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WOC 2012 in the Middle East



It was a great pleasure and privilege for us in the Middle East, in Abu Dhabi in particular, the capital of the blossoming United Arab Emirates to host for the first time the World Ophthalmology Congress last February 16- 20, 2012.

Medicals International, of course, was among the top participants in this event with large exhibit and parallel scientific activities on both the ophthalmology and vision correction level. The photos in various articles in this newsletter illustrate on how active everyone was and how engaged we all were as an organization.

Femto laser cataract procedure was surely under the spot lights with increasing podium interest along with huge exhibit attractions. Refractive implants in parallel continue to grow in terms of podium presence and diversification of clinical applications. Medicals was active on all levels; launching our newly sealed partnership with Optimedica technology, a scientific leader in the Femto laser cataract industry and continuing the introduction of the Kamra Corneal Inlays for the correction of Presbyopia; the world most innovative technology.

In parallel, we were very privileged to launch our partnership with Optimed, a UK based developer of educational software catering for the growing market demand for patient education soft materials and three dimensional "3D" animations of complex surgical procedures.

Our work was extended to the podium having MI launching the first Hybrid Contact Lens for the management of corneal irregularities and high degrees of astigmatism; Duette, a contact lens manufactured by Synergeyes a leading specialty contact lens innovator.

I do hope you enjoy going through this special issue of our Vision with Attitude with special highlights on the World Ophthalmology Congress and I promise that our commitment to excellence in what we do remains at the core of our daily practices and corporate priorities.

Your colleague, friend, and partner ,

Walid G. Barake
President and Founder

MI on Facebook & Twitter

For more information regarding MI's participation at the WOC 2012 and all other MI events, visit our facebook page or follow us on twitter for continuous updates.



Duette Launch at the WOC

Medicals International was pleased to welcome **Dr. Caroline Hodd** on her first visit to the Middle East.

Dr. Hodd works in a private practice in London and is a clinical consultant for SynergEyes. Caroline joined us to launch the Duette - a hybrid contact lens for astigmatism- at the WOC 2012- where attendees from various parts of the region got acquainted to the Duette design, application, and fitting process.

Duette is an actual solution for all astigmats with $-2.50D$ and above. Patients wearing Duette can enjoy the visual acuity of an RGP with the comfort of a soft lens while benefiting from an extremely high DK/t values due to a very wettable silicone hydrogel skirt. Furthermore, Duette is best suitable for active patients who can benefit from a stable vision whilst enjoying their favorite sport.

Now you can provide your astigmatic patients with a crisp and stable visual acuity like never before.

Give us a call...



Dr. Caroline Hodd



Joseph Nachawaty
Business Manager, CL
MI-Kuwait

Duette Contact Lenses

In the past patients with significant astigmatism would have been fitted with rigid lenses, as rigid lenses correct corneal astigmatism directly due to the nature of the tear lens. However, rigid lenses have an uncomfortable adaptation period, which can be unpleasant for the patient. So now, for most of us, a soft toric would be our first choice.

What would be ideal is a lens that offers the vision of a rigid lens with comfort more like a soft lens and this is the philosophy behind a hybrid lens. Hybrid lenses have a rigid portion in the centre (giving the vision of a rigid lens) bonded to a soft skirt (giving far better comfort) (figure 1). The newest generation of hybrid lens, the Duette (figure 1), has an extremely high central Dk and a silicone hydrogel skirt. In addition it has an extremely simple fitting philosophy that allows the patient to be fitted in a similar time to a soft toric lens.

Perfect candidates for the Duette are those with moderate to high corneal astigmatism, those who are soft lens dropouts, sports people, and anyone wanting the crisp vision of an RGP.

The Duette lens has a total diameter of 14.5mm with an 8.4mm rigid centre. The Dk of the RGP portion is a massive 130 whilst the soft skirt has a Dk of 84 and a surprising low modulus of 0.6. The lens has UV protection blocking greater than 80% of UVA and greater than 95% of UVB and both the centre and skirt have excellent wetting properties. The lens is available from $+6.00$ to $-8.00D$ in 0.25D steps and to $-15.00D$ in 0.50D steps and is licensed to correct up to 6D of corneal astigmatism.

The great advantage of the Duette lens over previous hybrid lenses is its simple fitting strategy. The fitting set comes with fifteen lenses (figure 2). Each of the base curves, 7.1, 7.3, 7.5, 7.7, and 7.9mm are present with a flat, medium, and steep skirt.

To select the first trial lens the patient's flattest K is used to select the correct base curve from a table provided with the fitting set, in effect the lens is fitted around 0.2mm steeper than flattest K. Once the base curve has been selected then there are only three lenses to choose from, the flat, the medium, and the steep skirt. Having only three possible choices is a great advantage as it significantly speeds up the fitting process.

The lens is applied, filled with saline, with normal sodium fluorescein added to the filled lens. The ideal fit for the Duette lens (figure 3) should look familiar to the reader as it looks very much like a good or maybe slightly steep fit for an RGP lens, there should be a touch of fluorescence

under the lens and what looks like a clear band of edge lift; this is the junction of the RGP part to the soft skirt. For a steep fitting lens, there will be a lot of fluorescein beneath the lens (figure 3b). A flat fitting lens has no fluorescein under the RGP part of the lens (figure 3c).

Once the correct skirt has been selected a spherical over refraction is performed and this is added to the $-3.00D$ of the diagnostic lens to obtain the required power to order.

The final lens should have very good comfort and considering that the patient is effectively wearing an RGP lens, this is an amazing feature. If there is any lens sensation the patient will lose this within a couple of weeks of wear.

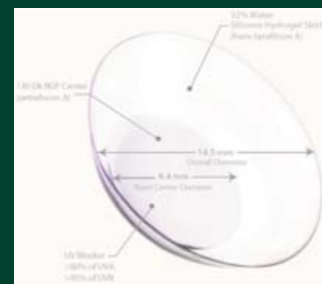
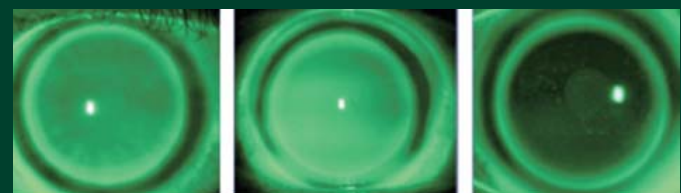


FIGURE 1: The SynergEyes Duette Hybrid Contact Lens



FIGURE 2: The Duette fitting set contains 15 lenses; there are 5 different base curves each with a flat, medium and steep skirt.



a) the ideal fit b) a steep fit c) a flat fit
FIGURE 3: Duette Fits

Dr. Caroline Burnett Hodd is an optometrist in private practice at 7 Devonshire St, London W1W 5DY and hospital practice at Croydon University Hospital. She also acts as a clinical consultant for No7 and SynergEyes Contact Lenses.

Dr. Liliane Tanal at the WOC

Dr. Liliane Tanal, optometrist and contact lens consultant for Medicals International, was invited to give 3 presentations during the World Ophthalmology Congress, in Abu Dhabi.

In the presentations, Dr. Tanal reviewed the strategy and the steps of fitting challenging cases in contact lenses like post rings and post surgical corneas. She also described fitting piggyback system that is more needed now with post-rings patients. Moreover, Dr. Tanal presented the Rose K four lens designs that fit all corneal shapes; the latest is the newly launched Rose K NC that was specifically designed for keratoconic eyes with a pronounced nipple-shaped cone.



Dr. Tanal (right) at the MI booth

STAAR Surgical Officially Launches the Latest VISIAN ICL Model in the Middle East

As part of the World Ophthalmology Congress 2012, which took place in Abu-Dhabi (UAE), STAAR Surgical Company (Nasdaq: STAA) proudly launched the newly improved VISIAN ICL, the V4C model, in the presence of **Mr. Barry Caldwell** (CEO), **Mr. Hans Blickensdoerfer** (President, EMEA-LA), **Mr. Youssef Alwan** (Area Manager, MENA), in addition to about ten STAAR Surgical sales, marketing, and clinical staff from all over the world.

The newest Implantable Collamer Lens model, the V4C, has the latest design improvement with CentraFlow™ technology utilizing the KS-AquaPort™ (KS refers to Professor Kimiya Shimizu from Japan, who has done the initial clinical research on the technology since 2008).

- The V4C design incorporates a proprietary port in the center of the ICL optic of a size determined to optimize the aqueous flow in the eye, while keeping a normal IOP without any risk of occlusion or glare, and hence it eliminates the need for the surgeon to perform a YAG peripheral iridotomy procedure days before the ICL implant.

- This model shares other design aspects with the previous V4B model, which we launched last year: the penetrating peri-optic holes, the extended toric alignment markings, and the BSS storage media..

- The Visian ICL V4C (labeled VICMO & VTICMO) is available in 11.6, 12.1, 12.6, and 13.2 mm overall diameter sizes, and was CE approved last year in the -0.5 diopter to -18.0 diopters myopic range and +0.5 cylinder power to +6.0 for the Toric ICL models.

- The Visian ICL V4C ensures more comfort for the patient and a more practical, convenient, and efficient ICL experience for both the patient and the surgeon, while keeping the same well-known High Definition Visian™ since it was officially launched 15 years ago.

STAAR Surgical actively participated in the WOC exhibition with a state of the art booth, and conducted several activities before and during the WOC scientific congress:

-The 1st Middle East **Visian ICL Experts Symposium**: a full scientific day covering many aspects of the Visian ICL. More than 50 surgeons from 17 countries from the ME region participated in the rich program which consisted of 23 presentations and 3 round-table discussions, divided into 5 sessions listed below:

- oHigh Definition Vision and Long-term Safety with the Visian ICL
- oThe New Revolution in Refractive Surgery: The New Visian ICL with CentraFlow™ Technology
- oVisian Toric ICL for the Correction of Refractive Errors in Keratoconic eyes
- oIntegrating the Visian ICL into your Refractive Practice
- oChallenging Case Studies with the Visian ICL

The day was concluded by an award ceremony for top achievers.



Mr. Barry Caldwell addressing the audience at the ICL Experts Symposium



STAAR Surgical's Exhibition Booth



Dr. Hisham Soliman presenting his long journey with the STAAR ICL at the ICL Experts Symposium



Dr. Khaled Al-Sharif receiving his 250 ICL-TICL Achievement Award

STAAR Surgical Officially Launches the Latest VISIAN ICL Model in the Middle East (cont.)

-WOC Evening Symposium (Revolutions in Refractive Surgery: The new VISIAN ICL, we just made your job simpler!) which was moderated by Dr. Amar Agarwal and where five keynote presentations were given as follows:

oEvolution of ICL indications over time (**Dr. M. Alaa' El Danasoury**)

oThe latest Phakic IOL models and their clinical impact (**Dr. Erik Mertens**)

oUnderstanding today's limitations for Laser Vision Correction (**Dr. Robert Rivera**)

oThe new Visian ICL V4C with CentraFlow™ Technology (**Dr. Kimiya Shimizu**)

oVisual rehabilitation for patients with keratoconus (**Dr. Khaled Al-Sharif**)

-Visian ICL Certification Course:

We conducted an ICL training course that started by a quick introduction on the ICL by Mr. Youssef Alwan (Area Manager - MENA), which was then followed by a two-hour didactic training presentation by Dr. Erik Mertens (Belgium) to more than 40 new surgeons as the 1st part of their certification process.

Later on, each attendee participated in a hands-on ICL loading wet-lab. The 3rd part of the certification, the surgeon proctoring, will be done later on (in the operation room) by certified proctors or by other more experienced ICL surgeons.

-Distributors kick-off Strategic Meeting 2012:

This yearly meeting was a more regional one rather than a centralized one for all international distributors, since each region has its specific circumstances and needs.

Hence, we conducted this kick-off meeting for Medicals International (our largest strategic distributor) and the other distributors from the region. Briefly, this meeting consisted of a business review of the achievements and learnings of the year 2011, and an overview of the business plans for 2012, with a clear focus on launching the new V4C model in the entire region.

This meeting was concluded by an award ceremony dinner. Medicals International has received two awards this year: 1st in total ICL/TICL growth and 2nd in ICL growth (in EMEA-LA).

-We won as well Dr. Robert Rivera's presence in this congress to spend some time in STAAR Surgical's booth to share his vast expertise with individual ICL surgeons on how to better integrate the Visian ICL in their practice and how to face the related challenges, mainly in terms of practice development, patient explanation, and properly positioning the Visian ICL as a premium procedure compared to laser vision correction procedures.

We would like to thank all the doctors who shared our success at the WOC and we would like to specially thank MEDICALS INTERNATIONAL, our strategic partner in the Middle East, for making the WOC 2012 a great experience for the STAAR Surgical team.

Elie El-Moujabber
STAAR Regional Product Specialist, Middle East

For further information, kindly contact your local Medicals International representative or you can contact us any time at emoujabber@staarag.ch or yalwan@staarag.ch.



Dr. M. Alaa' El Danasoury talking about the Evolution of ICL indications



Prof. Shimizu presenting the Visian ICL with CentraFlow Technology during the Evening Symposium



Dr. Erik Mertens giving the didactic ICL training course



Walid Barake receiving one of Medicals International's awards from Mr. Barry Caldwell



Dr. Robert Rivera discussing ICL practice development with Dr. Shady Awwad

SCHWIND Symposium at the WOC Congress 2012

The SCHWIND Symposium at the World of Ophthalmology (WOC) Congress in Abu Dhabi was met with great interest. Chaired by **John Marshall, MD**, United Kingdom, internationally renowned eye surgeons reported on their clinical experience with the latest innovations from SCHWIND.

First of all, **Jerry Tan, MD**, Singapore, provided the audience with a closer look at why he switched from Wavelight Eye Q 400 Hz to the SCHWIND AMARIS 750S.

“Until now, the system has exceeded all our expectations”, said Dr. Tan. He was particularly pleased with the performance of the eye tracker and the flexibility of parameter settings for asphericity, size of optical zone, and ablation depth. In his opinion, it is the combination of the ablation speed, the quick eye tracker, and the static cyclotorsion control, which makes treatments with the corneal wavefront so highly accurate. However, what mostly attracted him to SCHWIND, was the willingness to carefully listen, realize some of his requests, and precisely explain if an idea could not work in practice.

Maria Clara Arbelaez, MD, Oman, presented study outcomes with 38 eyes using SCHWIND AMARIS 750S and the PresbyMAX module to treat presbyopia in myopic, hyperopic, and patients with combined astigmatism. The mean patient age was 54 years. Result: In presbyopic patients without symptomatic cataract, but with refractive errors, PresbyMAX decreases the presbyopic symptoms and corrects far-distance refraction in the same treatment, offering spectacle-free vision in daily life for most treated patients. Patient selection and expectation management is essential to achieve patient satisfaction. PresbyMAX is a well tolerated, safe and effective procedure for the treatment of presbyopia in the range -4D to +4D. The optimum range for planned addition is +1D to +2.25D.

Shady Awwad, MD, Lebanon, presented clinical results achieved with the innovative TransPRK treatment. TransPRK using the SCHWIND AMARIS is a sophisticated approach to carry out no-touch, all-laser surface ablations in a single step. His conclusion: Transepithelial PRK for mild to moderate myopia with or without astigmatism is safe and easier to perform than conventional PRK, and patients had less pain, less post-operative haze, and a faster healing time. TransPRK outcomes were absolutely comparable to alcohol-assisted PRK outcomes in terms of final CDVA, UDVA, and safety. When TransPRK profiles are applied to regular corneas using the SCHWIND AMARIS system, the eye's natural high order aberrations are preserved just as well as with alcohol-assisted PRK. When TransPRK profiles are applied to normal untreated non-pathologic corneas no specific refractive risks associated to the transepithelial profile can be anticipated.

Of particular interest was the last presentation by **Thomas Kohnen, MD**, Germany, who reported on the current state and development of the nanosecond laser – the latest innovation from SCHWIND. Just like a femtosecond laser, it applies laser-induced plasma to separate the corneal tissue. Instead of a highly complex femtosecond laser, an innovative microchip laser is used, which operates with blue light in the UV range (355 nm) and produces ultra-short light pulses, each shorter than a billionth of a second. Short UV laser light wavelengths make it possible to achieve a focus three times finer than that of the femtosecond laser's infrared pulse. This means that focus diameter and length of the SmartTech Laser are just one third compared to standard femtosecond lasers. While infrared lasers disrupt several layers of corneal lamellae, the UV microchip laser system precisely separates individual corneal lamella. This leads to exceptionally precise cuts and smooth cut surfaces as well as to a better predictability of flap thickness.

The Schwind Team

Speakers at the Symposium



Dr. John Marshall



Dr. Jerry Tan



Dr. Maria Clara Arbelaez



Dr. Shady Awwad



Dr. Thomas Kohnen

Booth & Team



Schwind & MI Exhibition Booth



Schwind & MI team

Ellex Spotlights: Evolving Role of SLT for Glaucoma

Ellex, one of the industry's leading manufacturers of ophthalmic lasers and imaging technologies, recently hosted an **SLT Physician Forum** during the 2012 World Ophthalmology Congress (WOC) in Abu Dhabi.

The forum, which centered on the evolving role of SLT (selective laser trabeculoplasty) for glaucoma treatment, brought together some of the world's leading SLT practitioners, including **Prof. Philippe Denis** (France), **Prof. Prin Rojanapongpun** (Thailand), **Dr Ahmed Abdelrahman** (Egypt), **Dr. Shibal Bhartiya** (Switzerland), **Dr. Tarek Eid** (Saudi Arabia), **Dr. Shahin Yazdani** (Iran), and **Dr. Nouredine Bahaa** (Lebanon).

The forum discussion highlighted each of the participants' clinical experience with SLT across different patient groups in Europe, Asia, and the Middle East, and also provided insight into how to improve the results of SLT in daily clinical practice. All participants shared the view that SLT is an important tool in the fight against glaucoma, and that it offers a viable solution for the non-compliance issues faced by many patients undergoing medical therapy. To conclude, participants addressed the current treatment protocol for SLT, and provided their recommendations on how to improve the clinical performance of SLT. These recommendations will soon be published in a new set of treatment guidelines for SLT, available via the Ellex SLT website at www.slt-ellex.com.

Forum moderator and leading proponent of SLT, Prof. Philippe Denis, MD, PhD, of the University Hospitals of Lyon, France, and President of the French Society of Ophthalmology, has successfully performed hundreds of SLT treatments and believes that it is a significant addition to the treatment armamentarium for primary open-angle glaucoma (POAG).

In addition to SLT's many patient benefits, Prof. Denis believes that it is the treatment's proven clinical efficacy, in which patients can expect to experience a drop in intraocular pressure from 20 to 30 percent (on average) following treatment, that is the reason why SLT has become so widely adopted in the treatment of glaucoma.

"SLT has an excellent safety profile. Because the energy and exposure time of SLT treatment are much lower than ALT and create no harm to the trabecular meshwork (TM), repeated treatments show excellent results without compromising the outcome of future surgery, if it is required."

ABOUT SLT

Non-invasive and non-thermal, SLT is an advanced laser therapy which stimulates a natural healing response in the body to manage the elevated intraocular pressure associated with glaucoma. Highly effective, SLT is used as a primary treatment option for the early stages of glaucoma, and can be used in combination with drug therapy or as an alternative therapy when drugs fail. It is a flexible treatment option that can be repeated, if necessary, depending on the individual patient's response.

Ellex is the global leader in glaucoma treating lasers, with more than 1500 glaucoma experts outside of the US choosing to rely on SLT from Ellex. Ophthalmologists use the Ellex Tango™ and Solo™ SLT lasers to deliver short pulses of low-energy light that trigger the body's natural healing mechanisms. This process reduces the elevated intraocular pressure (IOP) associated with glaucoma in order to preserve optic nerve function. SLT does not harm the eye and has no side effects, which allows for earlier treatment.

- The Tango™ SLT/YAG combination laser system allows you to instantly switch between SLT and photodisruptor modes at the touch of a button – making procedures as efficient as possible.

- The Solo™ SLT laser enables you to provide your glaucoma patients with a quick and highly accurate SLT treatment, maximizing treatment options, and ensuring effective patient results.



Prof. Denis addressing the forum participants



"Along with medications and surgery, SLT has become an important treatment option for glaucoma patients in France. More than 100 clinical centers are now equipped with SLT technology," commented Prof. Denis.



Tango™ SLT/YAG combination laser system



Solo™ SLT laser

The Ellex Team

For more information about SLT from Ellex, visit www.slt-ellex.com - the premier online resource for SLT.

Catalys Precision Laser System

Millions of people around the world suffer from cataract, an age-related condition in which the eye's lens becomes clouded, making vision fuzzy or filmy and normal daily living activities more difficult. In fact, surgery to remove cataract is one of the most common procedures worldwide, estimated at 19 million cases each year.

While cataract surgery has been widely adopted across the globe, the procedure's precision, historically, has been limited due to its manual nature. This has changed with the development of the Catalys™ Precision Laser System for cataract surgery.

Catalys is a highly sophisticated laser cataract surgery system that combines a state-of-the-art femtosecond laser, advanced 3D imaging, sophisticated software, and a host of other unique features that deliver a precise, customized procedure and an exceptional experience for patients.

During the traditional (non-laser) cataract procedure, the ophthalmic surgeon's first step is to perform manual cuts to form a circular incision in the lens capsule, a cellophane-like bag that holds the lens. Through this incision, he or she then breaks up and removes the clouded lens, and replaces it with an artificial intraocular lens (IOL). This initial circular incision is a critical surgical step, as its size, shape, and positioning may be key determinants of effective positioning of the artificial lens, and ultimately visual outcomes. If the artificial lens becomes de-centered by even a very slight degree, its performance will be diminished. This is especially true for premium, presbyopia-correcting IOLs that are designed to enable both near and far vision without contacts or glasses.

Using Catalys, surgeons are able to make this initial circular incision (called a "capsulotomy") under 3D image guidance with unparalleled precision. Unlike the conventional manual technique, the laser-delivered incision is pre-planned and customized to the patient's eye with sophisticated software and then created in just a few seconds via a series of ultra-fast laser pulses. Clinical study results have shown that Catalys delivers unparalleled improvement in capsulotomy size, shape, and positioning. In fact, the system is able to produce capsulotomies that are accurate within tens of microns, with exceptional circularity.

The Catalys system is also used to create patterned incisions that soften and segment the cataract-affected lens, enabling easier and more gentle lens break-up and removal. This new laser-enabled process may bring added safety benefits to patients, as it has been shown to reduce the amount of ultrasound energy needed during this step by approximately 40 percent.

The Catalys Precision Laser System was developed by the global ophthalmic company OptiMedica Corp. (Santa Clara, Calif.) in close collaboration with a Medical Advisory Board of cataract surgery experts from around the world.

The Optimedica team

WOC Saudi Arabian Participation

Medicals International's Saudi team had the pleasure to meet our partnering ophthalmologists, administrators, speakers, and suppliers at the WOC, in Abu Dhabi. This congress marked the tremendous international role that our region can play in serving the best interests of patients around the world.

On behalf of Medicals International's Saudi Arabian team, we would like to thank you all for your valuable participation.

Keep the smile, acquire knowledge, achieve success, trust your confidence, and let us keep moving forward in offering our societies the best health care services.



Optimedica's Exhibition Booth



Dr. Nada Jabbur with the Catalys System



Optimedica & MI team introducing the new Catalys System



Elie Abou Aziz
Sales Manager, Ophthalmology
MI-Riyadh

All Encompassing Patient Communication: In-Practice, At-home, and On-Line

With patient expectations ever increasing, it is more important than ever for practices to consider how best to maintain a growing patient base and project an image of being at the forefront of developments. A new 3D animation patient communication software product, **CAPTIV8**, aims to revolutionise the way practices communicate with their patients, and so help build trust and knowledge—the key ingredients to retain patient loyalty. The technology has been developed by **Optimed**, a company with its head office in the United Kingdom and is now available exclusively throughout the Middle East from Medicals International.

CAPTIV8

Using stunning 3D animations that cover a whole host of ophthalmic subjects, such as medical eye conditions, clinical & surgical procedures, contact lenses, spectacles lenses, and optical marketing, CAPTIV8 offers practitioners an all in one platform for patient communication; be it chair-side, in the waiting area, and even at the patient's home.

Chair-side: Practitioner-led Communication

The CAPTIV8 chair-side module (figure 1) provides practitioners with a versatile tool to communicate in a manner that is second nature to virtually every clinician. Once you select an animation, you have the option to either view it in full (with captions and voiceover in Arabic) or use the Dynamic Toolbar (figure 2). The Toolbar breaks animations into short segments categorized in a logical order that mimics the workflow in-practice. As its name implies, the Dynamic toolbar changes with each subject matter to make the process of communication fit the subject matter being discussed.

For example, let's consider discussing dry eyes (one of the most common subjects practitioners encounter every day). The Dynamic toolbar shows a logical break down of discussion starting with 'Etiology'. Clicking on this button enables the practitioner to display a 3D animation on the cause of dry eye. The practitioner would simply say 'let me tell you about the cause of dry eyes ...'. With draw-over-video technology, simply clicking over the video will automatically pause it and allow the user to draw. To continue playback, the user simply needs to double click over the video. By skipping from different categories in the toolbar (such as Vision, Complications, Investigation, and more) you can deliver engaging presentations to patients that are completely practitioner-led (as opposed laboriously having to follow a video).

There are no special hardware requirements as the CAPTIV8 chair-side module is compatible with current Windows operating systems and even full compatibility with the iPad.

At-home: Patients Forget 90% of What You Discuss In-Practice

One of the most exciting aspects of CAPTIV8 is that before or after a consultation, a patient can be emailed a link to any animation. CAPTIV8 builds a fully branded online resource for your patients (figure 3). Every practice can add their own logo, a link to the practice website and customize the colour of the online site where the same 3D animations can be viewed.

Summary

CAPTIV8 offers practitioners a complete patient communication system. The system offers the following features:

1. Chair-side module
2. Branded online animations
3. Waiting Area solutions

The software package has been designed to be all-inclusive and includes:

1. All new animations
2. All animations in all categories – no extra fees for optical or surgical content
3. All platform updates

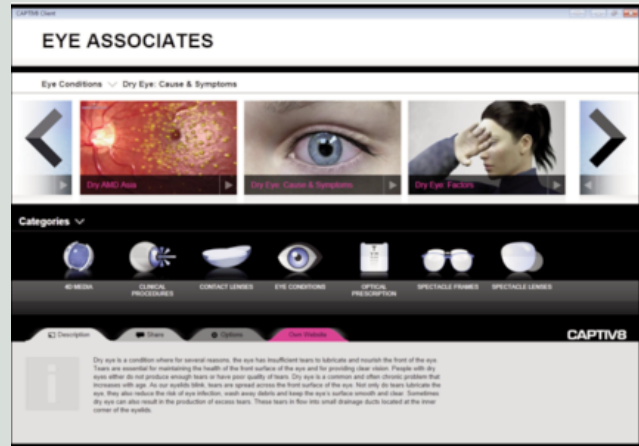


Figure 1: Captiv8 chair side module

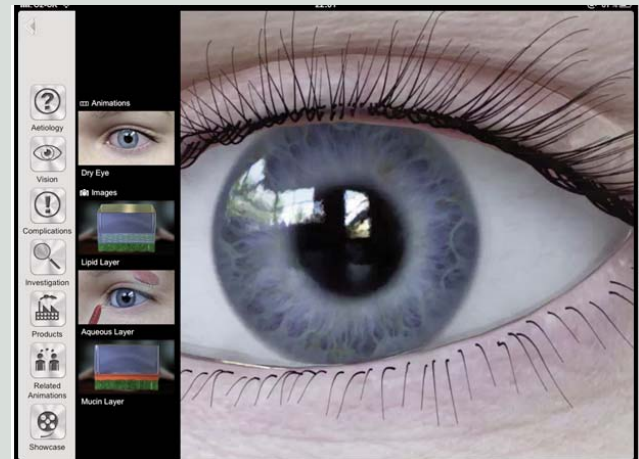


Figure 2: Captiv8 chair-side view of Dynamic Toolbar



Figure 3: CAPTIV8 online branded patient animation resource

Dr. Trusit Dave, PhD, BSc(Hons), MCOptom, FAAO
Founder & Director: Optimed, United Kingdom
Assistant Professor: University of Waterloo, Canada

For more information visit www.optimed.co.uk

Novel Approach for Presbyopia Correction Gaining Prominence

An emerging corneal-based presbyopia solution was the focus of several talks at this year's World Ophthalmology Congress (WOC) in Abu Dhabi.

The KAMRA™ inlay (AcuFocus, Inc.) utilizes small aperture optics to block unfocused light, allowing only focused light rays to reach the retina. Made from polyvinylidene fluoride, the inlay is approximately 5 microns thick with a 1.6 mm central annulus. The inlay measures 3.8mm in total diameter and contains 8,400 micro-perforations designed to support the natural corneal metabolic process. It is implanted monocularly under a femtosecond-created lamellar flap or in a corneal pocket.

Surgeons from around the world, including **Robert Ang**, MD (Philippines), **Alaa El-Danasoury**, MD (Saudi Arabia), **Alois Dexl**, MD (Austria), **Damien Gatinel**, MD (France), **Michael Knorz**, MD (Germany), and **Alain Saad**, MD (France), presented on KAMRA™ technology at the WOC, covering topics such as long term results, reading performance, and surgical technique.

Dr. Alaa El-Danasoury presented 6 month results from hyperopic presbyopes who underwent a simultaneous LASIK and a KAMRA implantation procedure. On the 6 month post-operative follow up visits, 70% are 20/30 or better for near, with 90% of patients at 20/40 or better uncorrected near visual acuity. Distance vision remained stable as well, with 80% of patients at 20/20 or better uncorrected distance visual acuity.

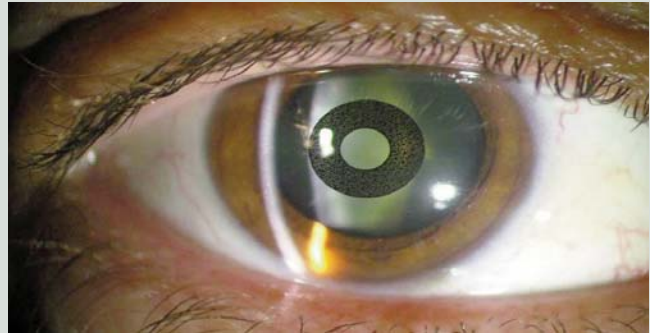
Several surgeons in the Middle East are currently performing KAMRA procedures, and are finding the procedure to be a good option for presbyopic patients. "Due to its new concept of small aperture giving depth of focus at near, it is advantageous over multifocal, pure monovision or accommodative techniques as it gives a good range of intermediate and near vision which will remain constant throughout the presbyopic years and therefore an enhancement is unlikely", said **Nada Jabbur**, MD of Beirut, Lebanon. Dr. El-Danasoury agrees that it is a better option than other presbyopia correcting technologies, simply because "it works, while most of the other modalities don't". Dr. El-Danasoury also pointed out that the inlay "does not affect the corneal clarity or integrity".

From a practice development standpoint, both Dr. Jabbur and Dr. El-Danasoury agree that the KAMRA procedure is a valuable addition to their clinic. "It is definitely an additional surgery to our armamentarium that is well suited to a refractive surgeon's practice... It opens a new door for many patients whom we have so far excluded from many procedures", said Dr. Jabbur.

The KAMRA inlay is currently available commercially in over 20 countries, and is experiencing rapid global growth, particularly in the Middle East. **Chris Willis**, Vice President of Commercialization for AcuFocus, says "We're seeing excellent patient outcomes in the Middle East and are very happy with the partnership and support we've received from Medicals International. We are excited about the progress in the region, and looking forward to continued partnership and success with surgeons and clinics in the Middle East".

The Acufocus Team

For more information on becoming a KAMRA™ certified surgeon, please contact Chris Willis at cwillis@acufocus.com.



The KAMRA inlay works based on the small aperture optic principle. It blocks unfocused light, and allows only focused light rays to reach the retina, resulting in an expanded depth of focus for patients.



Dr. Khaled Sharif of Sharif Eye Center (Amman, Jordan) receiving his KAMRA™ Certification from KAMRA trainer Dr. Alain Saad of Rothschild Foundation (Paris, France).

Egyptian Presence at the WOC

For the first time to be held in the Middle East, the largest convention for ophthalmology, the WOC, was held in the capital of the UAE, Abu Dhabi with more than 10,000 in attendance.

The Egyptian attendance in this congress was remarkable, in addition to the strong participation with scientific papers and presentations.

In the exhibition zone, the MI elite booth was the platform for many of the Egyptian doctors who spent a lot of time exploring the different technologies, shown by MI. The feedback from the doctors was incredibly satisfying, especially in regards to the new technologies introduced for the first time in the Middle East by MI, such as presbyopia correction with the Kamra corneal inlay, from AcuFocus.

The business atmosphere was extremely encouraging. Egyptian doctors expressed great pleasure to find the MI Cairo team present to make them feel home and expressed their great confidence in MI as their business partner, whom they can depend on finding everywhere to support them.



Dr. Ahmed Shama (Egypt) with MI's Egyptian team

Ahmed Tabaga
Sales & Regional Manager
Product Development, Ophthalmology
MI-Cairo



Ziemer's Galilei Instructional Course

During the WOC, we had the benefit of attending the Galilei instructional course titled "Dual Scheimpflug Analysis of Anterior Segment". The course went into the details of Ziemer's tomography device, the Galilei.

The presentations were from various ophthalmologists from different parts of the world. **Dr. Carlos Arce** started by introducing the basics of dual Scheimpflug with Placido technology, followed by **Dr. Shadi Awwad**, from the American University of Beirut, whose presentation focused on the importance, clinical impact, and implications of the posterior curvature and elevation maps.

Another highlight of the course was the presentation by **Dr. Ronald Krueger** (USA), who talked about Galilei tomographies post lasik. His presentation was followed by **Dr. Pablo Suarez**, who shared his experience in Ecuador on intracorneal ring segments using the Galilei.

Dr. Har Bor Fam, (Singapore), talked about the new methods of IOL calculations using the Galilei. He also discussed the difficulty of IOL calculation for post LASIK cataract patients and the benefits of the Galilei in such situations.

The session was then concluded with a Q&A segment. The course further explained the reasons why the Galilei is one of the most advanced dual scheinpflug with placido based investigative topographic devices in the world right now.



Marwan Hindi
Associate Sales Manager, Ophthalmology
MI-Syria

Ellex Eye Cubed Ultrasound Course

On February 19th, 2012, Ellex organized the EyeCubed Ultrasound course presented by **Dr. Andrzej Dmitriew**, from Poznan University (Poland). The meeting was held in the presence of doctors and ultrasound specialists from all over the world.

Dr. Andrzej lectured about the principles of ultrasound and how the technology captures images and dimensions in order for the clinician to make a diagnosis.

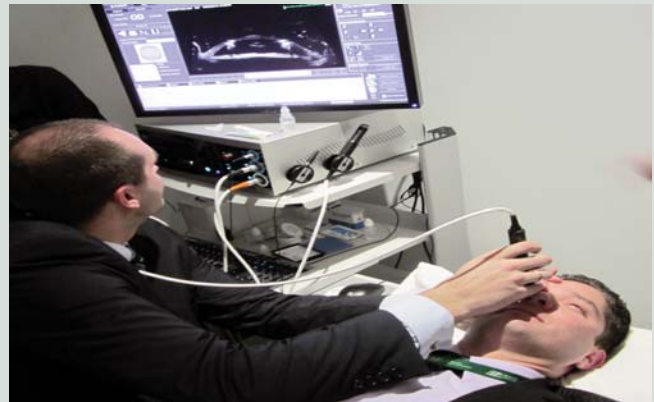
Next, Dr. Andrzej presented clinical cases and gave an overview of the images taken by Eye Cubed 10 MHz probe. He demonstrated the importance of high resolution images combined with low noise ratio. Moreover, he showed the difference in resolution between images taken by B-scan and images captured by Eye Cubed B-scan. The unique feature of 25 frames per second unique to the Eye Cubed enabled him to diagnose many patients that in previous times could not be properly diagnosed due to the lack of technology.

Another unique feature in the Eyecubed presented by Dr. Andrzej is UBM (Ultrasound Biomicroscopy). UBM is an excellent technology for anterior segment imaging as well as measuring sulcus to sulcus. Many images captured by the new 40 MHz UBM probe were presented and discussed. The images were very high in resolution and allowed surgeons to easily detect and diagnose problems in the anterior segment of the eye.

All the attendees participated in the final part of the lecture with hands on session. Dr. Andrzej took various in vivo measurements with A-scan, B-scan, and UBM. The doctors were interested in the images taken with UBM on Arnold Flores' (MI Vice President) INTACS implanted in his eyes 16 years ago. Arnold was treated with INTACS rings in both corneas. Dr. Andrzej took flawless measurements of Arnold's corneas and the images could be clearly defined on the screen. We measured the diameter, depth, and angle of the rings. Moreover, we were treated to view

images of the anterior chamber depth, sulcus to sulcus and the angle.

The doctors and specialists were very pleased with the hands on demonstration and all agreed that EyeCubed is an essential technology that all centers must acquire. We closed the session with a training protocol on how to do decent and complete scan to the eye and A-scan biometry measurements with immersion mode.



Dr. Dmitriew taking images of Arnold Flores' INTACS



Mohamed El Helou
Territory Manager, Ophthalmology
MI-Riyadh

MI Snapshots at the WOC



Medicals International booth



Medicals International booth



Medicals International booth



Walid Barake & Arnold Flores greeting Prince Abdulaziz Ahmad Abdulaziz Al Saud and senior officials



Dr. Adel Rushood, proud owner of the first Optimed software placed on his iPad



MI team demonstrating on the Schwind Amaris technology



Valon Lasers presentation



MI team introducing the Optovue



MI & Oertli team



MI team attending the Optovue training during the WOC

MI Snapshots at the WOC (cont.)



MI team with booth visitors



MI team with booth visitors



MI team explaining about Tomey technology



MI booth visitors



Dr. Trusit Dave explaining about Optimed's latest software innovations



MI team with Dr. Khaled Al Jobair



Michel Kleib, Arnold Flores, & Walid Barake celebrating MI's successful participation at the WOC



See you at MEACO 2013!!!

Medicals International

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