

ASICO®

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Customer Service: 1-800-628-2879
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Vision

NEWS

FALL 2011

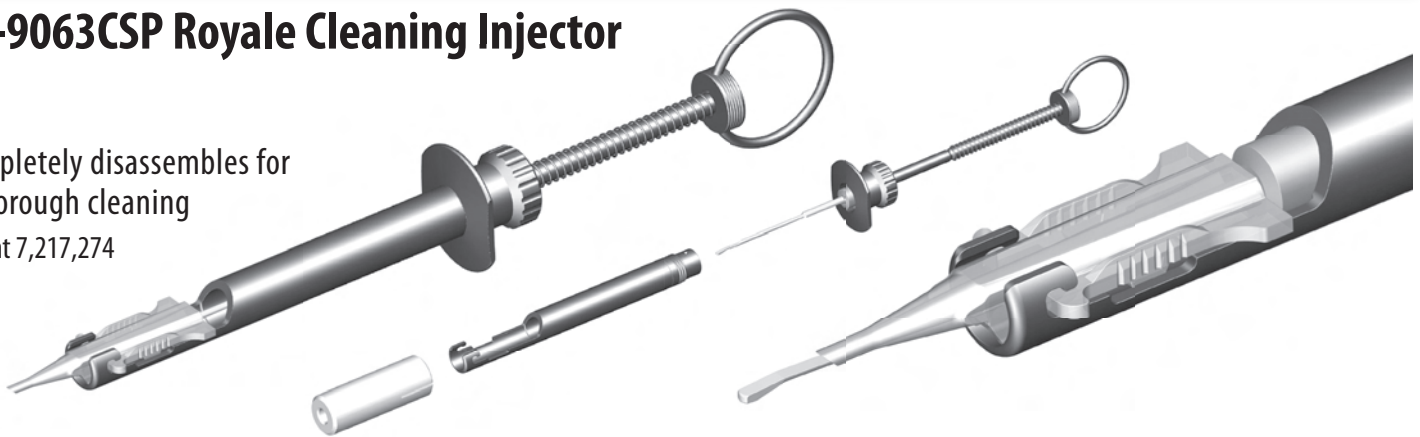
DEDICATED TO QUALITY AND EXCELLENCE IN OPHTHALMOLOGY

TASS Identified and Designs to Prevent It

AE-9063CSP Royale Cleaning Injector

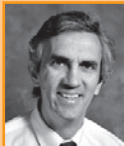
Completely disassembles for
a thorough cleaning

Patent 7,217,274



Nick Mamalis, MD

University of Utah
Salt Lake City, Utah



"Most comprehensive report on management of TASS to date."

Contact ASICO for the latest cleaning guidelines to reduce TASS.

Toxic anterior segment syndrome (TASS) is a complication of anterior segment surgery caused by a toxic noninfectious substance which results in toxic damage to intraocular tissues.

One of the main preventive measures for TASS is to have an effective cleaning and sterilization of the surgical instruments used as well the ability to clean all surfaces of the instruments that come into contact with the eye, to ensure that no remnant OVD or residual cortex are left on the instrument which could cause TASS. ASICO has worked extensively with an internationally acclaimed lab to develop a comprehensive test that takes into account staining, cleaning and detecting remnant protein and enzymatic agents to possibly reduce, if not eliminate, episodes of TASS for both manual and automated pre-cleaning. We

have tested the most difficult products to clean which are tubular instruments.

ASICO is proud to announce the launch of the new Cleaning I/A Hand Piece (AE7-0029) and Royale Cleaning Injector (AE-9063CSP). What makes these products stand apart from other I/A hand pieces and injectors is their ability to completely disassemble, allowing for a thorough cleaning. Therefore, no Viscoelastic (OVD) or cortex remnants are stuck in areas which are inaccessible to clean. The I/A Hand Piece is compatible with all popular phaco consoles and can fit different types of sleeves and threaded I/A tips. The Royale Cleaning Injector is the latest in the ASICO Royale series of Injectors, designed for the Alcon Monarch® C, and D cartridges.

View the AE7-0029 Cleaning I/A Hand Piece on page 4.

Sources: Kelly, M., A. Srinivasan, and A. Pelletier. "Toxic Anterior Segment Syndrome After Cataract Surgery --- Maine, 2006." Centers for Disease Control and Prevention. Center for Disease Control and Prevention, 29 June 2007. Web. 05 Aug. 2011. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5625a2.htm>>.

Do You Really Need a Pre-Op Marker and an Intra-Op Marker? How about one that does both?

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Cornea Round Table with the Experts

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What's Popular for Small Incision CCC and for Femtosecond ?

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Transitioning to Prechopping: Testimonials from Akahoshi, Viteri, Nakano, Aguilar, and Inamura

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Pre-Op + Intra-Op in One Marker



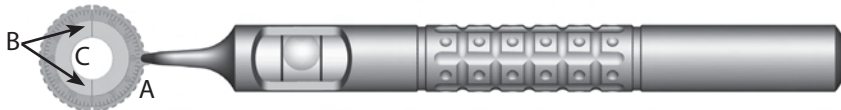
Tobias Neuhann, MD
Munich, Germany

Q: Dr. Neuhann, what makes this Toric marker design so exceptional?

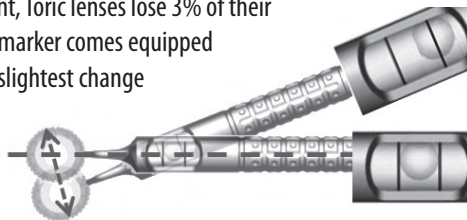
A: "I can now complete Toric marking in one step, by marking intra-op marks preoperatively. This eliminates the need for pre-operative marking, simplifying the toric procedure and reducing the opportunity for error. The marker comes equipped with a bubble level that has a sensitivity of less than 0.5°, providing for precise alignment. The 12.5mm outer diameter works on all patients, including those with small orbits. Furthermore, you can mark at the slit lamp with or without the marking pen since the indentation from the marks will last long enough in the epithelium. The knurled outer barrel allows for easy axis rotation and accurate alignment of the IOL placement axis (A). Lines on the marker serve as a guide for the axis marking pattern (B). Finally, the wide center opening increases visibility and centers for cornea light reflex (C)."



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For every one degree in misalignment, Toric lenses lose 3% of their corrective effect. The Neuhann Toric marker comes equipped with a bubble level that notices the slightest change in movement to prevent incorrect marking.



Siegfried Pringlinger, MD
Linz, Austria

"Until now I thought handheld pendulum supported cornea markers were a good choice. The great visibility of the AE-2799T absolutely changed that and makes corneal marking so much more convenient and precise for me and my patients."

Additional Toric Options

Pre-Op



Rudy MMA Nuijts, MD, PhD
The Netherlands

"I find this marker is superior because there is maximal visibility of the limbus."



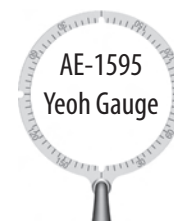
AE-2791TBL Nuijts/Lane Pre-Op Toric Reference Marker with Bubble Level

Intra-Op Two Hand Technique



Ron Yeoh, MD
Singapore

"I find the new Yeoh Toric gauge to be simple; designed to be used intuitively while providing maximum visibility for the doctor."



AE-2740N Nuijts Toric Axis Marker with 5mm Center Opening



Intra-Op Single Hand Technique



AE-2794 Intra-Op Toric Axis Marker
Cut-outs at 0° and 180° allow you to identify and accurately align to pre-op reference marks. Marks every 10°.



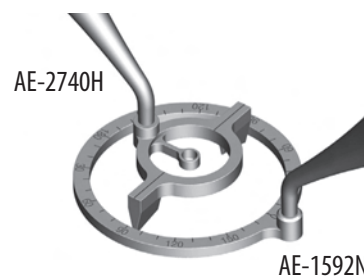
Satish S. Modi, MD
Poughkeepsie, NY

AE-2848N Modi Low Profile Intra Op Toric Marker
"With the small markers I have seen, they either require the use of both hands or do not make lasting marks. The marker I designed with ASICO overcomes these difficulties and I have great success with this marker on my patients. The outer diameter is only 12.5mm, allowing the outer pre-operative marks to be easily seen for consistent alignment and works well on smaller corneas."



David Lubeck, MD
Homewood, IL

"The Yeoh Gauge is my favorite because of its refined dimensions. It fits easily on any eye, including those with small palpebral fissures. I enjoy the superb fit and ergonomics of this gauge over a standard Mendez gauge. Additionally, the degree markings on the Yeoh gauge are extremely precise. The AE-2740N Nuijts marker creates crisp, precise markings. The visualization and precision give me an accuracy of plus/minus 1 degree."



AE-2740H Nuijts Toric Axis Marker with 5mm Center Opening & Centering Device inside AE-1592N Yeoh Gauge - This can also be done with AE-1595 and AE-2740N.



Cornea Roundtable With The Experts

DALK, DSAEK and DMEK



Prof. Donald Tan
Singapore

Q: How is your DALK technique different?

A: "My modification essentially involves first performing a half-depth manual lamellar dissection after the initial partial trephination, so as to enable central access to the mid-stroma. Insertion of the air injection needle or cannula is therefore more likely to be at the right depth to ensure a higher rate of success."

Q: What is the advantage of your glide technique for DSAEK compared to traditional folding techniques?

A: "The glide technique is proven to reduce endothelial cell loss compared to the conventional folding technique. The glide technique offers a reported endothelial cell loss of 19%, compared to 47% with the traditional folding technique."



Thomas John, MD
Chicago, IL

Q: Who should be a first patient for DALK ?

A: "It may be a good idea to first try the DALK procedure on a case where a full-thickness penetrating keratoplasty (PK) is the planned procedure. This gives the surgeon an opportunity to try lamellar keratoplasty dissection, air-injection to create a big-bubble, etc., in stages without any added surgical pressure, and then convert to the pre-planned PK procedure."



Charles Ahn, MD
Downers Grove, IL

Q: Why do you recommend surgeons perform DMEK and under what conditions should they perform it?

A: "DMEK should be considered the procedure of choice for corneal endothelial disorders such as Fuch's Dystrophy, pseudophakic bullous keratopathy, and endothelial trauma. Selective replacement of diseased corneal endothelium and Descemet's membrane appears to provide superior visual results in both acuity and quality over DSAEK or PKP with faster recovery. The absence of stroma in the graft with DMEK appears to be responsible for clearer vision with sharper acuity. An additional advantage to the thin graft in DMEK is little to no hyperopic shift with surgery."

AE-5666 (right) and AE-5667 (left) Tan Scissors are needed for the DALK procedure.



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AE-4226 Tan DSAEK Forceps grasp only donor stroma, and not endothelium.



Scan to
Watch Video



AE-2849 John ALK Marker - "This will serve as a guide for optimal suture placement and potentially decrease the amount of post-operative astigmatism." - Dr. John



Scan to
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AE-2327 Ahn DMEK Rake "Allows for careful separation of donor Descemet's membrane without direct contact to the endothelial surface." - Dr. Ahn



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Precision and Control Matter for Vitreoretinal Surgery



Borja Corcostegui, MD
Barcelona, Spain

Forceps and Spatula - Dr. Borja Corcostegui

"The curved shape of the tip provides great visibility while I am grasping and removing the epiretinal tissue. With the smaller size pick-forceps, I can more precisely grasp and remove the epiretinal tissues, with one single maneuver."



Ronald A. Das, MD
Malaysia

"ASICO's Corcoestegui Forceps are very effective and safe when used as a forcep, pick, and spatula for retinal surgeries. They also offer more visibility than any other retinal forceps I have seen."

AE-4912T VRTIS Thin Fine End-Gripping Forceps, 23G

Thin profile increases accessibility and maneuverability to the macular region. This thinner version is suitable for peeling the smaller surface area of the ILM or lighter adhesion.



AE-4912T

Corcostegui Forceps

Patent Pending



AE-4913



AE-4913T

Regular Version:

23 Gauge (AE-4913)
25 Gauge (AE-4925)
27 Gauge (AE-4915)

Thin Version:

23 Gauge (AE-4913T)
25 Gauge (AE-4925T)



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VRTIS Horio ILM/Subretinal Forceps, 25 Gauge - AE-4927



Naoichi Horio, MD
Mizuho, Japan

"The blunt tips provide a safety feature while peeling the ILM and the sandblasted platform helps catch the ILM. This long platform helps grab the subretinal strand behind the retina, while the space between the platform and the base prevents one from catching the retina."



AE-4927

Microcoaxial and Femtosecond – Consider the Options

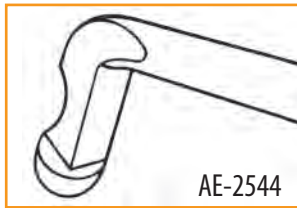
Popular Choices for Micro Coaxial Phaco Surgery

Chang Duo Quick Chopper



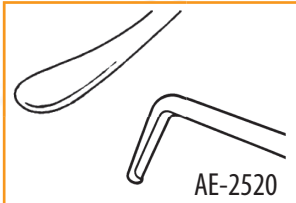
AE-2573

Nagahara-Ahn Small Pupil Chopper



AE-2544

Koch Spatula/Nagaharra Chopper



AE-2520

Akahoshi Mini Bent I/A Tip, 22G



AE7-3051

Customize your MCO Forceps for CCC

For sub 2.2mm surgery, ASICO offers forceps in both flat handle and round handle. Both allow for excellent visibility and control, with reduced loss of viscoelastic and reduced wound stretching. Fashioning a 5.0 to 5.5mm round and centered anterior capsule opening has become routine and trouble-free.



AE-4344VR

Round Handle



AE-4344

Flat Handle



Vault Tips

Round Handle Models:
AE-4344R (straight tips)
AE-4344VR (vault tips)
Perfect for 1.8mm Incisions



Straight Tips

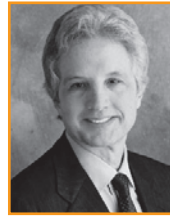
Flat Handle Models:
AE-4344 (straight tips)
AE-4344V (vault tips)
Perfect for 2.2mm Incisions

NEW! Cleaning I/A Handle - AE7-0029

Reduce TASS with ASICO's Cleaning I/A Handle. This handle completely disassembles for a thorough cleaning.



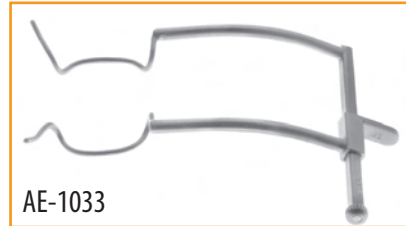
Slade's Choices for Femtosecond Cataract Surgery



Stephen G. Slade, MD
Houston, Texas

"Femtosecond laser cataract surgery will be a significant advantage for difficult cataract cases in the future."

Murdoch-Slade LASIK Speculum



AE-1033

"This self locking speculum is ideal for femtosecond procedures, designed to provide maximum exposure with LenSx®."

Slade Femtosecond Spatula



AE-2326

"The flat tip helps open the main and sideport incisions made by the Femtosecond laser procedure. It is ideal for lifting LASIK flaps in primary cases and relifts."

Slade Femtosecond Hydrodissection Cannula, 23G



AE-7654

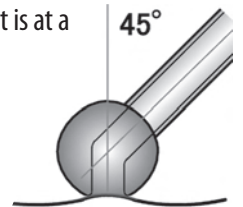
"This helps to release the gas bubble trapped beneath the nucleus during emulsification and loosens the nucleus during the Femtosecond procedure to create a more efficient hydrodissection."

® Trademark of Alcon Laboratories

Try with AE7-0029: Akahoshi Ball I/A Tips

Available with or without sandblasting. Port is at a 45-degree angle so that the tip approaches the posterior capsule at 90-degrees.

45°



Polished

Sandblasted



Add an "S" for sandblasted version. Available straight (AE-3060), bent (AE-3061) or s-curve (AE-3062).

Universal threading allows this handle to fit with various I/A tips.

Compatible with all popular phaco consoles and fits multiple sleeves.



Tools for Managing Complications



Dr. Soon Phaik Chee
Singapore



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On AE-4907: "Retrieving subluxated implants from the vitreous cavity can be difficult. Current micrograsper forceps are not ideal for gripping the optic or the haptic. This specially designed atraumatic forceps has gently sand-blasted gripping surfaces that allow the surgeon to reach and hold onto the IOL optic or haptic as needed."

On AE-2210: "This suture retrieving hook is designed [to make the] tedious step [of suturing] simpler and safer."



AE-4907



AE-2210

Popular Choices for ICL®



AE-4446N

Zaldivar-Kraff ICL® PACman Forceps

Atraumatic ridges to grasp the ICL® without damage. Hole on top to view the ICL®.



AE-4965

Zaldivar Iridectomy Forceps

23 gauge forceps perfect for grabbing the iris during iridectomy.



AE-5665

Zaldivar Iridectomy Scissors

Can be used through the paracentesis incision. Curved blades for easy cutting and better visualization.



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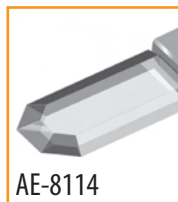
® Registered Trademark of Staar

Effective Glaucoma Procedure



Alan Crandall, MD
University of Utah
Salt Lake City, Utah

Micro Crescent Diamond Knife, 1.2mm



AE-8114

For glaucoma. Angled blade is ideal for dissecting the initial and second flap.



AE-1526

Crandall USC Marker

5.0mm square marking pattern
4.0mm x 5.0mm triangle marking pattern

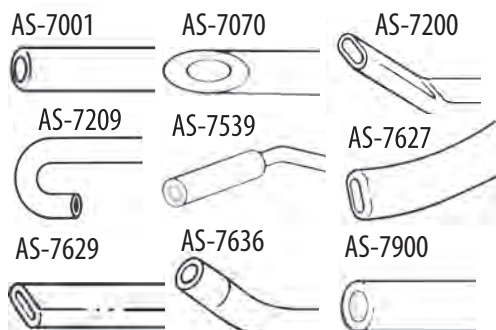


AE-8304

Kitahara Rotatable Glaucoma Punch

"The Kitahara punch creates a perfect hole that allows for the best visibility during my glaucoma surgery" - Dr. Crandall on AE-8304.

MCO Single-Use Options for Your Pack Disposable Cannulas - 10 per box



- AS-7001 - Rycroft Air Injection Cannula, 27G
- AS-7070 - Atkinson Retrobulbar Needle, 23G
- AS-7200 - Bishop Harmon Irrigating Cannula, 19G
- AS-7209 - J-Shaped Cannula, 25G
- AS-7539 - Terry Capsule Polisher, 27G
- AS-7627 - Kellan Hydrodissection Cannula, 25G, Curved
- AS-7629 - Nucleus Hydrodissection Cannula, 25G, Angled
- AS-7636 - Akahoshi Hydrodissection Cannula II, 27G, Beveled Tip
- AS-7900 - Packo Back Flush Needle, 19G, Blunt

Don't notice our single-use products in your pack? Have your pack company contact us today for special rates.

Advancut Disposable Blades

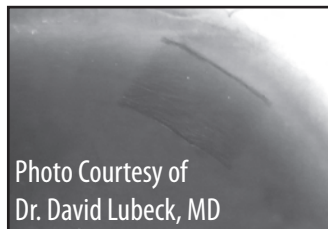


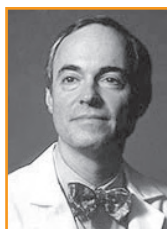
Photo Courtesy of
Dr. David Lubeck, MD

Creates a perfect square incision for a self-sealing wound. **6 per box**

Regular sizes (in mm): 2.0, 2.2, 2.4, 2.65, 2.8, 3.0
Safety sizes (in mm): 2.0, 2.2, 2.65, 2.8, 3.0



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Douglas Koch, MD
Houston, TX

"These blades are incredibly sharp, provide just the right amount of tissue feel, and create a beautiful long tunnel with remarkable consistency."

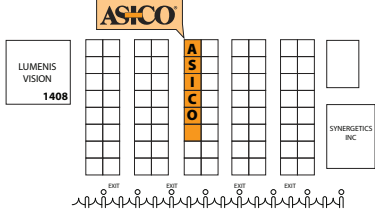
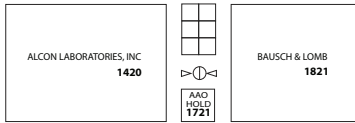
Beveled blades cut like diamond Knives



Safety Handle



AAO BOOTH # 1705 -1715



Tired of waiting? Pre-order today and avoid long lines.
Call 1-630-986-8032 or Email info@asico.com for more details!

Transitioning to Prechopping – A Great Alternative to Chopping



Takayuki Akahoshi, MD
Tokyo, Japan

“By prechopping the nucleus, the ultrasound time and energy can be reduced remarkably to prevent the incision from the thermal damage by the phaco tip as well as the corneal endothelial from the turbulence. Reduced aspiration time will also alleviate the stress on the optic nerve by the high irrigating pressure.”



AE-4190 Akahoshi Combo II Prechopper – Vertical prechopper for nuclei grades 1 & 2. Fits through a 2.0mm incision.



AE-4192 Akahoshi Universal II Prechopper – Horizontal prechopper with thinner blades. Fits through a 2.0mm incision.



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AE-2530 Akahoshi Nucleus Manipulator – Ideal for the counter prechop technique. Can be used as a manipulator and sustainer.

Additional Prechopping Innovations



Jose Roberto Aguilar, MD
Mexicali, BCN, Mexico



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Aguilar Prechopper - Fits through a 2.0mm incision. Penetrates nucleus easily and safely with bevels located on the bottom of each blade.



Aguilar Sustainer - Broad surface area of tip helps support the nucleus and prevent zonule ruptures for hard nuclei.



Mikio Inamura, MD
Yokohama, Japan



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“The Inamura Swan Prechopper easily fits through a 2.0mm incision. The shape of the tip is wide enough to completely divide soft nuclei easily, avoiding the collapse of the posterior capsule.”

What do other surgeons have to say about prechopping?



Celso Nakano, MD
São Paulo, Brazil

“Phaco prechop is the most elegant and beautiful cataract surgery technique of all, and what makes it so special, is that every surgeon believes that they can perform it the same way Dr. Akahoshi does it. And everybody knows, the best technique is the one which is the most reproducible and effective to lots of different surgeons.”



Eduardo Viteri, MD
Guayaquil, Ecuador

“The concept of [prechopping] developed by Prof. Takayuki Akahoshi, has been the most significant improvement in my cataract surgery technique since I started to perform Phacoemulsification. I began to use Akahoshi techniques back in 1998 and achieved a 95% reduction in the ultrasound energy delivered to the eye and a 30% reduction in surgical time. As we avoided the sculpting, there was also less fluid turbulence. This translates into faster recovery, better endothelial survival and increased operational efficiency. Hearing Akahoshi advise, from the beginning I decided to use ASICO surgical instruments. That original kit, consisting of the Combo Prechopper (AE-4284), the Universal Prechopper (AE-4192) and its complement, the nucleus sustainer (AE-2530), is still my favorite and quite enough to perform all the variations of the Prechopper techniques, that go from the Karate Prechop for softer cataract to the counter-pressure in harder nucleus and its simplified version, the V-Prechop technique that is popular with beginner surgeons.”

Akahoshi T. Phaco prechop: manual nucleofracture prior to phacoemulsification. Operative Tech Cataract Refract Surg 1998
Viteri E. V-Prechop: a simplified and safer technique for cataract surgery. Ocular Surgery News. May 2004

