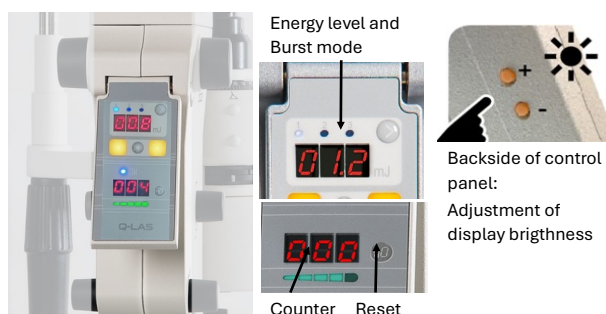




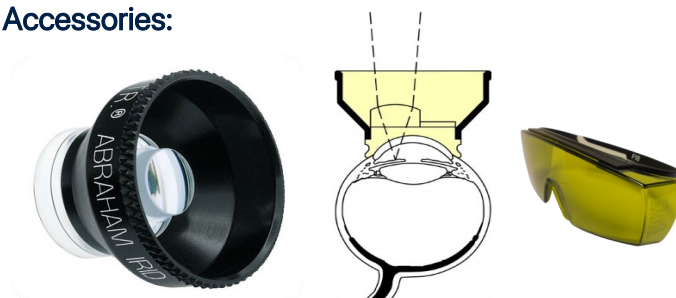
Treatment parameters:

	Range
Energy	1 mJ - 8 mJ
Number of spots	typically: 2 - 8

Q-Las Control Panel



Accessories:



Ocular Abraham Iridectomy YAG Laser Lens (WE01243) or similar, and laser safety goggles (AS01033)

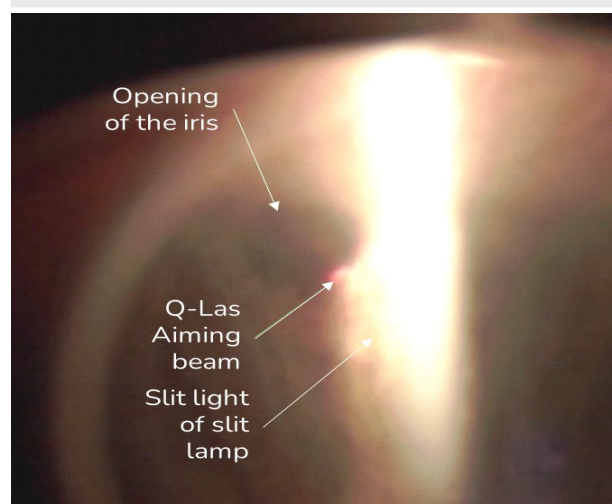
Patient preparation:

Application of local anesthesia

Contraction of pupil by the use of pilocarpine to stretch the iris

Treatment preparation:

Apply Iridotomy YAG laser lens with sufficient amount of viscoelastica to avoid friction



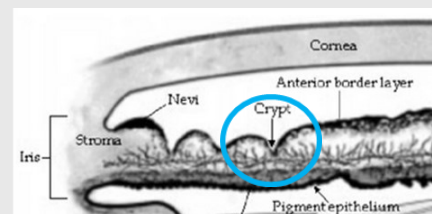
The best treatment area is at the site of an iris crypt, where the iris tissue is thinnest. Iridotomy is often performed in the upper eyelid area.

Application:

Use wide slit illumination

Focusing the laser beam on the iris through the Iridotomy laser lens. The dual aiming beam has to merge to a single aiming beam indicating the focus of the Q-Las.

Position aiming beam beneath upper eye lid in an iris crypt where tissue is thinnest



Apply single laser pulses when the laser is focused properly

Start with low energy setting of 1.0 mJ

Increase energy if needed (in darker / thicker iris) to create a patent iridotomy at least 200 µm in diameter

Burst modes up to three pulses can be used for more efficiency

Post-treatment medication (exemplarily):

Topical steroid and antibiotic drops, anti-inflammatory eyedrops, pressure-lowering medication



Treatment effect:

The aim of the treatment is the creation of an opening in the upper peripheral part of the iris by the use of photodisruptive effect of Nd:YAG Q-Las. It provides an alternative channel for aqueous humor to drain from the posterior to the anterior chamber. This relieves the pressure differential, while simultaneously helping to alleviate pupillary block and maintain a widened chamber angle configuration.

→ Drainage and circulation of aqueous humor from posterior chamber to anterior chamber is reconstructed.

Indicated as:

First-line therapy or treatment option for acute angle closure glaucoma and can be used as a prophylactic treatment.

Effectiveness and Safety:

- ✓ Reduction of the risk of developing PACG (primary angle closure glaucoma) or acute attack
- ✓ Easy and fast (about 5 minutes in total)
- ✓ Non-contact and non-invasive
- ✓ Cost-effective
- ✓ Executable in an outpatient department
- ✓ Safe: No serious adverse events observed

Contraindication:

- ✗ Open angle glaucoma
- ✗ Congenital glaucoma
- ✗ Inflammatory / uveitis glaucoma
- ✗ Acute intraocular inflammation
- ✗ Acute reduced optical transparency of the cornea

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Q-LAS Nd:YAG Laser

