

1

TREATMENT PREPARATION: FOCUS

In order to guarantee a perfect laser beam focus, it is **important** to set the slit lamp ocular rings properly (diopter compensation adjustment). This **compulsory step** must be performed with the focusing rod of the slit lamp.



2

LASER SETTINGS

- Laser Lens: **Volk Area Centralis (0.94x)**
- Spot Size: **160 μm**
- SubLiminal™ Mode / Duty Cycle: **5%**
- Exposure Time: **0.2 s**



3

TITRATION PROCEDURE (COMPULSORY STEP BEFORE TREATMENT)

- A single spot is used to determine the thermal threshold of each patient.
- The power dose is evaluated in macular periphery in **a healthy area**.
- Increase the power level until a **barely visible threshold burn is observed**.
- Reduce the power to **50 % of the threshold power level** for treatment.

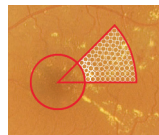


4

PATTERN SELECTION FOR THE TREATMENT

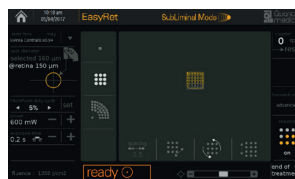
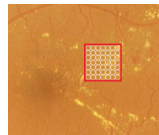
Customizable Macular Grid:

- Set size of the non-treatment area (radius A).
- Set size of the treatment area (distance B).
- Adjust the pattern width to fit the treatment area.
- Set the spacing to 0 (laser impacts must be confluent).
- Deliver the burst of impacts in several times.



Square: when the macular grid cannot be used

- Adjust the size of the pattern.
- Set the spacing to 0 (laser impacts must be confluent).
- Deliver the burst of impacts in several times.

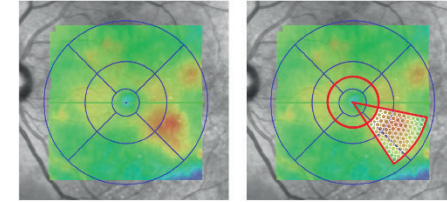


5

TREATMENTS

A. Treatment of Diabetic Macular Edema (DME)

OCT guided treatment: Treatment of identified edematous areas



Non-center involved DME:

The SubLiminal™ treatment can be used as single therapy. It induces biological changes in the RPE microenvironment that close the micro-aneurysms and dry the edema.

Foveal involved DME:

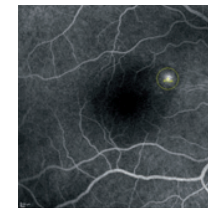
The best treatment option regarding this group of patients still remains an open question.

- In general anti-VEGF therapy is more likely to be the first line treatment. Once the edema is settled, SubLiminal™ laser can be used as a second line treatment to reduce the number of reinjections.
- In patients without visual loss, SubLiminal™ laser can be considered as a first line treatment. If the edema deteriorates, then anti-VEGF therapy can be added.

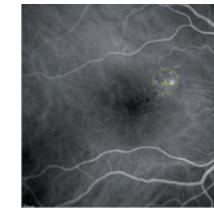
B. Treatment of Central Serous Chorioretinopathy (CSCR):

FA guided treatment: Treatment of the “hot spots” on mid-phase FA.

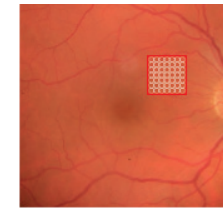
ICGA guided treatment: Treatment of the hyperfluorescent areas on mid-phase ICGA.



FA



ICGA



Treatment

Important:

During the treatment:

- **No visible reaction** must be seen during the treatment.
- There is **no need to change power** with different degrees of edema.
- Laser impacts must be **confluent** (dense treatment).

After the treatment:

- DME Treatment Follow-up / **Results at 3 months minimum**.
- CSCR Treatment Follow-up / **Results at 6 weeks minimum**.