Corneal Cross-Linking i-Volution

PXL SAPPHIRE 318



Variable settings: 3 mW - 9 mW - 12 mW - 18 mW with simultaneous time adjustment

- Continuous, interval and LASIK modes
- Self-calibrating and self-adjusting
- 5" Color touch screen



PXL SAPPHIRE 318



The PXL SAPPHIRE 318 is portable with a high quality table mount.

Corneal Cross-Linking

Corneal cross-linking (CXL) is a treatment with the aim of strengthening the corneal stromal tissue through the formation of new chemical bonds between stromal fibers.

- CXL is the only effective non-invasive treatment to stop progressive keratoconus as well as related ectatic disorders (such as PMD and iatrogenic ectasia) and has a regularization effect on corneal topography.
- In addition to its role in treating ectatic corneal diseases, CXL has an established place in the management of infectious keratitis. UV light has long been known for its ability to kill different micro-organisms (such as bacterial and fungal). Since keratitis in humans is an important cause of blindness, and antibiotic resistance is an increasing problem worldwide, CXL proves to be an extremely valuable possibility to manage the condition with a satisfactory outcome.
- CXL treatments are inexpensive, easy to perform, and comfortable for the patient.

Unique – Fast – Excellent

Visionary MedTech for a better performance - Swiss Made

Clinical Experience

In recent years corneal cross-linking has become the standard procedure for treating patients with progressive keratoconus and other ectatic corneal diseases because of its effectiveness and lack of serious side effects. A large number of major clinical studies has proven the effectiveness of CXL and the lack of serious side effects. More than 85% of eyes treated with CXL showed a significant increase in BCVA.

Background

Corneal cross-linking is a process of photo polymerization. During this process singlet oxygen is being created with the use of riboflavin as a photo mediator activated by UV light. Free radicals lead to physical intra- and inter-helical cross links of stromal collagen fibers. This process takes place mainly in the anterior 200 μ to 250 μ of the stroma.

The Device

The PXL SAPPHIRE 318 was designed with a special focus on effectiveness, safety and user friendliness.

- The 5" color touch screen allows easy operation of the system and display of all relevant treatment information.
- To offer flexibility, it enables the surgeon to choose between four energy levels: 3 mW - 9 mW - 12 mW - 18 mW.
- This allows the surgeon to choose the ideal energy/time combination for the intended treatment:

 $3 \text{ mW} \times 1800 \text{ sec}$ (30 min) = 5400 mJ

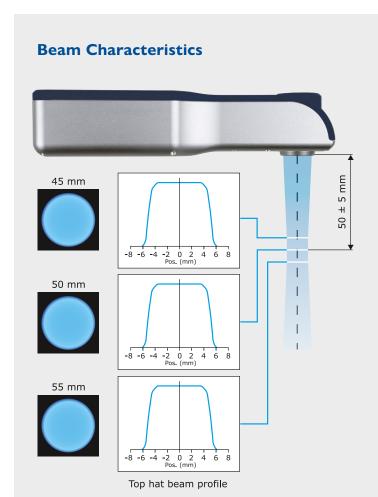
 $9 \text{ mW} \times 600 \text{ sec } (10 \text{ min}) = 5400 \text{ mJ}$

 $12 \text{ mW} \times 450 \text{ sec } (7.5 \text{ min}) = 5400 \text{ mJ}$

 $18 \text{ mW} \times 300 \text{ sec}$ (5 min) = 5400 mJ

■ To guarantee the high level of safety the beam of the PXL SAPPHIRE 318 has a waste line at a distance of 50 mm from the optics and a depth of focus of approx. +/- 5 mm.

- To protect the limbal stem cells and to focus the beam on the clear cornea the PXL SAPPHIRE 318 has an adjustable aperture from 3 mm to 12 mm.
- The PXL SAPPHIRE 318 is portable with a high quality table mount and comes in a sturdy transport case.
- The optional floor mount is recommended for flexibility in use.



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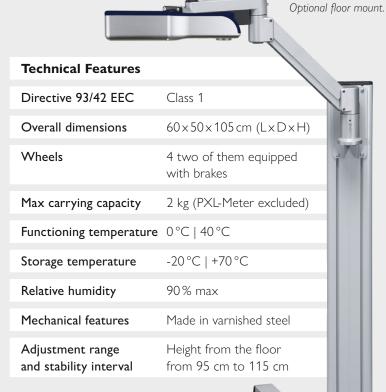
To protect the limbal stem cells and to focus the beam on the clear comea only the PXL SAPPHIRE 318 has a continuously adjustable aperture from 3 mm to 12 mm.

Safe – Effective – Flexible

PXL SAPPHIRE 318

The PXL SAPPHIRE 318 comes in a sturdy transport case.





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