



IF IMPRECISION HAS THIS EFFECT ON YOU,
IMAGINE ITS EFFECT ON LENS PLACEMENT.

Take precision to a new level
with the next generation of ZEPTO®

ZEPTO®
FEEL THE SATISFACTION OF PRECISION

A lack of precision at each step of cataract surgery can impact success^{1,2}



There is an increase in patient demand for outstanding visual outcomes

- Longer lifespans create a need for better IOL endurance²



Precise surgeries are more important with advanced technology lenses such as:

- Toric IOLs
- Multifocal IOLs
- Enhanced monofocal IOLs
- Extended depth of focus (EDOF) IOLs
- Accommodating IOLs
- Light adjustable IOLs



Imprecision in cataract surgery can lead to:

- Poor visual outcomes¹
- Compromised IOL positioning¹



“The changing landscape in cataract surgery has increased the demand for precision. When it comes to the key step of creating the anterior capsulotomy, **what once was good enough is no longer good enough.**”

– **Vance Thompson, MD**
Sioux Falls, SD

It’s time for a new approach in achieving 360-degree IOL overlap

Experience a new level of precision with ZEPTO[®]

	Manual CCC	FLACS	ZEPTO [®]
Consistent circular shape	—	✓	✓
Consistent size with 360° IOL overlap	—	✓	✓
Rolled, strong edge	—	—	✓
Visual axis centration	—	—	✓
Efficient integration into surgical workflow	✓	—	✓
Cost-effective procedure	✓	—	✓

The precision in manual continuous curvilinear capsulorhexis (CCC) may not be enough

- Difficult to specify patient fixation and achieve consistent roundness and symmetry³
- Imprecision could lead to IOL decentration, tilt, and rotation^{1,3}
- Limited by safety concerns^{4,5}

Femtosecond laser-assisted cataract surgery (FLACS) carries efficiency concerns⁶

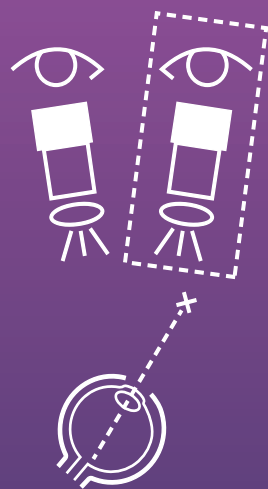
In a 2016 ASCRS survey of over 1,500 ophthalmologists, >25% cited interference in patient flow, time requirements, and reduced efficiency as barriers to use.⁷

Centered and consistent capsulotomies for enhanced effective lens positioning³

ZEPTO[®] uses Purkinje reflections at patient fixation for capsulotomy centration³

ZEPTO[®]

Centers along the visual axis— the optimal position determined for IOLs³



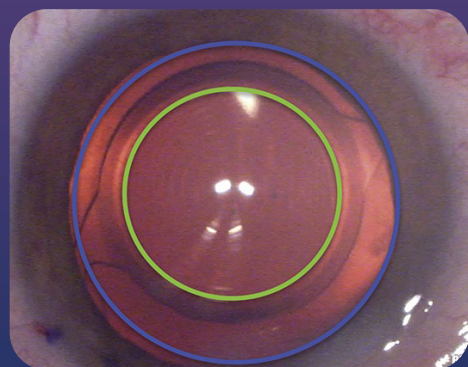
Select and use one eyepiece with coaxial light.



With the ZEPTO[®] tip recircularized in the anterior chamber, instruct the patient to fixate on the surgical microscope light coaxial to the selected eyepiece.



Surgeon identifies Purkinje images P1 and P4. Position the clear center of the ZEPTO[®] Handpiece on P1.



The blue circle marks the pupil used as a reference in manual CCC while the green circle marks the ZEPTO[®] capsulotomy.³

The IOL aligns with the ZEPTO[®] capsulotomy, placing it precisely on the patient's visual axis.³

Achieve uncompromised outcomes for your patients and practice

Predictable effective lens positioning promotes more consistent outcomes^{3,7-9}

Well-formed capsulotomies with a 360° IOL overlap may encourage a stable IOL position and minimize⁴:

- Posterior capsular opacification
- Asymmetric anterior capsule contraction
- IOL tilt and rotation
- Late decentration of the optic

Enhances efficiencies in your OR

- Procedural flow similar to standard cataract surgery
- Significantly lower capital equipment and procedural costs than FLACS

Pathway to payment

- Billable amount is based on physician-determined time, effort, and skill associated with performing the procedure
- The ZEPTO[®] procedure can be included as professional service fee in premium IOL or refractive astigmatism-correcting packages

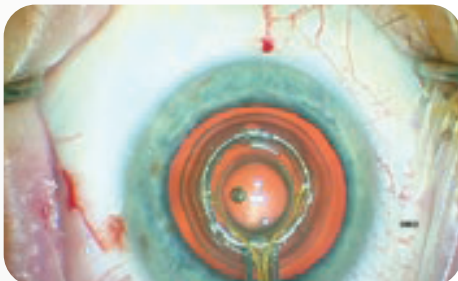
Create strong, routinely centered, and automated capsulotomies with a 360° IOL overlap in just three steps

STEP 1: INSERT



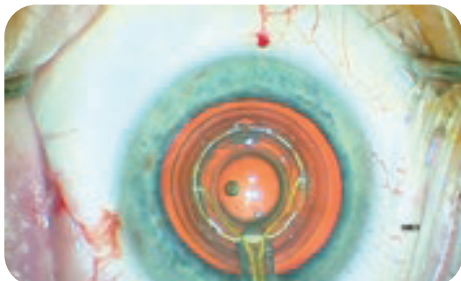
Handpiece tip is collapsed and inserted through a 2.2-mm or larger incision.

STEP 2: CENTER



Handpiece tip is centered along the first Purkinje image. Suction, delivered from the ZEPTO® power console, brings the ZEPTO® tip with nitinol ring into apposition against the lens capsule.

STEP 3: CREATE



12 micropulses of energy are applied in 4 milliseconds, and a 5.2-mm mean diameter capsulotomy is formed. The device is removed through the main incision.



“The beauty of this device is the creation of consistent and strong capsulotomies that achieve an excellent overlap of the IOL. This promotes effective lens positioning and precision of refractive results.”

- Iqbal Ike K. Ahmed, MD
Toronto, Ontario, Canada

CONSOLE

- High-accuracy electronics and voice commands for an improved user experience
- Console “self-test” and vacuum level check for enhanced safety and efficiency in the OR
- Integration of an optional footswitch

HANDPIECE

- Consistent energy and uniform temperature delivery
- Precise suction for consistent, circular, and centered capsulotomies
- Intuitive and ergonomic handpiece design for improved usability

TECHNICAL SPECIFICATIONS

CONSOLE

Parameter	Specification
Power input	100-240 volts AC, 50-60Hz, 1.66 amps
Energy delivery	Less than 1 joule
Vacuum level	Approximately 19 inHg
Dimensions	13.3 in (L) x 10.0 in (W) x 7.5 in (H)
Weight	10.5 lb

HANDPIECE

Parameter	Specification
Median capsulotomy diameter	5.20 mm
Cutting element	Nitinol ring, Ø 4.4 mm
Silicone suction cup	Ø 6.1 mm, height 1.18 mm

Feel the satisfaction of precision with the next generation of ZEPTO®

- Precise and strong capsulotomies with a 360° IOL overlap³
- Best visual outcomes for the cataract patient^{3,7-9}
- Helps enhance effective lens positioning^{3,7-9}
- Streamlines your surgical workflow

INDICATIONS FOR USE

The ZEPTO® System is indicated for use in performing anterior capsulotomy during cataract surgery.

CONTRAINDICATIONS

- Pediatrics

Any contraindications to cataract surgery, including:

- Microphthalmos
- Buphthalmos
- Posterior Polar Cataract

WARNINGS

- Contents sterile unless package is opened or damaged.
- The disposable ZEPTO® Handpiece is single use only.
- Do not re-sterilize, autoclave or reuse.
- Discard opened unused product.
- Do not use past expiration date.

PRECAUTIONS

- US Federal law restricts this Centricity Vision ZEPTO® System to the sale, distribution, or use by or on the order of a physician.
- It is the surgeon's responsibility to become familiar with appropriate surgical techniques prior to using the Centricity Vision ZEPTO® System.

REFERENCES: **1.** Roach L. Centration of IOLs: challenges, variables, and advice for optimal outcomes. *EyeNet Magazine*. 2013. <https://www.aao.org/eyenet/article/centration-of-iols-challenges-variables-advice-opt?april-2013>. Accessed June 8, 2021. **2.** Grzybowski A. Recent developments in cataract surgery. *Ann Transl Med*. 2020;8(22):540. **3.** Thompson V. Streamlined method for anchoring cataract surgery and intraocular lens centration on the patient's visual axis. *J Cataract Refract Surg*. 2018;44(5):528-533. **4.** Olali C, Ahmed S, Gupta M. Surgical outcome following breach rhexis. *Eur J Ophthalmol*. 2007;17:565-570. **5.** Wirtitsch MG, Findl O, Menapace R, Kriechbaum K, et al. Effect of haptic design on change in axial lens position after cataract surgery. *J Cataract Refract Surg*. 2004;30:45-51. **6.** Global Trends in Ophthalmology and the American Society of Cataract and Refractive Surgery. AS-CRS Clinical Survey 2016. **7.** Singh I. For IOL placement, location is key. *Ophthalmology Times*. 2020;45(11):1,19. **8.** Ifantides C, Lee J, Rouweyha R, Vital M, Sretavan D. Precision pulse capsulotomy: performance metrics and utility in routine and complex cases. *J Cataract Refract Surg*. 2020;46(11):1522-1529. **9.** Gundersen K, Potvin R. Clinical results after precision pulse capsulotomy. *Clin Ophthalmol*. 2020;14:4533-4540.

