

# Vision With Attitude

**Medicals International**

## WE ARE INTERESTED...

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The level of our engagement in various scientific activities in the region this year proves how much we are interested in advancing the industry we trade in through various channels, especially education.

Education means: better product's clinical benefits' exposure to the local medical community by sponsoring world - renowned experts to share their experience. Education means; skill transfer courses, product demonstrations, exhibitions, seminars, serious sales calls, hands on, etc..

**Why we should be interested?**

Technology is moving at an incredibly rapid pace in various fields however in medicine this can mean a lot. It surely means better clinical outcome and prompter recovery for yesterday's demanding' lengthy surgical procedures that required weeks of hospitalization and relaxation before the patient is back to normalcy. It means living longer and getting older without sacrificing basic life required functionalities.

**It also means bigger medical device economy that comes with much bigger responsibilities and challenges.**



**In this issue you will witness how active we have been this year in taking part of advancing and supporting education in our industry and you will surely agree with me that with such level of engagement we will all move forward providing better clinical solutions and enhancing awareness.**

Looking forward to working closely with all of you.

Your faithful partner,

Walid G. Barake  
President and Founder.

## MEDICALS AT MEACO 2007



## THE ALL NEW BIOMEDICS 1DAY

**BIOMEDICS 1Day**  
CONTACT LENSES



Joseph Nachawaty  
Sales Manager, CL  
Medicals International

I am very pleased and eager to be part of the launching of **The All New Biomedics One Day!**

Daily disposable lens modality is taking market share at a fast pace. Over 1 billion lens sold only in Europe and demand globally is increasing.

In essence demand on the daily lens segment is generated from improved patient's compliance which in turn yields to higher overall customer satisfaction. There is no care regimen required to look after the lens, no dirty lens case left unattended to. Therefore patients have lesser issues to worry about. Parallel to that, optical retailers and contact lens professionals are able to build up back their profitability per patient since each one day user can take over 24 box / 30 lens per year generating significant margins to the dispenser in question.

As a consequence of the above contact lens manufacturers are battling to gain market share. Why one would choose to work with Biomedics One Day is my worry as a sales manager at Medicals International. Truly though as I was preparing this article I felt that we have little competition since Biomedics One Day confidently will provide your patients with the value added required to make the switch! Here is why.

**The All New Biomedics One Day** offers a whole added value package to our valued patients; as a simple fact the Biomedics One Day duplicates the generic sophisticated design of our Biomedics line which is superiorly engineered with an advanced round edge that will allow no rubbing with the lid as well as promotes tear film exchange to flush out debris and dead cells trapped underneath the lens as well as provides nutrients to the central avascular cornea. This is an important benefit that will end result in superior comfort to our valued wearers yet it ensures healthy cornea that has constant nutrients supply.

**The All New Biomedics One Day** comes with our lenticulated design which makes it easy to place on the eye as well as it will provide better visual acuity by clearing up the minor astigmatic prescriptions that are common with the majority of our patients.

There is much to write about which I prefer to leave to another article as I want to ensure that we build up this brand patient after patient together. **The All New Biomedics One Day is yours to try do not wait any longer! Medicals is eager to share with your this successful product and determined together with you to bring it to market leadership in no time!.**

Assuring you my best attention at all times,

Joseph

**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](http://www.medicalsintl.com)

## 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

# MARKET LEADER IN THE COLORED CONTACT LENS SEGMENT; KUWAIT



Bassam Khoury, MBA  
Medicals International,  
Kuwait

It is already two and a half years since Medicals International Kuwait came to existence.

**I am very lucky to be at the position to announce in less than 30 months that we were able to sweep the market and claim today our leadership position in the colored lens segment in Kuwait.**

Today Medicals International have 36% of the prescription colored contact lens market seg-

ment and 38% of the market share for the plano. (Results were drawn after a wide descriptive market survey that targeted the optic retail industry population in Kuwait. Data could be shared with interested parties).

Tri-Kolor better suited for our environment in the Middle East and Gulf, had proven its top quality in term of clinical and cosmetic distinctiveness. And following our strategy, we succeeded in reaching a very unique position in the market; A high-end medical device for wearers who care about their vision, comfort and look!

So here's what we have, a top product empowered by a great team. Very competent sales' representatives who worked hard to please our clientele, a very friendly and professional customer service who listens carefully to our customers' needs, an operations' management who

made sure business is running smoothly and in the best way possible, experienced business partners and sponsor who kept our legal situation straight with unconditional support...This is where we are now, more focused and determined to offer the best in a market that deserves only the best. As a market leader we realize it is a big liability indeed!

Congratulations to all our colleagues and friends and big thanks to our valued customers who entrusted unconditionally their business to us.

With my best wishes,  
Bassam.

# CASE PRESENTATION - ROSE K IRREGULAR CORNEA CONTACT LENS

**History:**

Patient is a 37 year old male accountant with keratoconus OD and clear PKP operated 1990 OS with a history of seasonal allergies for which he uses Patanol bid. He uses Boston soaking solution, Refresh Plus prn and Duratears ointment at bedtime. He experiences frequent discomfort and is photophobic with a foreign body sensation. Patient explains the 10.1 diameter old lens was more comfortable and wears it occasionally.

His lens is a Rose K post graft 2-- specs: 7.3 BC/10.40dia/-8.50D OS

VA @ 20ft OD sc 20/100 OS ccCL 20/25  
VA N@16" OD 20/60 OS 20/25

K reading: OS 49.50 X 43.50 @90 1+ distortion

MR: OS -4.75 -4.00 X 90 20/30+ distance and near.

SLE: OS lag >1mm, rocks and rides superior 2+ inferior edge lift  
2+ central pooling with superior and inferior bearing with corresponding 2+ CL induced epithelial staining of the graft.

**Plan:**

Refit Patient with Rose K Irregular Cornea Lens-specs: BC 7.0/11.4dia/-8.75D/ grey #1/ Optima Extra (Dk=100, WA=4)/standard edge

At one month after dispensing, patient is wearing 12-18 hours per day comfortably.  
VA OS ccCL 20/20 N 20/20  
Lag <1,  
rides ½ mm high with minimal edge lift

1+ central pooling  
secondary alignment  
trace superior stain

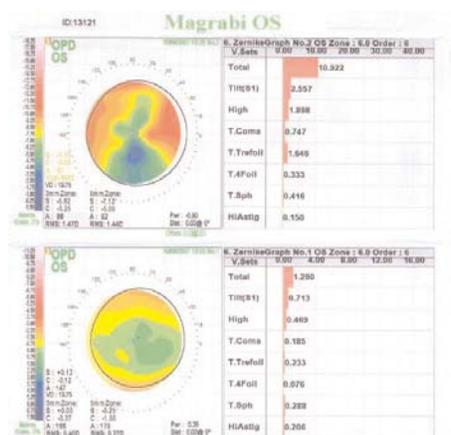
Patient was advised to use Patanol OU bid daily for 3 months during allergy season and to clean only with Boston cleaner at day's end and soak in Boston wetting for insertion the next day; Refresh Plus and Duratears ointment discontinued; he should use only Boston rewetting or Blink(AMO) prn for episodes of dryness to preserve the wetting angle.

**Analysis:**

Patient is now happy and satisfied for first time since PKP in 1990.

Wavefront analysis with and with out Rose K IC:

RMS is 1.440 in the OPD and total aberrations are 10.922 without lens; with the lens, there is virtually no overrefraction, VA is improved to 20/20, RMS is 0.27 and total aberrations are reduced to 1.290.



**Conclusion:**

The Rose K IC lens is effective in fitting irregular corneas that do not respond to smaller diameter fitting; I have used the Rose K IC lens for post graft, post refractive surgery keratoectasia (reverse geometry lenses are not readily available), pellucid marginal degeneration and large, inferior global keratoconus. The proper use of the Boston cleaning solution at the end of the wearing schedule only preserves the wetting angle and the cornea integrity is protected by using high Dk(Oxygen Permeability) and low Wetting Angle(WA).

In conclusion, the Rose K IC contact lens is a welcome addition to the selection of lenses in difficult fits.



John Steile OD, FAAO  
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**Dr. John Steile OD FAAO - USA**  
Graduate University of California, Berkeley.  
Fellow American Academy of Optometry.  
Faculty, University of Arizona Department of Ophthalmology, Tucson.

Refractive Surgery Coordinator  
Magrabi Eye Center  
Dubai, U.A.E.

Fitting Contact Lenses for 35 years, 16 in the Middle East; more than 3,000 RGP and specialty soft lens patients fit, most for Keratoconus.

## BRINGING COLOR TO CUSTOMERS LIVES

Many customers order colour tints on their spectacle lenses to look attractive, reduce glare from sunlight or protect their eyes from potentially harmful ultraviolet rays. Research shows that the ultraviolet rays above 290 nm can have a significant effect on the eyes. Even low exposure over a period of time can cause permanent damage.

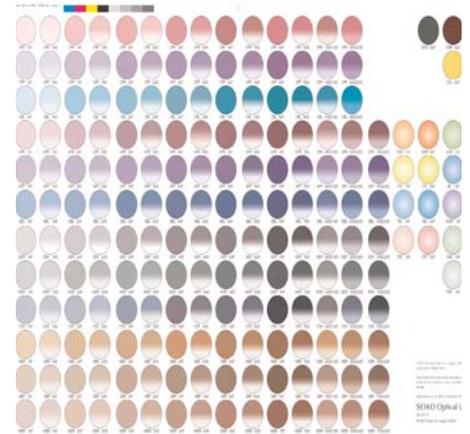
The good news is that SEIKO lens materials absorb a large percentage of the ultraviolet light. SEIKO 1.74, 1.67, 1.60 and 1.56 index lenses absorb up to 395nm wavelength of ultraviolet making them good for the health of your eyes as well as very thin and light.

For those customers who want protection from glare or desire cosmetic tints, SEIKO can apply

over 200 tint specifications on all of its prescription lenses. This includes the very thinnest 1.74 index products, an exceptional technical feat! What is more, the high index tints can be as dark as 85% absorption making them ideal for sunspecs.

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

David Nicoll  
International Sales  
SEIKO Optical UK



## MAXIMA SPEED SYSTEM

### Maxima speed system:



The speed system has been specially designed to obtain:

- \* High productivity using high speed cut technology.
- \* Optimized working cycle to minimize dead times.
- \* The final result improves the productivity up to 50%.

### Combimax speed:



- \* Fully automated 3D tracing.
- \* Tracing of frame, pattern or lens.
- \* Automatic, intelligent centering.
- \* Prismatic value calculation.
- \* Error alarm and help messages.
- \* Swiveling lens clamp.
- \* Memory of jobs:392.
- \* Memory of shapes:777.

### Maxima speed:



The edger allows working on the lightest materials without forgetting the common ones: mineral, organic polycarbonate and also offers a fourth material option that can be configured in all cycle phase.

The standard version does the entire job in 3 basic steps:

#### A.Measuring step

- \* Make contact with both internal and external sides of the lens at the bevel base line.
- \* Control reading to ensure the exact positioning of the bevel or groove.
- \* Measuring time is approximately 12 seconds.



#### B. Roughing step

##### I. Reciprocating Process :

- \* One turn process.
- \* Fastest process and also the most aggressive.
- \* It is not recommended for delicate or thin lenses.

##### II. Reciprocating Motion (size + 10):

- \* Two turns process.
- \* Takes more time than the previous.
- \* Safest for lenses in general preventing from broken glasses or axis twisting.
- \* It is the default process.

##### III. Continuous Rotation:

- \* Multiple turn process.
- \* No limitation in the number of turns depending on the cutting power of the wheel.
- \* Used with delicate and very thin lenses.
- \* Recommended for polycarbonate lenses.



#### C. Finishing step



##### I. Beveling:

There are 5 types of bevel available:

- Centered Bevel
- Proportional Bevel
- Front Side Bevel
- Automatic Bevel
- Flat Bevel
- Minibevel

##### II. Grooving:

The grooving options are:

- Automatic
- Front
- Centered

##### III. Polishing:

Automatic polishing function for CR39 and polycarbonates lenses suitable to Standard bevels, Minibevel, Flat and Grooved.

##### Extra Options

- \* Manual Beveling.
- \* Manual grooving.
- \* Retouch process.
- \* Delicate lenses.
- \* Quickset.
- \* Pressure controller.

## ASTRA DENTAL IMPLANT SYSTEM - KUWAIT

A decade passed and Medicals International has proven its commitment towards the ophthalmic and contact lenses industries. Success after the other, we have gained the trust of our customers. Three years ago a dental division was created in Lebanon tackling the dental implants industry in this market. Then after a short time, the dental operation was initiated in Dubai and KSA. For reasons that were out of hands but now controlled, we stopped the operation in the gulf and restrained it to Lebanon.

Focusing on the Lebanese market had taught us great deal of things in the implants' world! Obvious progress was made and trust is gained among our doctors. Now a new era in our course of business is about to begin. Astra Dental Implant has granted us their trust again to market and distribute their well known implants in Kuwait. Why would Astra do that? A simple question with a simple answer. Medicals International had proven its high commitment towards its suppliers, its professionalism and ethics in doing

business and determination in bringing the business up while changing the concept of service in the Middle East, where we are proud to say that we're the one who placed the patient in the center of the industry! Now a new challenge is on the way, many activities are being prepared to launch and introduce Astra in Kuwait. All what we see is success, and more projects to come.

Bassam M. Khoury  
Assistant Business Manager  
Dental Division

## WHAT FACTORS NEED TO BE CONSIDERED BEFORE REFERRING THE KERATOCONUS PATIENT FOR A PENETRATING KERATOPLASTY (PK)?



There are many factors which the contact lens practitioner (CLP) must consider when making this very important decision for their keratoconus patients.

Patients often put their CLP under considerable pressure to refer them to an Ophthalmologist because of their often misguided notion, that having a corneal graft (PK) operation will mean the end of visual problems, contact lens hassles, ongoing complications, etc.

However for any CLP who has dealt with the post graft patient, they will know that this is not the case. Statistics show that more than 50% to 60% of PG patients still require rigid lenses post operatively, because of irregular astigmatism and high degrees of refractive error. Around 25 to 30% can use soft lenses and attain acceptable acuity, and a lucky 20 percent can use spectacles, however only a very small percentage (<1%) require no visual correction at all.

CLP's who have fitted post PK cases, also know that these cases are the most complicated of all GP fits, and in my experience more difficult than fitting regular keratoconus corneas, even though the visual outcome post PK is usually better.

One also needs to consider the 20% that suffer graft rejection episodes in the first year and the ongoing significant percentage of grafts that can spontaneously reject at anytime in the future, and the side effects of having to use steroid eye drops post operatively, which can make the eye more susceptible to infection and cause a raised IOP in about 30% of cases. Also because of the shape of the PG cornea, which often results in an uneven tear film, the patient often experiences dryness, grittiness and discomfort post PK. And of course there are those cases where the graft is not successful and needs to be redone and those rare cases where an eye is lost all together, so having a graft is not without risk.

Although keratoconus is the singularly most successful category for corneal grafting, there is still around 5 percent that fail, with the failure rate further doubling on a second graft and doubling again on a third. So the decision to refer for a graft, is an incredibly important one that you often make for your patient.

Here is a check list to consider:

**1- Is the patient satisfied with the current level of vision?**

This can vary dramatically from patient to patient dependent on their occupation, visual expectations, lifestyle etc. But a good question to ask your patient is " Is your vision now impacting on your life style and quality of life".

Normally a binocular standard of less than 6/12 ( 0.5) is sufficient to impact onto their lifestyle. However, achieving 6/9 in one eye and 6/36 in the other maybe a very satisfactory outcome for some patients. One has to always ask "Does the risk of having a unilateral graft outweigh any benefits? It is uncommon to see a case where two eyes require a graft, and patients often manage very well with different levels of acuities in the two eyes. In fact it is rare to see a keratoconus patient with the same VA level in both eyes.

**2- Can the patient tolerate the lens reasonably?**

In certain conditions i.e. dry eye, atopy etc, no matter how competent the fitter is, the patient is just not able to tolerate any GP lens on the eye for sufficient hours to meet their visual demands. In these cases even though a VA of 6/6 (1.0) may be achieved with a contact lens, there is no option but to proceed to a graft.

**3- Have I tried all contact lens options and fits?**

On many occasions I have been referred patients by Ophthalmologists because a patient has been referred by a CLP to them for a graft, but upon examination the Ophthalmologist has decided to refer the patient to me for a last ditch attempt to fit lenses before proceeding with the graft. Although success is not always guaranteed, on many occasions by changing the fit or the lens system (eg. piggybacks), comfortable daily wear can be obtained and negate the immediate need for the graft. With modern softer silicon hydrogel lenses, piggy back lenses is an option that so often works, reducing sensation of the GP lens considerably, and allowing all day wear. This is a must to try before referring for a graft.

**4- Am I truly competent fitting GP lenses?**

One question CLP's hate to ask but must, is this question. Many CLPS have a reluctance to refer patients to an expert GP fitter, but if you are considering the best interests of your patients, this is a very real question that you need to ask yourself. So many times I have had patients sit in my chair telling me their history and the significant number of CLP's they have seen who have tried unsuccessfully to fit them. Surely it is much better for the patient, that referral to another expert is presented to them as a

positive option if you fail to achieve comfortable wear for them, rather than the patient leaving you on their own while thinking of you as incompetent.

**5- If you are referring ,is the surgeon experienced in corneal grafts?**

Graft surgery is a very precise, exacting operation , and requires a high level of skill to maximise the chance of a successful visual outcome. A competent surgeon will always make sure all alternatives have been exhausted before proceeding with a graft, and will clearly outline all the risk to the patient including the likelihood that a GP lens will still be required post PK. Even for a competent surgeon astigmatism of 3-5 dioptres is not uncommon, but I have seen many cases of greater than 8 dioptres of astigmatism post PRK.

**6- What are the risk's leaving the patient as is?**

Are their visual risks that need to be considered if we leave the patient as they are? For example a truck driver will require a good standard of acuity to drive at night and may well require a graft earlier than the general population

Are there repeated episodes of contact lens intolerance leading to time off work? Is this affecting the patients life ?

Depression statistically, is higher in KC patients with cones steeper than 52D.

Is your patient depressed and would a graft perhaps help the situation?

Is hydrops a possibility which if occurs may resolve in the subsequent months but may affect the success rate of a future graft?

Can they use contact lenses all their waking hours or does their life stop when they remove their lenses? If this is the case a unilateral graft resulting in a patient being able to get reasonable functional vision with spectacles, is very useful when they are forced to remove their contact lens later in the day/night.

So in summary referring your patient for a corneal graft is no trivial decision and there is a very significant responsibility for the CLP before they do so. Some surgeons are very aggressive about grafting KC patients and downplay any post operative complications. It is useful to keep in mind that statistically worldwide, only 15 to 20% of keratoconus patients will ever require a graft.

However once all the above areas have been considered and addressed, in some cases a graft is by far the best possible option and may transform the patients life.

# MEACO 2007, DUBAI - UNITED ARAB EMIRATES



**MI Team**



**Rita & Mireille**

## MEACO 2007

*Attracted over 1600 ophthalmologists from Africa, the Middle East and the Subcontinent. Medicals International participation was extensive and the level and quality of both the exhibit and meeting scientific program confirmed that this meeting became surely one of the global important events in Ophthalmology.*



**Salah & Maurice sharing ideas**



**Technical discussions**



**Wet labs ...**



**Shaker & Firas; busy installing**



**Product demonstration**



**More details...**

# PEARLS OF ADVANCED REFRACTIVE SURGERY.



Prestigious guests



Guy Kezirian, M.D. (USA)



Attentive audience

## MEACO 2007-DUBAI, UAE PEARLS OF ADVANCED REFRACTIVE SURGERY BY MEDICALS INTERNATIONAL...



Gathering the world leading experts in refractive surgery, Medicals was very proud to host Pearls of Advanced Refractive Surgery, an elite scientific event featuring Guy Kezarian, MD (USA) as a moderator, Vance Thomson, MD (USA), Roberto Zaldivar, MD (Argentina), Theo Seiler, MD (Switzerland), Eric Mertens, MD (Belgium), Omid Korman, MD (Germany), M. Alaa El Danasoury, MD (Saudi Arabia) and Elias Jerade, MD, (UAE) during MEACO 2007.



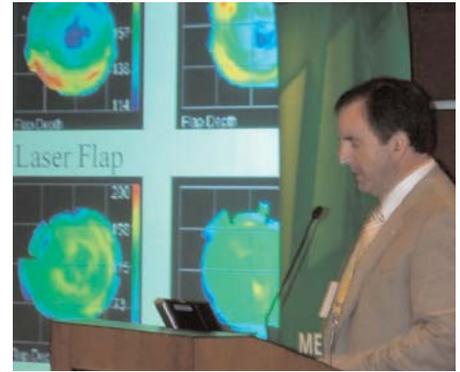
M. Alaa El Danasoury, M.D. (Saudi Arabia)



Fully engaged...

The event took place at the Fairmont Dubai followed by a dinner party.

Best appreciation for all the speakers who answered our invitation and big thanks to the support of our partners Staar Surgicals and Intralase. Pearls of Advanced Refractive Surgery could not have been made possible without the positive contribution of both our legendary speakers and our generous partners and suppliers.



Vance Thomson, M.D. (USA)



Eric Mertens, M.D. (Belgium)



Interested audience



Elias Jaradé, M.D. (UAE)

## WHAT SERVICE SHOULD CUSTOMERS EXPECT...?



Key element for optimal performance of your Medical equipment is not only operating the machine properly, but having the machine regularly checked according to manufacturer specifications and recommendations.

Following this standard requirement I was lately doing, along with our local engineers in each office, a round trip on the machines installed in our territory to perform the needed preventive maintenance. During this trip we got feedback from our customers that: some believe they are not used to such type of preventive maintenance visits as almost all local companies that they knew previously

will sell the machines without any further checking until the machine is down and needs repair; and others want us to do the maintenance of their machines which we are not anymore the official distributors!

I asked myself, "is this the type of after sales support that we would accept or offer to our clients? Is this the standard of support that is spreading in our part of the world" For sure our reply at Medicals International is "NO". What customers should expect from their supplier is full after sales support giving best possible outcome from the machine, regular check up and testing to prevent as much as possible interruption or degradation in performance, training and clinical support whenever needed, engineering support

through experienced, fully trained representative able to supply as much as possible clinical and technical feedback,... This is the least that we would supply to our clients, and this is what the clients should ask for!

Please keep this in mind whenever you would plan to buy a new machine to your practice so you can choose the right supplier / partner...

Michel Kleib  
Chief Engineer  
Medicals International

## PANACEA FOR ASTIGMATISM



Biomedics® Toric

I started prescribing toric lenses in 1987. I used to fit truncated conventional contact lenses two decades ago. Fitting procedure was very complicated; a set of trial lens was required and we were not sure about the outcome in terms of comfort and visual acuity. The tedious procedure devoured our precious time. Moreover patients found it very hard to get adopted to these lenses due to lens awareness resulted in drop out. The patients were discouraged by many ECPs when they wish to opt for soft toric contact lenses.

On the advent of technological breakthroughs in manufacturing soft toric contact lenses. Eye care practitioner finds fitting toric lenses a much easier undertaking.

In 1990s there were so many developments in the field of toric lenses, I was prescribing

all types of toric contact lenses available in the market but I was not satisfied to the greater extent with the outcome.

Thanks to Technological advancement, Biomedics Toric lenses were introduced to me by their representative in June 2006, an assurance was given that the products would be replaced when the wearer is not comfortable with these lenses. I started prescribing Biomedics Toric. In the span of one year, I have prescribed to 21 of my patients who need astigmatic correction. They found this lens offers great comfort and good visual acuity, none of them complained about lens awareness, they got adapted to these lenses faster and handling of the lens was very easy for new patients.

As an ECP I found the rotational stability is excellent, provides crispy optics. Slit lamp

examination revealed that the corneal health is maintained even at the end of wearing schedule.

As these lenses are having unique thickness at the periphery, the lid interaction with the lens is very minimal, offers greater comfort. It is an added advantage that the Biomedics Toric incorporates a UV inhibitor.

In terms of handling, comfort, visual clarity, corneal health, I feel the Biomedics is the right option to suggest to any astigmatic patients (such as High Myopic Astigmatic, Mixed Astigmatic).



Rakesh Khera, OD  
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## THE IMPORTANCE OF PLAY ON CHILDREN VISION

Children are born with an underdeveloped visual system that grows with them. They have a whole lifetime to see and learn. But, did you know the baby also has to learn to see? It seems that infants must see to learn and in some respects, learn to see.

Vision plays a critical role in the development of children because it is the primary sense for gathering information. It provides a powerful stimulus that draws youngsters into acting upon their world and thus develops compe-

tence.

Nothing stimulates a child's vision more easily than play.

Play is a complex and challenging activity for children of all ages, and abilities, which help them to cope with the demands of an ever changing world. It is important therefore to design play environments that encourage children to utilize all their abilities and development their fullest potential.

Play provides children with unlimited opportunities for fantasy, creativity, learning, social development. Through play, children discover their strengths and help to develop valuable social skills, such as learning how to make friends and to cope with hostility and unfairness (Lucus & Henderson).



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

## SLT SYMPOSIUM; AMMAN - JORDAN



I am very pleased to announce that our SLT symposium was a big success here in Jordan. Over 80 Ophthalmologists attended the event. Dr. Ijaz Ansari gave a fabulous talk.

The session was moderated by Dr. Mahmoud Mbaydeen, glaucoma specialist practicing in Amman. Dr. Ansari presented for over 45 minutes, followed by a Q/A session.

The event was preceded by Dr. Ansari going over 15 patients file and performing SLT on 6 patients. Feedback from the audience was very positive. The evening was followed by a seated dinner.

I wish to thank Dr. Ansari for his wonderful contribution, the excellent support of the Ellex team in France especially Mr. Philippe Maury, the Eye specialty hospital chairman Dr. Mohammed Nour, his professional staff and finally Medicals (Off-shore) team and all

my colleagues in Medicals Amman. SLT is on the right path in Jordan and my commitment is that it will be the standard of care when dealing with glaucoma cases.

George A. Aratimos  
Sales Manager  
Medicals International – Jordan.



## THANK YOU KEFAN OPTICS AND INTERNATIONAL OPTIQUE



Medicals International-Kuwait held 2 exclusive and wonderful evenings with Kefan Optics and International Optique in Q1 2007. It is always a great pleasure for us to be part in such interesting and enjoyable events. The main subject of both conferences was to discuss simple but critical sales tools that we all tend to forget when dealing with a customer. Personally, I learned a lot from the materials presented that can surely make a good difference if properly applied especially in a retail environment. In addition, I hope that both groups had a positive feedback from these evenings, and wish to meet very soon for another special event.

Joseph Nachawaty  
Sales Manager  
Medicals International – Kuwait



## ANOTHER SUCCESSFUL EVENT WITH EYE 2 EYE CHAIN JEDDAH KSA

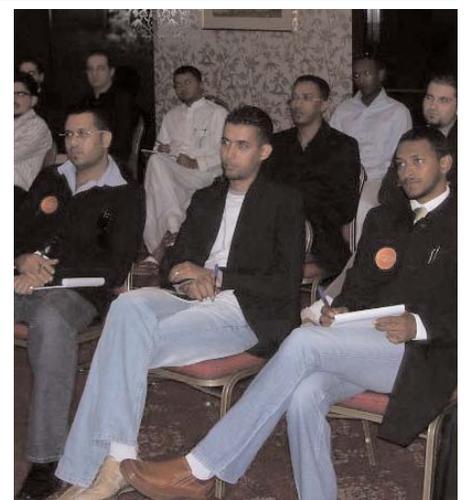


On the 15th of April, 2007 Medicals hosted Eye to Eye prestigious optical retailer for a sales course at Marriott - Jeddah.

Fady Badran Associate Sales manager - CL, Saudi Arabia gave a training session on our newly launched Biomedics Toric in Saudi.

Attendance was fully engaged and we enjoyed a warm gathering for dinner after the course.

Fady Badran  
Associate Sales Manager  
CL - Saudi Arabia



## INTEGRATING PHAKIC IOLs IN A PRIVATE PRACTICE

### CLINICAL EXPERIENCE WITH THE VISIAN ICL AND TICL

The Implantation of IOLs in the eye has been part of cataract surgery practice for many years; however, it is only in more recent years that these implants have become available for refractive correction. To date, the resulting vision outcomes have been impressive. In fact, most refractive surgeons believe phakic IOLs will become the procedure of choice for certain forms of refractive correction. Because patients are wary of the perceived invasive nature of this procedure, however, phakic IOLs still have a long way to go in the race to gain popularity and trust.

The pioneers of intraocular implants, Barraquer, Strampelli, Dannheim and Choyce, conducted the first ever trials using anterior chamber refractive lenses to correct high myopia in the 1950s. Unfortunately, because of imperfections in IOL design, complications ensued and the development of phakic implants was abandoned. It was not until the 1980s that development of these lenses was resurrected.

Since then phakic IOLs have come a very long way and the concept of a phakic IOL is gaining popularity in the field of refractive surgery. The accuracy of refractive implants in restoring vision is now an acknowledged fact amongst surgeons and is regarded highly because the insertion procedure offers a method of correction that is removable, predictable, rapidly healing and does not permanently alter the shape or structures of the eye.

#### Poor patient perception



Erik Mertens, MD, FEBO, Medical Director of Antwerp Eye Centre, Antwerp, Belgium, agrees that the difficulties now lie in convincing the patient. He performed some research of his own by providing some of his patients with a phakic IOL information brochure and then following up with questions. The general consensus amongst his patients was that they are more attracted to laser surgery because they feel that IOL implantation would be far too invasive.

Mertens is an advocate of the phakic lenses and believes that more needs to be done to change perception, "IOL implantation for refractive correction is a very elegant, five minute procedure. A refractive practice should offer not only laser surgery, customized laser treatments, conductive keratoplasty, refractive lens exchange, but also phakic IOLs."

Mertens currently uses the Visian ICL and TICL (STAAR Surgical) in his refractive

surgery practice and, during the two year period from November 2003 to 2005, he had implanted a total of 307 ICLs (190 ICL; 117 TICL).

Made of STAAR's proprietary collagen copolymer, Collamer, which provides good biocompatibility and optical capability, the lens rests behind the iris in the ciliary sulcus. "The ICL and TICL offer the advantage of clear corneal small incisions of less than 3mm, which require no stitches.

Furthermore, re-treatment rate is 1% and recovery time is quick, with the majority of patients able to drive one day after surgery", enthuses Mertens.



Visian Toric ICL

#### The technique

\* Topical antibiotics are administered before surgery. Eyelids and the eye are prepped with isobetadine solution.

\* A small 2.7mm clear corneal incision is made temporally and one paracentesis superior for the left eye and inferior for the right eye.

\* Methylcellulose (Occucoat; Bausch & Lomb) is injected into the anterior chamber. \* ICL is loaded into a cartridge with the AUS der Au modified forceps (Janach, Italy).

\* ICL or TICL is introduced through a cartridge into the anterior chamber (Figure 1).

\* Once ICL is unfolded, toothed forceps (Duckworth & kent) are used to place the haptics behind the iris.

\* When a TICL is used, the markings on the TICL are aligned with the corneal markings.

\* The methylcellulose is washed out with BSS mixed with vancomycin (3G/500cc); a prophylactic measure for endophthalmitis.

\* After surgery acetazolamide 250mg (Diamox) is administered orally. This is repeated six hours after surgery and the morning after surgery.

\* The patient's IOP is monitored for two hours postsurgery.

The results so far

Of Merten's ICL/TICL patients, 76% of eyes have achieved 20/20 uncorrected visual acuity (UCVA) within 24 hours of surgery. In his experience, two eyes have required laser treatment subsequent to the procedure and one TICL required realign

Refractive

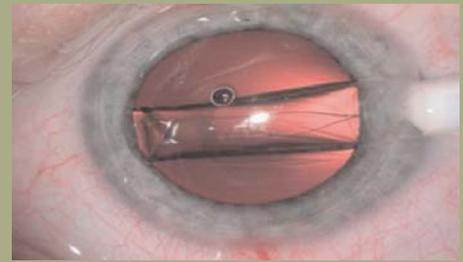


Figure 1: ICL injection into anterior chamber

ment as a result of incorrect placement at the time of surgery.

Mertens has yet to observe lens opacities, possibly because of the use of methylcellulose behaving as a viscoelastic agent.

"Good candidates for phakic IOL implantation are patients with thin corneas, dry eyes, forme fruste keratoconus and all myopes >8 diopters. The refractive surgeon

should consider the use of these implants more seriously for the correction of refractive error. So far, the benefits of this procedure speak for themselves and it is up to us to educate our patients and address their concerns," concludes Mertens.

Erik L. Mertens, MD

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#### Status Update

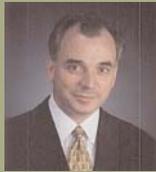
##### Visian ICL

Recently approved by the FDA for use in the correction of myopia in adults, Visian ICL is approved for sale in 41 countries, including the European Union, and has successfully been implanted in more than 40,000 eyes worldwide.

##### Visian TICL

The Visian TICL received full CE marking in 2003. The lens is currently undergoing FDA clinical trials for the treatment of myopic astigmatism. Twelve month results from this multi-centre study in 207 eyes of 123 patients were released in September 2005 and, so far, indicate the TICL is safe and efficacious in his patient population. With 84% of all eyes achieving uncorrected visual acuity (UCVA) of 20/20 or better at 12 months, 40% achieving best spectacle corrected visual acuity (BSCVA) of 20/15 or better and 99% BSCVA of 20/20 or better, preliminary results so far are very encouraging.

## SELECTIVE CAPSULOTOMIES WITH THE ELLEX ULTRAQ



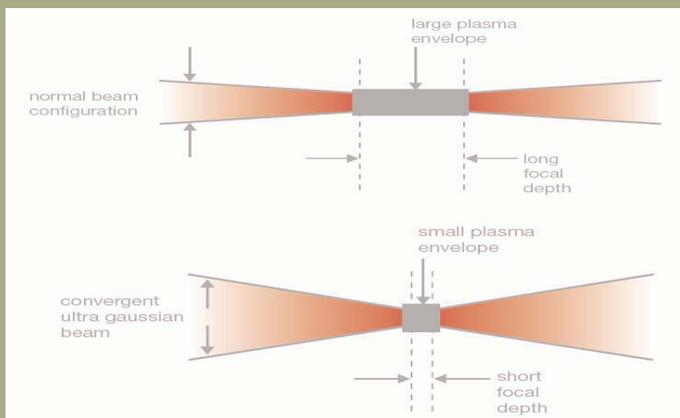
YAG capsulotomies are too often taken for granted, yet improperly performed YAG's can lead to lens pitting, IOL dislocation, migration of vitreous into the anterior chamber leading to subsequent vitrectomy and even retinal detachments.

Harvey Carter, MD of Dallas, Texas presented on the advantages of Selective Capsulotomies at the recent ASCRS meeting in San Diego. Advantages included better control over capsulotomy size and the ability to avoid lens pitting. In addition, he is using the UltraQ to move the IOL position by selectively incising the anterior or posterior capsule, allowing him to correct small amounts of postoperative refractive error.

The UltraQ YAG laser by Ellex is a highly focused, low energy laser designed allow very accurate, "selective" capsulotomy placement (Ellex also manufacturers the SLT laser for Selective Laser Trabeculoplasty). The advantage of the UltraQ comes from the use of a highly focused, convergent ultra-Gaussian beam that allows for very accurate delivery of a small plasma (bubble) envelope over a short focal length. The short focal length and small plasma envelope allow the surgeon to selectively incise the capsule and control the location, size and shape of the capsulotomy.

The UltraQ is an important advance for the state-of-the-art YAG anterior segment surgeon, offering decreased complications and possible advantages for performing small refractive adjustments after surgery.

Guy M. Kezirian, MD, FACS  
SurgiVision® Consultants, Inc.



The UltraQ uses a convergent ultra-Gaussian beam that creates a small, highly focused plasma bubble. Advantages include lower energy delivery and more accurate, selective capsulotomy creation.

## COMPLIANCE WITH TOPICAL GLAUCOMA TREATMENT IN SYRIA DURING RAMADAN

During the past MEACO, **Basel Al Faouri M.D.; CSO.; CABO.;** presented an interesting paper entitled "**Compliance with topical glaucoma treatment in Syria during Ramadan**".

He addressed one of the most difficult aspects of Glaucoma, in a very simple yet impressive way; the issue of patient compliance. He conducted a questionnaire with 204 patients in the **Glaucoma clinic at Eye Surgical Hospital, Damascus, Syria**. The sample age ranged between 18 and 90, and constituted of mostly uneducated men. Questions focused on if the patient has got a medical advise regarding the drug intake regimen during the wholly month of Ramadan, and whether they changed the regime of their medications.

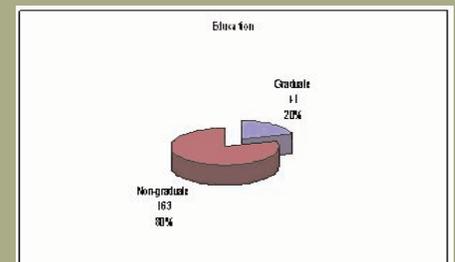
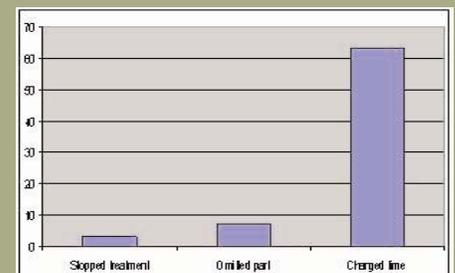
Dr. Faouri ended up with the following figures:

\* Only 64% of respondents were completely compliant with their prescribed treatment.

- \* 1% stopped their treatment.
- \* 3% omitted part of treatment
- \* 30% changed the time of instillation of treatment while keeping the same frequency.
- \* Frequency of drop instillation, number of medications prescribed, educational and occupational status of patients were significant factors for non-compliance ( $p < 0.05$ ).

This important perspective leads us to the following points:

- 1- Glaucoma prevalence increases with age, and it becomes very difficult to commit to the right regime of drug intake especially when the patients are not educated.
- 2- Seeking other available technology to help patients to resume their normal life without being at risk of blindness such as Selective Laser Trabeculoplasty.
- 3- The importance of SLT as the first line treatment for POAG.



Medicals International recognizes the value of this work and hence decided to share it (with the permission of Dr. Faouri) with the Vision with Attitude readers.

## WHAT DOES IT TAKE TO BE DIFFERENT



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

*Search the dictionary for the word difference and you should find it to be “a distinguishing characteristic or a distinctive quality”, but here and now, it's not about talking grammar or philosophy when it's more about sharing a view about a dream that I got the chance to be living while awake.*

*A vision turns into a reality. Coworkers turn into a family. Instructions turn into advice. Upper management turns into mentors. Daily works turns into challenging tasks. A business turn into way of life, and the list could go endless. Welcome to the world of Medicals International. An organization with a highly sophisticated environment, where everything goes at a high a speed, objectives and target can't stop increasing for getting all what causes others to make a bad assumption of what's coming ahead.*

*At a time when the world is surrounded by uncertainty and competition fierceful, you can find this organization standing, not affected by external details but instead anxious about only one issue to deliver the best of what a patient could expect. This combination leaves no doubt about any hidden intentions of searching for short term profit but makes it clear to everyone that what we look for is a real relationship, our true partnership with our valued partners.*

*As it has been once said that a plant is mainly characterized with its initial grain and how well it's elaborated into a healthy well being, an organization is well known for the dream that turned into an idea which in turn became a planed hard work scheme for reaching a position in this already saturated surrounding, all the way while keeping the clear objective of giving more than taking and being the supplier for what others were searching for.*

*The good spirit comes from above and gets disbursed among others. Like bees, MI-staff are everywhere. Either in the field, working deals with others that are mainly specialists in this business, helping them delivering their patients the best of what is currently available in terms of health products and healing technology, or located there, behind their desks worriedly looking at every transaction to make sure that the mentioned flow keeps on going smoothly.*

*With more than 12 years of existence and witnessing the change and transformation from an inspiration to a very much of a tangible organization, the hard work never witnessed a change. Instead, an ever pursuit for pioneering always was there, in a way that could be felt from the look of every team member to the discipline inherited from the person who is behind this all. This mark of excellence set in front of everyone, driving them one step ahead of others, inviting them to this highly speedy train while being the best at its target station, giving them a hand to reach their business objectives and making this long trip an easy journey for all.*

*So, what does it take to be different is everything written and more. Everything narrated and what can never be explained. The existing spirit that is totally priceless. The look ahead that needs vision which is honestly rare. The ritual discipline of warriors-like-people with a friendly smile on their face. The know-how that brought value to objects behind which years of research stood. The hard work of a team member and his believe that his self accomplishment is truly reached. The downturns that you can't help but face, yet you could be counting on the person next to you for his help in getting through them.*

*With these few words I tried summarizing a long story of a distinguished history, making Medicals International an organization you want to be partner with, a member of its team and a simple ray in its longtime carried vision.*