLT.

### Discussion:

SLT consider as a secondary therapy to be used only when patients can't get optimal control of IOP on medication, the procedure could rival or even supplant IOP lowering medications as primary therapy for glaucoma.

SLT has become as an intermediate step between medications and glaucoma filtration surgery. SLT is new laser treatment for OAG. uses short pulses of low energy laser light to target melanin containing cells in the trabecular meshwork of tiny channels, the objective of the surgery is to help fluids drain out of the eye, reducing IOP that can damage to the optic nerve and lost of vision.

The frequency doubled 532 nm, Nd: YAG laser was found to be an appropriate wavelength for injuring the pigmented cells while sparing the non pigment cells and the surrounding structure, a 3 nanoseconds laser pulse with a large 400  $\mu$ m beam diameter, the short pulse duration is below the thermal relaxation time of the tissue and therefore no thermal damage occurs, so SLT target the pigmented cells and not cause

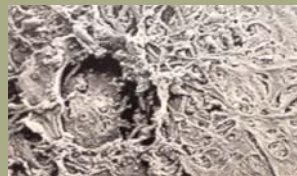
any collateral thermal injury.

Since SLT offers the chance of significant IOP reduction without the thermal injury to the angle structures and are important to validate the role proposed for SLT in the treatment of OAG

Since medication and eye drops can cause undesirable side effects or simply fail to control glaucoma, and because patients frequently fail to take their medications, so SLT may be a better alternative, in which occur biological response that increase AH drainage and reduces IOP. It May reduce the need for life-long use of expensive eye drops and other medications.

Argon laser Trabeculoplasty (ALT) result spaced burns made in the trabecular meshwork, and scarring of the trabecular meshwork, which may limit its success and the ability to retreat the eye while SLT targets pigment cells in the trabecular meshwork, which dose not have the associated damage to other tissues and adverse scarring effects.

So SLT may be repeated many times, SLT has also been found to be effective when ALT and other forms of treatment have failed.



Repeat SLT provides long term reduction of IOP in glaucoma and allows patients to use fewer medications, to achieve good control of IOP, the repeat rate was better than that seen with ALT, so SLT lowered IOP and maintain the reduction over months or even years.

SLT repeated applications may lower IOP in eyes where the IOP has drifted back up to pre-treatment levels without altering the structure integrity of the out flow system.

Since transient IOP spikes may occur in some patients a topical antiglaucoma may be given before and after the laser therapy until the IOP falls back to pretreatments levels or lower.

### Conclusion:

SLT is effective and safe as primary treatment for patients with ocular hypertension and OAG, SLT may provide a meaningful IOP reduction in eyes non responsive to ALT, the time course for IOP reduction following SLT has been variable, but a signification response is seen at postoperative day one, most patients will have to return for follow up visits to recheck that treated eye.

There are no incidences of allergy or systemic side effects with SLT, complication are minimal but may include inflammation, transitory IOP spike, and conjunctivitis or eye pain.

Vision loss from glaucoma is permanent but can be prevented with early detection and treatment, glaucoma management is a lifelong process that requires frequent monitoring and constant treatment, since there is no way to determine if glaucoma is under control based on how persons feels or their vision, persons with glaucoma should be examined every three months for the rest of their lives.

## ELLEX BRIDGES THE GAP



### CLINICALLY AND FINANCIALLY

Once more, Ellex Medical - Australia, bridges the gap with a stunning innovation "The Integre Duo".

Ellex realized a gap, both clinically and financially in the photo-coagulator market space. It has been long established that that various wavelengths are essential to be able to optimize the patient's clinical outcomes. Yet, the use of some of those withered away as the industry has failed to make corresponding lasers

robust and reliable enough.

Various colors have different absorption rates and penetrations through the Retinal layers. Today, the industry offers either the general purpose solid-state, robust and affordable green wavelength or the complex multi-wave at an exorbitant tag price.

The later, allows green, red and yellow wavelengths. Knowing that there is very little pathologies that can be treated with the yellow and not with the green, Ellex brought to life the Integre Duo.

The Integre Duo is the first solid-state photo-coagulator to deliver clinically proven red and green wavelengths. This advanced laser system makes it possible to instantly select either a red or green wavelength during retina treatments, which maximizes treatment options and ensures effective patient results. For common procedures like retinal photo-coagulation, laser trabeculoplasty and iridotomy, the green wavelength provides the standard care. The red wavelength produces less scatter for better transmission through a cloudy cornea or lens, provides deeper penetration for effective treatment of

choroidal vessels, and enables the physician to treat in the presence of hemorrhage. This is because of its moderate absorption by melanin in the retinal pigment epithelium, low absorption by hemoglobin and negligible absorption by macular xanthophyl (minimizes risk of inner retinal damage during macular photo-coagulation near the fovea).

The system's unique single diode pump dual cavity design is less complex than standard multi-wavelength cavity designs, using less optical components for improved temperature control and reduced risk of misalignment. This translates to more stable energy output at various pulse duration settings and bargain-basement cost.

Further to having the most advanced laser cavity, the Integre Duo is fully integrated. The success witnessed with the yet to be challenged integrated photo-coagulator design concept will be further extended with the Integre Duo. The comfortable working distance, the true spot optical system as well as the optimized retinal slit lamp will bring both the patient and the doctor experience to new unrivaled standards.

After being first to seal the YAG Q switch, the first to introduce the Super Q optical Q switching modality, the first to integrate a green laser into its slit lamp, the Duo comes at no surprise. With the new balance between the quality, versatility, and the price that the Duo presents, we are confident that we will end up with more clinics producing more happy patients.

Salah G.Malek

Vice President Ophthalmology  
Medicals International

## LASIK SUCCESS IN SOUTH SAUDI ARABIA WITH THE ASTRASCAN LASER

Laser refractive eye surgery constitutes a major part of modern refractive surgery today. LASIK (Laser-Assisted in Situ Keratomileusis) is still the mostly performed refractive surgery, where the patient gets excellent results through a quick procedure, where his cornea is accurately remodeled after vaporizing part of his stromal tissue through the use of the Excimer laser, after creating a stromal flap, which will be re-positioned back afterwards.

We are very proud to announce that Dr. Saad Al-Mousa, one of the most prominent eye surgeons in South KSA, has performed more than 1,200 successful LASIK patients with the AstraScan excimer laser - LaserSight Technologies Inc. (USA), the first of its kind in Saudi Arabia. "Dr. Saad Al-Mousa Eye Center" (Abha, KSA) provides a comprehensive ophthalmic surgery practice where Dr. Saad performs most modern eye surgeries (Phacoemulsification and other intra-ocular surgeries, LASIK and other laser procedures, Phakic IOLs, etc...).

Dr. Saad is very happy from the performance and the outcomes of his laser and he has added a few comments that we have included below:

1) Safety and efficacy: "This laser is a peace of mind" as per Dr. Saad; "we never worried about any overcorrection, or any possible unpredictable results. Everything is within our hands and the laser nomogram is so predictable that we only had a handful of redos or enhancements (about 6-7 eyes only out of more than a 2400 eyes) which were all manageable and led to 20/20 final outcomes". The AstraScan laser has a beautiful super gaussian flying spot of 0.6 mm running at 200 Hz, at a very low and highly stable energy shot-to-shot (< 1mJ/pulse). It has a fluence feedback system maintaining a fluence of 0.89 mJ/cm<sup>2</sup>, and a vertical ablation of 0.25 microns per shot, hence allowing for smooth corneal contouring with high accuracy.

2) Reliability: "The LaserSight laser is very reliable; we have done a lot of hard cases (mixed astigmatism, hyperopic astigmatism, high myopic astigmatism) and the results were so accurate and stable" Dr. Saad added. "In addition, we have done a large number of cases per day, sometimes more than

20 patients, and the laser still performs robustly, without interruption. It also has a highly reliable eye tracker, which works seamlessly with the laser, on about 99% of the cases". It is a video-based active/passive eye tracker, and it has 3-point infrared lighting system which allows excellent coverage of the eye from all angles.

The AstraScan laser has a small laser cavity with a low energy profile, and only six optics in the laser path, allowing for higher reliability and less problems than most common lasers.

4) Ease of use: "Our laser is so practical and convenient" said Dr. Saad, "having a small overall size, a smart and highly intuitive software, and easy controls, which make our life easy. My assistant enters the patient data through the touch-screen (or keyboard) and follows me throughout the LASIK procedure with all data showing on one screen in front of her: patient data, laser progress, along with the live video re-cording showing the eye-tracked patient's eye being operated". The AstraScan laser has a small footprint, a comfortable swivel patient bed controlled by a X-Y-Z movement joystick. It has coaxial and oblique patient lighting options, and a very intuitive software for data entry and management, and for laser calibration and alignment procedures (for both laser assistants and service engineers).

5) Patient satisfaction: Dr. Saad is extremely happy from his patients' feedback. "It is a blessing to see how happy my patients are after LASIK" he added, and he showed me several times the flowers and chocolate boxes he got from many of them thanking him for "changing their lives" after the LASIK procedure. The AstraScan laser provides immediate post-op results due to its low energy and minimal stromal ablation. It is a very quiet laser as well; the patient does not hear any of the "shotgun" sounds heard in other lasers so he will remain peacefully focused on the aiming beam. In addition, I'd like to mention that the laser unit has a very nice and friendly look with nice modern curves, unlike many of the other lasers in the market which look like heavy manufacturing machinery. It has also a swivel patient bed on which the patient can sit first at 90 degrees, and then the bed will be lowered and aligned under the laser



output, unlike the surgery-type patient beds where the patient has to sleep on it directly. All these features give the patient the feeling that he is not in an operation room but rather in a outpatient clinic so he will be more relaxed.

6) Ease of Serviceability: Dr. Saad is very satisfied from his laser's low rate of breakdown and from our quick response in answering his service requests, other than the regular monthly check-ups on it. To note here, the AstraScan has a simple optical and electronic system with a small German-made laser cavity. Our highly professional engineers have mastered the maintenance and servicing of these types of lasers after installing a good number of them throughout the Middle East since 2002. Moreover, the maintenance costs of this laser are minimal along with a very economic gas mixture consumption.

LaserSight's AstraScan has proven to be a highly effective modern laser with excellent results and accurate outcomes, and has over the years got doctors and patients satisfaction, along with all the surrounding people (nurses, technicians,...) due to its easier operation, user-friendliness, and lower maintenance frequency and cost.

Medicals International is proud to be the chosen partner of the Dr. Saad Al-Mousa Eye Center in Abha, and we wish Dr. Saad more and more success and prosperity in his career.

Youssef M. ALWAN, B.Sc., B.E.  
Sales Manager, Ophthalmic Line (KSA)  
& Clinical Application Specialist

## DON'T TAKE "NO" FOR AN ANSWER

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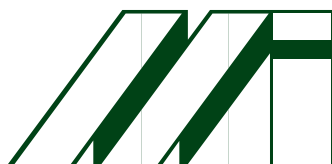
*Khalid Al Jarrah  
Jr. Territory Manager  
Amman-Jordan*

*"No" is a powerful word used by children, parents, educators, and business associates. How one relates to it is shaped in early childhood, where many of us learned only the literal dictionary definition of the word. In adulthood, many of us still fear the word, and sometimes unhealthy or unstable relationships can be damaged or destroyed when a "no" is heard from someone close to us.*

*According to some salespersons, the word "no" is an act or instance of refusing or denying something. For instance, a customer's refusal to purchase products or services from a salesperson is generally expressed via the word "no". For some others, they hear the word "no" differently, they hear it to mean that the customer will be glad for the salesperson to return at a more convenient time or pleased to be shown another, more necessary product. When someone says "no" they can be simply asking you to modify your proposal or change some details in your offer. When you get turned down by a customer, it doesn't necessarily mean that the customer did not like the products you are selling, or that he is not interested in buying. That is why it is important for the salespersons to be able to read between lines and detect any hidden messages sent by customers.*

*The salesperson's attitude toward the word "no" and his/her ability not to focus on the "negative" are traits that can make the difference between closing a deal and leaving with nothing in hand; "deal and no deal". And this is what the sales business mainly about; if you as a salesperson are not able to try different approaches and adjust your self and your offer with each customer you deal with, then you will have a problem that may cost you a lot. It is essential in our job to be flexible and to keep in mind that persistence pays off.*

*Wishing you "no"- free answers.*



**Medicals International**  
We Think of The Patient First

## BCLA 2007

*The annual British Contact Lens Association (BCLA) meeting is one of the world's largest dedicated events related to the anterior segment of the eye and contact lens industry, attracting more than 1000 visitors from the UK and overseas. This year, the BCLA Clinical Conference and Exhibition was held from May 31st till June 3rd, 2007 in Manchester, UK.*

*Four of Medicals International's Contact Lens Sales Managers, Nicolas Aramouni, Joseph Nachawaty, Rita Chehwane, and Mireille Gemayel attended this meeting benefiting from the continuing education and training courses provided during this meeting. Medicals team would like to thank Coopervision for their usual support in the registration for this event.*

