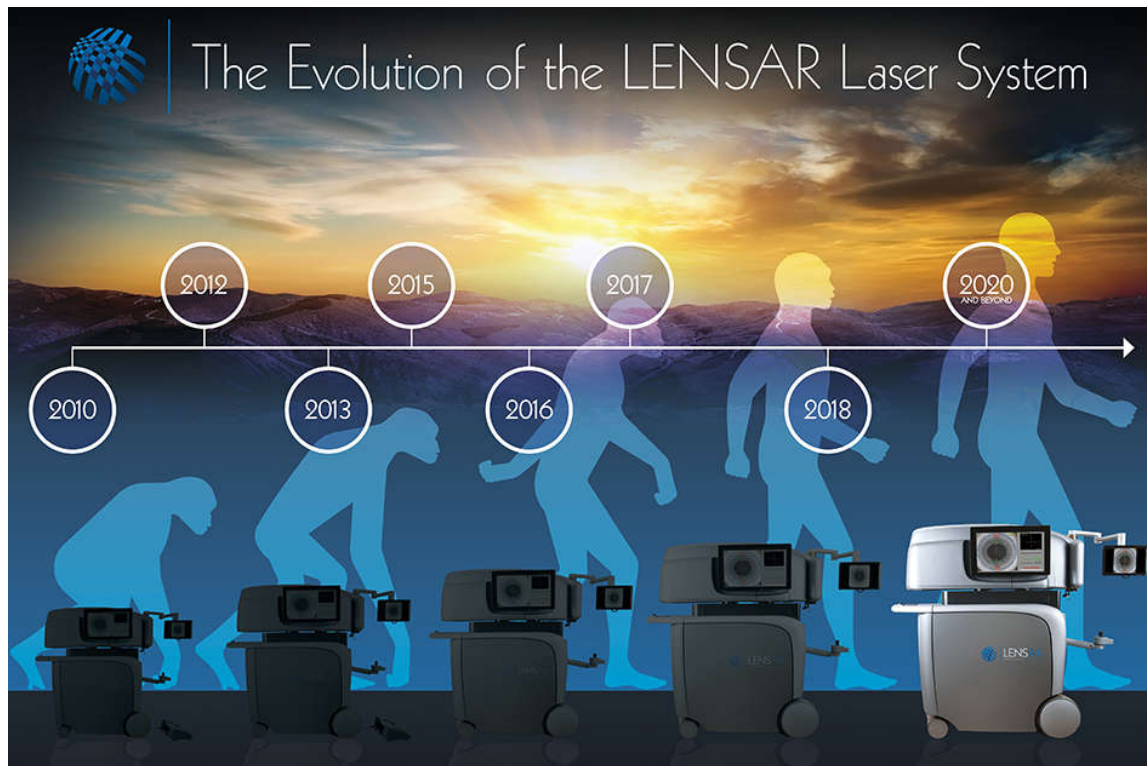




Streaming IV

The New Generation

LENSAR's Fourth Software Upgrade in Two Years!



- 2010:** First LENSAR® cases OUS
- 2012:** First LENSAR® cases US
- 2013:** 510(k) clearance for AIs
- 2015: Streamline® I**
 - Enables wireless with Cassini®
- 2016: Streamline® II**
 - Includes IntelliAxis®-C steep axis corneal marks / USB with Nidek® OPD-Scan III
- 2017: Streamline® III**
 - Enables wireless with Pentacam® / USB with Topcon Aladdin
 - Reduction in procedure times of up to 20 seconds
- Streamline® IV**
 - Introduces IntelliAxis®-L steep axis capsular marks
- 2018: Streamline® V**
 - Pocket/Flaps for presbyopia procedures

How many new features
have your LACS system
released since your
purchase?

Streamline™ IV: Guiding Astigmatic Outcomes

Preoperative Diagnostics & Intelligent Planning



LENSAR Laser Procedure



- **Oculus Pentacam AXL / HR**
- **Topcon Aladdin Biometer**
- **Cassini™ Corneal Analyzer Exam**
- **Nidek® OPD Scan Corneal Analyzer III**

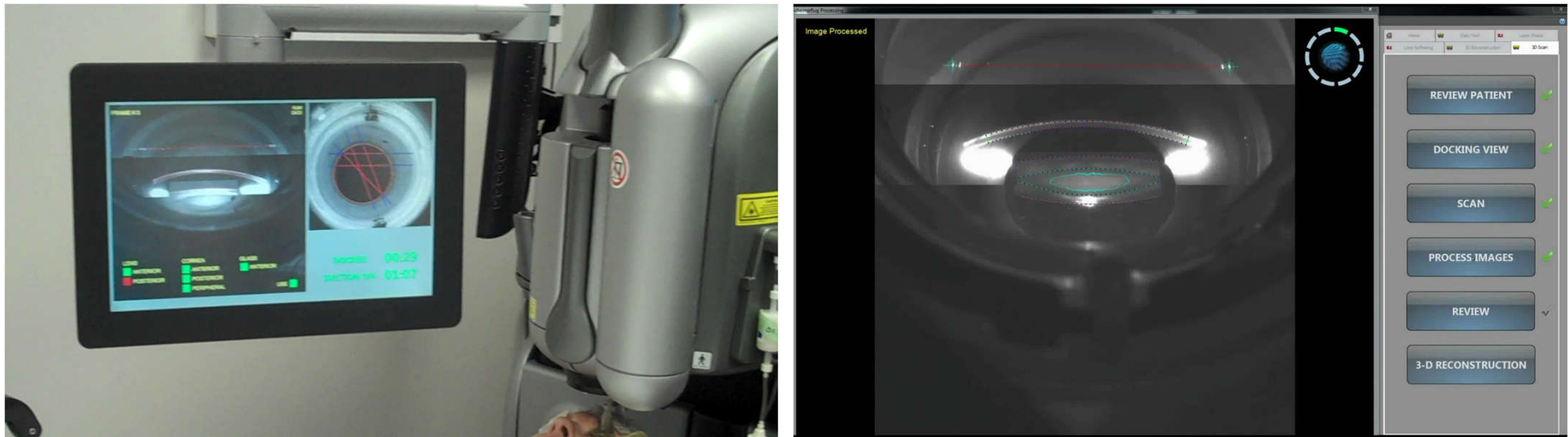
- **IntelliAxis L Steep Axis Capsular Marks for Toric IOL Alignment**
- **IntelliAxis-C Steep Axis Corneal Marking**
- **Enhanced Toric IOL Selector with Manufacturer Defined Toric IOL at the Corneal Plane**
- **One-Touch Astigmatic Incision Planning with Surgeon Tables**
- **Surgically Induced Astigmatism (SIA)**
- **Iris Registration**

**My
Top “7”
Reasons to Choose
LENSAR with Streamline IV**

REASON #7: Small mobile footprint, easy to use



REASON 6#: Superior Augmented Reality imaging, measurement and guidance



- Augmented Reality was purposely designed to meet the specific needs of imaging from cornea to lens
 - Precise imaging with tilt control, cataract density imaging, and automated fragmentation patterns
 - Only femtosecond cataract laser that automatically categorizes cataract density, on a scale from 1 to 5

REASON #5: Wireless Integration of Multiple Pre-Op Devices

Preoperative Diagnostics & Intelligent Planning



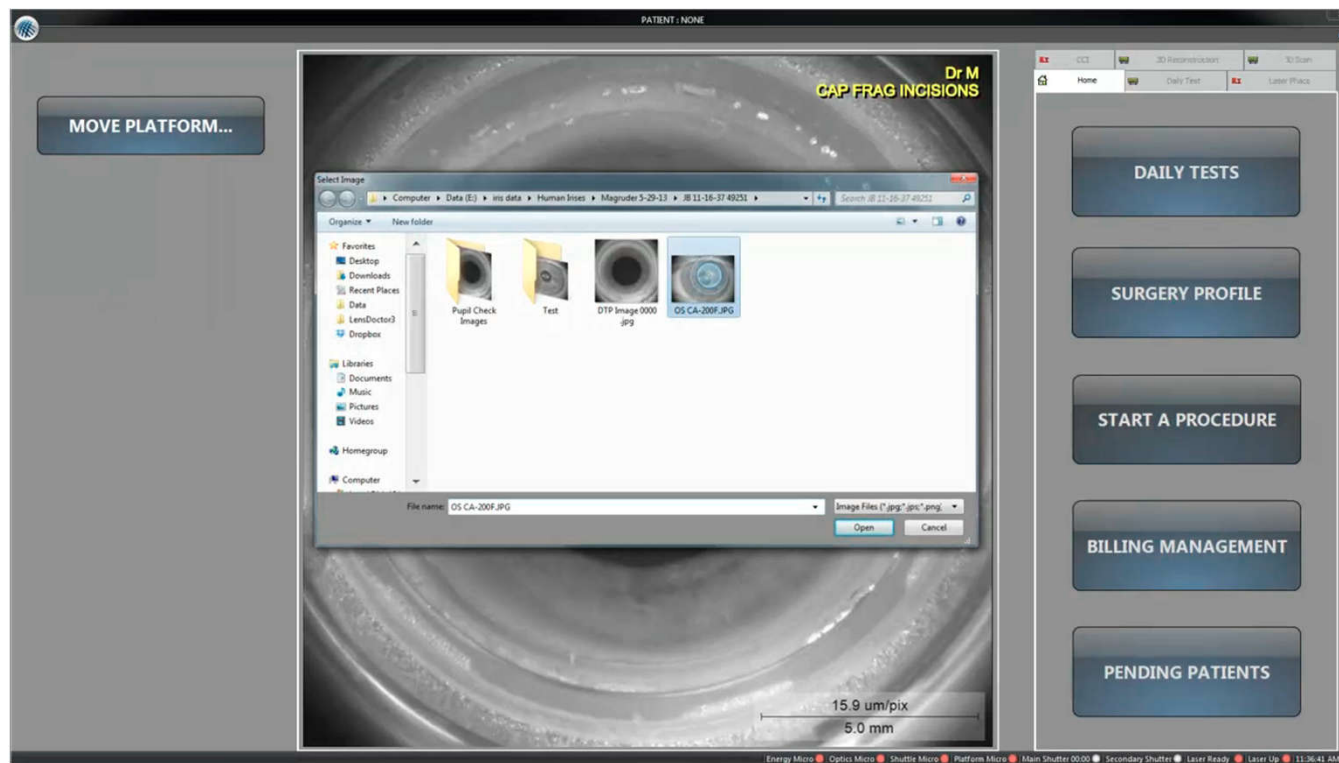
LENSAR Laser Procedure



Wireless transfer of pre-op data from multiple diagnostic devices to the LENSAR laser reduces the number of steps with the patient flow and decreases transcription error

- Cassini™ Corneal Analyzer Exam
- Oculus Pentacam AXL / HR
- Nidek® OPD Scan III Corneal Analyzer
- Topcon Aladdin Biometer

REASON #4: Iris Registration and Automatic Cyclorotation Adjustment



Provides added confidence in astigmatism treatment planning by replacing less precise manual corneal ink markings with automatic, software controlled cyclorotation adjustment

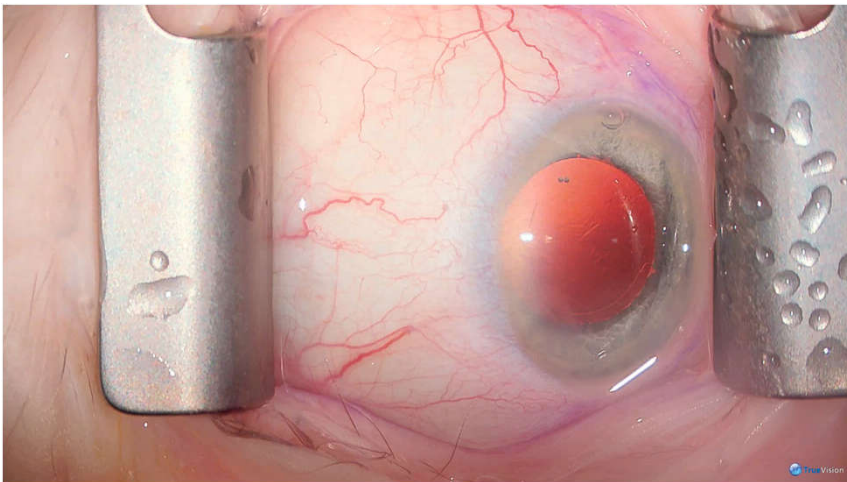
REASON #3: Automation, Flexible Procedure Planning



- LENSAR's automates key planning functions to enhance patient and operating theater workflow by streamlining the process
 - Arcuate Incision Planning auto-populates incision parameters based on surgeon preference and surgically induced astigmatism (SIA)

REASON #2: Precise Toric Alignment Options

IntelliAxis-C (Cornea)



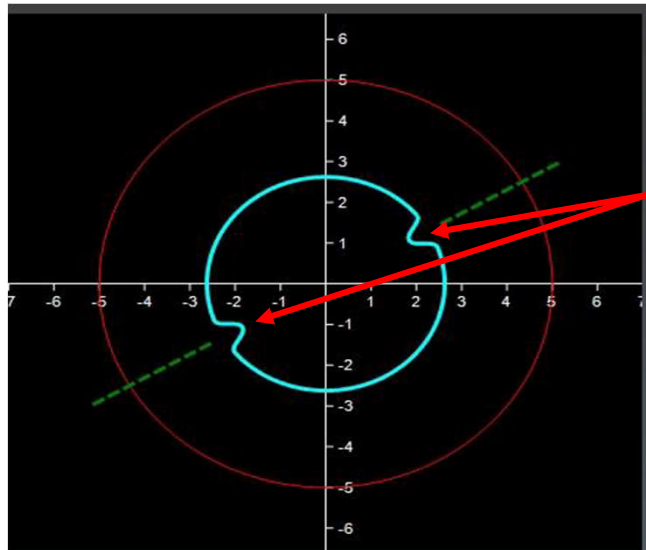
IntelliAxis-L (Lens)



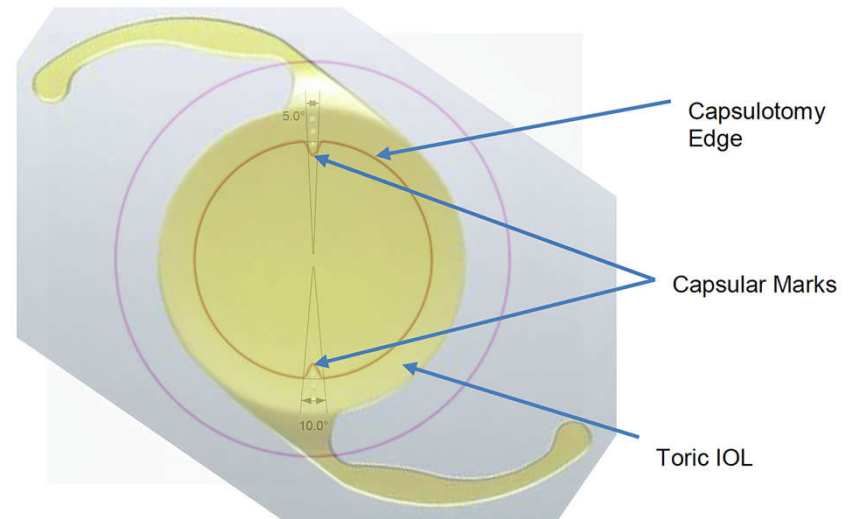
- NEW IntelliAxis® -L Steep Axis Capsular Marking
 - Biomechanically stable and permanent capsular marks enable you to precisely verify the steep axis relative to toric IOL alignment, both intra- and post-op
 - IntelliAxis-C steep axis corneal marking also available

IntelliAxis-L Concept

- This novel technique consists of creating a pair of small tabs on the capsular rim as part of the laser capsulotomy procedure
- These small tabs, opposite to one another, assist surgeons in accurately aligning toric IOL marks along the predefined axis of astigmatism

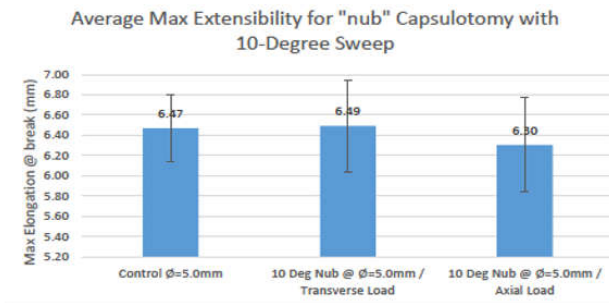
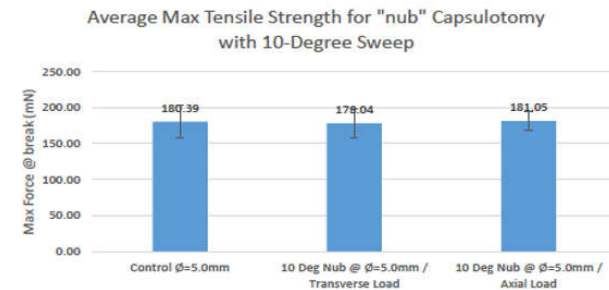
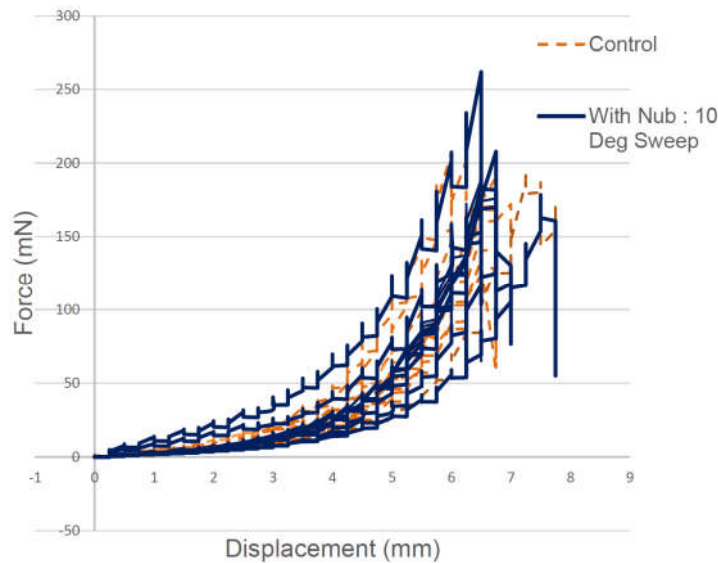


Small tabs on capsulotomy edge at keratometric steep axis



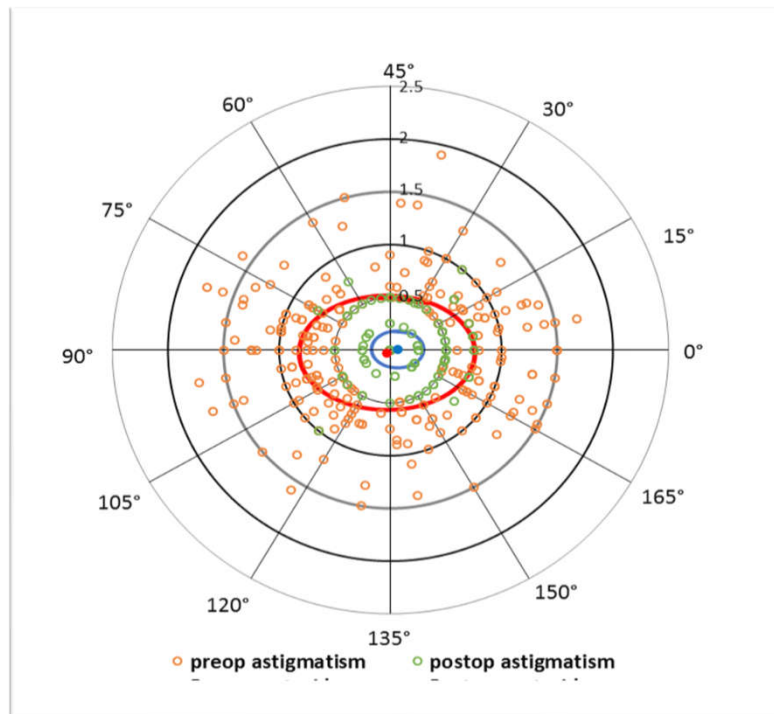
IntelliAxis-L Maintains Strength of Capsule

- Force displacement patterns, maximum tensile strength, and extensibility of the capsular rims with IntelliAxis-L were not statistically different than those with a standard capsulotomy

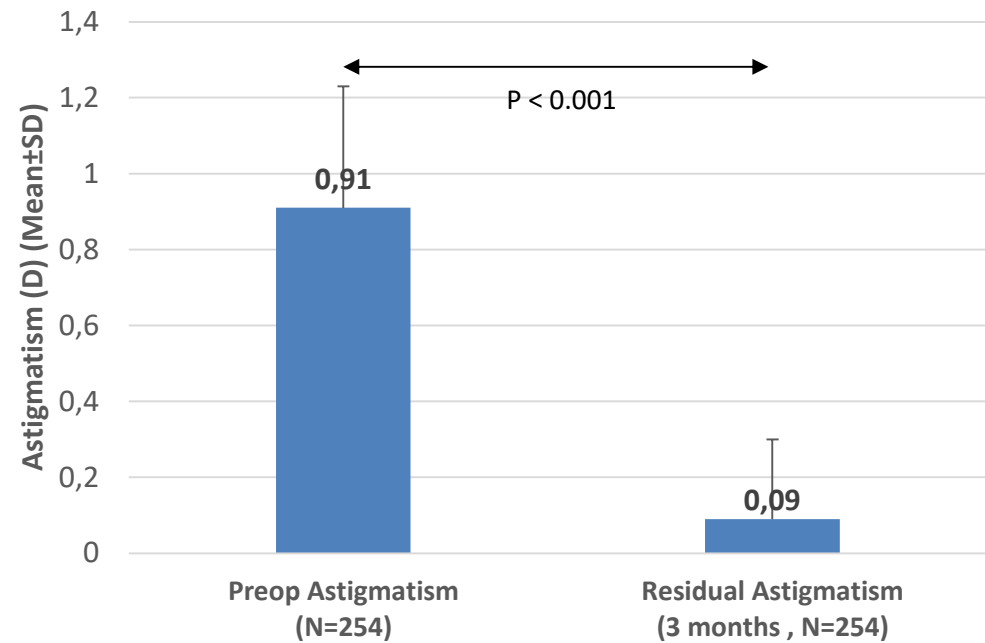


REASON #1: Clinical Outcomes

Visco: 3-Month Post-Op Residual Cylinder

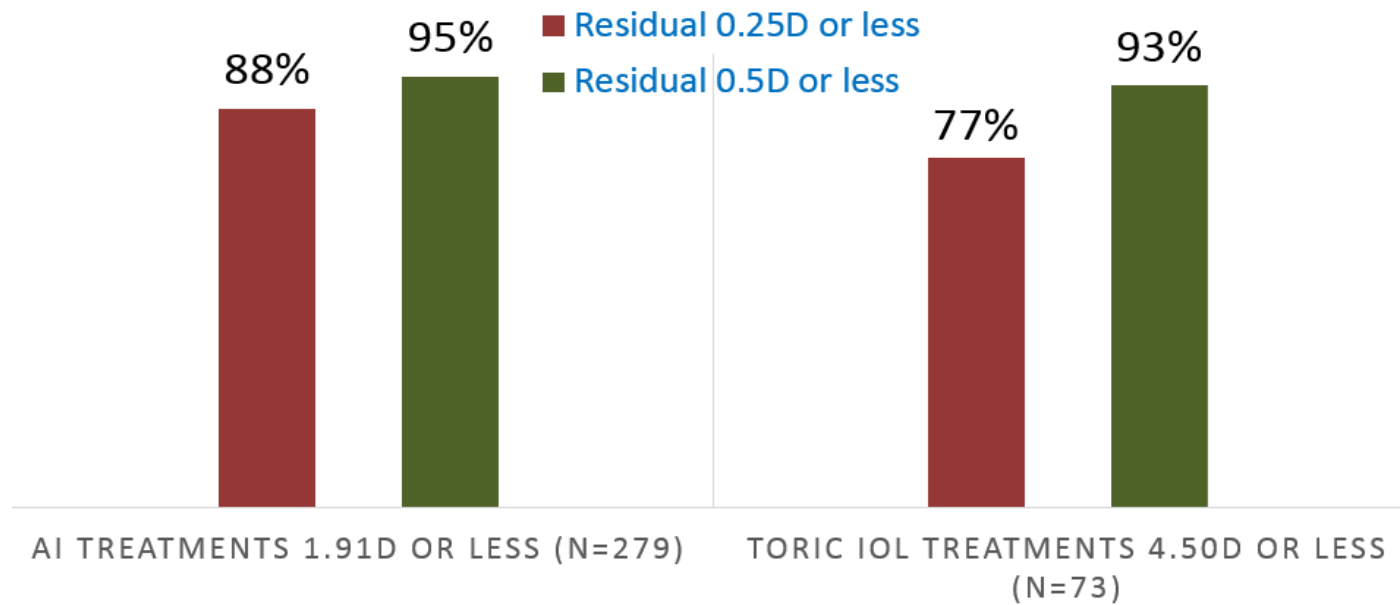


N = 279



REASON #1: Clinical Outcomes

PERCENTAGE TREATED PATIENTS WITH RESIDUAL CYLINDER



Why Treat Every Patients with LENSAR?

- Because better outcomes lead to:
 - Improved clinical outcomes
 - Increased surgeon confidence
 - More patient conversions
 - Higher patient satisfaction
 - Attract more patients by increased word of mouth referrals

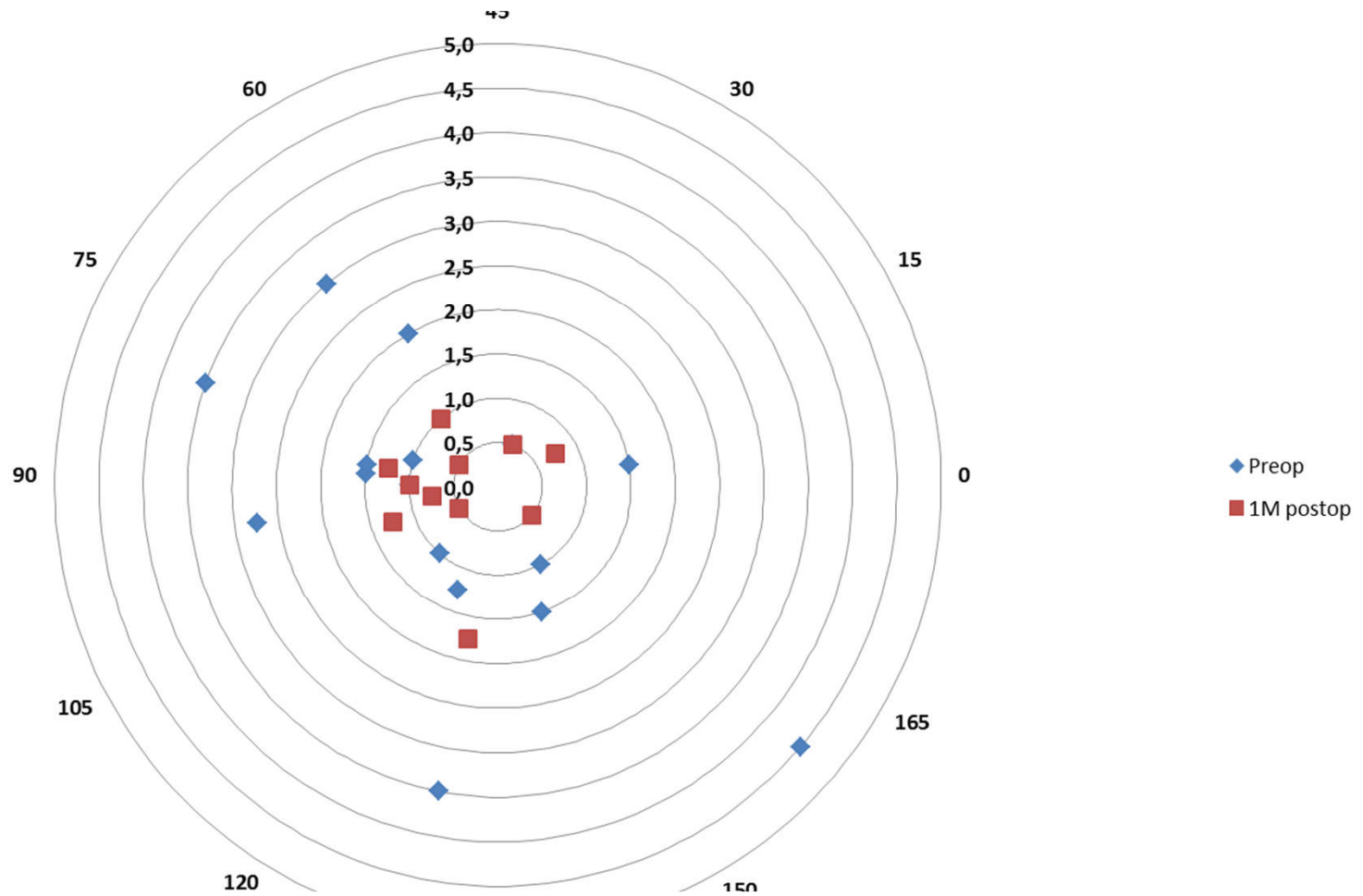
First Data Analysis: LRI

Number of patients / eyes		20 / 30
Treatment		Unilateral / bilateral
Preop. refraction		
	Sphere (D.)	0.87 [-5.00; 6.00]
	Cylinder (D.)	-1.38 [-4.50; -0.25]
Preop. CDVA (dec.)		0.54 [0.10 ; 0.90]

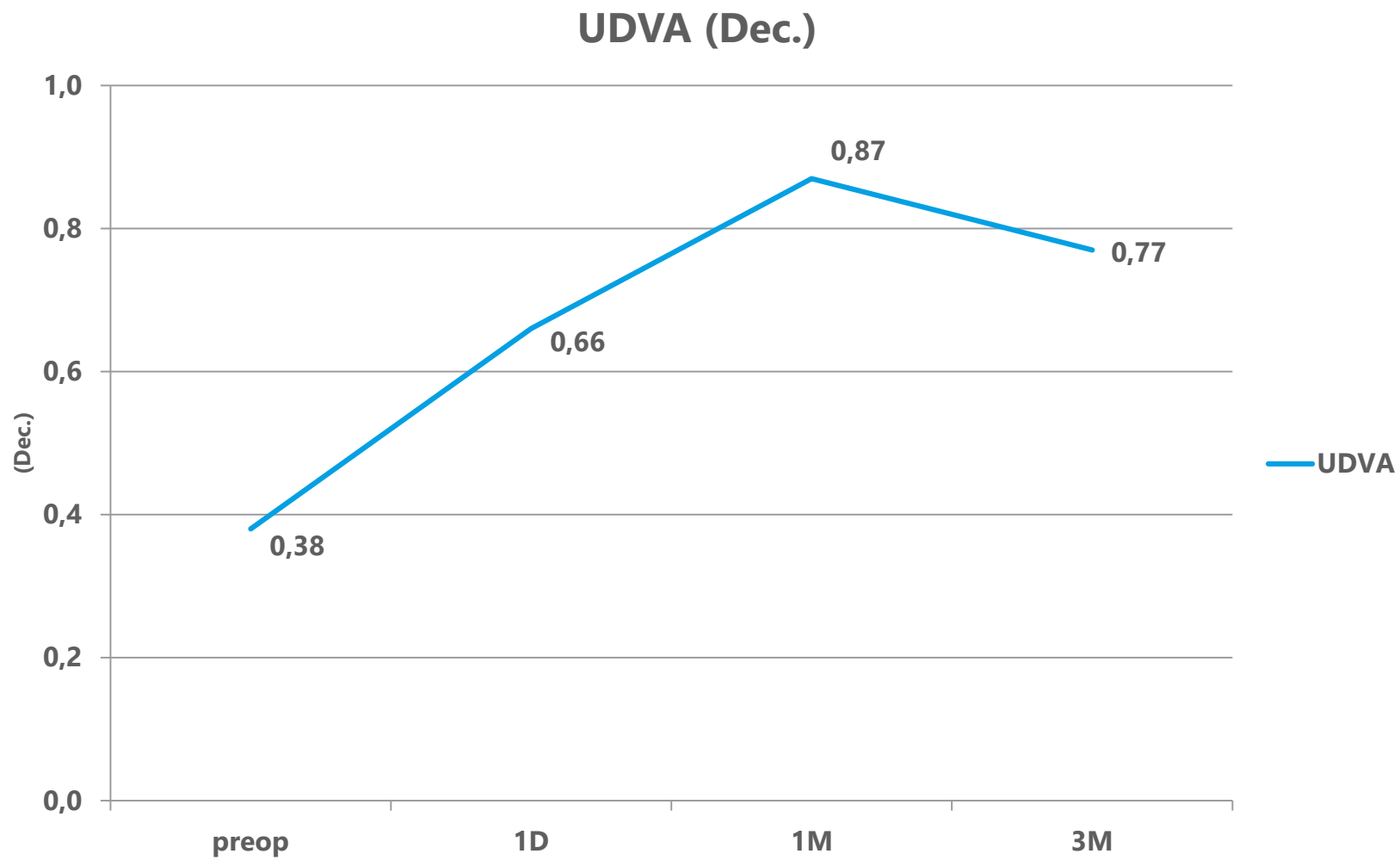
Preoperative findings

	Mean \pm Std. Dev.
Nucleus (LOCS III)	2.27 \pm 0.50
Lens tilt (degree)	3.43 \pm 2.06
Pupil diameter (mm)	7.00 \pm 1.00
Suction time (min:sec)	2:47 \pm 24
Effective Phaco time (sec.)	1.62 \pm 2.06

Astigmatism pre/post



Corrected Distance Visual Acuity (dec.)



Refraction

