

1 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 Ultra Q Reflex™ Neo lasers.

2 LASER SETTINGS



- YAG Posterior offset up to 2 mm
- Energy 2.0 mJ (titrate up or down as necessary)

3 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)



4 TREATMENT



Images courtesy of Dr Karl Brasse

- The use of a treatment contact lens, such as the Brasse 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 LED set at minimal intensity.
- 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.

5 POST TREATMENT

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

