Sulcoflex Duet; An adjustable solution for the correction of Presbyopia

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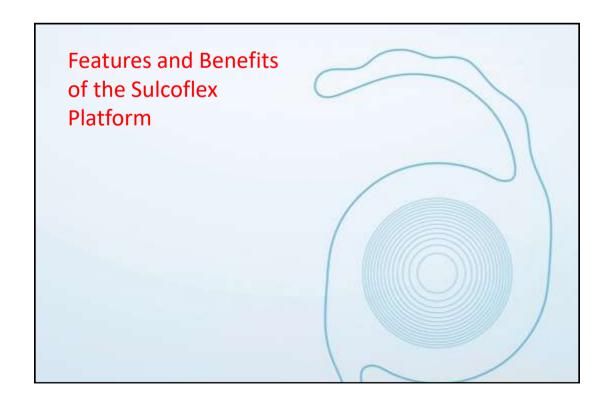
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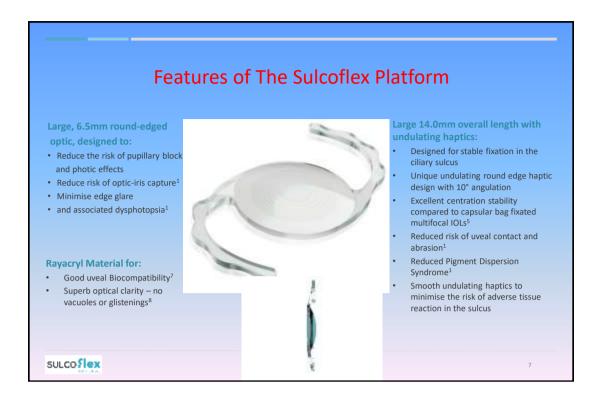


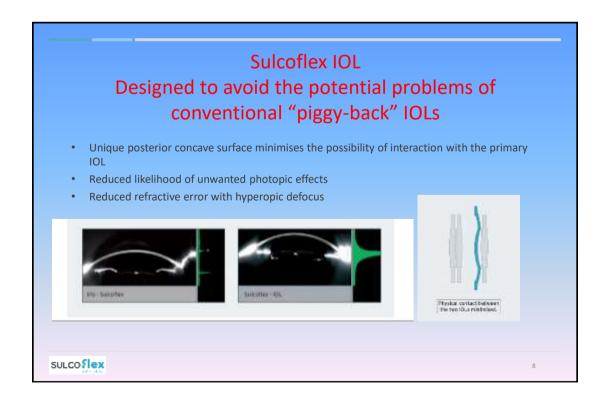








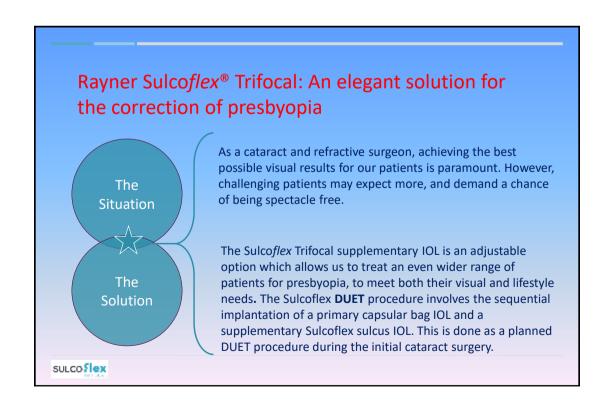


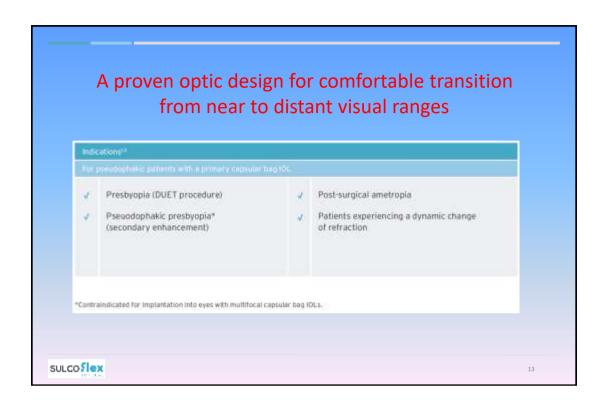


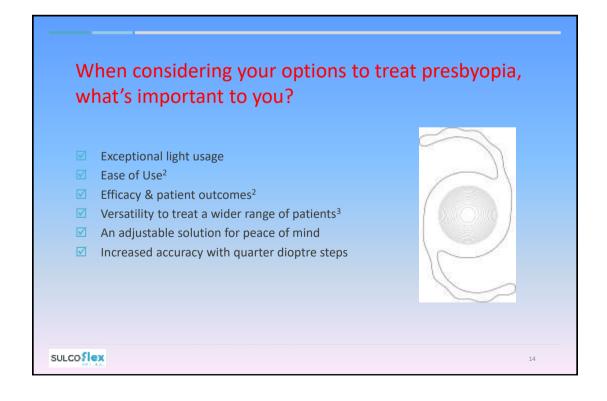
Feature	Purpose	Significance Good uveal biocompatibility of Rayacryl makes the material ideal for long-term patient safety and outcomes	
Rayacryl hydrophilic acrylic material	Compatible with eye tissues – avoids ocular inflammation and irritation		
Large 6.5mm diameter optic	Avoids optic capture, pupillary block and photic phenomena	Reduction in risk of Glaucoma. Optic edge outside max pupil diameter.	
Haptic Undulations	Promotes stability in the sulcus	Long-term refractive results depend on centration and rotational stability especially in the case of toric and multifocal lenses.	

Feature	Purpose	Significance The lens needs to be stable to offer the patient reliable and dependable results Contact between the two lens surfaces may result in the growth of interlenticular membranes and a hyperopic defocus effect	
Overall length of 14.0 mm	Encourages stable positioning in the sulcus		
Convex/Concave Optic configuration	Ensures no contact between the posterior surface of the supplementary IOL and the anterior surface of the primary IOL		
10° Haptic Angulation	Maintains adequate distance between anterior surface of the supplementary IOL and the posterior surface of the iris	Iris chafe, abrasion or pigment dispersion are risk factors for glaucoma	









With the Rayner Sulcoflex® platform, you can expect the following:

Predictability

- Proven to provide better centration compared to capsular bag multifocal IOLs
- Predictable refractive outcomes; high visual acuity

High patient satisfaction

- Low complication rate
- Stable long-term refractive results

Reduced surgical risk associated with IOL exchange

- Less surgical trauma than primary IOL exchange
- Avoids sometimes difficult removal of fibrosed, fixated primary implant
- Allows for implantation reversibility



sulcoflex

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Exploiting the benefits of **reversibility** and **adjustability**.

Why adjustability

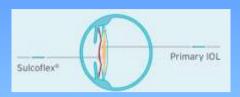
Unlike capsular bag multifocal IOLs or refractive laser treatments, the Sulcoflex Trifocal DUET procedure is easily reversed. **Refractive change or surprise cannot be predicted, and nor can a failure to neuroadapt**. Through the DUET procedure, the optic system can be easily adjusted with a different Sulcoflex Trifocal or converted back to monofocality in a straightforward procedure.

- Plan for excellence with a simultaneous implantation
- Treat ametropia after cataract surgery
- Reversible more flexibility for surgeon and patient

SULCO Slex

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The convenience of DUET



- The Sulcoflex DUET procedure empowers surgeons with the ability to offer refractive treatments to their patients without needing to invest in expensive laser equipment.
- This cost-efficient treatment option can easily be incorporated into any existing cataract surgery environment.
- The DUET is an easy procedure, adding little time to the overall cataract surgery, and yet offers an elegant adjustable solution.

SULCO Flex

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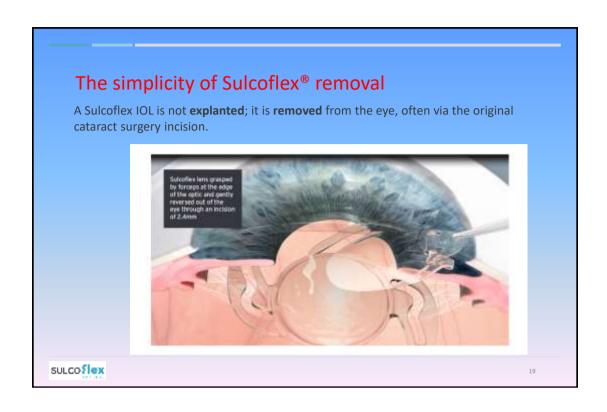
HOW TO DUET

The Sulcoflex Trifocal is specifically for pseudophakic patients following the implantation of a primary monofocal or monofocal toric capsular bag IOL. During the DUET procedure, the capsular bag IOL is implanted first and treats the sphere -- and where required cylinder -- correction power for distance vision. Then a plano Sulcoflex® Trifocal is implanted which features the Rayner trifocal optics with a +3.50 D add for near and +1.75 D add for intermediate vision. Combining the two lenses provides the patient with an opportunity for a spectacle free solution.

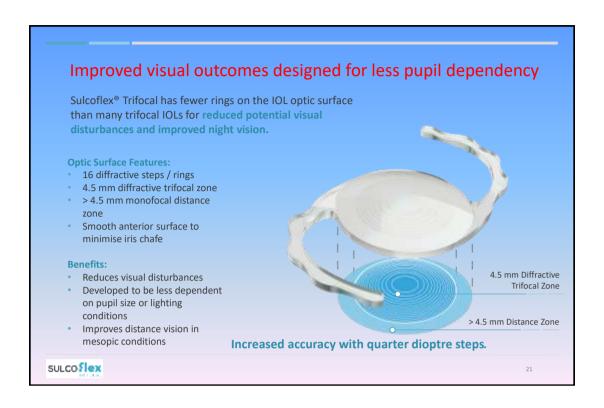


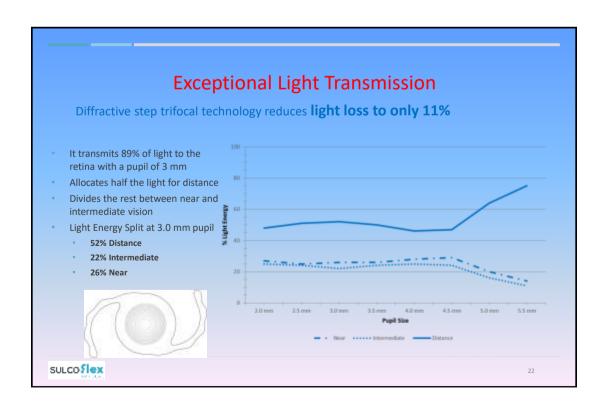
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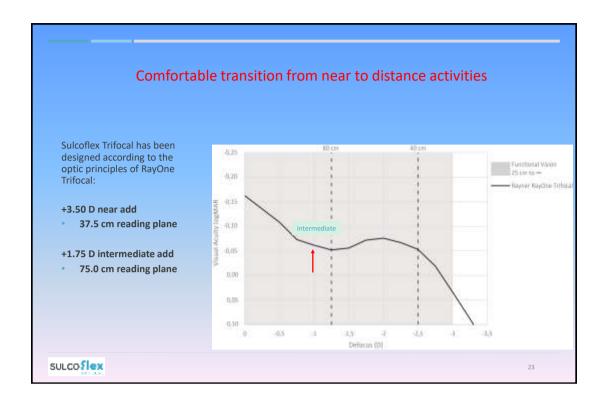
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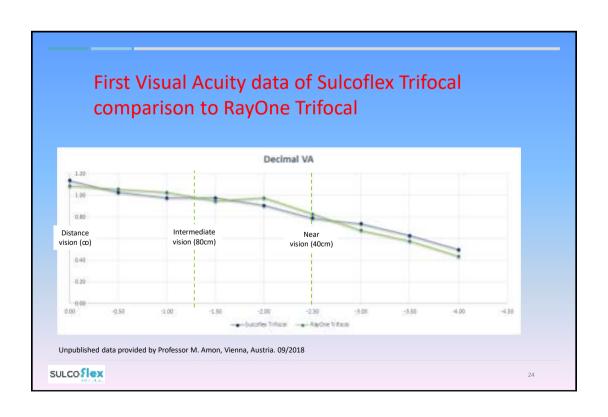


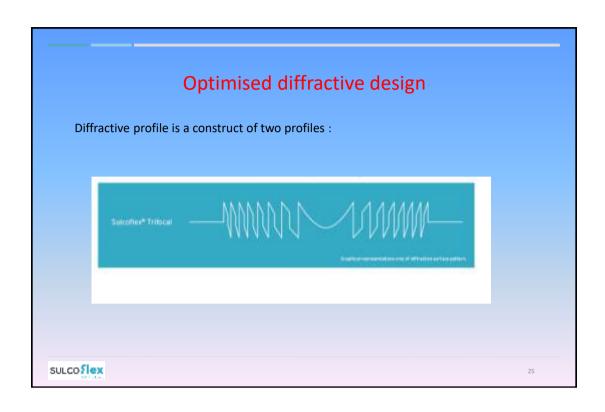




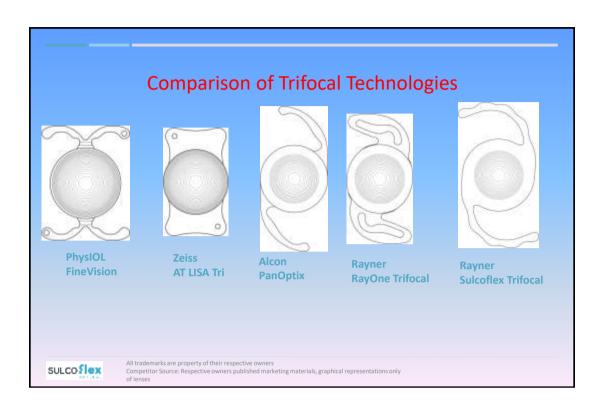


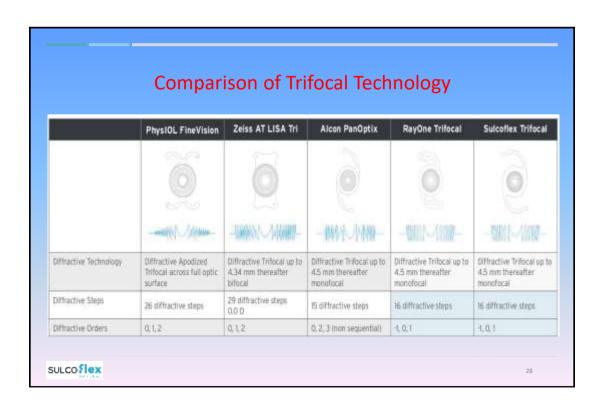


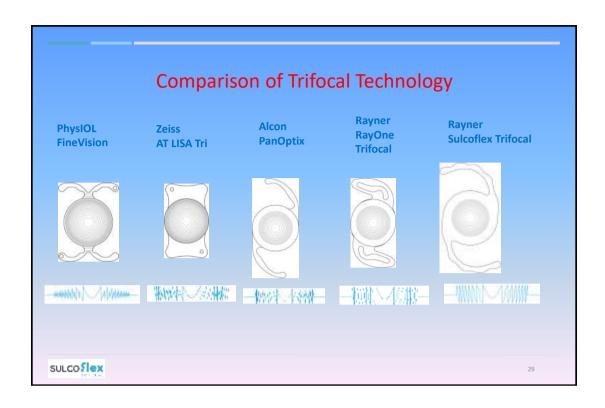


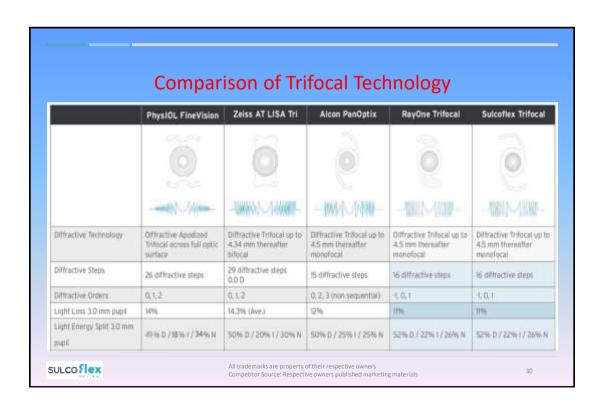




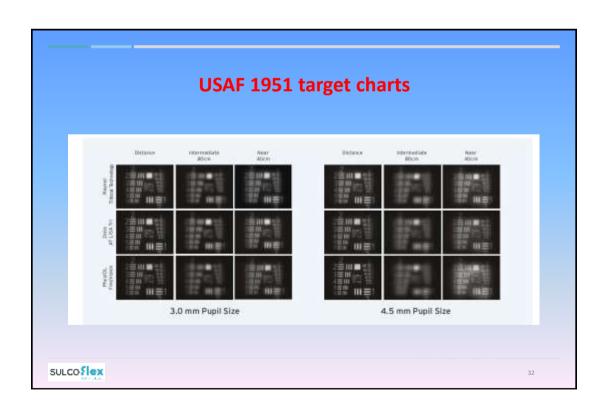


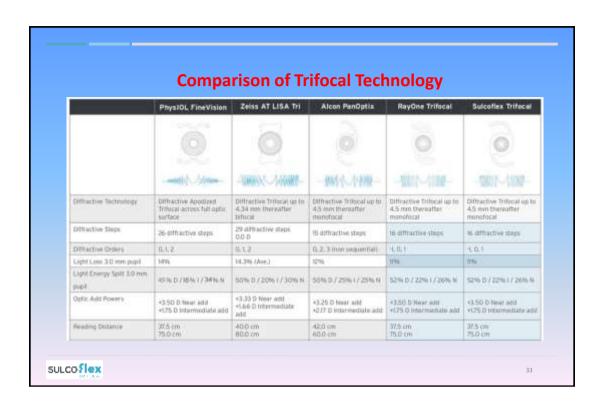


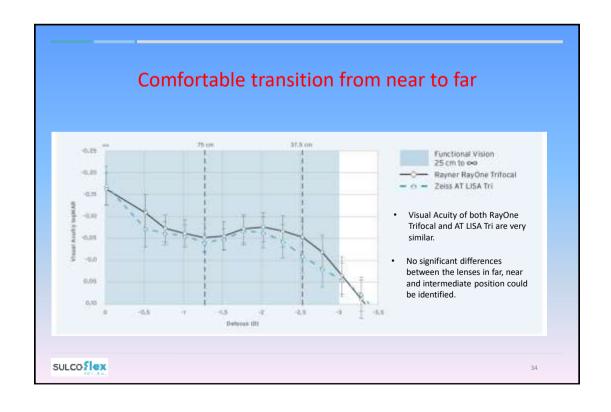












	PhysiOL FineVision	Zelss AT LISA Tri	Alcon PanOptix	RayOne Trifocal	Sulcoflex Trifocal
	0	0	0	0	0
	-tople / selden	-11444/52 - 1-56444/11-	-1000 V-1000	-WK01-199W-	- AMSSI - CRAMI
Diffractive Technology	Diffractive Apodized Trifocal across full optic surface	Diffractive Trifocal up to 4,34 mm thereafter bifocal	Diffractive Trifocal up to 4,5 mm thereafter monofocal	Diffractive Trifocal up to 4.5 mm thereafter monotocal	Diffractive Trifocal up to 4,5 mm thereafter monofocal
Diffractive Steps	26 diffractive steps	29 diffractive steps 0.0 D	15 diffractive steps	16 diffractive steps	16 diffractive steps
Diffractive Orders	0.1,2	0, 1, 2	0, 2, 3 (non sequential)	4, 0, 1	-1, (0, 1
Light Loss 3.0 mm pupil	14%	14.3% (Ave.)	12%	1196	1196
Light Energy Split 3.0 mm pupil	49% 0 /18% (/ 34% N	50% 0 / 20% I / 30% N	50% D / 25% I / 25% N	52% D / 22% I / 26% N	52% D / 22% I / 26% N
Optic Add Powers	+3.50 D Near add +1.75 D intermediate add	+3.33 D Near add +1.66 D Intermediate add	+3.25 D Near add +2.17 D Intermediate add	+3.50 D Near add +1.75 D Intermediate add	+3.50 D Near add +1.75 D Intermediate add
Reading Distance	37.5 cm 75.0 cm	40.0 cm 80.0 cm	42.0 cm 60.0 cm	37.5 cm 75.0 cm	37.5 cm 75.0 cm
Aberration correcting	Bioconvex aspheric (-0.11 SA)	Aberration correcting (-0.20 SA)	Aberration correcting (-0.20 SA)	Aberration Neutral	Aberration Neutral
Lens Material	Hydrophillic	Hydrophillic	Hydrophobic	Hydrophillic	Hydrophillic
Dioptre range	+6.0 D to +35.0 D	+0.0 0 to +32.0 0	+13.0 D to +34.0 D	+0.0 0 to +30.0 D	-3.0 0 to + 3.0 0
Optic / Haptic Diameter	6.00 mm / II.45 mm	6.00 mm / 11.00 mm	6.00 mm / 13.00 mm	6.00 mm / 12.50 mm	6.00 mm / 14.00 mm
Haptic design	Double C loop	Plate	Cinop	Clased C loop	C loop
PCO FBEE continued by review on shoulds stating YAO case rates on manufocal territors.	Medium (24 months)	High (24 months)	Low (24 months)	Low (1,7% @ 24 months)	N/A
Filtration	UV and blue light	uv	UV and blue light	uv	UV
Angulation	5'	07	0"	0"	10*
injection size	Loadable	Semi preloaded	Loadable	Pretonded	Loadable
Nozzie Tip Size	1.74 mm	1.65 mm	2.0 mm x 1.5 mm	L65 mm	1.65 mm
Incision Size (wound in)	2.4 mm	2.2 mm	2.4 mm	2.2 mm	2.2 mm

