



DEDICATED DRY EYE CLINIC

Integrated diagnostic platform easy to use.



May 2019
ver. 1 - 2019



THE COMPANY

We are an Italian company that operates in European and extra-European markets. The industrial activity of production of medical devices is the DNA of this Italian reality that over the years has been able to follow and anticipate the evolution of the markets, in terms of quality standards and demand for safety products for the medical world.

The managerial, commercial and administrative office manages the distribution of products in all markets promptly and efficiently, through a network of distributors or directly to public or private hospitals

Our vision at Sbm Sistemi is to bring new systems to market to ensure that people living without have access to primary healthcare and even more primary eye care. Under such circumstances, villagers have to travel long distances and endure hardships to access basic eye care.



From a clean hospital room to a dirty tent in the desert. Our innovative and experienced team of scientists, physicians, researchers and business leaders have dedicated much of their lives to advancing treatments for eye diseases.

This team has worked together extensively and values having an environment of collaboration, transparency and trust that results in accelerated and needed innovation.

Sbm Sistemi incorporates the research and innovative technologies developed by a team of medical researchers in the fields of diagnostic.

The Sbm Sistemi Medical internal commitment to product quality goes beyond adherence to internationally recognized standards and extends into the attitude of our highly trained production staff and dedicated Quality Team, who are always mindful that the products they manufacture are used to save lives in critical care applications both locally and across the world.

OUR OBJECTIVES

Sbm's mission is to overcome the complexity of adaptive optics, to make them practical and easy to use both for those who operate ophthalmic devices and for patients themselves. All SBM Sistemi products offer fast and easy use.

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HOW ARE DRY EYES DIAGNOSED?

OCULAR SURFACE WORKUP WITH AUTOMATED NON-INVASIVE MEASUREMENTS FOR THE DIAGNOSIS OF MEIBOMIAN GLAND DYSFUNCTION

Dry eyes can be diagnosed through a comprehensive eye examination. Testing, with emphasis on the evaluation of the quantity and quality of tears produced by the eyes, may include:

- Patient history to determine the patient's symptoms and to note any general health problems, medications or environmental factors that may be contributing to the dry eye problem.
- External examination of the eye, including lid structure and blink dynamics.
- Evaluation of the eyelids and cornea using bright light and magnification.
- Measurement of the quantity and quality of tears for any abnormality. Special dyes may be put in the eyes to better observe tear flow and to highlight any change to the outer surface of the eye caused by insufficient tears.



CAUSES

- The natural aging process, especially menopause
- Diseases that affect your ability to make tears, like Sjogren's syndrome, rheumatoid arthritis, and collagen vascular diseases
- Conjunctivitis
- Environmental conditions. Exposure to smoke, wind and dry climates can increase tear evaporation resulting in dry eye symptoms. Failure to blink regularly
- Problems that don't allow your eyelids to close in the right way
- Treatment with Cataract surgery
- Treatment with Medications including antihistamines, decongestants, blood pressure medications and antidepressants, can reduce tear production
- Other factors. Long-term use of contact lenses can be a factor in the development of dry eyes
- Refractive eye surgeries, such as LASIK, can decrease tear production and contribute to dry eyes.



REMEDIES

- Treatment with Artificial tears
- Steroid Eye drops
- Punctual plugs
- Intense Pulsed Light therapy has been used with positive results if there are oil gland problems
- Use of a cool mist humidifier to add moisture to the air
- Drink water throughout the day to stay hydrated
- Warming of the Meibomian Glands
- Specific diets.

From the Journal of Cornea and External Disease

CLINICAL SCIENCE

OCULAR SURFACE WORKUP WITH AUTOMATED NON-INVASIVE MEASUREMENTS FOR THE DIAGNOSIS OF MEIBOMIAN GLAND DYSFUNCTION WITH SBM SISTEMI DEVICE.

INTRODUCTION THERAPEUTIC DIAGNOSTIC

Dry eye disease was recently redefined as a “multifactorial disease of the ocular surface characterized by a loss of homeostasis of the tear film, and accompanied by ocular symptoms, in which tear film instability and hyperosmolarity, ocular surface inflammation and damage, and neurosensory abnormalities play etiological roles.¹” Meibomian gland dysfunction (MGD) represents the leading cause of evaporative dry eye, the most common subtype of dry eye².

MGD is characterized by hyperkeratinization of the meibomian gland ductal epithelium, leading to obstruction and plugging of the gland orifice. Moreover, quantitative and qualitative changes in the meibum lipid composition lead to increased viscosity and reduced gland outflow onto the tear film. The stasis of meibum inside the gland promotes proliferation of bacteria, producing lipases and esterases that increase the viscosity and melting temperature of the meibum, thus setting up a vicious spiral. Hyposecretion of meibomian lipids causes thinning of the tear film lipid layer, with consequent tear film instability, increased evaporation rate, and dry eye onset.

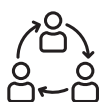
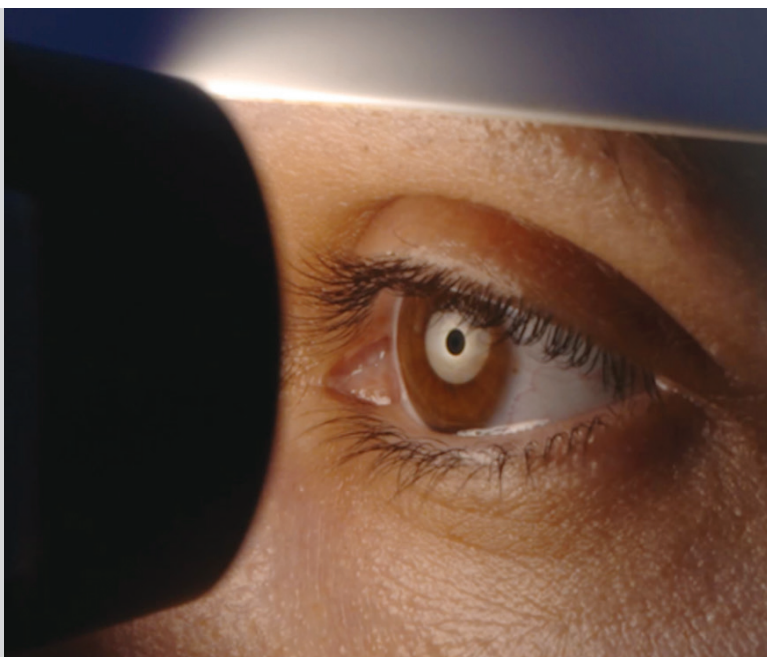




MATERIALS AND METHODS

Study Population

This cross-sectional study was conducted at Carones Ophthalmology Center (Milan, Italy) between September 2016 and July 2017. The study was performed in accordance with the principles of the Declaration of Helsinki and was approved by the local institutional review board. Written informed consent was obtained from all subjects before the examination.



DISCUSSION

The accurate diagnosis and classification of dry eye are complicated by the heterogeneous nature of the disease and the variability of signs and symptoms. Various diagnostic assessments have been proposed to qualitatively and quantitatively characterize the entire ocular surface system. However, to date, no universally accepted diagnostic workup for the diagnosis of MGD has been established. Several tests used routinely in daily practice require direct contact with the eye and/or the use of eye drops. The resulting alteration of the tear film volume and composition may not only influence the measured variable itself but also have disruptive effects on the results of subsequent tests. In addition, some tests require the clinician's judgment to reach a score and, therefore, are open to significant observer bias. Furthermore, measurements obtained using traditional tests are often affected by low values of repeatability and reproducibility. Recently, new automated non-invasive quantitative tests have been developed to

overcome these drawbacks. They include, among others, tear film interferometry, noncontact meibography, and tear osmolality. In particular, interferometry is a technique that studies the surface reflection pattern and dynamics of the lipid layer of the tear film, thus allowing the measurement of the tear film stability and the thickness of the lipid layer. The measurement of BUT with a non-invasive technique eliminates the disturbance on the tear film caused by instillation of fluorescein dye. Meibography allows in vivo observation of the meibomian gland morphology; the gland structural changes may be graded with different scoring systems. In addition, new digital software allows automated calculation of the total meibomian gland area in the lower and upper eyelids. Tear film osmolality has been reported as the single best metric to diagnose and grade severity of dry eye. However, some authors questioned its clinical utility because of the high variability of measurements and the lack of correlation with dry eye signs and symptoms.



IN CONCLUSION

The automated non-invasive ocular surface diagnostic workup used in the present study may represent a promising diagnostic tool for MGD diagnosis. Although no single test has proved able to reach the diagnosis with sufficient accuracy, MGD may be strongly suspected when one between NIBUT and meibography combined in parallel is abnormal. Therefore, in case of positivity of either NIBUT or MGL, subsequent qualitative clinical tests should be performed to achieve a reliable diagnosis and a more precise characterization of MGD.

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INTEGRATED SYSTEM FOR THE ANALYSIS OF THE OCULAR SURFACE

The instrument is designed to perform tear film tests, from the quality of tears to analysis of the meibomian glands using international grading scales.



TECHNICAL DATA

IMAGE RESOLUTION	5 MP
ACQUISITION MODE	Multi shot, video
FOCUS	Autofocus, manual focus
ISO MANAGEMENT	Variable
CONES	Main cone and Placid cone
CAMERA	Colored, sensitive to infrared (NIR), yellow-filtered
LIGHT SOURCE	Infrared LED – Blue, red and white LED

MINIMUM HARDWARE REQUIREMENTS

Intel® Core i7

SSD Drive

8 GB RAM

Screen resolution: 1600x900

1 available USB 3.0 port

1 other available USB port

Microsoft® Windows® 8, 10 Professional (Pro) x64 (64 bit)

DIAGNOSTIC TIME



IDRA registration number at the Ministry: 1705624/R

Invented and developed 100% in Italy

Medical instrument in CLASS I registered to the Ministry of Health

Medical electrical equipment CLASS I complies with the norm En. 60601-1.

The technical features of the instrument and its accessories can be improved in any time and without notice.

To obtain an updated description we suggest visiting the website www.sbmsistemi.com

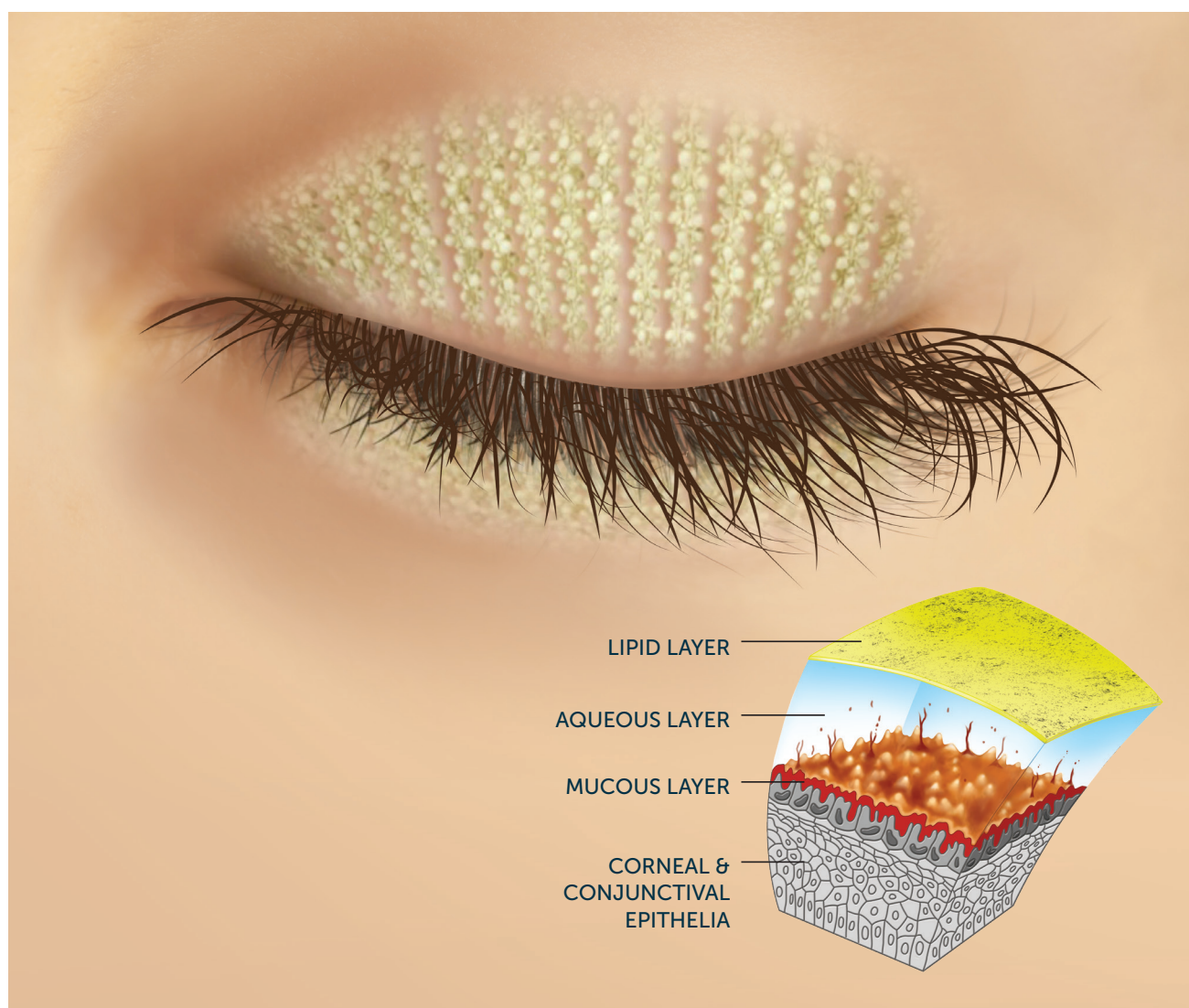
THERAPEUTIC DIAGNOSTIC

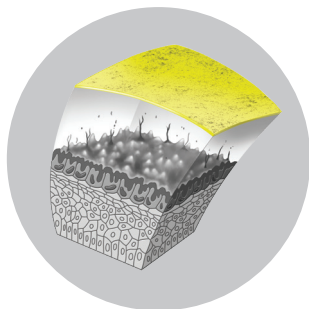
FUNCTIONS

The Sbm Device is the new instrument of individual analysis of tear film that allows to do a quick detailed structural research of the tear composition.

Research on all the layers: **Lipid, Aqueous, Mucin and Meibonian Glands.**

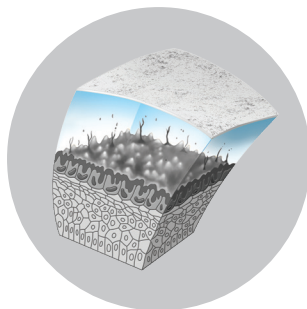
Thanks to the Sbm Device it is possible to identify the type of DED (Dry Eye Disease) and determine which layers can be treated with a specific treatment, in relation to the type of deficiency.





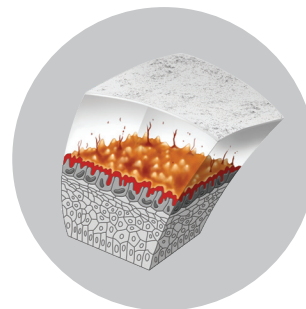
INTERFEROMETRY

IDRA can evaluate the quantity and the quality of the lipid component on the tear film. The device highlights the lipid layer and the software analyses automatically LLT (Lipid Layer Thickness).



TEAR MENISCUS

The size of the tear meniscus formed on the eyelid borders provides useful information on the volume of produced tears. The tear meniscus can be examined considering its height, regularity and shape.



NIBUT

The stability of the mucin layer and the whole tear film is measured through BUT or NITBUT, by using Placido cone projected onto the cornea. In this way you can evaluate automatically the time when the tear break up occurs.



MEIBOGRAPHY

It images the morphology of the glands in order to diagnose any meibomian gland drop out which would lead to tear dysfunction. Meibography is the visualization of the glands through trans-illumination of the eyelid with infrared light.



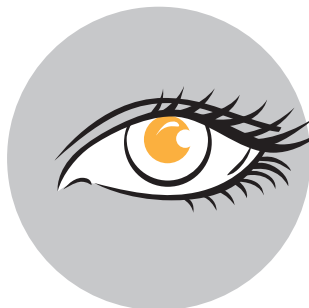
BLEPHARITIS

This test helps in detection of blepharitis and Demodex, which can be performed on the outer surface of the eye and eyelids.



OCULAR REDNESS CLASSIFICATION

Once you have captured the image of the blood vessels of the conjunctiva, it will be possible to compare them to the classification sheets of bulbar and limbal redness degree.



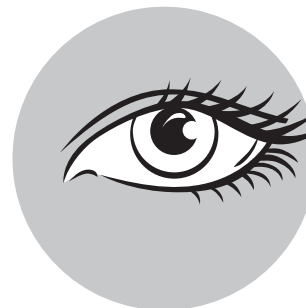
PUPILLOMETRY

Measurement of the pupil reaction to light with and without glare.
Measurement mode: SCOTOPIC, MESOPIC, PHOTOPIC



WHITE TO WHITE MEASUREMENT

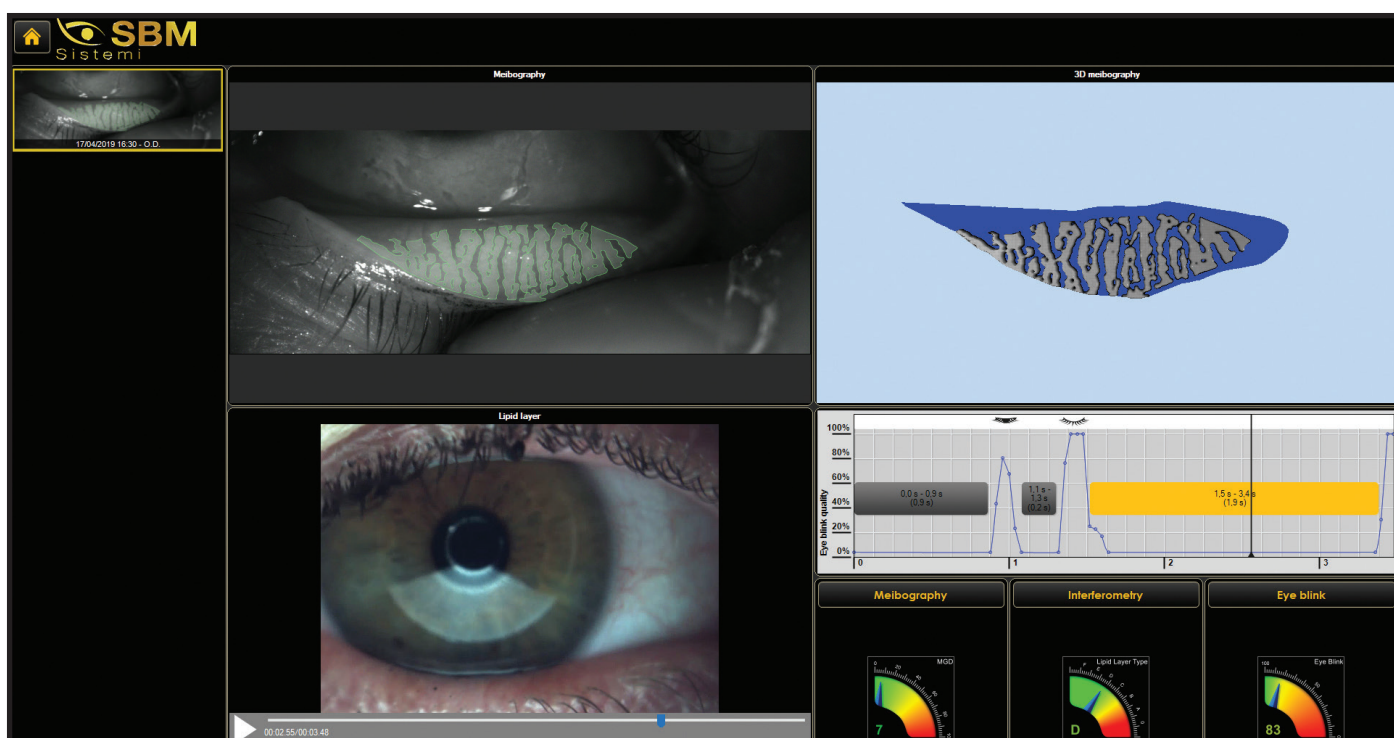
Evaluation of corneal diameter from limbus to limbus (white-to-white distance, WTW).



ANTERIOR SEGMENT IMAGING

AUTO INTERFEROMETRY

COMPLETE MEIBO ANALYSIS: STRUCTURE AND SECRECTION VIEW



AUTO DETECTION OF:

Maximum thickness of Lipid layer
Average Thickness
Blink rate

Using the new Sbm Sistemi IDRA, Interferometry gets easy, quick and automatic.

The software automatically detects the coloured lipids on the patient's eye and determines LLT (lipid layer thickness).

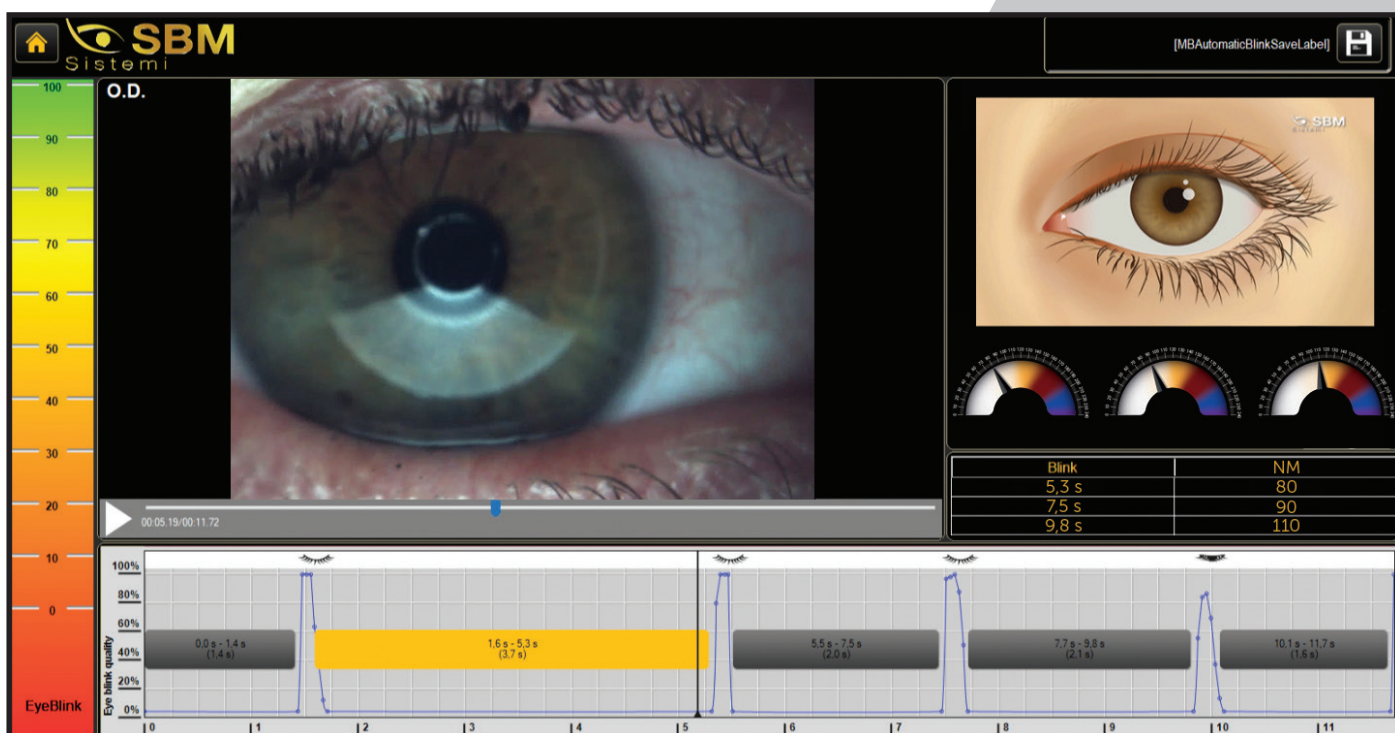
In few seconds you can get automatically relevant data to understand functionality of meibomian glands such as:

- Max LLT
- Avg LLT
- Min LLT

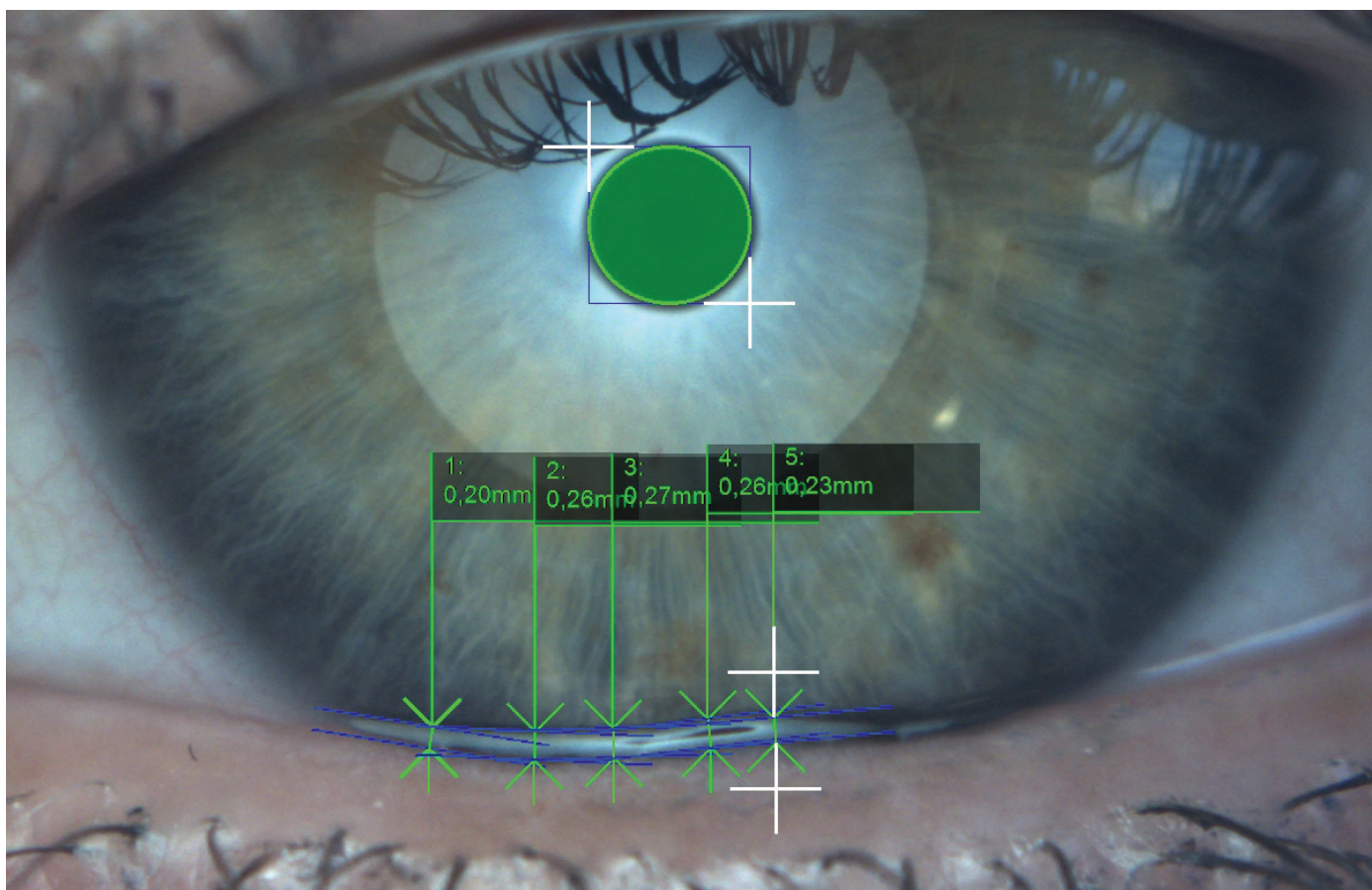
and provide lipid Dynamic graph.

AUTOMATED LIPID LAYER ANALYSIS

IDRA software analyses lipid secretion and allows to understand the functionality of Meibomian glands evaluating the thickness of their secretions. It is possible to do follow up after MG treatment detecting increasing of secretion.



TEAR MENISCUS HEIGHT MEASUREMENT



POSSIBILITY TO ACQUIRE UP TO 5 MEASURING POINTS

Small tear volumes may result in dry eye symptoms, especially in aqueous tear deficiency (ATD). However, measuring the actual tear volume is difficult because the methods are invasive and irritative.

Reflex tear production can be induced, giving an overestimation of basal tear flow and volume. The sizes of the tear meniscus are related to the tear secretion rate and tear stability, and they are good indicators of the overall tear volume.

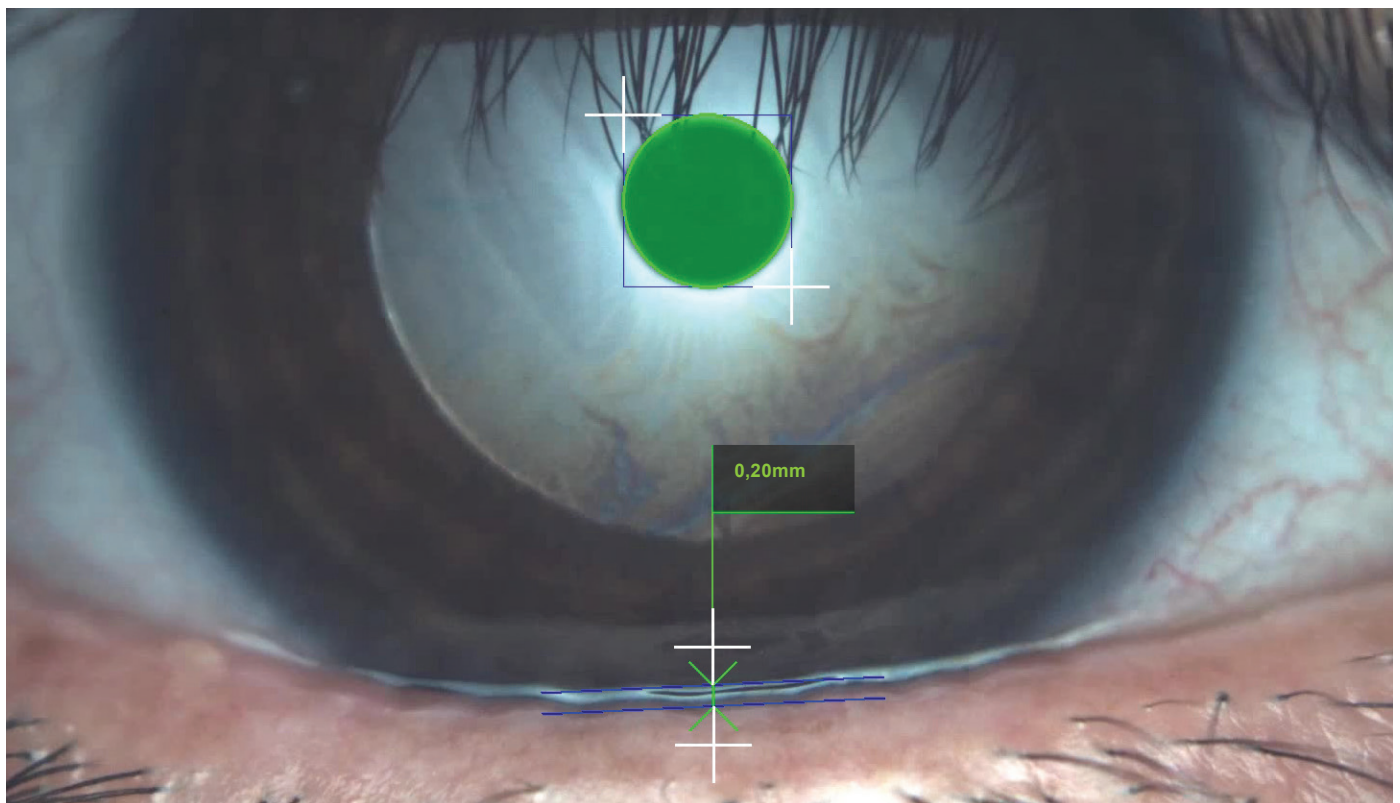
The aqueous layer is evaluated through the non-invasive "Tear Meniscus" test, classifying it in different categories and possible issues related to this.

The Sbm Device is an excellent method of screening for dry-eye patients, to measure the upper and lower tear meniscus in patients with aqueous tear deficiency (ATD) dry eye and to determine the most effective meniscus variables for the diagnosis of dry eye.

Normal tear volume is important for the maintenance of ocular surface physiology and ocular comfort.

The total tear volume is composed of the tear meniscus, which contains 75% to 90% of the tears the pre-ocular film; and the cul-de-sac.

Recent advances and associated software have enabled the simultaneous imaging of both meniscus, and real-time changes have been reported. Derived quantitative measurement of tear meniscus variables enable this non-invasive modality as a potential diagnostic tool of dry eye.

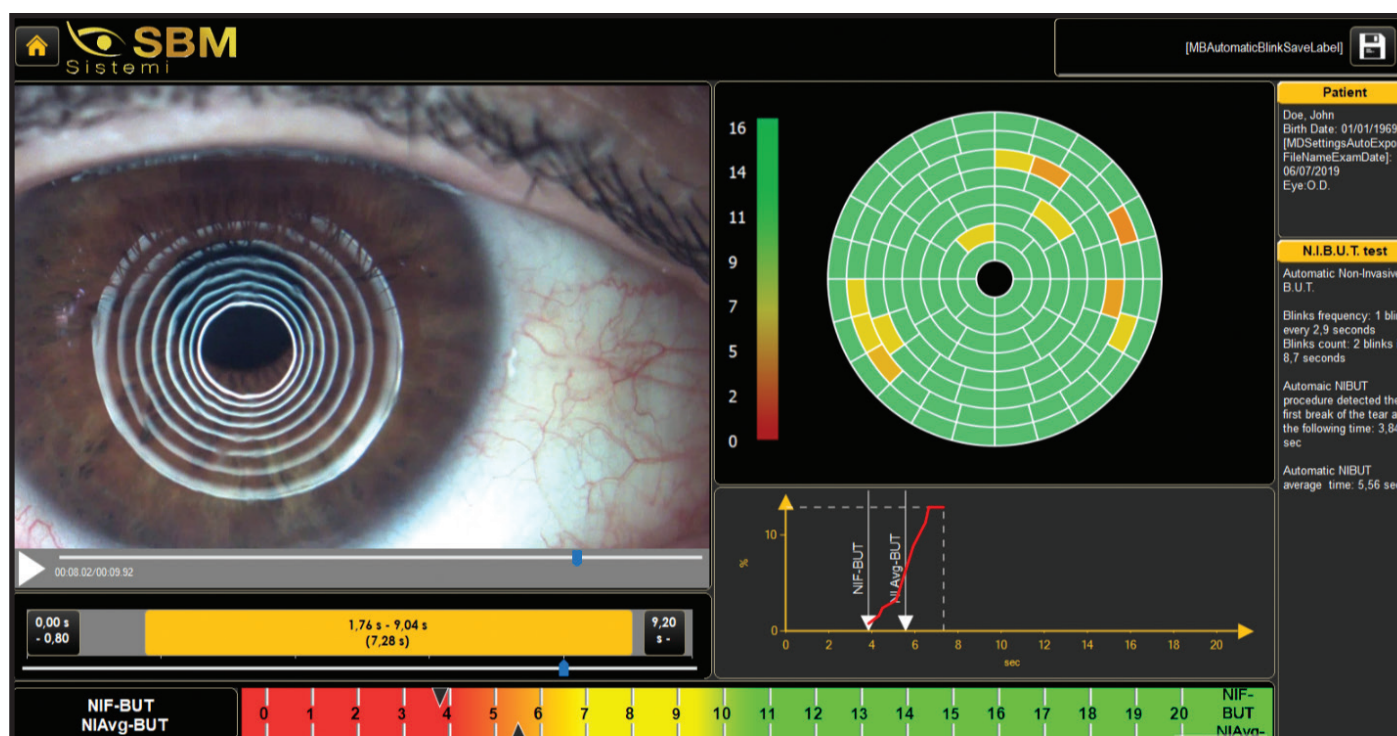


Evaluation of the tear film quantity.

With the various magnification tools you can measure the tear meniscus height and evaluate its characteristics along the lower lid margin.

The result of this exam is comparable to the Schirmer's test one, with the difference that it is not invasive and lasts 3 seconds instead of several minutes.

AUTO-NIBUT



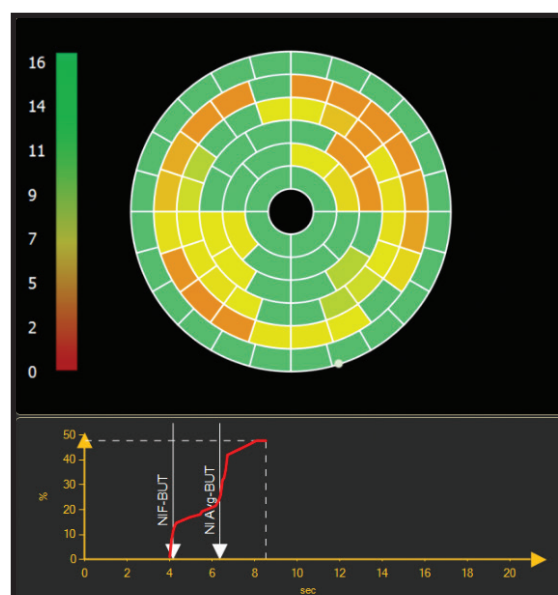
The Sbm Device allows to evaluate stability and regularity of the tear film, using non-invasive break up time measurement (NIBUT). The non-invasive break up time is the measurement, in seconds, of the time between the last complete blinking and the appearance of the first discontinuity on the tear film.

With the Sbm Device tool, the Doctor can have many information through the acquisition of one only video:

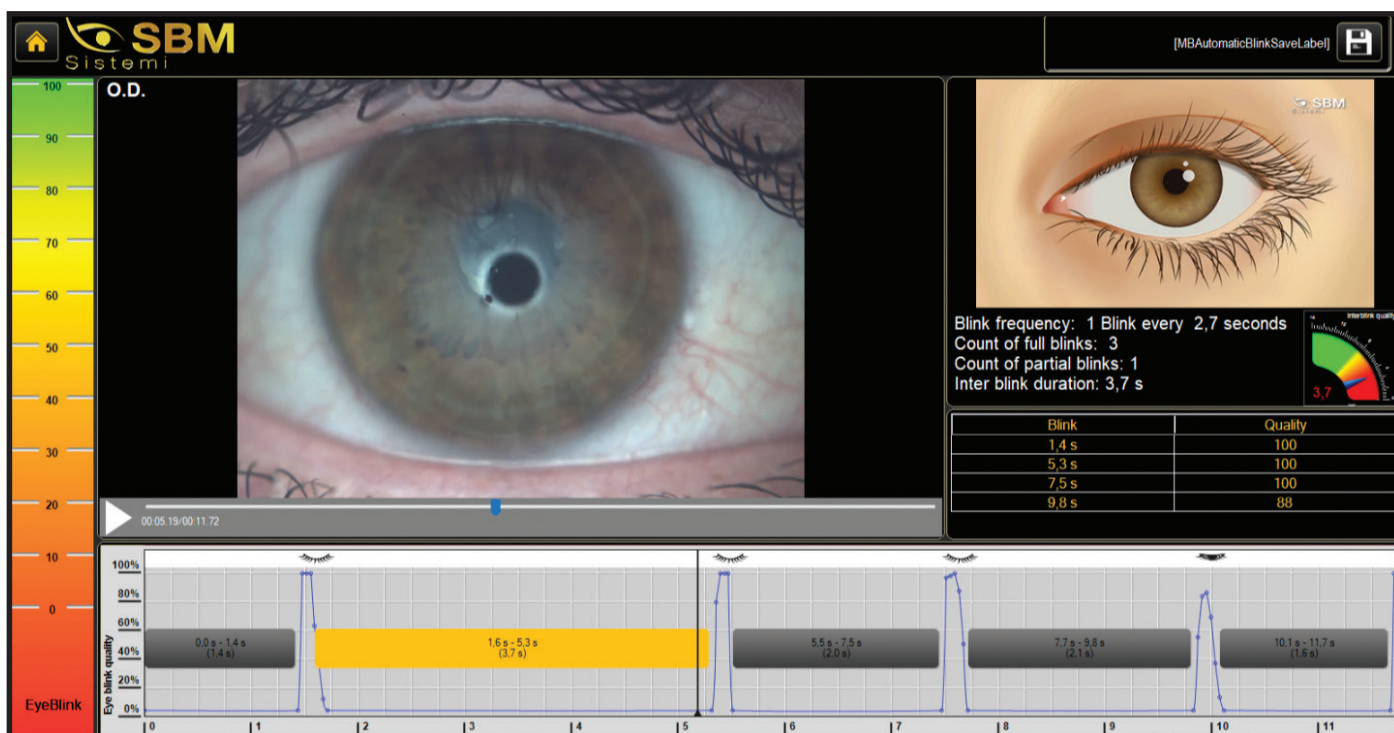
- Automatic NIBUT
- Average of all breaks
- Graph to understand the trend of tear film stability during the video
- Tear topography that shows all breaks during time.

Through Placido rings, IDRA automatically provides:

- First BUT
- Avg BUT
- Stability graph
- Tear topography



BLINKING QUALITY



A healthy human would be expected to show periodic blinks, making a brief closure of the eyelids. Most blinks are spontaneous, occurring regularly with no external stimulus. However a reflex blink can occur in response to external stimuli such as a bright light, a sudden loud noise, or an object approaching toward the eyes.

A voluntary or forced blink is another type of blink in which the person deliberately closes the eyes and the lower eyelid raises to meet the upper eyelid.

A complete blink, in which the upper eyelid touches the lower eyelid, contributes to the health of ocular surface by providing a fresh layer of tears as well as maintaining optical integrity by providing a smooth tear film over the cornea.

The rate of blinking and its completeness vary depending on the task undertaken during blink assessment, the direction of gaze, the emotional state of the subjects and the method under which the blink was measured.

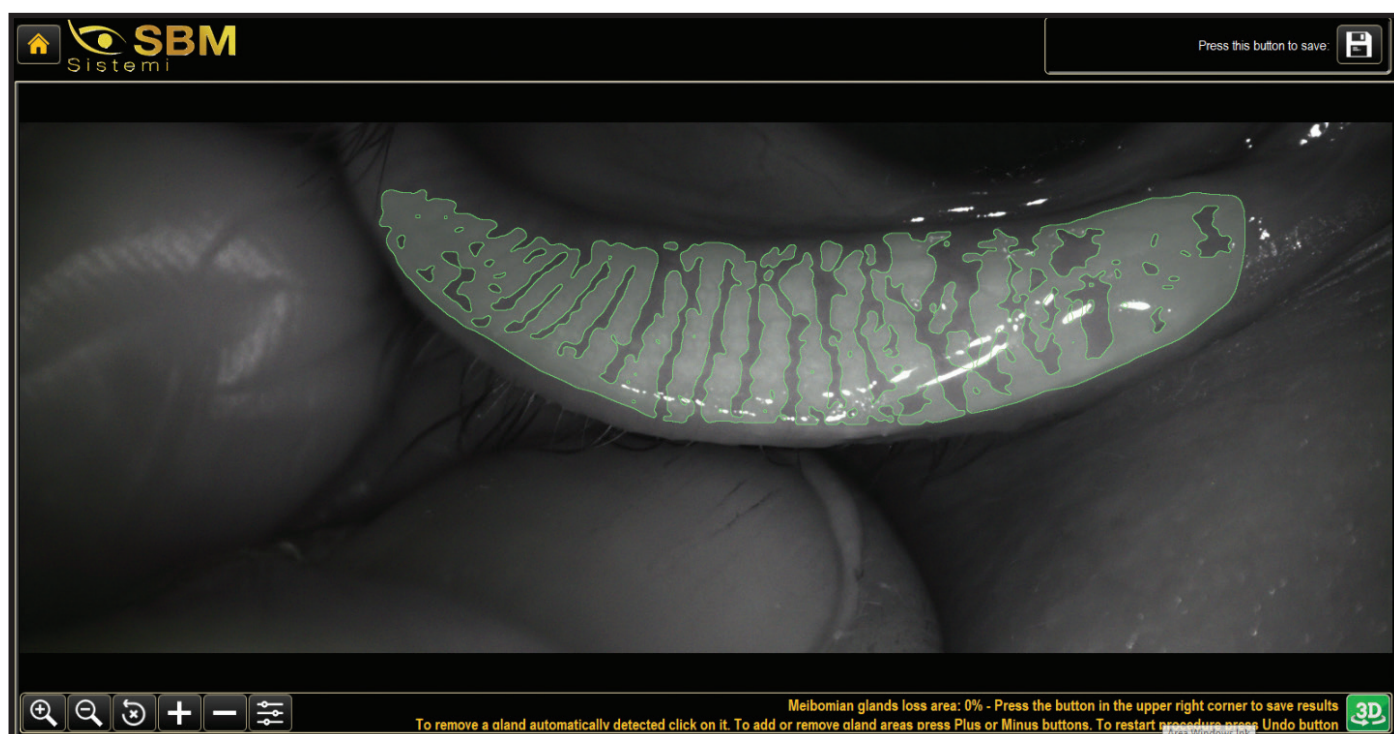
It is also well known that wearing contact lenses (both rigid and soft lenses) can induce significant changes in blink rate and completeness.

It is been established that efficient blinking plays an important role in ocular surface health during contact lens wear and for improving contact lens performance and comfort.

Inefficient blinking during contact lens wear may be related to a low blink rate or incomplete blinking and can often be a reason for dry eye symptoms or ocular surface staining.

IDRA automatically detects and analyzes blink and determinates the quality.

MEIBOGRAPHY



MEIBOMIAN GLAND AUTO DETECTION ON BOTH LIDS

Meibomian glands play a significant role in tear production by contributing lipids to the superficial tear film. Dysfunction of the meibomian glands destabilizes tears resulting in evaporative dry eye.

The posterior lamella of the eyelid hosts a fleet of meibomian glands situated between the palpebral conjunctiva and tarsal plate. A normal meibomian gland is approximately linear and 3–4 mm in length, traversing the posterior eyelid perpendicularly from the lid margin to the opposite edge of the tarsus.

Closer inspection of a meibomian gland demonstrates a tubulo-acinar architecture with saccular arrangements of acini and a ductal system that communicates with orifices near the mucocutaneous junction of the eyelid.

Glandular acini contain clusters of modified sebaceous cells called meibocytes.

The functional unit of a meibomian gland is the meibocyte which synthesizes and secretes lipids (meibum) into the precorneal tear film. Meibum permeates the tear surface where it serves several important functions. It prevents tear evaporation and thus desiccation of the ocular surface; it acts as a physical and hydrophobic barrier to the inward movement of environmental and organic agents; and it lubricates the ocular surface to prevent irritation while promoting a clear ocular image. Consequently, tear physiology is dependent upon the proper functioning of the meibomian glands.

THE SBM DEVICE CAN DETECT THE LENGTH AND WIDTH OF MEIBOMIAN GLANDS SHOWN THROUGH TO INFRARED MEIBOGRAPHY WITHOUT REQUIRING ANY INPUT FROM THE USER. THE IMAGES ARE THEN AUTOMATICALLY CLASSIFIED.

AUTOMATIC LID DETECTION

To decrease evaluation time, the software automatically detects the lid for meibo analysis.



HOW DOES IT WORK

System analyses automatically the images made through a sensitive infrared camera (NIR) to locate in a guided way:

- An exam valid both for the upper and the lower eyelid;
- Automatic percentage of the extension of meibomian glands in the chosen area, taken by the operator;
- Automatic percentage of the loss area of meibomian glands.

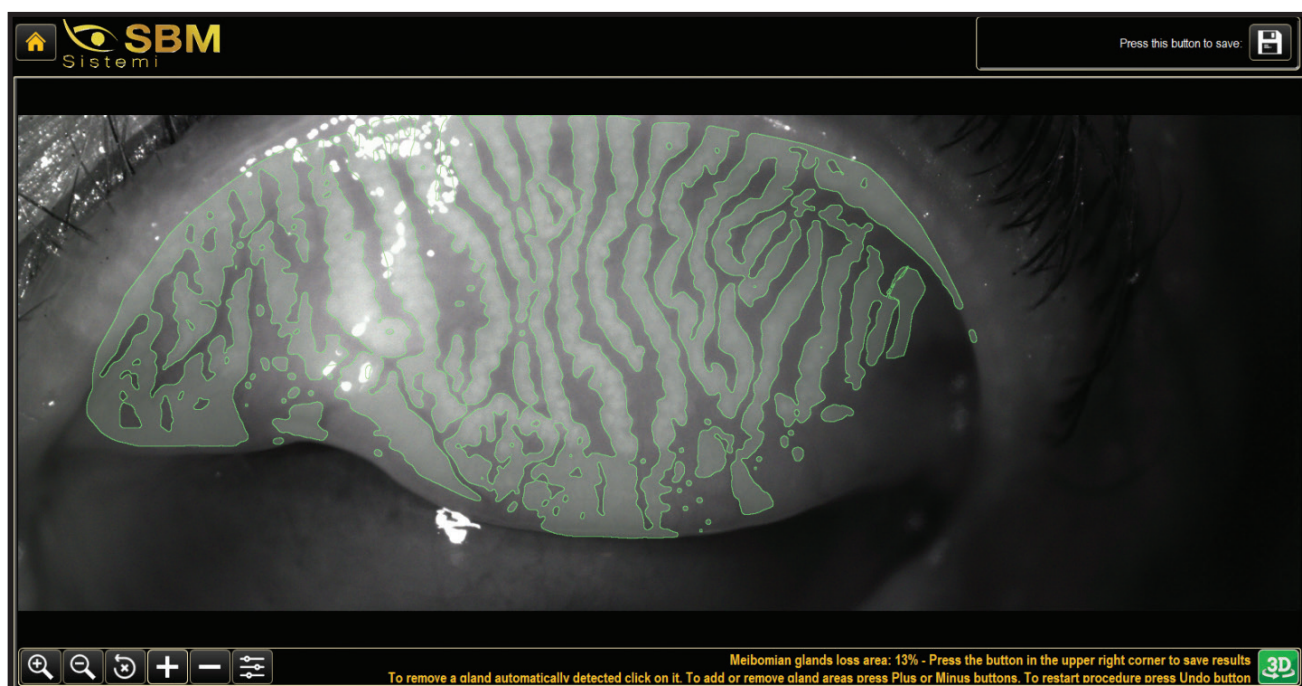
If you prefer, instead of the automation it is possible to classify the exam done in degrees according to three different related grading scales.

Meibomian gland dysfunction (MGD) is characterised by chronic, diffuse abnormalities of the meibomian glands and altered secretion and chemical composition of meibum. MGD leads to increased tear evaporation, increased tear osmolarity and an increased susceptibility to ocular surface inflammation, epithelial damage and discomfort. MGD is the leading cause of dry eye disease and affects.

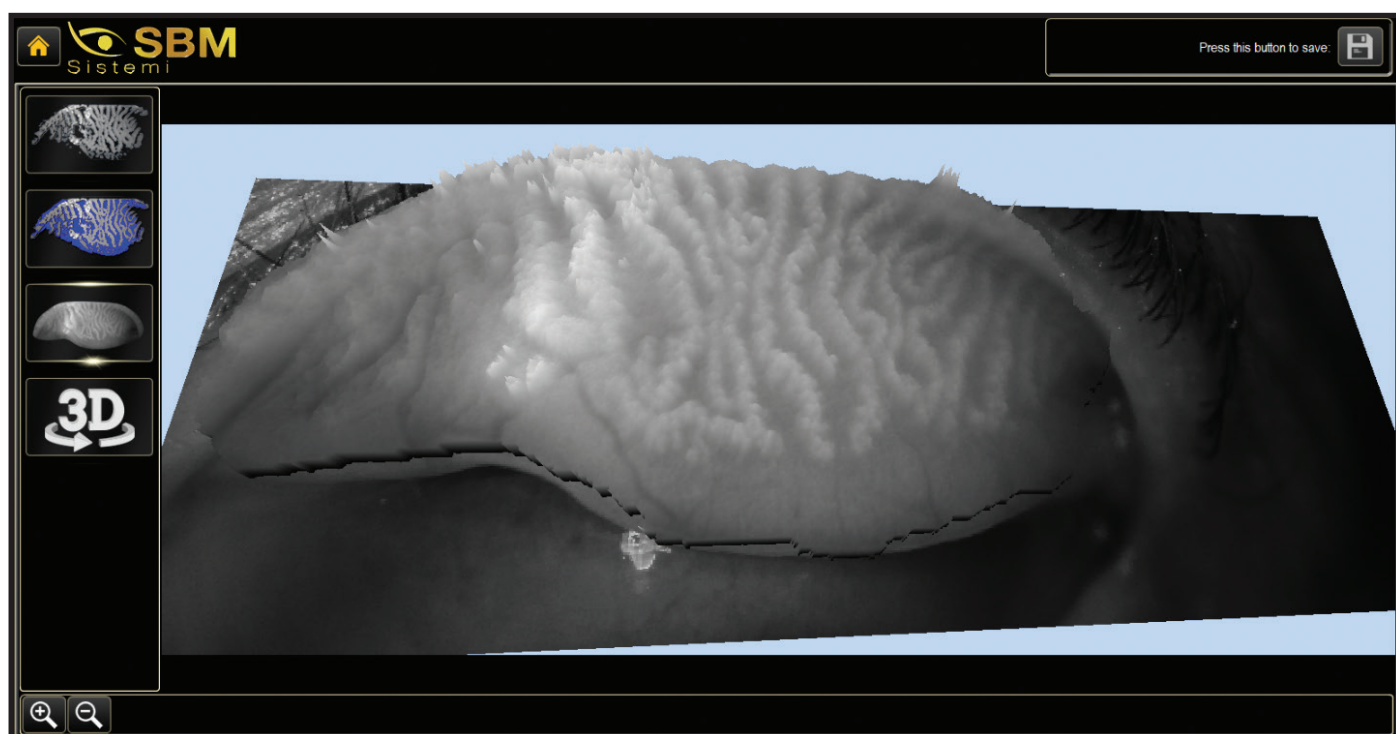
Most of the population Blepharitis is a common eyelid condition that can lead to symptoms ranging from burning, itching, flaking, eyelid discharge, eyelid redness, and the occurrence of frequent "pink eye" like flare ups.

To prescribe treatment therapies such as IPL, different evaluations should be performed relating meibomian glands. Sbm Sistemi tools allow an accurate comprehension of the ocular surface and especially the glands. The acquired image is processed and transformed into 3D picture. Using scientific algorithms it is possible to admire it and demonstrate to the patient the absent parts and their thickness.

It will therefore be easier for professionals in the sector to recommend treatment even if more expensive. It will also be possible to evaluate the efficacy of periocular intense pulsed light therapy combined with meibomian gland.



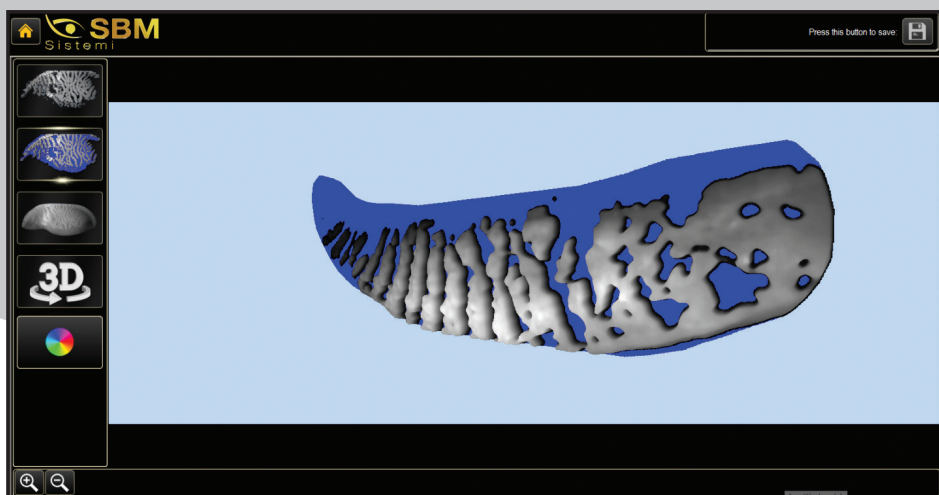
MEIBOGRAPHY 3D



The revolutionary introduction of 3D meibomian gland imaging provides the clinical situation with two clear advantages. Firstly, it enables to confirm the presence of abnormal glands compared to a healthy subject in a 3D view; secondly, it provides a clear image to share with the patient to help explain the potential cause of their discomfort.

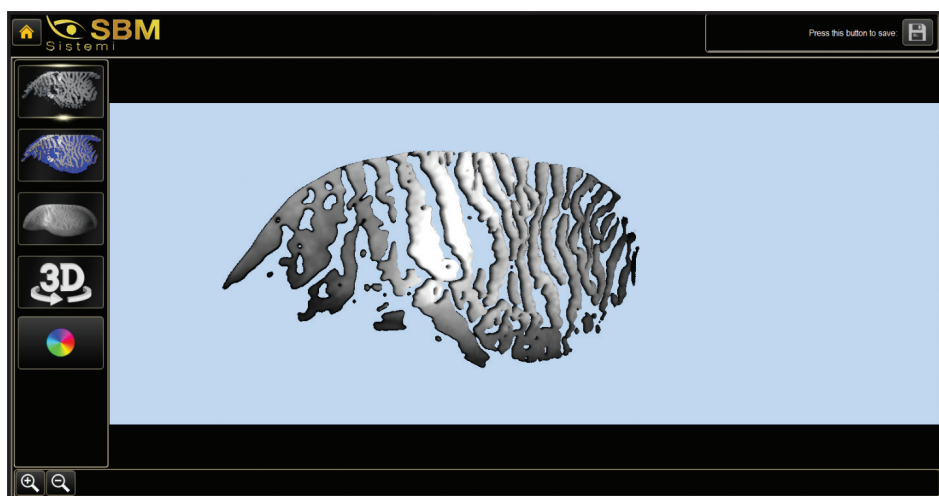
Then, this new imaging system provides strong evidence to support your choice of therapy for your patient (for example IPL treatment) and helps the patient to understand why that therapy is being recommended.

AN OUTSTANDING DIAGNOSTIC EVALUATION IS NEEDED TO DEMONSTRATE TO THE PATIENT THE EFFECTIVENESS OF THE IPL TREATMENT.



BENEFITS FOR THE PATIENTS:

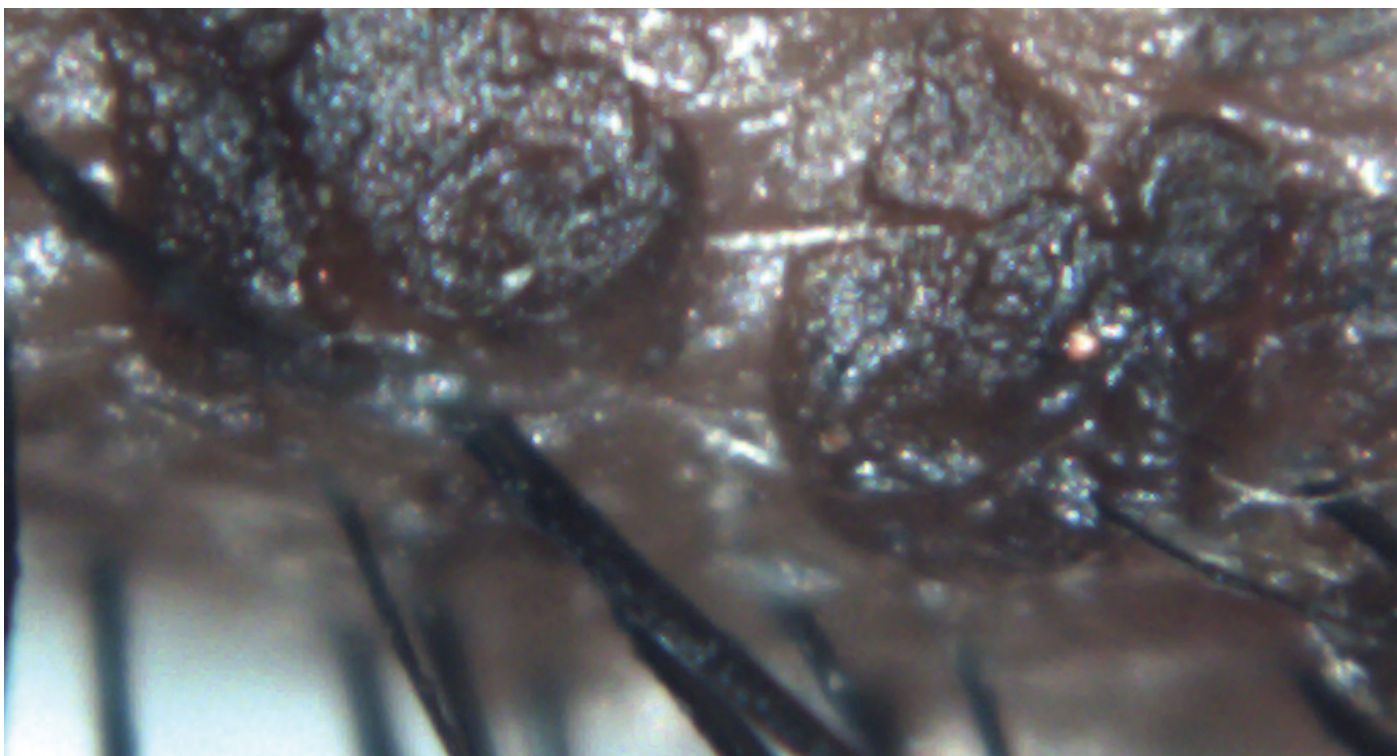
- For the first time, 3D image can help to understand the structure of the eyelid and how the Glands are different from a healthy individual
- See for themselves, with the Doctors explanation, why they are getting eye discomfort and fluctuating vision
- Help them understand why you are recommending a specific therapy
- Peace of mind that their clinician is using the very latest techniques make the correct diagnosis of their eye problem and appropriate treatment.



ADVANTAGES FOR THE DOCTOR:

- Ability to view the presence of abnormal gland structures in a high-resolution 3D image
- Be able to compare a normal patient gland profile with that of your MGD patient
- The option to visualise these problematic areas in high definition
- The ability to potentially pinpoint the areas of glands abnormality in detail
- Evidence that supports your diagnosis in the case of evaporative dry eye disease
- Provides you with much more compelling evidence to help the patient visualise what is happening to the glands
- Provides the reassurance that MGD is a contributory factor and key to your diagnosis of evaporative dry eye disease
- Clearly shows the symptomatic dry eye offering a comparison of their abnormal glands
- Help to explain and confirm the reasons for your choice of MGD therapy (including IPL)

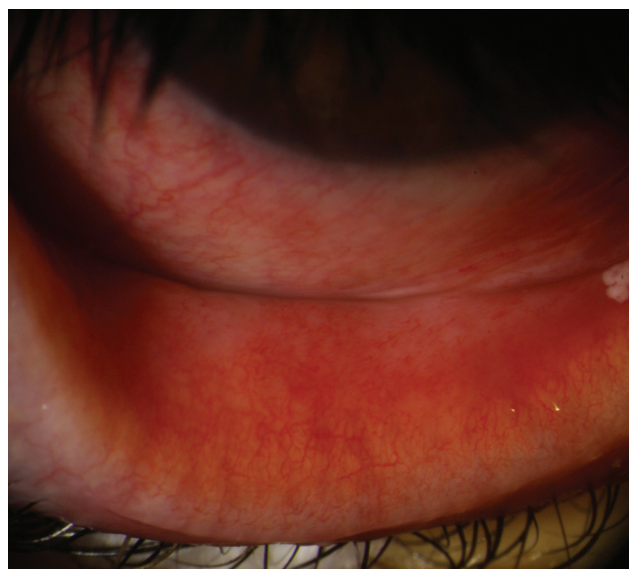
CYLINDRICAL DANDRUFF AND BLEPHARITIS



The human skin surface is known to house millions of bacteria, though some people have more than the average number. Blepharitis is an inflammation caused by some bacteria that lie at the base of eyelashes. They produce dandruff-like flakes in the skin, which lead to infection and inflammation.

Problems with the meibomian oil glands (meibomianitis) in the eyelids can also cause blepharitis. The development of inflammation is also associated with risk factors such as dandruff, dry eyes, acne rosacea, or bacteria. This is a common eye disorder affecting all age groups. The eye must be evaluated using a specialized tool such as a magnifying tool like the Sbm Device. This tool checks for inflammation in the eye and the existence of bacteria/fungi/viruses.

If signs of infection are found during close monitoring, the ophthalmologist wipes the eye and collects any fluid oozing from the eyes as sample. This sample is tested under a microscope. Comprehensive Eye Examinations.



BLEPHARITIS AND CYLINDRICAL DANDRUFF

This test helps in detection of blepharitis, which can be performed on the outer surface of the eyeball and eyelids.

This process includes:

- Analysis of the patient history that could contribute to blepharitis.
- Extrinsic detection of the eye structure, skin texture, and appearance of eyelashes.
- Examining the openings of the meibomian gland, base of the eyelashes, and eyelid margins using a bright light.
- Checking for abnormalities by evaluating the quantity and quality of tears.

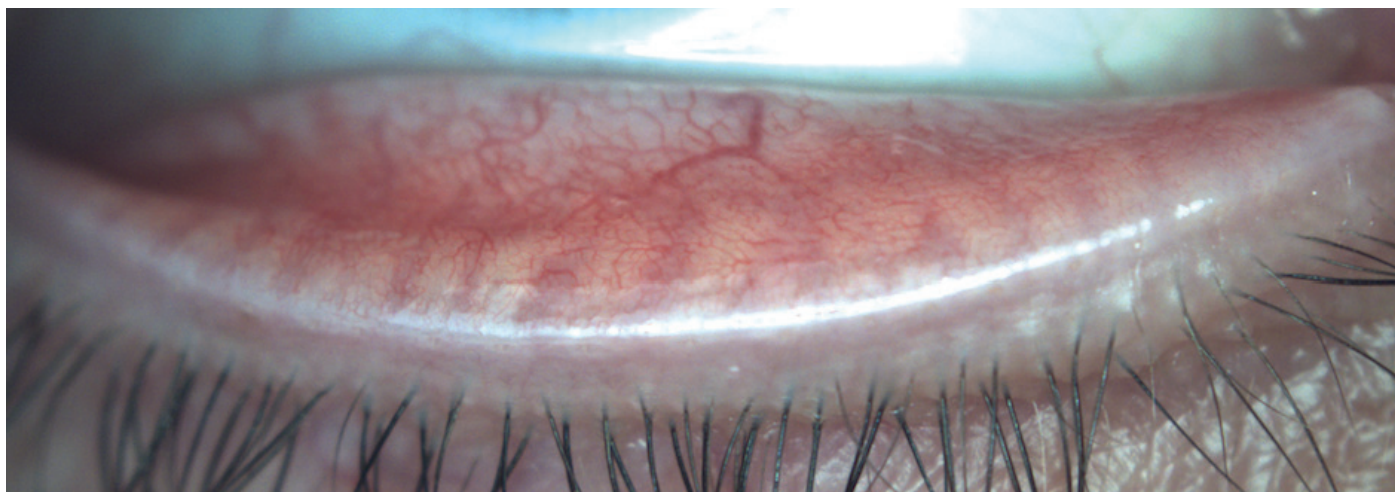
The type of blepharitis can be determined based on the appearance of the eyelid edges. If the symptoms frequently exhibited by the patients are mild sticking eyelids, thickened lid margins, and missing/misdirected eyelashes, then the type of blepharitis is said to be Staphylococcal.

If the patients show mild redness of the eyelids or scales around the base of eyelashes, then it is Seborrheic blepharitis.

When the patient is found with blockage of the oil glands in the eyelids, poor quality of tears, and redness of the lining of the eyelids, the type is Meibomian blepharitis.

If a hard, matted crust is formed on the eyelashes, and while removing these some small sores are formed on the eyelashes that ooze and bleed, it is called Ulcerative blepharitis.

In this case, patients may experience distortion of the front edges of the eyelids, loss of eyelash, and chronic tearing. In severe conditions, the transparent outer portion of the eye that covers the eyeball (cornea) is inflamed.



WHAT IS DEMODEX BREVIS?

Demodex brevis is a kind of mite found on humans. Like its counterpart Demodex folliculorum, brevis is naturally occurring. D. brevis is so small that you can't see the mites with a naked eye.

The average mite causes noticeable reactions and problems in people if it exists in large quantity.

Symptoms of D. brevis usually only surface in cases of large infestations. Signs might include:

- Red skin
- Rough or tough skin
- Scaly or patchy skin

The symptoms of D. brevis are similar to those of D. folliculorum. The key difference is location.

While folliculorum tend to stay on the face, D. brevis can distribute all over the body. The chest and neck are common areas of D. brevis infestation, so you might notice more symptoms there if you have it.

Once in the skin, D. brevis feed off sebum in the oil glands. These glands are attached to hair follicles underneath the skin's surface.

Infestations of D. brevis aren't common in young children, but their numbers naturally grow with age. The mites may also be spread between humans.

OTHER POSSIBLE EXAMINATIONS

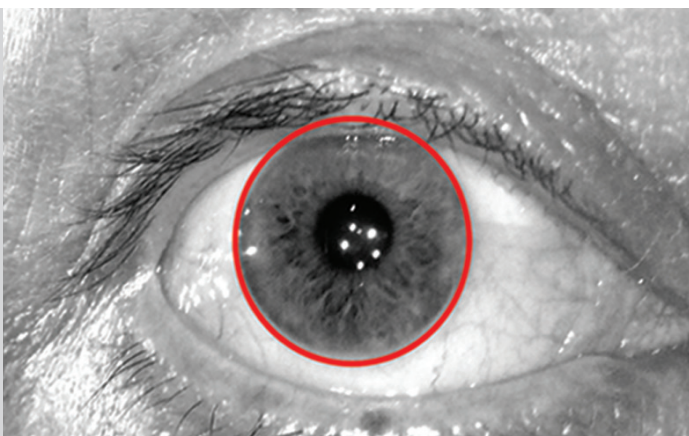


AN ASSESSMENT OF GRADING SCALES FOR MEIBOGRAPHY IMAGES

The evaluation of the meibomian gland dysfunction appears to be of increasing interest in research and clinical practice. Consequently the evaluation of meibomian glands morphology using meibography is of high interest for both, researchers and clinicians.

WHITE TO WHITE MEASUREMENT

Evaluation of corneal diameter from limbus to limbus (white-to-white distance, WTW).



BULBAR REDNESS CLASSIFICATION

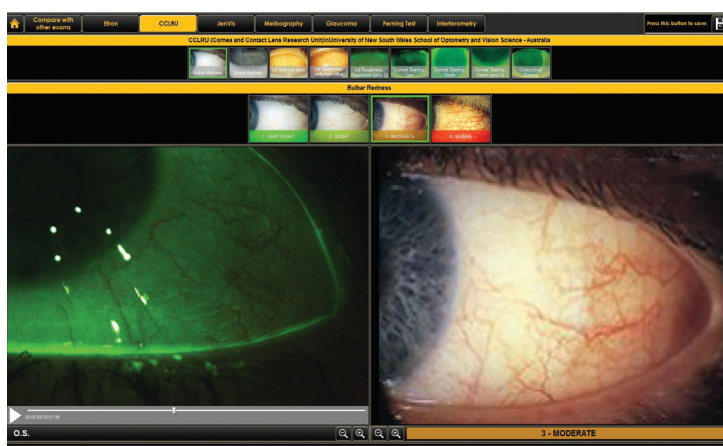
Detected the fluidity of the blood vessels of the conjunctiva, evaluating the degree of redness, it will be possible to compare the classification sheets of bulbar and limbal redness.



PUPILLOMETRY

The measurement of pupil diameter has become increasingly important in the field of refractive surgery. Larger scotopic pupil sizes may be partially responsible for the occurrence of postoperative symptoms such as halos, glare, and monocular diplopia.

Refractive surgeons also need an accurate scotopic pupil measurement to determine appropriate treatment zones for excimer laser, corneal, and intraocular surgery.



COMPARISON WITH THE MAIN INTERNATIONAL GRADING SCALES

EFRON - CCLRU - JENVIS - GLAUCOMA - FERNING TEST - MEIBOGRAPHY

MD. VIGO TREATMENT SUGGESTION



DATA RESULTS VIEW

Complete and dry eye focused database allows to understand and properly diagnose dry eye patient.

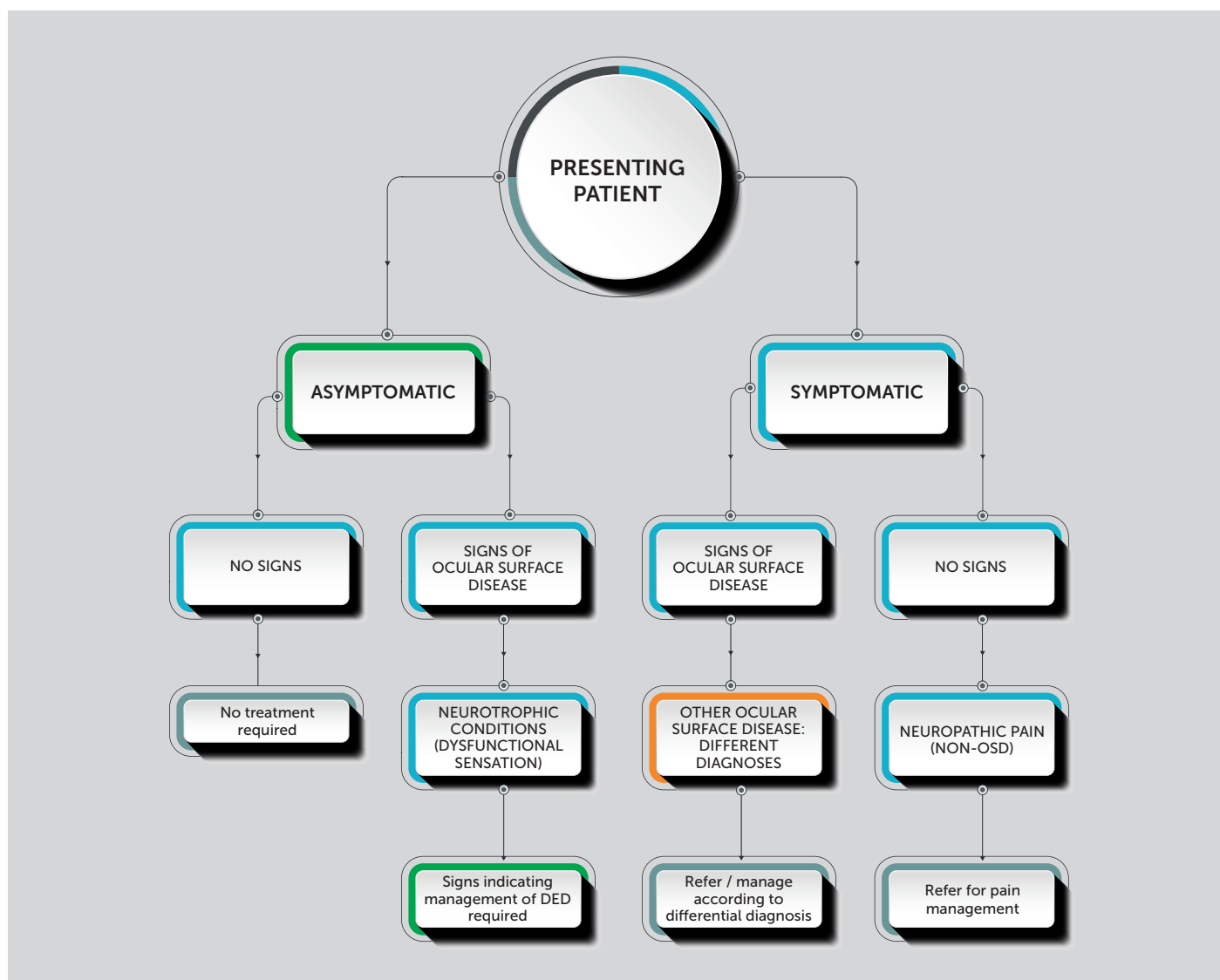
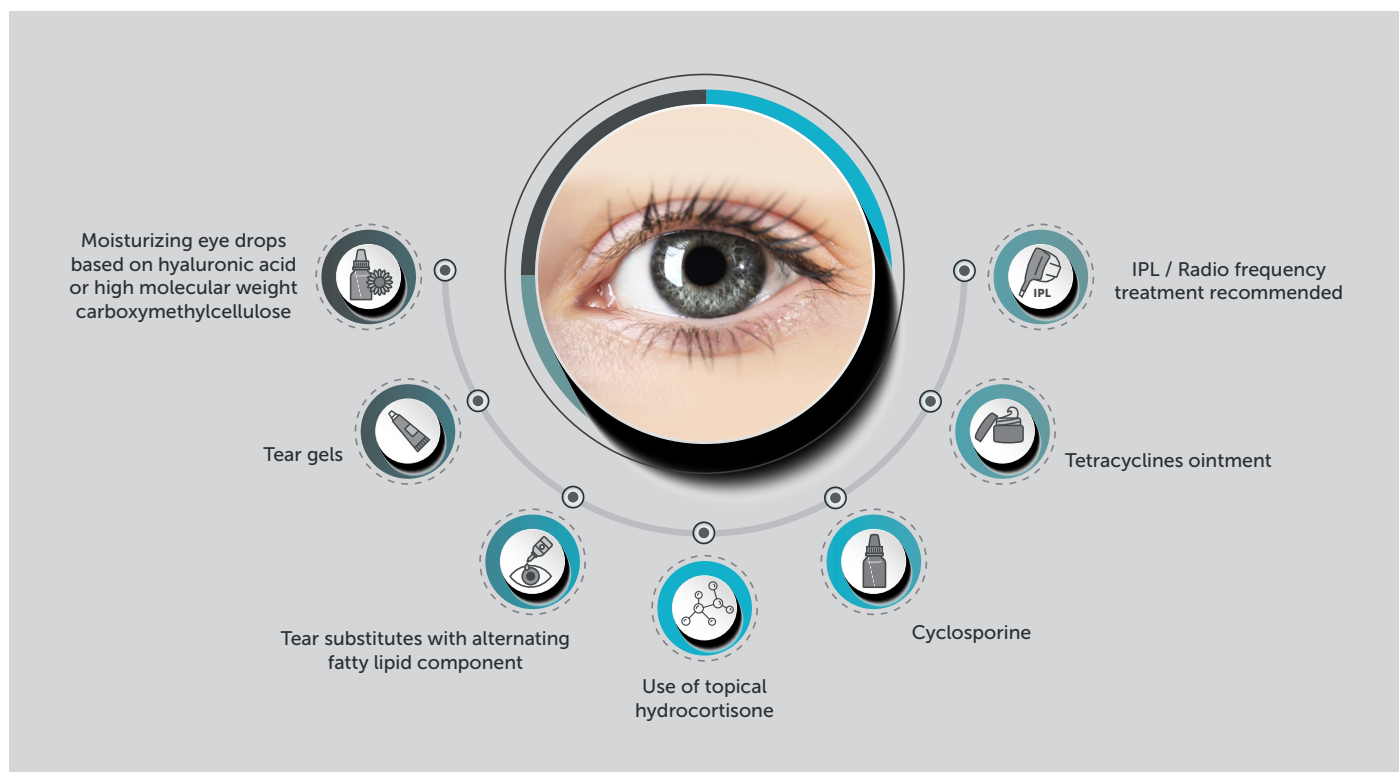
With the useful data result tab, doctor can check the complete tear film assessment, determinating all deficiencies that cause the pathology and in the mean time understanding which treatment is needed to approach each case.

DIAGNOSIS SUGGESTION

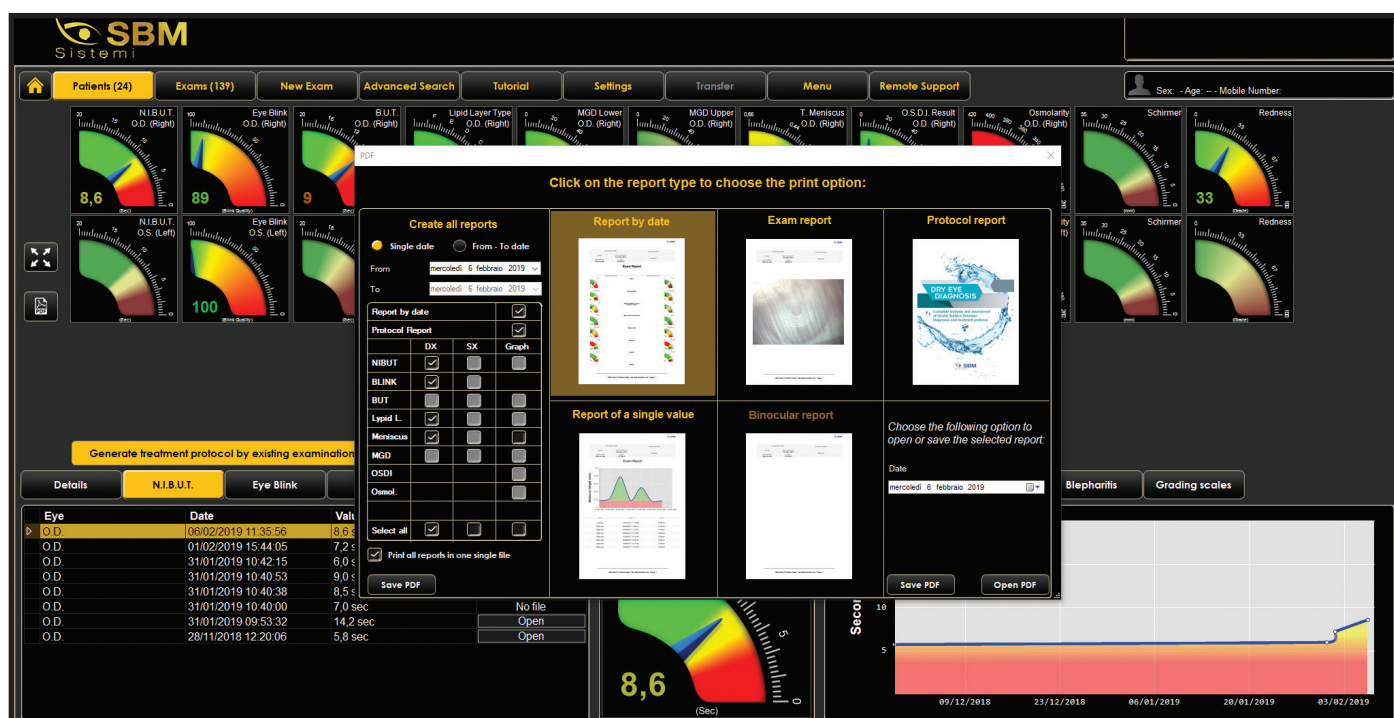
Ocular surface datas and pathology classification

Thanks to Studio Medico Carones with MD. Luca Vigo's experience, IDRA includes a suggestion alorythm able to share a possible treatment approach for each patient.

All suggestions can be edited instead your experience and your treatment protocol.



REPORT

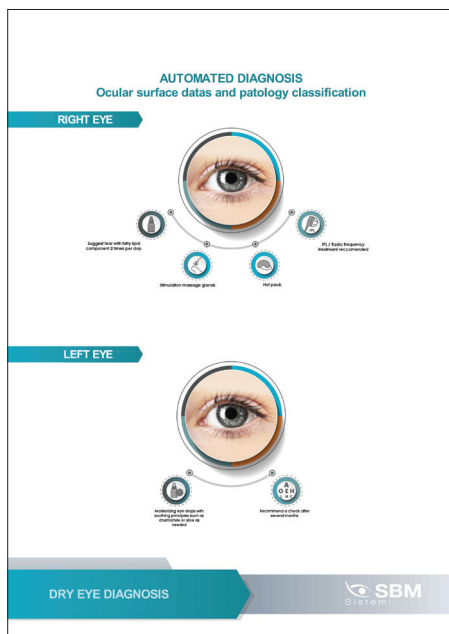
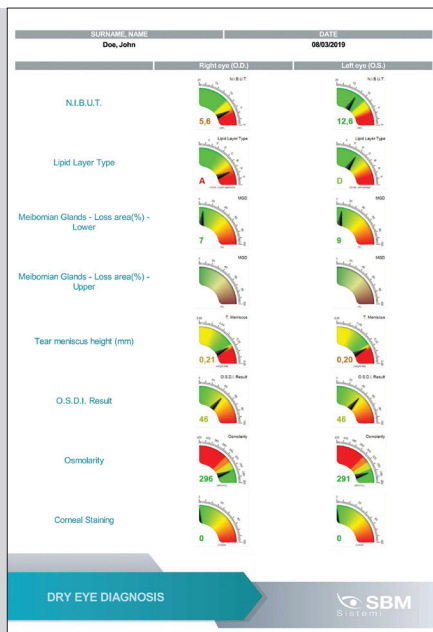


MANY DIFFERENT REPORTS AVAILABLE

IDRA software is a dedicated platform for dry eye and allows, over the classification and diagnosis, to print and save various medical reports, giving the most professional and clinical solutions to your patient.

COMPLETE REPORT

Complete report with all results and pictures used to explain to the patient any dry eye category.

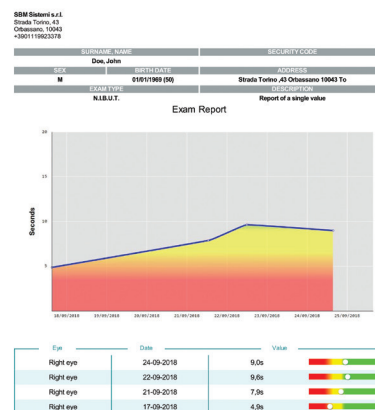


TREATMENT REPORT

Patient oriented report explaining causes of pathology and recommended treatments.

FOLLOW UP REPORT

For each value is possible to show trend line before/during/after the treatment.



PACKAGE CONTENTS

- IDRA
- FOOT PEDAL
- MAIN CONE
- PLACIDO CONE
- BRIEFCASE



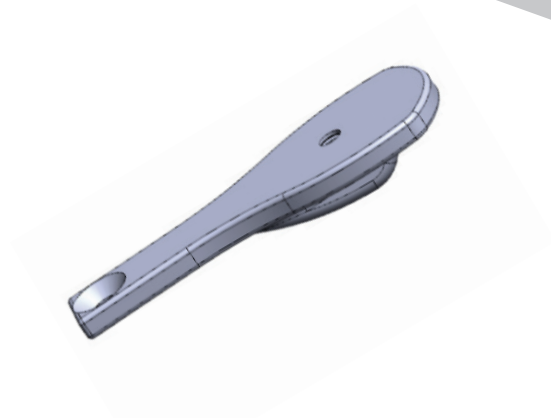
OTHER AVAILABLE ACCESSORIES



TABLE HOLDER



SLIT LAMP ADAPTER



COMPLETE HOLDER



TABLE



DRY EYE DISEASE

Dry Eye Syndrome and the following disease commonly occur together.
Patients may have irksome symptoms, but not associate them with dry eye syndrome.



- Glaucoma
- Contact lens
- Cataract and refractive surgery
- Diabetes
- Prevalence of Dry Eye Disease in Rheumatoid Arthritis Patients
- Blepharitis

DEALER

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