

LASER

LASER LENSES

RETINA | ANTERIOR | SINGLE USE

Image courtesy of Terry Cooper, United Kingdom

RETINA LASER LENSES

Volk's range of indirect contact Retina Laser lenses are fabricated with world class optics designed to deliver crystal-clear visualization and precise delivery of laser energy for treating the retina. Our laser lenses are ergonomically designed keeping both the practitioner and patient in mind for efficient and comfortable procedures.

LENS	FIELD OF VIEW	IMAGE MAG	LASER SPOT MAG	CONTACT DIAMETER	PRIMARY APPLICATION
HR Wide Field	160° / 165°	0.50x	2.0x	16.5 mm	Wide Field of View for Pan Retinal Examination and Laser Treatments
Super Quad® 160	160° / 165°	0.50x	2.0x	Flange 16.5 mm NF 15.7 mm	Wide Field of View for Pan Retinal Examination and Laser Treatments
QuadrAspheric®	120° / 144°	0.51x	1.97x	Flange 15.5 mm ANF+ 15.5 mm NF 13.6 mm	Wide Field View for Pan Retinal Examination & Laser in Small Pupils
Area Centralis®	70° / 84°	1.06x	0.94x	Flange 15.5 mm ANF+ 15.5 mm NF 13.5 mm	High Magnification Examination and Treatment of the Posterior Pole
HR Centralis	74° / 88°	1.08x	0.93x	15.5 mm	High Magnification for Small Pupil Posterior Pole Treatment
Super Macula® 2.2	60° / 78°	1.49x	0.67x	15.5 mm	High Magnification Examination and Treatment of the Posterior Pole
TransEquator®	110° / 132°	0.70x	1.44x	Flange 15.5 mm ANF+ 15.5 mm NF 13.2 mm	Mid-Peripheral Diagnosis and Focal/Grid Laser Therapy
Equator Plus®	114° / 137°	0.44x	2.27x	ANF+ 15.5 mm NF 13.6 mm	Small Pupil Diagnosis and Treatment
Quad Pediatric	100° / 120°	0.55x	1.82x	10.0 mm	ROP and Other Pediatric Conditions
PDT Laser	115° / 137°	0.67x	1.50x	15.5 mm	Photodynamic Therapy



“WIDE FIELD VIEWS FOR PRP

The HR Wide Field lens provides excellent views of the peripheral retina and in conjunction with proper patient gaze instructions, enables me to apply PRP just anterior to the ora serrata. In addition, the compact and light-weight size of this lens simplifies manipulation of the lens within the orbit leading to shortened procedure times and is especially helpful and comfortable for patients with narrow palpebral fissures. The high refractive index of the lens also reduces the aberrations associated with any lens system. The optical design of the lens also enables simple optical alignment enabling easy visualization and is forgiving to small movements, allowing for excellent image quality during PRP. The HR Wide Field is my go-to lens for delivery of PRP in proliferative retinal diseases and for detailed evaluation of the peripheral retina.”

- K. V. Chalam, MD Professor & Director of Retina
Loma Linda University School of Medicine, Loma Linda, CA, USA

CONTACT OPTIONS

Flanged version provides optimal stability on the cornea during laser procedures and is the recommended contact element for laser treatment. A coupling fluid should be used with flanged lenses.

No flange (NF) versions have a smaller corneal contact area than flanged versions. It is necessary to use a contact fluid with this version. Non-flanged lenses are not recommended for use with laser due to lack of flange for stability and should only be used for diagnostic examination.

ANF+ flanged version is designed to provide optimal stability without the need for a contact fluid during diagnostic examination. ANF+ flange versions are recommended for diagnostic examination. Should you choose to do laser with ANF+ lenses, a coupling fluid must be used.

Regular flanged lenses are recommended for laser procedures.

ALL LASER PROCEDURES WITH ANY VOLK CONTACT LENS MUST USE A COUPLING FLUID

HR Wide Field



Flange:
VHRWF

PRIMARY APPLICATION | PRP

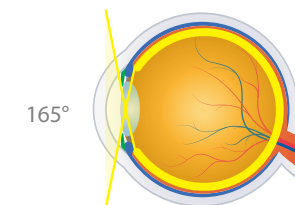
Wide Field of View for Pan Retinal Examination and Laser Treatments

- + Same field of view and image magnification as the classic favorite Super Quad® 160, but at half the size and half the weight
- + Advanced low-dispersion glass reduces chromatic aberrations and ensures excellent imaging to the ora serrata
- + Most popular lens for PRP

160°/165°
FIELD OF VIEW

0.50x
IMAGE MAG

2.0x
LASER SPOT MAG



Super Quad® 160



Flange:
VSQUAD160
(shown)

No Flange:
VSQUAD160NF

PRIMARY APPLICATION | PRP

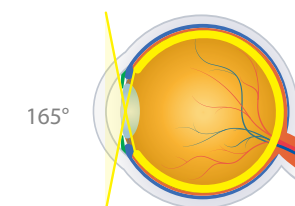
Wide Field of View for Pan Retinal Examination and Laser Treatments

- + Wide field views for complete retinal imaging out to the ora serrata
- + Excellent for PRP and other laser treatments out to the far-peripheral retina
- + Flanged version recommended for laser for optimal stability on cornea

160°/165°
FIELD OF VIEW

0.50x
IMAGE MAG

2.0x
LASER SPOT MAG



QuadrAspheric®



Flange:
VQFL (shown)

No Flange:
VQFLNF

ANF+ Flange:
VQFLANF+

PRIMARY APPLICATION | SMALL PUPIL PRP

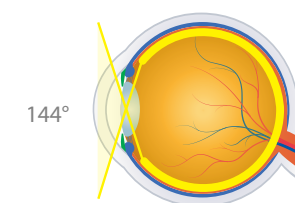
Wide Field View for Pan Retinal Examination and Laser Treatments in Small Pupils

- + High resolution imaging of the peripheral retina with small pupil capability for patients who do not accommodate dilation well
- + Excellent general diagnostic and laser treatment lens
- + Flanged version recommended for laser for optimal stability on cornea

120°/144°
FIELD OF VIEW

0.51x
IMAGE MAG

1.97x
LASER SPOT MAG



Area Centralis®



Flange:
VAC (shown)

No Flange:
VACNF

ANF+ Flange:
VACANF+

PRIMARY APPLICATION | FOCAL/GRID

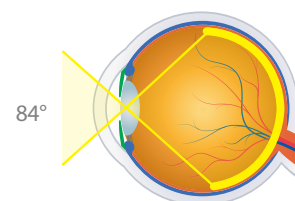
High Magnification Examination and Treatment of the Posterior Pole

- + Ideal for focal/grid laser treatment
- + High magnification image of the posterior pole with expanded field of view
- + Flanged version recommended for laser for optimal stability on cornea

70°/84°
FIELD OF VIEW

1.06x
IMAGE MAG

0.94x
LASER SPOT MAG



HR Centralis

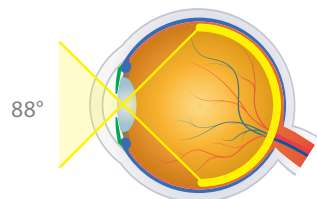


Flange: VHRC

PRIMARY APPLICATION | FOCAL/GRID
High Magnification Examination and Treatment of the Posterior Pole in Small Pupils

- + Low-dispersion glass and advanced double-aspheric design produces a high resolution view out to the peripheral retina
- + Excellent capability with pupils as small as 4 mm

74°/88°
 FIELD OF VIEW
 1.08x
 IMAGE MAG
 0.93x
 LASER SPOT MAG



Super Macula® 2.2

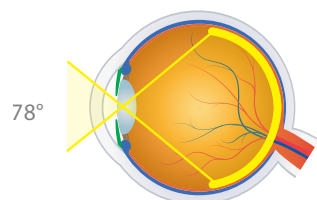


Flange: VSMAC2.2

PRIMARY APPLICATION | FOCAL/GRID
High Magnification Examination and Treatment of the Posterior Pole

- + Highest magnification imaging of the posterior pole of any indirect contact lens
- + Excellent detail and distortion free visualization for critical evaluation of the optic nerve head and macula
- + Flange is designed to provide optimum stability and control on the cornea needed to manipulate tall lens body

60°/78°
 FIELD OF VIEW
 1.49x
 IMAGE MAG
 0.67x
 LASER SPOT MAG



TransEquator®



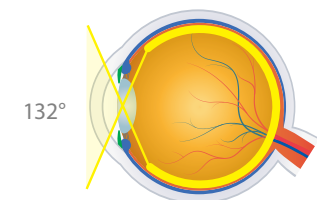
Flange: VTE (shown)

No Flange: VTENF
 ANF+ Flange: VTANF+

PRIMARY APPLICATION | PRP & FOCAL/GRID
Mid-Peripheral Retinal Diagnosis and Focal/Grid Laser Therapy

- + Wide field of view past the equator for pan retinal imaging and treatment
- + Perfect balance whether you are treating retinal tears at the mid-periphery or performing focal/grid laser procedures at the posterior pole
- + Excellent substitute for Rodenstock pan fundus lens

110°/132°
 FIELD OF VIEW
 0.70x
 IMAGE MAG
 1.44x
 LASER SPOT MAG



Equator Plus®



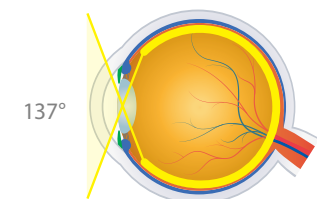
ANF+ Flange: VEPANF+ (shown)

No Flange: VEPNF

PRIMARY APPLICATION | PRP
Small Pupil Diagnosis and Treatment

- + High resolution wide field imaging with small pupil capability
- + Ergonomic, smaller lens body designed for increased freedom of maneuverability within the orbit, ideal for patients with deep-set eyes

114°/137°
 FIELD OF VIEW
 0.44x
 IMAGE MAG
 2.27x
 LASER SPOT MAG



Quad Pediatric

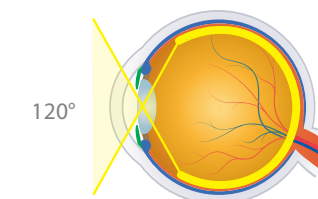


Flange: VQPED

PRIMARY APPLICATION | PRP
Retinopathy of Prematurity and Pediatric Diagnosis and Treatment

- + Patented double aspheric glass optics provide enhanced imaging with wide field views
- + Miniaturized contact diameter provides optimal comfort and stability for diagnosis and treatment of ROP and other infant conditions
- + Excellent for treatment of patients with narrow palpebral fissures

100°/120°
 FIELD OF VIEW
 0.55x
 IMAGE MAG
 1.82x
 LASER SPOT MAG



PDT Laser

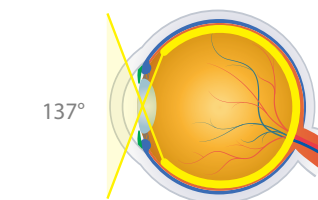


Flange: VPDT

PRIMARY APPLICATION
Photodynamic Therapy

- + Delivers maximum laser spot size for treatment of the choroidal neovascular membranes
- + Ideal combination of magnification and field of view to facilitate PDT procedures
- + Optimized A/R coating for 689 nm wavelength used for PDT procedures to treat retinal neovascularization, tumors, etc.

115°/137°
 FIELD OF VIEW
 0.67x
 IMAGE MAG
 1.50x
 LASER SPOT MAG



FLAWLESS OPTICS
 Unmatched Precision

ANTERIOR & MID-VITREOUS LENSES

Volk's range of Anterior and Mid-Vitreous lenses are specially crafted for laser treatment of the anterior segment and vitreous pathologies. Experience precision, clarity, high-resolution and aberration free viewing with excellent stereo imaging using our laser lenses. All these laser lenses have been carefully designed with the best experts in the industry to ensure efficient and comfortable laser procedures.

LENS	IMAGE MAG	LASER SPOT MAG	CONTACT DIAMETER	PRIMARY APPLICATION
Singh MidVitreous	1.16x	0.86x	15.5 mm	Laser Treatment of Vitreous Floaters
Rapid SLT®	1.0x	1.0x	15.0 mm	SLT Procedures
Selective Laser Trabeculoplasty (SLT)	1.0x	1.0x	14.4 mm	SLT Procedures
Capsulotomy	1.57x	0.64x	15.5 mm	Laser Capsulotomy Procedures
Blumenthal Iridotomy	1.54x	0.65x	13.9 mm	Far Peripheral Laser Iridotomy Procedures
MagPlus Iridectomy Lens	1.60x	0.63x	15.5 mm	Laser Iridotomy Procedures
Iridectomy	1.70x	0.59x	15.5 mm	Magnified Laser Iridotomy Procedures
Blumenthal Suturelysis	2x-3x	0.50x-0.33x	1.1 mm	Suturelysis Procedure

Singh MidVitreous

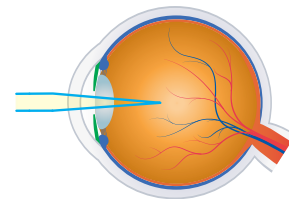
PRIMARY APPLICATION
Laser Treatment of Vitreous Floaters

1.16x
IMAGE MAG
0.86x
LASER SPOT MAG



VSMV

- + Superior depth of focus provided by this lens allows visualization of the entire vitreous chamber from the posterior lens to the retina for the treatment of floaters
- + Provides clear context regarding location of floaters and relative position with respect to the lens and retina, contributing to safe and confident laser application
- + Unique flanged contact element provides stability during laser procedures and is ideal for patients with small palpebral fissures



LASER COMPATIBILITY

Capsulotomy, Iridectomy, and Iridotomy lenses are suitable for argon, diode and YAG laser treatments.

SLT & Rapid SLT lenses can be used for ALT and MLT per the following laser compatibility for each procedure:

Selective Laser Trabeculoplasty (SLT): Q-switched frequency doubled Nd:YAG 532 nm

Argon Laser Trabeculoplasty (ALT): Argon laser 488/514 nm

Multipulse Laser Trabeculoplasty (MLT): Diode laser 810 nm

Rapid SLT®

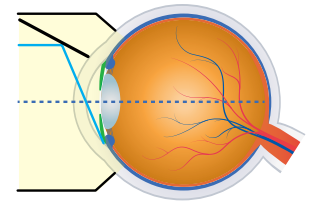


VMSLT

PRIMARY APPLICATION
SLT Procedures

- + Four-mirror design with total internal reflection reduces the time taken for the SLT procedure by half
- + Simultaneously visualize of all quadrants of the trabecular meshwork minimizing the need to rotate the lens
- + 1.0x magnification maintains laser spot size and power density and the treatment size
- + Broadband A/R coating

1.0x
IMAGE MAG
1.0x
LASER SPOT MAG



Selective Laser Trabeculoplasty (SLT)

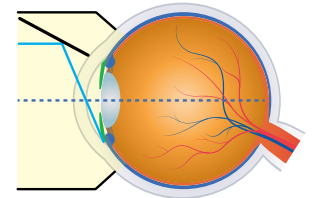


VSLT

PRIMARY APPLICATION
SLT Procedures

- + Large internally reflective facet provides excellent view of the angle
- + 1.0x magnification maintains laser spot size and power density at the treatment site

1.0x
IMAGE MAG
1.0x
LASER SPOT MAG



UNMATCHED PRECISION
Enhances Confidence

Capsulotomy

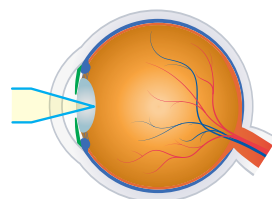


VCAPS

PRIMARY APPLICATION
Laser Capsulotomy Procedures

- + Enables precise focusing of the laser beam at the posterior lens capsule for post-cataract/secondary cataract treatment
- + Superior optical design provides tight focus to minimize pitting and damaging the IOL
- + Laser Window provides a protective barrier for internal imaging components

1.57x
IMAGE
MAG 0.64x
LASER
SPOT
MAG



Iridectomy

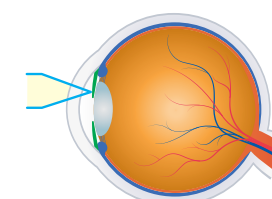


VIRID

PRIMARY APPLICATION
Laser Iridotomy Procedures

- + Provides high magnification view of the iris through the top-hat style 'button'
- + Button design ensures precise placement of the laser beam
- + Lens surface provides a clear plano view of surrounding iris to help identify and orient desired treatment location
- + Laser beam should be aimed at center of circular button for effective laser transmission

1.70x
IMAGE
MAG 0.59x
LASER
SPOT
MAG



Blumenthal Iridotomy

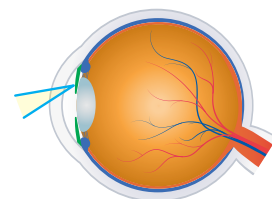


VBIRID

PRIMARY APPLICATION
Far Peripheral Laser Iridotomy Procedures

- + Unique lens button allows access to the farthest peripheral iris for laser placement and superior optical quality for sharply focused laser spots
- + Specially designed shallow contact element allows corneal indentation to open the angle and flatten the peripheral iris
- + Improved lens performance uses lower energy for less iris tissue damage and post laser inflammation
- + Larger lens housing aids manipulation and allows more oblique viewing. Ideal for deep-set eyes

1.54x
IMAGE
MAG 0.65x
LASER
SPOT
MAG



Blumenthal Suturelysis

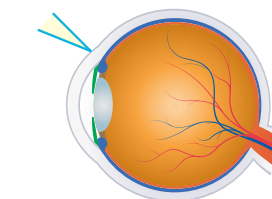


VBSL

PRIMARY APPLICATION
Suturelysis Procedures

- + Unique tip of lens designed to alleviate compressive force on cornea for visualization and removal of deep seated sutures, increasing patient comfort
- + Lens surface and tip magnify view 2x to 3x facilitating clear visualization of all sections of the suture
- + High magnification enables treatment of deep seated sutures
- + Unique design facilitates visualization through thick Tenon's layer or a subconjunctival hemorrhage

2x-3x
IMAGE
MAG 0.50x-0.33x
LASER
SPOT
MAG



MagPlus Iridectomy

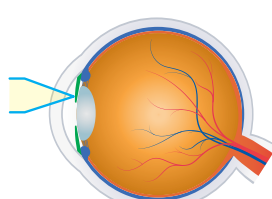


VMPIRID

PRIMARY APPLICATION
Laser Iridotomy Procedures

- + Mag Plus lens derives its name from the large magnification button within the lens body which is perfect for practitioners who prefer a large working space to work with
- + Larger offset viewing area delivers superior clarity and resolution with large laser spot size
- + Laser Window protects imaging element from contamination ensuring precise laser spot placement
- + Silvered indent on lens ring helps orient the button towards the right clock position
- + Laser beam should be aimed at center of circular button for effective laser transmission

1.60x
IMAGE
MAG 0.63x
LASER
SPOT
MAG



“PREMIUM LENSES FOR PREMIUM SURGERY

Premium cataract surgery does not end with just a new lens implant, it also needs perfect YAG Capsulotomy and optical clearance for best outcomes and 20/happy patients.

In my 100% premium cataract practice, I take advantage of the optical superiority (visibility) of Volk Capsulotomy lenses to perform exact YAG Capsulotomy with zero implant pitting (due to excellent focus) and minimal laser energy (safety).

Since we have a worldwide referral base of complex corneas and cataracts, I can also use these lenses to perform YAG Capsulotomy through previous radial keratotomy and scarred corneas (which otherwise take longer and higher energy to get through in between scarred areas). Additionally, I have had great success in immobilizing the eye during YAG Capsulotomy in Nystagmus cases.

The Volk Iridectomy Lens is extremely helpful in ICL surgery, especially for narrow angles allowing use of minimal energy and accurate lens placement with minimal inflammation.

I feel Volk lenses should be a necessary inclusion in the full spectrum Keratotomy-Lenticulo-Refractive surgical practice.”

- Arun Gulani, MD FAAO

Founding Director & Chief Surgeon, Gulani Vision Institute, Jacksonville, FL, USA

DIRECT CONTACT LASER LENSES

Volk's fundus laser lenses provide high resolution and magnified views of the fundus for treatment of the posterior pole. These lenses are designed with features to eliminate reflections and the fundus laser lenses have a proprietary Laser Window for optimal laser beam transmission and imaging element protection.

LENS	FIELD OF VIEW	IMAGE MAG	LASER SPOT MAG	CONTACT DIAMETER	PRIMARY APPLICATION
Centralis Direct®	22° / 26°	0.90x	1.11x	15.5	Direct upright image for posterior pole laser treatments
Fundus Laser	35° / 40°	1.25x	0.80x	15.5	High magnification view for posterior pole laser treatments
Fundus Laser 20 mm	25° / 30°	1.44x	0.70x	20.0	Highest magnification view for posterior pole treatments

Centralis Direct®

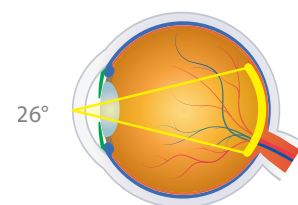


Flange: VCD (shown) ANF+ Flange: VCDANF+

PRIMARY APPLICATION
Direct Image Viewing and Treatment of the Posterior Pole

- + Provides direct upright image of the posterior segment of the eye
- + Highest laser spot size of laser lenses
- + High profile design eliminates filament reflection
- + Optimized aspheric corneal contact design for improved fit and maneuverability

22°/26° FIELD OF VIEW
0.90x IMAGE MAG
1.11x LASER SPOT MAG



Fundus Laser

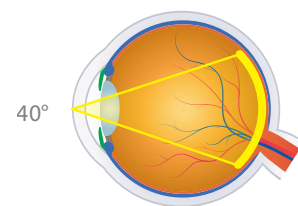


Flange: VFUNDUS

PRIMARY APPLICATION
Direct Image Viewing and Treatment of the Posterior Pole

- + Patented double-aspheric glass optics provide enhanced imaging
- + Superior high magnification viewing and treatment of the optic nerve head and macula
- + Laser Window ensures optimal laser beam transmission and protects imaging element from contamination ensuring precise laser spot placement

35°/40° FIELD OF VIEW
1.25x IMAGE MAG
0.80x LASER SPOT MAG



Fundus Laser 20mm

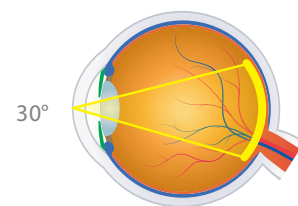


Flange: VFUNDUS20

PRIMARY APPLICATION
Direct Image Viewing and Treatment of the Posterior Pole

- + Highest magnification viewing and treatment of the optic nerve head and macula
- + Laser Window ensures optimal laser beam transmission and protects imaging element from contamination ensuring precise laser spot placement
- + Large 20 mm contact element is designed to sit under the patient's eyelid and provides superior stability during laser treatment

25°/30° FIELD OF VIEW
1.44x IMAGE MAG
0.70x LASER SPOT MAG



SINGH MIDVITREOUS

Superior Focus & Stability for Laser Vitreolysis Procedures

Clearer Visualization. Better Treatment.

How the Singh MidVitreous Brings Together Unmatched Imaging and Ergonomics for Optimum Laser Floater Removal/Vitreolysis Procedures

Floaters are translucent vitreous strands that move randomly and lazily across the visual field and obstruct vision. While floaters are generally harmless and self-correct, in approximately 30% of cases, floaters reoccur frequently, obstructing the direct line of sight which adversely impacts everyday tasks like reading and can potentially even be dangerous in situations such as driving.



Floaters are caused by contraction and solidification of collagen within the vitreous. Floaters are known to be symptomatic of vitreous traction which may lead to retinal detachment/tears or could be a side effect of cataract surgery. However, any sudden increase in the number, size or frequency of floaters must be reported to an eye care specialist to rule out possibly sight threatening conditions. The usage of YAG laser in ophthalmology has been around for decades in procedures such as Iridotomy and Capsulotomy. However, its application and acceptance in the floater treatment space is relatively new owing to the intricacies involved in visualizing and treating the floater. It is critical to know where the floater(s) are placed relative to the retina so that the surgeon is confident that it is at a safe distance and the laser convergence zone is not incident on the retina causing unwanted damage. Laser floater treatment as an outpatient treatment is helping improve the quality of vision in patients that may not be qualified for a complete vitrectomy.

Perfect Visualization is Key to Safer Procedures and Better Patient Outcomes

Designed in collaboration with Dr. Inder Paul Singh, the Volk Singh MidVitreous lens provides enhanced depth of focus and best-in-class optics to eliminate vitreous strands or opacities in the mid-vitreous. The crisp stereo visualization and depth of focus that the lens provides helps plan efficient laser placement while the precise

focusing ability helps keep the laser energy low, leading to safer, more effective laser procedures.

“Visualization is the most important aspect when you are treating anywhere in the eye. The key is to know exactly where the floater is relative to the retina and the ocular lens in order to safely fire the laser,” says Dr. Inder Paul Singh from The Eye Centers of Racine and Kenosha when asked what was the critical factor when performing LFR procedures. “The pristine images that I acquire through the Volk Singh MidVitreous lens is truly second to none. The depth of field is amazing and allows me to visualize all the way from vasculature at the retina to the surface of the cornea with the same lens. Often times, I am able to visualize problematic floaters using the Volk lens at the laser which I couldn’t during the slit lamp examination,” Dr. Singh adds.

Visualizing and treating such symptomatic floaters improves patient outcomes and provides a better visual experience for the surgeon. Oftentimes, the patient is asked to look in different directions in order to coax the floater into the field of view. It is important to have the lens stay stable on the eye during this procedure without slipping or forming air bubbles within the coupling fluid. The contact element of the Singh MidVitreous has been carefully designed to provide optimum control and fit over the patient’s cornea to prevent blink reflex, while ensuring patient comfort. The size of the lens allows for streamlined manipulation of the lens and laser, leaving comfortable working space for the doctor between the laser and the patient’s eye. The small lens size also makes the lens optimal for use in patients with small eyes. An over-all combination of superior optics and ergonomics, the Singh MidVitreous enhances laser floater treatments.



INDER PAUL SINGH, MD
Eye Centers of Racine and Kenosha

Dr. Singh is the leading opinion on laser floater removal. He also specializes in glaucoma treatment such as SLT and MIGS procedures. He is an expert in other anterior eye laser surgeries such as capsulotomy and iridotomy.

RAPID SLT®

Four Views are Better Than One

Volk's Rapid SLT® lens cuts down Selective Laser Trabeculoplasty (SLT) procedure time by almost 50% and minimizes the need for lens rotation.

The Rapid SLT is the newest addition to the laser lens family from Volk Optical. Specially designed for Selective Laser Trabeculoplasty (SLT), this innovative lens incorporates four total internal reflective surfaces instead of just one – which has been the industry standard – until now. The large reflective surfaces provide four amazing and simultaneous views of the trabecular meshwork and iridocorneal angle.

SLT has emerged as a widely accepted treatment choice for addressing increased Intraocular Pressure (IOP) in patients with glaucoma. Using a Q-switched, frequency doubled, 532 nm Nd:YAG laser, SLT is considered to be less disruptive than Argon Laser Trabeculoplasty (ALT). This technique 'selectively' targets pigmented cells that have a greater ability to absorb the laser than the surrounding structures, thereby being considered a relatively safer procedure.

Until now, special laser lenses with a contact element and a single reflective element to facilitate viewing the trabecular meshwork were used as the standard in this procedure. However, these types of lenses require rotation on the patient's eye to view and target the entire trabecular meshwork. This procedure is often cumbersome for doctors as they must balance rotating



Figure 1. The new Rapid SLT lens from Volk is the first of its kind, employing multiple reflective surfaces for SLT procedure.

the lens while simultaneously stabilizing the lens firmly on the cornea. For patients, this method increases discomfort due to the time the lens remains on the eye, as well as the rotation, which induces blink reflex in many patients.

Efficient Procedure, Lesser Strain

With four spectacular views available through the Rapid SLT (Figure 2), doctors can carry out the SLT procedure with just a minimal one-time adjustment of the lens, resulting in reduced procedure time by almost 50%. The number of laser spots targeted on the eye is also reduced, owing to a clear, high resolution, 360° view of the angle.

"This lens is very comfortable for both doctor and patient and provides excellent resolution imaging. After the first round of laser, I only need to rotate it just about one and a half clock hours to complete the SLT procedure," says Douglas Ripkin, MD; glaucoma and anterior segment specialist at the Cole Eye Institute, Cleveland Clinic.

This enhances patient comfort, owing to a quicker procedure and reduced lens rotation. The 1.0x image magnification provides an optimally intuitive view of the angle, while the 1.0x laser magnification helps keep the laser spot profile accurate. "I also use this lens for quick dynamic gonioscopy to examine the angle because of its contact design," adds Ripkin.

Nathan Lighthizer, O.D., F.A.A.O, the Assistant Dean of Clinical Care Service and Director of Continuing Education at the Oklahoma College of Optometry highlights the functional convenience provided by the four views of the Rapid SLT. "The Rapid SLT lens has been a tremendous addition to our clinic and specifically for SLT procedures in our patients with glaucoma. The new lens has allowed us to reduce our SLT times significantly. The four mirrors

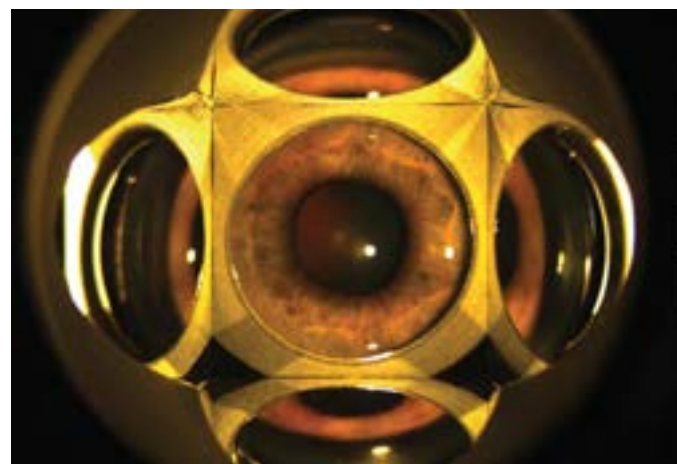


Figure 2. A view through the Rapid SLT lens with a 6x magnification on the slit lamp. Four large and clear views of the trabecular meshwork can be obtained without rotating the lens.

of the Rapid SLT lens drastically diminish the need to rotate the lens while performing the SLT procedure, making the procedure more efficient, while at the same time also helping to reduce glare and bubble formation during the procedure which can limit views of the anterior chamber angle anatomy. From the very experienced doctors who have done thousands of procedures, to the students and resident doctors who are early in their experience with SLT, all have commented on the great views achieved with the Rapid SLT lens and the efficiency that it brings to the procedure. It has now become our lens of choice for SLT procedures," states Lighthizer.

An Easy Transition

According to John McCall Jr., O.D., who collaborated on the design of the rapid SLT, not only does the Rapid SLT speed up the procedure time but also results in more efficient laser spot placement. "What I found, as well as my partners have, is that we use about 25% fewer laser shots with the Rapid SLT. That is 25% lesser millijoules fired into the eye than we used to before, making the procedure safer," says McCall.

He also highlights the importance of the smaller contact design element of the lens, "With this flange, it is easy on the patient while providing adequate suction through the whole procedure. It is also easier to get off of the eye."

This feature is particularly beneficial when treating patients with small palpebral fissures or flaccid eyelids who are more prone to blinking the lens off the eye.

Overall, starting with the application of lens on the patient's eye, through administering the laser, to removing the lens off the eye, the Rapid SLT enhances ease of use at each step of the treatment.

The prevalence of glaucoma continues to increase, bringing an increased need for timely intervention. The Rapid SLT enables an easy transition from diagnosis to treatment for O.D.s, thanks to the nearly 360° view of the angle, analogous to the four mirror gonioscopy

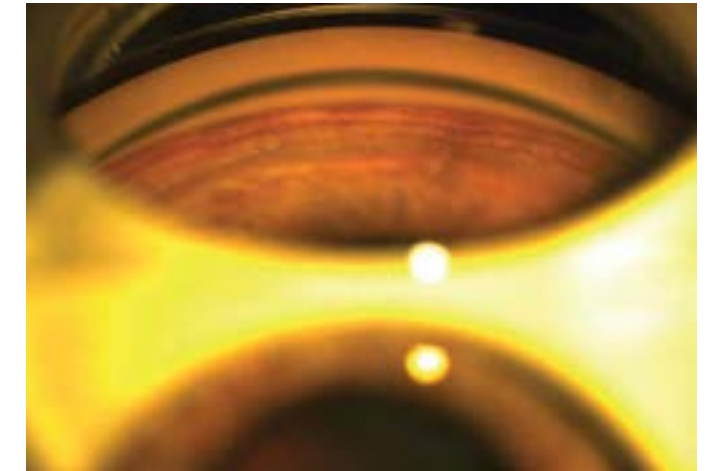


Figure 3. Appreciate the smallest of details with the high-resolution optics of the Rapid SLT. Shot on 16x zoom on the slit lamp.

technique mastered by every O.D. The Rapid SLT's views enable better-informed diagnosis and treatment. For O.D.s traveling to licensed states for treatment days, the reduced procedure time translates directly to an ability to treat more patients with each visit.

Conclusion

As evidenced by the images provided by Vadym Pecherii, Ophthalmologist and laser surgeon at the Zinitsa Ophthalmic Center, Ukraine (Figures 2 & 3), the Rapid SLT is a prime example of Volk's dedication to high resolution imaging. He describes the lens as providing a comprehensive look into the angle from an overall four-view examination, to being able to notice minuscule details with the slit lamp setting at 40x magnification.

Volk's promise of unmatched imaging quality combined with enhanced ease of use, increased patient comfort, and reduced procedure time makes the Rapid SLT a lens every glaucoma specialist will look forward to adding to their collection!



DOUGLAS RIPKIN, MD
Cole Eye Institute, Cleveland Clinic

Ripkin specializes in the care of advanced glaucoma, including bypass and MIGS shunt devices, glaucoma laser surgery and cataract surgery.



JOHN A. MCCALL, JR., OD
Crockett Eye Clinic

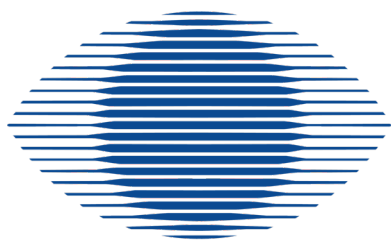
A past President of the American Optometric Association, McCall specializes in general optometry and laser treatments for glaucoma management.



NATHAN R. LIGHTHIZER, OD, F.A.A.O
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Lighthizer serves as the Assistant Dean of Clinical Care Services and the Chief of Specialty Care Clinic among other roles.

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