

## EXPERIENCE ZEPTO® ASSISTED CATARACT SURGERY

Visually centered and stronger capsulotomies in milliseconds

**Achieve Precision** 

ZEPTC

The precision capsulotomy - one less variable in refractive predictability

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# **AN IDEAL CAPSULOTOMY FOR YOUR PATIENTS**

**ZEPTO**<sup>®</sup> is a novel capsulotomy device with a disposable handpiece and tip that produces a quick, elegant, round capsulotomy in milliseconds. The tip consists of a miniature, transparent, soft silicone suction cup that houses a circular nitinol capsulotomy element, which has been refined at the micron scale to enable uniform 360-degree capsule cutting.

SOFT, CLEAR SUCTION CUP apposes the capsulotomy ring to the anterior capsular surface and allows centration on the patient's visual axis NITINOL CAPSULOTOMY RING collapses in order to enter and exit through the clear corneal incision



#### **HOW DOES IT WORK?**

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**ONE:** The surgeon engages the black finger slider forward until an audible click is heard. This motion extends the capsulotomy tip into an elongated shape, enabling the surgeon to enter the anterior chamber through the corneal incision.



**TWO:** The surgeon retracts the pushrod, which allows the capsulotomy tip to naturally return to a circular shape within the anterior chamber. The surgeon then centers the suction cup on either the pupil or the visual axis of the patient.



**THREE:** At the surgeon's command, as the desired centration point is achieved, a small amount of suction is applied. At this time, the surgeon retracts the black finger slider to the back position. This allows the nitinol capsulotomy ring to appose on the anterior lens capsule.



**FOUR:** At the surgeon's command, energy is delivered, allowing the creation of a uniform 360-degree capsulotomy in milliseconds. At the surgeon's next command, a final gentle delivery of BSS separates the ZEPTO® tip from the anterior capsule, and it is withdrawn through the corneal incision.

#### **QUICK AND EASY**

Nitinol is a superelastic alloy, meaning the tip can be deformed in order to enter gently through a clear corneal incision, after which it assumes its original round shape within the anterior chamber. **Complete, round capsulotomies are accomplished in a few milliseconds.** 

#### SAFE AND EFFECTIVE

- FDA cleared in July 2017
- CE Mark approved in November, 2015
- Over 12,000 eyes treated worldwide
- Peer-review articles published<sup>1</sup>
- Ideal for difficult cases<sup>1</sup> (weak zonules or dense cataracts)
- Increase the number of cases per day while minimizing use of trypan blue and rings
- Very little stress on zonules especially in PEX cases<sup>1</sup>

#### **UNIQUE FEATURES**

ZEPTO<sup>®</sup> capsulotomies have a **capsular edge tear strength 2 to 4 times greater** than that of continuous curvilinear capsulorhexis and femtosecond laser capsulotomies.<sup>2</sup>

ZEPTO<sup>®</sup> allows **intraoperative capsulotomy centration on the patient's visual axis** for an optimized outcome.



### A NOVEL DISPOSABLE CAPSULOTOMY DEVICE

ZEPTO<sup>®</sup> allows you to create precise, visually centered, and stronger capsulotomies in milliseconds.

#### WHAT IS ZEPTO"?

- Instantaneous capsulotomy with potential to increase OR efficiency
- » Precision centration on the visual axis
- » Automated capsulotomy technology = ease of use = faster cases
- » Works with small pupils<sup>3</sup>
- » Not affected by corneal scars or irregularities
- » Easy practice adoption
- » Seamless integration into surgical sequence<sup>3</sup>

For more information, visit **www.zepto-cataract.com** Now cleared in 40 countries and counting.





REFERENCES: 1. Chang DF, et al. Precision pulse capsulotomy – preclinical safety and performance of a new capsulotomy technology. *Ophthalmology*. In press. **2.** Thompson V, et al. Comparison of manual, femtosecond laser, and precision pulse capsulotomy edge tear strength in paired human cadaver eyes. *Ophthalmology*. In press. **3.** Waltz, Thompson Quesada JCRS. ZEPTO\* is a registered trademark of Mynosys Cellular Devices, Inc. • 12rds Rev D

