

Optimeyes

Replaces guessing with knowing



Introducing personalized eye care

Optimeyes™ models and delivers patient-specific surgery parameters to correct astigmatism and give patients the best possible vision after eye surgery



Optimeyes™ – introducing personalized medicine to eye care

Most cataract patients have treatable astigmatism¹ and are candidates for astigmatism management².

Optimeyes™ is a class IIb CE marked medical device which now enables eye surgeons to minimize astigmatism through its easy-to-use preoperative arcuate keratotomy planning. By providing surgeons with a precise solution that outperforms existing planning procedures, eye care professionals and patients can be confident that their surgery will result in the best visual outcome to minimize and manage astigmatism.

Optimeyes™ replaces guessing with knowing – giving the best visual outcome to patients by correcting astigmatism

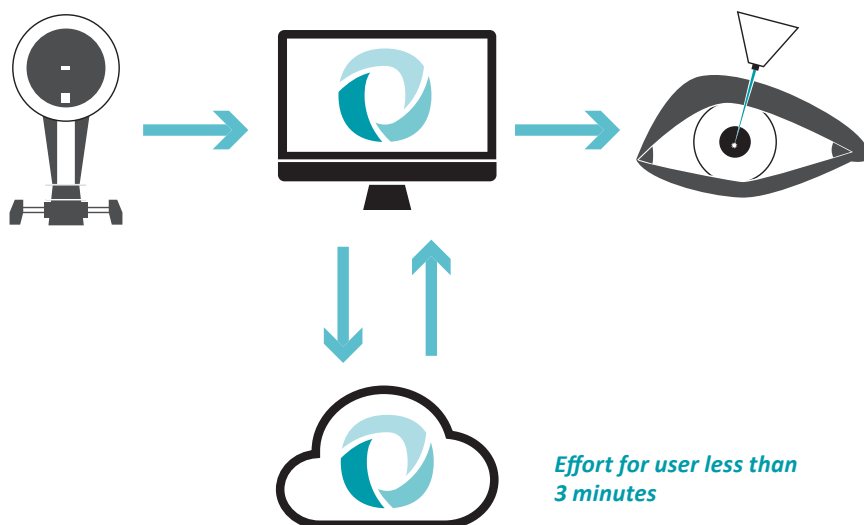
Current nomogram statistical charts give estimates at best. With Optimeyes™ the surgeon can now conduct a virtual clinical simulation before the operation based on individual patient's corneal measurements. This means every calculation is unique and patient-specific. Optimeyes™ provides personalized eye care!

In Silico innovation

The FDA, as well as the European Council, recommends the use of virtual surgery techniques to develop digital innovation and create models of virtual patient outcomes and modernize evaluation of patient benefit and risk. With our expert knowledge of corneal biomechanics and extensive database, Optimo Medical can perform corneal and ocular tissue «virtual clinicals» for you.



Optimeyes™ – How it works

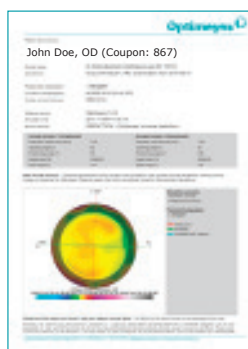


The Optimeyes™ arcuate keratotomy planning and optimization module features two different operation modes: Prediction and Optimization.

Prediction calculates the post-surgery cornea, based on the surgeon's planned arcuate keratotomy parameters.

Optimization calculates the optimal surgery parameters for the individual patient

Your patient's individual corneal topography measurements are imported in the Optimeyes™ software and a virtual operation, based on biomechanical simulations, is carried out by Optimeyes™. The software then models and optimizes the surgical parameters for the operation in order to deliver minimal residual astigmatism. The Optimeyes™ application provides optimal values for the following: **optical zone / incision length / incision depth / orientation**



Optimeyes™ benefits

- **OPTIMISED VISUAL ACUITY**
Cataract surgery advances from visual rehabilitation to refractive improvement
- **ACCURACY**
Surgeons can more accurately predict outcome in incision planning
- **CONFIDENCE**
Increased astigmatism management in cataract surgery
- **PERSONALIZATION**
Each patient procedure is 100% individual
- **EASE OF USE**
Simple, fast, risk-free, low cost
- **COMPATIBILITY**
Can be integrated with all current equipment



«For some time now, we have been using Optimeyes™ to plan arcuate keratotomy for femto-cataract patients in our clinic. The experiences I have had so far have been excellent and the software is quick and simple to use.»

Panos Doumanidis,
Optometrist, Pallas Klinik, Bern



«We are investigating Optimeyes™ in an investigator initiated study, comparing the calculated data with post-operative results. Preliminary data is showing great results and an improvement in therapy of astigmatism. Data input for analysis and calculation by Optimeyes™ takes only a few moments using standard and simple file formats.»

Prim. Univ.-Prof. Dr. Herbert Reitsamer, Uniklinikum, Salzburg



«Optimeyes™ has developed a software package for bio-mechanical simulation with great potential for individualized cataract and refractive treatment planning.»

Prof. Michael Mrochen, PhD, Founder IROC Science AG



«Optimeyes™ is an excellent simulation software for surgical corneal correction. The software is incredibly easy to use, enabling efficient clinical use and eliminating application errors.»

Prof. Dr. Bojan Pajic,
FEBO. Medical Director
ORASIS Augenklinik, Reinach

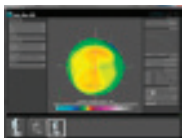


Implementation and Costs

Optimeyes™ can be installed on a computer in a few minutes. Once installed the corneal measurements from tomography are imported and, soon after, the individual calculations are delivered via the cloud-based software. The application provides the exact surgery parameters for the individual patient to minimize astigmatism.

Several pricing models are available including an annual licence fee or a degressive «per usage» pricing structure.

Try Optimeyes™ now



Initial sign-up for Optimeyes™ application is available for free. As an introductory offer for you and your patients to experience the benefits of the Optimeyes™ solution, you can treat a limited number of patients at no cost.

Want to know more?

Get in touch with us to find out more about Optimeyes™

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Optimo Medical

Optimo Medical AG is an ISO 13485 certified medical device company based in Switzerland. We are passionate about eye care and are dedicated to designing, developing, production and distribution of products and applications that help ophthalmologists, surgeons and eye care professionals more accurately predict the outcome of corneal, cataract and ocular surgery. The combination of many years of experience in corneal biomechanics and simulation technology makes Optimo Medical a leader in biomechanical simulations of corneal and ocular tissue.

Corneal Biomechanics

Focusing on the cornea, Optimo Medical has established a large knowledge database, expertise and a sophisticated simulation framework of ocular tissue biomechanics. Based on mathematical formulae and our simulation technology, we can provide surgeons and clinics with patient-specific surgery planning tools. Optimo Medical consults and does virtual clinicals for our customers. Our software can simulate any physical interference to the corneal and ocular tissues, and the resulting refractive changes can be predicted.

Contact us to see if we can help.

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References:

- 1) Hoffmann et al. J Cataract Refract Surg 2010; 36:1479–1485
- 2) Ferrer-Blasco et al. J Cataract Refract Surg 2009; 35:70–75