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Communication a mean and a must!..



Dear Colleagues, Suppliers,
Partners and Friends:

In our last issue of Vision with Attitude I discussed our new "face" or better stated "new corporate identity". Such corporate identity involves among other things; new letter heads, new business cards, new exhibit set ups and many more changes in the material we use to communicate to you whether in person, in meeting points (exhibitions or alike) or through various printed correspondences.

At Medicals International we emphasize quite a bit on **communication** yet we believe we are very far from where we should be. We strongly believe **communication** is at the heart of the success or failure of any organization whether that involve internal communication; i.e.: communication of the corporate mission, values and business objectives throughout the organization in question, or most

importantly communicating with our client base on the various products offered, or services provided.

My invitation today is extended to our valued partners and client base throughout the region to consider seriously **communication** in your individual practices. We believe communication in the medical and health related industry is not yet well exploited in our region and its yields could be very rewarding.

Communicating with your patient base could be as simple as sending a monthly or quarterly clinic briefing advising on new services offered, raising awareness relevant to a disease plus some clinic insights. Such medium of contact would surely bring you closer to your client base and will open the channels of communication between both parties in a much more organized way.

If you are interested in developing such channel of communication kindly communicate with your Medicals International Representative to help you and trust that is our era; **Communication is a mean and a must** for every business entity.

your colleague, partner and friend,
Walid G. Barake
President and Founder

SCHWIND & MI launching business in the ME

SCHWIND eye-tech-solutions and **Medicals International** are proud to sign an agreement for the sales and marketing of the **SCHWIND** refractive line in the Middle East markets.

SCHWIND is a family owned company established in 1958 with great innova-

tive history in the ophthalmology and optical field. Our association with this German high end manufacturer goes in line with our strategy to offering our valued client base with the most advanced and versatile refractive platform available in the market place today.



*The innovative AMARIS
from SCHWIND eye-tech-
solutions*

BIOMEDICS 1 DAY; Now in SAUDI ARABIA

Medicals International is pleased to continue the launching of the Biomedics 1Day in the Kingdom of Saudi-Arabia market with a motto: A Fresh Way to start your day!

After the significant success that we have witnessed in the Middle East with our new Biomedics 1Day, Medicals KSA is happy to announce the official launching of the Biomedics 1Day in Jeddah and Madina to be followed in the rest of the cities in the Kingdom.

The launching ceremony took place at the Marriott Hotel in Jeddah and the Meridian Hotel Al Madina Al Mounawara, where all ODs and practitioners attended an enlightening presentation on "The Global Contact Lens Market Trend" that was presented by Mr. Jean Claude Baachalani in Jeddah and Mr. Mohamed Helmi in Madina.

Fady Badran, Sales Manager CL KSA presented to the attendees a technical briefing on the new Biomedics 1Day and about the objectives of Medicals International KSA from the launching promotion.

After the presentation all audience joined us to a lunch cocktail party.

Fady Badran,
MBA,
Sales & Marketing Manager
Saudi-Arabia



- 1- Mr Fady Badran
- 2- Practitioners
- 3- Speaker - Mr Mohamad Helmy
- 4- Attentive Attendees

A Fresh Way to start your day!

BIOMEDICS 1Day CONTACT LENSES

A Fresh Way to Start Your Day



30 Daily Disposable Lenses

Advanced lens design

- ▶ Removes the need for a comfort agent
- ▶ Maintains lens comfort throughout the day

www.medicalsintl.com



The All New BIOMEDICS 1DAY Product Specifications

Material:	Ocufilcon B; with visibility handling tint & UV inhibitor
Diameter:	14.2 mm
Center Thickness:	0.07 mm
Base Curve:	8.7 mm
Water Content:	52%
Power Range:	-10.00 to + 6.00
Packaging:	30 blisters per box

*The newly
designed pack
&
patient friendly blister*

Are you really ready for it?

The battle for contact lens supremacy is raging with well informed and demanding wearers. Armies of researchers are working from a molecular basis up to the most elaborate geometrical designs.

Novel lenses are being produced to address the following:

- Material physical properties.
- Oxygen permeability.
- Lens dehydration.
- Spoilation.
- Surface geometry.
- Comfort enhancement.

As we all know, the FDA has established the following categories for contact lenses depending on the water content of the lens and the charge that the material is carrying after manufacturing (mainly dependant of the negatively charged methacrylic acid radical):

Group 1: Low water (<50%), nonionic

Group 2: High water (>50%), nonionic

Group 3: Low water (<50%), ionic

Group 4: High water (>50%), ionic

The research of **Holden-Mertz** has set a minimum criterion of **24x10⁻⁹ Dk/t** as critical oxygen levels to avoid corneal edema for daily and extended wear contact lenses. Most lenses available in the market are exceeding this limit, but it is important to highlight the delicate balance between the water content and the material itself. To increase Dk/t some manufacturers has compromised the handling and the lenses made are flimsy and jelly-ish. While with the **Biomedics™** line, our sturdy lenses kept high oxygen transmissibility with a superior handling due to the cutting edge dry cast moulding patented manufacturing process (**Patent No.: US 5,036,971 B1 August 6 1991**).

Darcy's Law describes water movement through a hydrogel material, which occurs through bulk flow in which the water molecules move together as part of a liquid body. Experts believe that changes in hydrogel water content under normal wearing conditions are surface-related. In-vivo hydrogel lens water content may vary with initial lens water content, lens thickness, pre-lens tear breakup, ocular surface temperature, osmolarity, humidity, pH, wearing schedules, material chemistry, blinking abnormalities and cleaning regimens. Most of the factors, that I listed, are invariable but with **Biomedics™** lenses the loss of water is minimal regardless of the water content because the material is resistant to surface dehydration. I

can't emphasize enough how important this feature becomes in our scorching temperatures around the year.

"Fluids and ions are transported through the hydrogel component of the material".

A minimum sodium ion and hydraulic permeability of **0.2 x 10⁻⁶ cm²sec⁻¹** is required for adequate lens movement. The deposition of tear film constituents (proteins, lipids and mucin) will result in reduction in comfort, and visual acuity, and increased inflammatory responses. How does our lenses compare to others? The answer resides in the number of patients able to wear **Biomedics™** lenses for a longer while than recommended.

On a more macroscopic scale, a top of the line material with excellent properties will not be enough to achieve better lenses without a geometry that fully covers all the requirements. **Biomedics™** lenses are unique by having the same thickness regardless of the power resulting in a better oxygenation and less contact lens patient drop-outs. Another feature is the rounded edge lenses obtained by the patented liquid edge moulding (**Patent No.: US 6,431,706 B1 August 13 2002**), thus enhancing comfort and increasing wettability. Research has shown that a low **NIBUT** (non invasive break-up time of the tear film) will result in a lower comfort rating.

In conclusion, price is no longer the main thing patients are looking for in a lens. The best contact lens has to offer a number of benefits, not just one. What better example of supremacy can I give while I am closing my first year at **Medicals International**, than **Biomedics Toric™** which I am proud to announce that Zero complaints were issued during this interval of time with thousands of wearers enjoying the unique features of it.

Yes the battle is on; don't leave your patients left behind!



Elie Moujabber,
Territory Manager, CL
UAE Office

Biomedics 1Day - What a Great Idea!!!

One of the healthiest and easiest types of lenses to care for, is the daily disposable modality of wear.

Yes, that is correct...wear it for one day and then throw it away. No cleaning. No solution costs. No storage. Daily disposable contacts offers the ultimate ease of use and freedom. Not only are daily disposables great because of their convenience, they are also one of the safest and healthiest ways to wear lenses. They are great for patients who only want to wear contacts on a part time basis:

- Weekend- activities, swimming, football, etc.
- Seasonal allergy sufferers.
- Special Events- weddings, proms, social events/ dinners.
- Vacations- No need for solutions and cases.
- International Travelers- don't know about the water

abroad?

- Athletics and small children not ready for full time wear yet.

In fact, most patients with the above style of life are wearing Biomedics 1Day and cannot even feel them in their eyes because they are the thinnest and lightest contacts available...

Join me on promoting the best lens for your contact lens wearers.



Selim Abdul Razzak,
B.SC,
Territory Manager, CL
Jeddah-KSA

Keratoconus

Non inflammatory eye condition in which the normally round dome-shaped cornea progressively goes thinner causing a cone-like bulge to develop as a result significant visual impairment.

Keratoconus classification:

1. Can be classified by cone shape.
 - a. Nipple, round shape.
 - b. Oval, often displaced inferiorly.
 - c. Globus, 75% of cornea affected.
2. By severity of curvature.
 - a. Mild < 45 D in both meridians.
 - b. Moderate 45 - 52 D in both meridians.
 - c. Advanced > 52 D in both meridians.
 - d. Severe > 62 D in both meridians.

By using these two classification systems, most cones can be described by severity of curvature and shape (for example, an advanced, oval cone).

The goal of any contact lens is to provide adequate vision with maximum comfort over a prolonged period of time, high oxygen flux, and deposit resistance.

“The Rose K design is a unique keratoconus lens design”.

The system allows the practitioner to choose lens options based on a systematic fitting approach. The **Rose K lens** is fully flexible lens system that works well on early to advance keratoconus patients. Multiple parameters for this unique lens make fitting, possible for most keratoconic eyes.

From my experience, I found out that this lens slowing down the progression of the keratoconus and stabilize the development of the disease.



*Widad Is'haq, OD
Senior Optometrist,
Jeddah Eye Hospital*

Egyptian Ophthalmic Society

The Egyptian Ophthalmic Society (EOS) is a scientific society that was founded on December 20, 1902 that aims to provide high standard ophthalmic practice, and global communication.

The EOS organized their Annual Meeting this year from the 12th to 14th of March 2008.

“The event was organized by the Higher Organizing Committee, led by the President Prof. Said Gomaa”.

Medicals International has been there as one of the participants. I had the privilege of witnessing such huge and successful conference, and to present the high value products of Medicals International during the Conference.

Medicals International's Team welcomed their customers from inside and outside Egypt, and had the chance to do full presentations and hands on the **Surgical** and **Contact Lens** Lines, and to distribute the recent studies and scientific articles.

It was inspiring as usual to sense the satisfaction of our customers and applaud our services.

The doctors visiting our booth had the chance to explore our **surgical instruments, machines** and **Contact lenses**, get to know the features of our products, and had the opportunity to watch a real surgeries playing on display screens.



*Ali Al-Akkad,
Territory Manager, Ophthalmology,
Egypt*



Rose K2 and ACT (Asymmetric Corneal Technology)

The **Rose K2™** lens was created to address two critical areas of performance for the keratoconic patient - spherical aberration and small optical zones. The base curve of the **Rose K2™** lens has an aspheric optical zone unlike the spherical optical zone found on the original **Rose K™** lens. This aspheric optical zone controls the spherical aberration which occurs on keratoconus lenses maximizing light focusing to a single point. Statistics show that **70% of keratoconus Rose K2 GP lenses manufactured are over -10D**, so spherical aberration becomes a major factor in reducing best vision in these patients and therefore should always be incorporated in any keratoconus lens design. The incorporation of aspheric optics into the lens, improves vision performance and enhances wearing time and comfort.

The aspheric (eccentricity) value is unique to each **Rose K2** lens, to maximize a single focal point and is based on base curve, refractive index of the material, the lens thickness, the edge lift and the power. The aspheric optical zone is larger than that of the original **Rose K™** reducing glare, haloes and flare, common for many keratoconic patients in dim illumination, particularly driving at night .

Clinical studies indicated a **96% patient** preference in visual performance with the **Rose K2™** lenses when compared with their **Rose K™** spherical lenses, and **91% of the patients** reported improved comfort. (Data on file) Incorporating aberration control into the original **Rose K™** lens was so successful it is now the standard in production for **Rose K2 Post Graft™** and **Rose K2 IC™** lenses.

Rose K2 IC™ (Irregular Cornea) and **K2 Post Graft™** lenses are large diameter, reverse geometry, intra-limbal lenses , with aberration control aspheric optics for applications in specialty GP lens fitting. Primary applications for **Rose K2 IC™** lenses include: Pellucid Marginal Degeneration, Keratoglobus, Post Graft, LASIK- induced Ectasia, Post PRK, large oval, sagging cones and patients with irregular corneas due to trauma. Nipple and oval cones, found in some keratoconus patients, are secondary applications.

Eyecare providers fitting **Rose K2 IC™** and **Rose K2 Post Graft™** lenses report improvements in visual acuity, lens centration and comfort, an increase in overall fitting success, and, "**reduced chair time to final fitting**".

By nature, irregular and keratoconic corneas are asymmetric, where the inferior quadrant of the cornea is frequently significantly steeper than the superior portion of the cornea, causing the GP lens to lift off the eye, at the 6 o'clock position.

Manufacturing technology now enables the incorporation of asymmetry into the lens design itself. **Asymmetric Corneal Technology ("ACT")** manufacturing is applied onto the base curve of the lens to accommodate this inferior asymmetry to enhance lens comfort and stability, to resolve lens displacement from lower lid interaction, and to deliver superior vision performance. The inferior quadrant of the lens is steeper than the superior and lateral quadrants providing better inferior (6 o'clock) alignment. "ACT" is available for all **Rose K** lens products. It simplifies fitting and improves lens performance for the irregular cornea patient. (see diagram) Utilizing "ACT" as part of the lens design resolves fitting/design complications created with more traditional approaches to overcome fitting the asymmetric cornea.

"The Rose K2 design offers 3 standard grades of ACT or the fitter can stipulate the degree of tightening they require at 6 o'clock, in 0.1 steps from 0.4 to 1.7 mm."

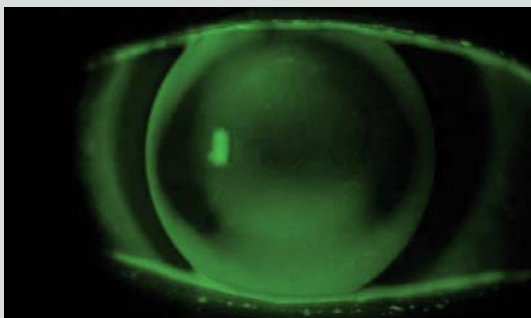
One approach to fitting corneas with inferior steepening, is to decrease the overall lens diameter to fit above or inside the steeper inferior quadrant. This approach yields smaller optical zone diameters and associated haloes, glare, ghosting, and unstable lens positioning. Another option is to increase the overall lens diameter to vault over and below the inferior quadrant. However this results in the lens lifting off the cornea at 6 o'clock causing discomfort and instability.

"ACT" allows larger diameter lenses to be fitted, is very simple to use, and is an easy way to optimize final lens performance by improving the cornea to lens fitting relationship . This promotes comfort, lens positioning and corneal health, while reducing the number of office visits (chair time) needed to arrive at the final lens fit.



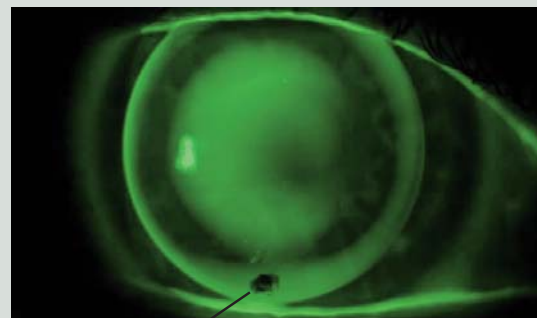
*Dr Paul Rose,
B.OPT, B.S.C, FNZSCLP.,*

NO TUCK



VS

TUCK (ACT)



Lumimark

3rd Astra Users Meeting

Medicals International held its 3rd Astra users meeting on June 27, 2008 at the Metropolitan Hotel, Sin El Fil.

The meeting consisted of an introduction to the new system and its advantages in terms of flexibility and ease of use. The surgical part was covered by **Prof. Antoine Berberi** while the prosthetic part was presented by **Dr. Georges Eid**. **Dr. Antoine Azar Maalouf** presented some of his Astra cases associated with bone grafting.

All attendants enjoyed a very friendly dinner at **Venezia Restaurant**. **Medicals International** would like to thank all the speakers as well as all its users and promise them a new and exciting program in its next users meeting. Until then...

*Diana Ghattas,
Jr Territory Manager
Dental Department
Lebanon*



Astra Seminar - Kuwait

The First Astra Users Conference in Kuwait was organized by **Medicals International** in the Marina hotel and resorts on the 20th of June 2008 and was approved to be credited by the **KDA (The Kuwait Dental Association)** for 4 credits.

The conference held was for 4 hours it includes an introduction done by our colleague **Bassam Khoury** introducing **Medicals International** to the 30 doctors that attended the event, followed by **Prof Voigt Wolfgang** from the **Astra world team** who presented the Astra dental system describing the main characteristics of our system and explaining about the surgical and prosthetic procedures

supported by clinical videos and photos for better overview on the system.

At the end of the seminar the doctors and all the participant enjoyed a dinner in the Uranus Restaurant on the sea.

*Chahid Daghfal,
Territory Manager
Dental Department
Kuwait*



Laser technology in dentistry benefits and tasks

The new generation of technology especially in laser had invaded the dentistry business. As we know, the dentists are always looking for better techniques, instruments and material that allow delivery of superior dentistry, with better patient comfort and with a higher quality of care. The use of lasers is one of these technologies that allow dentists to perform a variety of hard and soft tissue procedures well. Laser dentistry is a new technique that can improve the precision of treatment while minimizing pain and recovery time.

“Medicals International is currently the Distributor of Biolase exclusively in Kuwait”.

In the coming paragraph we shall clarify the different task done by a laser machine and the benefits of using the laser machine.

Task done by a laser machine:

1. All classes of dental fillings.
2. Laser assisted periodontal therapy.
3. Smile improvements, gum sculpting that lengthens teeth due to oversized gingiva ("gummy smile" improvement).
4. Gingivectomy, gingivoplasty, crown lengthening, and other gum corrections.
5. Root canals and apicoectomies.
6. Removal of oral lesions such as fibromas or papillomas.
7. Excisional and incisional biopsies.
8. Frenectomy.
9. Pediatric procedures.
10. Cold sore treatments.
11. Other

Clinical benefits of laser dentistry:

1. No high-pitched drilling sound: One of the common dislikes of patients regarding their dental experiences is the fear of the high-pitched, high speed drilling sound.

2. No vibration, no pressure: Many patients dislike the vibration and pressure from high-speed and slow-speed drilling. There is neither vibration nor pressure with the application of the laser.

3. No micro fractures: Unlike high-speed drilling which creates micro fractures on the tooth surface, the hydrokinetic system of the laser ablates the tooth gently without micro fractures.

4. No smear, No debris: The use of high-speed and slow-speed drilling leaves behind smear and debris. The laser action does not cause the formation of a smear layer or debris. This is significant in producing a very clean interface with the compos-

ite bonding agent.

5. Reducing the use of anaesthesia: Although there are no significant published studies on the subject, clinicians, the author included, do perform a wide range of laser procedures without the need of local anaesthesia.

6. Stronger bonding strength: The cavity surface prepared by laser allows composite restoration bonded to the tooth with a significant stronger bonding strength over the high speed drilled prepared cavity. This benefit allows a minimally invasive preparation be used to better preserve natural tooth structure.

7. Often no drill or needle for fillings. (No needle for most soft tissue procedures).

8. Reduced post op sensitivity with fillings.

9. Treat kids with no needle or drill.

10. Excellent adjunct to crown and bridge work for improved gingival health and more accurate impression.

Laser dentistry opened the door for dentists to perform a wide variety of dental procedures due to the multiple task that can perform in an easy, comfortable, and simple way.



**Chahid Daghfal,
Territory Manager
Dental Department
Kuwait**

*References: www.stevedds.com - www.yourdentistryguide.com
www.touchbriefings.com*



— Staar Visian ICL Events with Dr. John Vukich in Riyadh and Jeddah

Dr. John Vukich (Asst. Clin. Prof. of Ophth., School of Medicine, Univ. of WI, Madison, USA) who was one of the 1st doctors who started implanting **ICL in USA since 1988**, and who has been extensively involved in the **USA FDA trials** on this product, has enriched interested refractive surgeons in **Riyadh and Jeddah** with the latest about implementing **ICL and Toric ICL** in modern refractive practice.

In Riyadh, **Dr. Vukich** was introduced by **Dr. Abdullah Assiri** (senior member of the Anterior Segment Division in KKESH) and then he gave his valuable presentation followed by a rich discussion and Q&A about local applications and concerns about this **Phakic IOL**.

In Jeddah, **Dr. El-Danasoury** introduced **Dr. Vukich** to the audience. **Dr. Vukich** spent good time in giving all details about **ICL and Toric ICL** from his extensive clinical experience, and entertained questions and concerns.

We thank Drs. Vukich, Assiri, and El-Danasoury for their valuable cooperation and all attending doctors for their participation in these events.



Youssef Alwan,
B.Sc., B.E,
Sales Manager, Ophthalmic,
Saudi



— Visian ICL Event in Jordan

On February 16th and with the help of **Dr. John Vukich**, **Medicals International - Jordan** organized a presentation and scientific discussion entitled "**STAAR Vision ICL and Toric ICL in Modern Refractive Practice**" aimed at giving a better perspective at one of the latest inventions in ophthalmology, the **Visian ICL**. The gathering was attended by a selection of practitioners interested in knowing more on the advantages carried by this new type of high refractive treatment that gives a better hope for patients with high myopic and hyperopic degrees along with patients that happen to have a less corneal thickness which doesn't allow for a Laser or Lasik treatment to be performed. Some of the attending doctors happened to be already implementing this new technique and by that they got to discuss some of their cases with **Dr. Vukich**.

Visian ICL is best known for its numerous advantages, starting with its versatility since it can correct a wider range of myopia than **LASIK** or **PRK**. The second advantage is its simplicity taking into consideration that after been implanted, the **Visian ICL** is invisible and it also requires no maintenance. Another advantage to mention is the safety carried with this lens since it has proven reliability level after been implanted in over 60,000 eyes worldwide,

plus its biocompatibility since it's made of Collamer, a collagen copolymer. Collagen is the same naturally occurring substance present in all of natural connective tissue and the eye. It is highly biocompatible and not recognized as a foreign object as a result of its unique makeup. An important fact is that for any possible reason, this **phakic IOL** can be removed after implantation. Without forgetting the **Toric ICL** which corrects nearsightedness as well as astigmatism in one single procedure, with each lens specially made to meet the needs of each individual patient. In a small summary of a full and very interesting biography, **Dr. John Vukich** currently occupies the position of Assistant Clinical Professor of Ophthalmology at the University of WI Madison School of Medicine and Davis-Duehr Dean, Dept. of Ophthalmology Madison, WI, Madison Eye Association.

With this small event, **Medicals International** would be keeping a promise made since the beginning, to help in providing the best and latest in ophthalmic treatments, which in return should lead in offering a better service to patients who come first in every equation.

Sami Sila,
Internal office Manager,
Jordan Office



Official Launching of ICL/Toric ICL @ KKESH

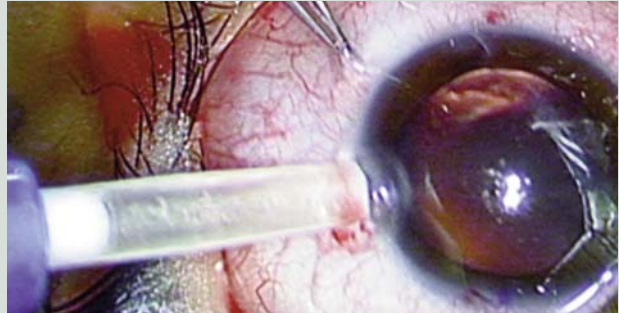
Staar Visian ICL /TICL was officially launched in King Khaled Eye Specialist Hospital in Riyadh in February 2008. Dr. John Vukich (Assistant Clinical Professor of Ophthalmology, School of Medicine, University of Wisconsin, Madison, USA) who was one of the 1st doctors who started implanting ICL in USA since 1988, and who has been extensively involved in the USA FDA trials on this product, has spent four days in **KKESH** where he was involved in presentations, discussions, Q&A, training, surgery proctoring, and post-op follow up with most doctors in the Anterior Segment Division of which 10 doctors were newly trained and certified to start doing this procedure.

The ICL (Implantable Contact -or Collamer- Lens) is a posterior chamber foldable **Phakic IOL**, which is implanted through a tiny 3 mm incision, in a 10 minute procedure to correct high myopia (up to -20D) and hyperopia (up to +10D). The Toric version corrects myopic astigmatism up to 6D of cylinder. The ICL is placed behind the iris and in front of the natural lens at a vault of 250 to 750 microns from the front part of the crystalline lens. The ICL is made from Collamer (Collagen + Acrylic copolymer), a material which is highly inert inside the eye and is considered in the body as "self" hence it will not initiate any immune response and will not attract any deposits in contrast with the other **Phakic IOLs** available in the market.

“The ICL has been CE approved for 10 years and FDA approved for 3 years. It has been implanted in other places since more than 12 years and today there are more than 100,000 ICLs implanted in human eyes!”

It is a pride and honor for us that **KKESH** doctors started implanting ICLs regularly and that it will be included in the fellowship curriculum, and we congratulate **KKESH** for implementing this new technique in the daily practices and for providing this wonderful phakic implant to needy patients.

**Youssef Alwan,
B.Sc., B.E,
Sales Manager, Ophthalmic,
Saudi**



Selective Laser Trabeculoplasty Evening

Medicals International - Kuwait was pleased to invite Ophthalmologists in Kuwait to attend the first scientific evening for 2008 about **Selective Laser Trabeculoplasty**.

Dr. Yousif Al Zafiri Ophthalmology Consultant & Glaucoma Specialist Dar Al-Shifa Hospital Kuwait presented first about: **Justification for Medical / Laser First-Line Therapy.**

Then Dr. Ahmed Abdelrahman, MD, FRCSEd. Assistant professor, Cairo University presented second about: **Selective Laser Trabeculoplasty in Primary Open Angle Glaucoma & Ocular Hypertension.**

And the final presentation by Bassam Khoury, MBA, Acting Managing Director Kuwait entitled SLT return on Investment.



**Firas Gharzeddine, Eng,
Territory Manager, Ophthalmic,
Kuwait**



COMICS (THE NEW COAXIAL MICRO INCISION PHACO FROM OERTLI)

Phaco surgery has been improving immensely over the past years. With the development in the phaco machines industry, the COMICS from **Oertli Instruments AG** is one of the most recent revolutionary innovations to emerge in the past year. The COMICS "Coaxial Micro Incision Cataract Surgery" enable the surgeon to perform phaco surgery through incision not larger than 1.6 mm. Unlike the Bimanual phaco that needs modulation of the ultrasound power to reduce the heat generated and protect the cornea from the naked tip or the separation of the infusion in the irrigating choper, the surgeon will be able to use his preferable regular coaxial technique and thus a short learning curve will be needed. The fluidics settings of the machine will be changed from the regular setting as the surgeon have to change the vacuum value to be increased at least by 35%; and to reduce the flow rate to minimize the unocclusion vacuum level. With the **COMICS technology** the surgeon will not be worried about the anterior chamber stability even with high level of vacuum that he will use (it can go up to 500 mmHg), followability of the fragments or nuclues engagement to the tip are another concern that is always associated to the micro coaxial phaco, **Oertli** has cleared it through special CAD design of the **COMICS Tip and sleeve**, and applying advanced manufacturing technology.

All the phaco power modulation modes that have been implemented by the phaco manufacturers mainly for the bimanual phaco can be used with the **COMICS** to reduce heat energy delivered to the eye during the surgery.

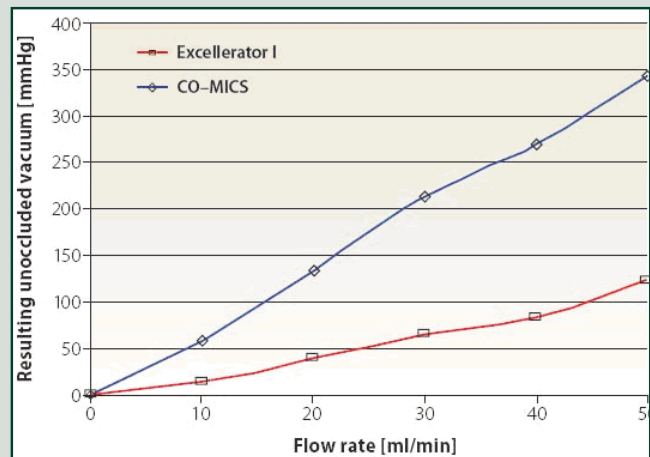
Although that the IOL industry does not offer Sub 2.0 mm implants yet, some manufactures promise to deliver it soon, at the time being, we at **Medicals International** are offering the famous Aqua-Sense from OII to be implanted through 2.2mm incision with a special disposable swiss injector, that will prevent any residual astigmatism after surgery.

After our introduction of the **COMICS 1.6mm** to the Middle East early this year, we gathered the feed back from our customers that was impressive in terms of chamber stability, efficiency with hard nucleus and the phaco time during the surgery.

For more information about the **COMICS**, kindly do not hesitate to contact us through our offices around the middle east or through our web site.



Marwan Hindi,
Territory Manager, Ophthalmology,
Syria Office



NOVITREX Oertli can do it

Once again **Oertli**®, the SWISS specialist Phaco and vitrectomy manufacturer, take the lead and go further in the race for a best ever machine and technology. What I'm talking about is the new **NOVITREX**, the technology that combines a very precise high speed pneumatic cutting head equipped with a push-pull valves that enables it to reach a 3000 cuts/min actually and not theoretically, the thing that distinguish it from the others, this speed enables the surgeon doing very hard maneuvers near the retina as safely as never have been yet. As well **Oertli**® provides both 23G and 25G strippers, to match the suture-less vitrectomy.

To compare the twin valves Tech with the old tech that depends on a spring to push back the stripper in the work cycle, the surgeon can easily feel the efficiency and precision, while the spring struggle to keep up with the speed of the pushing valve due to it's limited response time, the twin valves can easily perform the job, this compatibility between the two movements of the stripper forward to cut and backward to open the port again allowing the vacuum to suck another bite of vitreous, let the port fully open each cycle giving the efficiency every surgeon dream of.

Increasing the cutting rate is the most elegant way to minimize traction without losing efficiency in the aspiration and in the cutting quality.



The **Oertli**® high-speed vitrectomy (up to 3000 cuts/min) opens a new world to the surgeon:

- Minimum traction to the retina.
- Most efficient aspiration.
- Perfect cutting properties.

On top of that add the **Co-MICS** and you'll have both superior Anterior/ posterior machine, simply what **Oertli**® do all the time, producing the super hi-Tech machines to help you more serving your patients.



Shaker F. Shaker,
Territory Manager, Ophthalmology,
Jeddah

23G autoseal PMS simplifies PPV procedures

Oertli® launches the autoseal 23G PMS pars plana micro incision surgery system for suture less transconjunctival vitrectomy with integrated fluidic valves, thereby eliminating the need for sealing plugs.

What makes a good autoseal trocar system?

Several autoseal trocar systems are already available on the market. Most vitreoretinal surgeons have tried them, but many have not been completely satisfied by the results. A good autoseal trocar system may not be bigger than a non-sealing pilot tube as an increase in diameter will unnecessarily obstruct the surgical field and decrease the surgeon's flexibility. A reliable sealing has to be really tight in order to guarantee a stable intraocular pressure, even during the most critical surgeries such as combined cataract - vitreoretinal procedures. Further, it is important that there is very low mechanical resistance when moving the instruments in and out of the pilot tube. Also, a reliable fixation needs to guarantee that the pilot tube remains firmly in the sclerotomy when removing the instruments. The design of the pilot tube has to help the surgeon to easily find the opening of the tube, just the same as with a non-sealed PMS. Finally, the surgeon wants to be free in changing the infusion line during surgery.

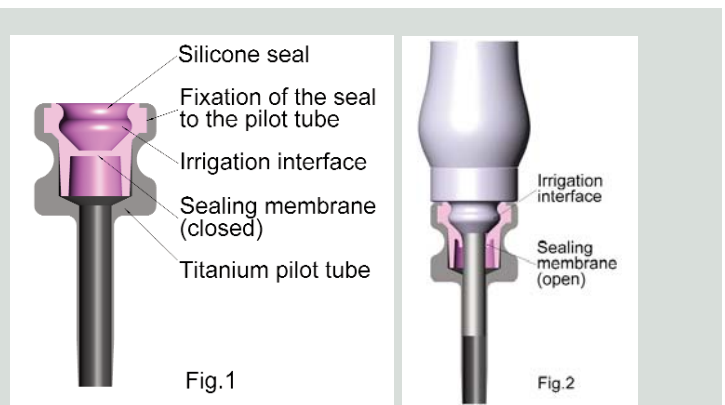
The Oertli® solution.

All these demands can successfully be fulfilled with the new Oertli® trocar system. A multifunctional miniaturized silicon membrane has been designed by Oertli® engineers. It is the central part of the pilot tube. The membrane has been optimized for perfect sealing and at the same time for low-friction properties concerning the movement of the instruments. The seal is mounted inside the pilot tube. Due to this, the tubes are not bigger than non-sealing pilot tubes. The irrigation line included in the PMS set can be inserted in any of the pilot tubes and can be changed to another whenever the surgeon wants to.

The advantages at a glance:

- Perfect sealing, makes gas forced infusion obsolete .
- Constant intraocular pressure, low pressure situations are history.
- No need to place and remove sealing plugs during surgery, real time savings.
- Unchanged, small outside diameter, does not restrict space.
- Infusion port plugs to pilot tubes, easy change of infusion position.
- Easy insertion of instruments, including diamond dusted membrane scraper.
- Easier process with the staff, communication regarding plugs is not needed anymore.
- Less BSS consumption due to eliminated BSS outflow with non-sealing pilot tubes.

The autoseal PMS marks a further improvement of the Oertli NovitreX3000® vitrectomy system. It is available from June 2008 on as complete vitrectomy pack for the Oertli OS3 NovitreX3000 platform or individually for sterile single use in packs.



The Scientific Day of Mataria Teaching Hospital

On the 30th of May, 2008, the scientific day for the eye and laser surgeries center has been held in the conference hall of the **Mataria Teaching Hospital**. The conference has timed with the opening of the eye and laser surgeries center within the hospital which was held by the help of the efforts of the center manager, Dr. Hani Nasr.

The conference has included wet labs for **PHACO** and **LASIK** operations. The topics presented were the recently advanced in the fields of Cataract and refractive surgeries, Retina diseases and surgeries as well as children eye diseases and surgeries.

The speakers focused on the most beneficial types of intraocular lenses, difficult cases and techniques in **PHACO surgeries**, new techniques in the management of retinal hole and intraocular foreign bodies, diagnostic tests of the retina (Fluorescein and OCT).

Also, there has been an updated discussion on the new techniques in muscle surgeries, congenital cataract and congenital glaucoma. The conference was held with the collaboration of the Egyptian



Dr Georges Zaki and MI Territory Manager Sameh Makram

Fellowship and the Egyptian Ophthalmological Society.

Of course Medicals International was there.

Dr. George Zaki
FRCSEd Ophthal

Record

Gladly I would like to share with you the success of Cairo office, reaching the highest record in selling Contact Lenses since 1998. We have been working hard during the past 3 years on recruiting new accounts, establishing very strong markets in Giza & Cairo that enabled us to recruit new loyal customers & building profound business with CL business leaders in Egypt.

The availability and strong follow up played a major role in gaining the trust and loyalty of our clients. We are available 24/7 in order to go beyond the limitation of our competitors & share our clients' success. I can proudly state my personal experience with Medicals during the past three years..! Starting as Jr. Territory Manager contact lenses (Giza Territory), I focused on solving all financial problems with our clients, grew the business of most of

our old loyal clients, and succeeded in recruiting new ones. Thus, I had the privilege to reach the highest record in sales since March 2006.

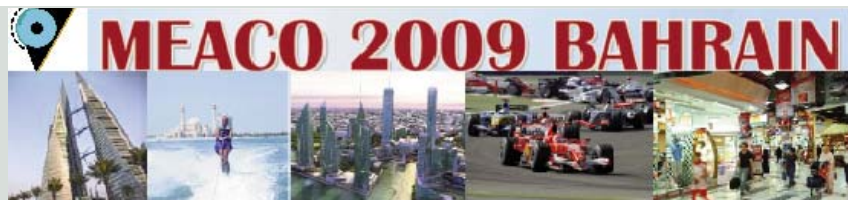
I'm confident that the months to come will witness more success that will elevate previous standard of performance.



Sameh Makram,
*Territory Manager, CL
Egypt*

10th International Congress of the Middle East African Council of Ophthalmology (MEACO)

26 - 30 March 2009
**at the Bahrain International
Exhibition and Convention Center**



The biennial **MEACO** congress is the largest ophthalmic meeting and exhibition in the **Middle East and Africa**, attracting more than 2200 ophthalmologists and eye care professionals from the region, as well as from Europe and the Americas. The **2007 congress in Dubai** was a resounding success with more than 100 companies from 25 countries exhibiting their products. Sixty-eight international guest speakers and faculty participated in this meeting. The scientific program included 75 sessions and courses, more than 450 scientific presentations in different subspecialties and Live Surgery. Exclusive sessions were organized by **AAO, ICO, ISRS/AAO, ESCRS and IAPB**.

Bahrain, also referred as the "**Pearl of the Gulf**", is one of the most favored tourist destinations in the Middle East region and has the perfect combination of luxury and leisure, as well as shopping and culture, in an environment that is safe and hospitable, with warm and welcoming people and a wealth of sights. Bahrain is an archipelago of 33 islands and offers authentic Arab heritage, contemporary Gulf glitz, liberal laws and archeological legacy of five thousand years of civilization. It boasts of modern convention facilities, luxurious and first class hotels, fine dining and entertainment facilities, as well as easy international connectivity.

Scientific Program

The successful accomplishment of the last meeting in Dubai prompted us to increase the meeting duration to five days instead of four. More than eighty international top notched speakers from the four corners of the world will be participating; eighty scientific sessions will be organized, to include sym-

posia, instructional and skill transfer courses, state-of-the-art live surgeries, as well as exclusive corporate meetings. In addition, for the first time, **MEACO** will open submission for course abstracts, organize sessions on Ocular Anesthesia, Ocular Pathology and Optometry. We are expecting more than 2500 delegates to join us in Bahrain.

The **MEACO** Scientific Program Committee is putting together a state of the art program to make **MEACO 2009** a memorable educational as well as social experience for everyone.

Technical Exhibition

The **MEACO** organizing committee has been receiving overwhelming response from the ophthalmic industry. In view of the booming **Gulf and Middle Eastern** markets, most exhibitors and sponsors have decided to increase the size of their exhibit booths, as well as their involvement in the congress events, compared to the last meeting. A large number of new companies have also registered their interest to participate in this meeting and in order to accommodate this augmented demand, the organizing committee has increased the overall exhibit space by more than 70% from the last meeting. Companies interested in becoming a part of this largest ophthalmic exhibit show in the region may write to exhibition@meaco.org.

MEACO 2009 Contact Information:

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