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INDICATIONS

Nd:YAG laser capsulotomy is indicated for the treatment of post cataract surgery capsule opacification resulting in decreased visual acuity and/or visual function.
For use with Tango® Reflex Neo and UltraQ® Reflex Neo lasers.

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LASER SETTINGS



- YAG Posterior offset up to 2 mm
- Set single pulse energy to 2 mJ (titrate up in 0.2 mJ increments if required).

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TREATMENT PREPARATION

- Adjust the slit lamp binoculars one at a time to ensure correlation with the surgeon's refraction
- Patient is comfortably seated with appropriate table height to prevent slouching or stretching
- Padded chin and head rests
- Foot support if necessary (shorter patients)
- Use appropriate surgeon's arm support
- Dilate the pupil
- Apply topical anaesthetic
- Patient's head is fixated (by an assistant)



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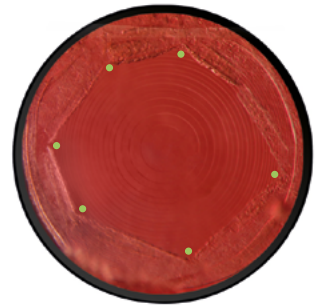
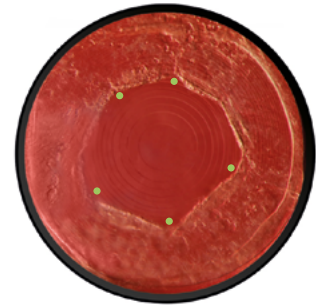
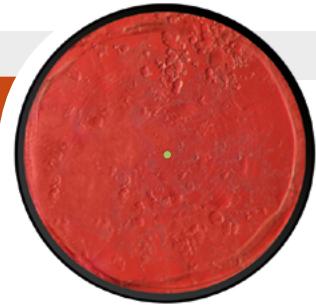
TREATMENT



Images courtesy of Dr Karl Brasse

- The use of a treatment contact lens, such as the Abraham Capsulotomy lens, is highly recommended to control patient eye movement and improve the optical efficiency of laser energy delivery.

- Darken the room
- Have the patient fixate with their fellow eye on the green fixation lamp.
- Apply a clean treatment contact lens to the eye with a viscous gel interface, free from bubbles.
- Use the ridge of the patient's forehead support to stabilize the surgeon's hand holding the contact lens.
- Use minimum slit lamp illumination intensity and magnification of 10 or 16 X.
- Focus the two green aiming beams to coalesce as one, in the center of the posterior capsule and fire the laser.
- Take note of the shape of the initial capsule opening. Generally, it will resemble a polygon.
- The angles of the polygon are under tension and subsequent laser pulses directed **beneath each angle** will extend the capsulotomy. Move systematically to each angle, to create symmetrical exposure behind the IOL.
- If necessary, change the shape of the polygon by firing a laser pulse midway between two angles. This will increase the number of sides from n to n+1.
- A series of low-energy laser pulses can be applied beneath the capsule edges to dislodge residual lens epithelium resulting in clean and perfectly curled capsule edges.



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POST TREATMENT

NSAID or topical steroid 3 - 5 days.
Patient Follow-up within 7 days for routine ocular pressure and retina checks.