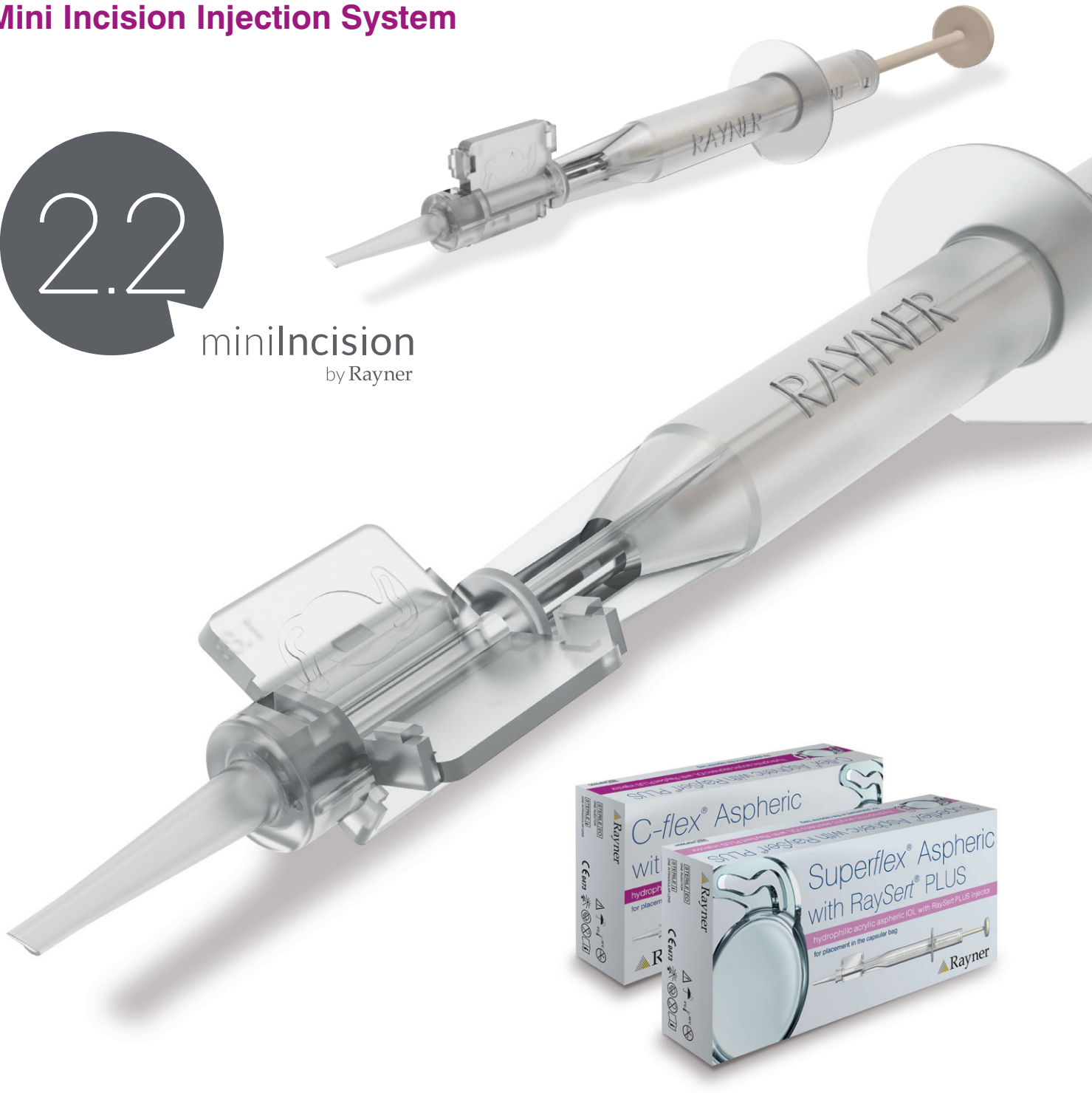
RaySert® PLUS

Mini Incision Injection System

2.2

miniIncision
by Rayner



Rayner
Your skill. Our vision.

Ray*Sert*® PLUS

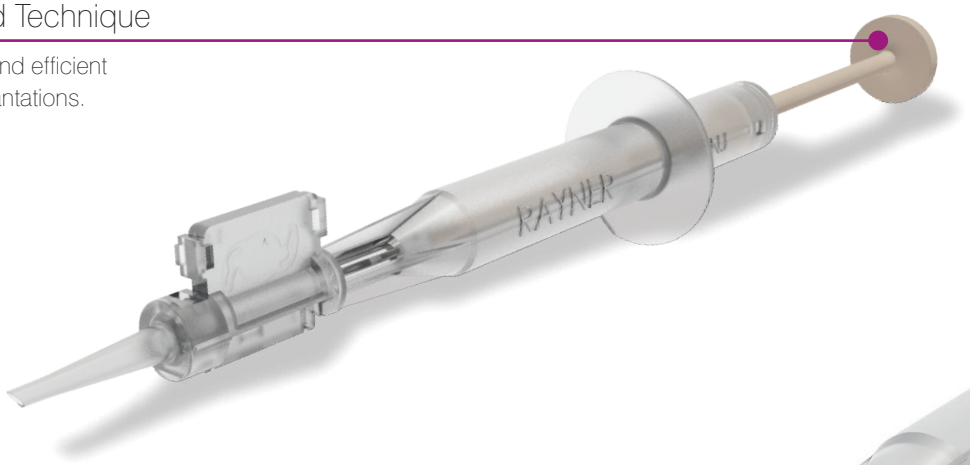
Mini Incision IOL Injection System for C-*flex*® and Super*flex*® Aspheric

A solution for safe and effective IOL implantation

Ray*Sert* PLUS is designed for safe and effective implantation of the C-*flex* Aspheric and Super*flex* Aspheric IOLs. Simple and controlled IOL delivery through a 2.2mm mini incision.

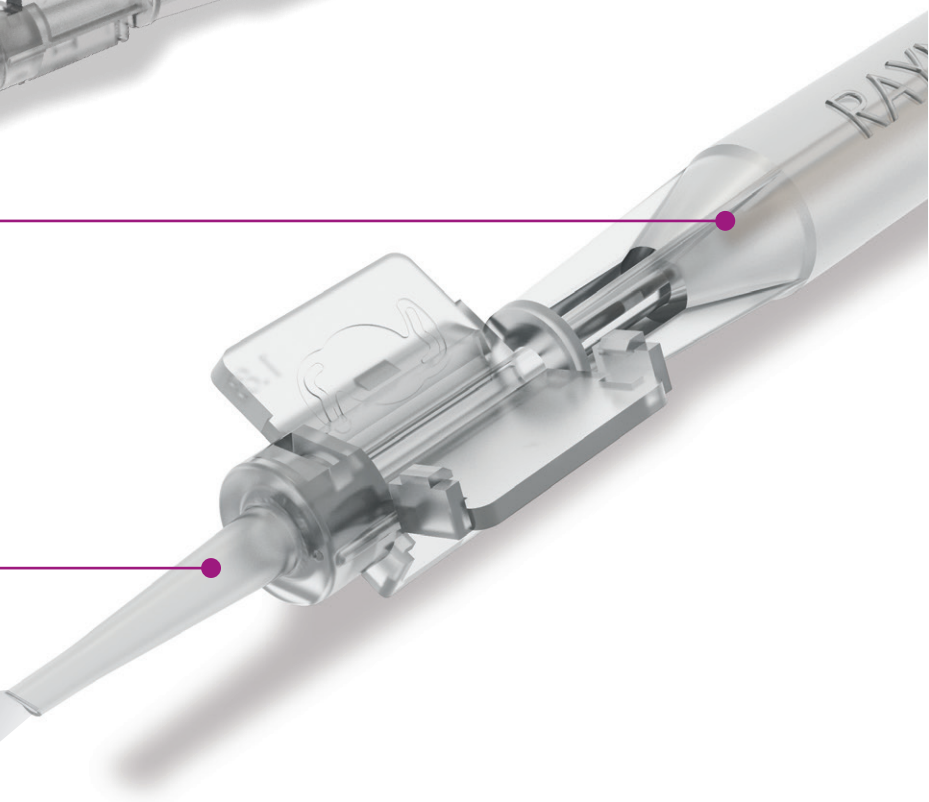
Syringe-Style, Single-Handed Technique

Smooth IOL delivery with predictable and efficient insertion ensuring consistant IOL implantations.



Sterile Single-Use

Ready to use. Ray*Sert* PLUS is supplied in a system pack with each IOL. Quality design for safe and reliable IOL implantations.



Small Diameter Tip

Wound assisted implantation through a 2.2mm mini incision, reducing surgical induced astigmatism.

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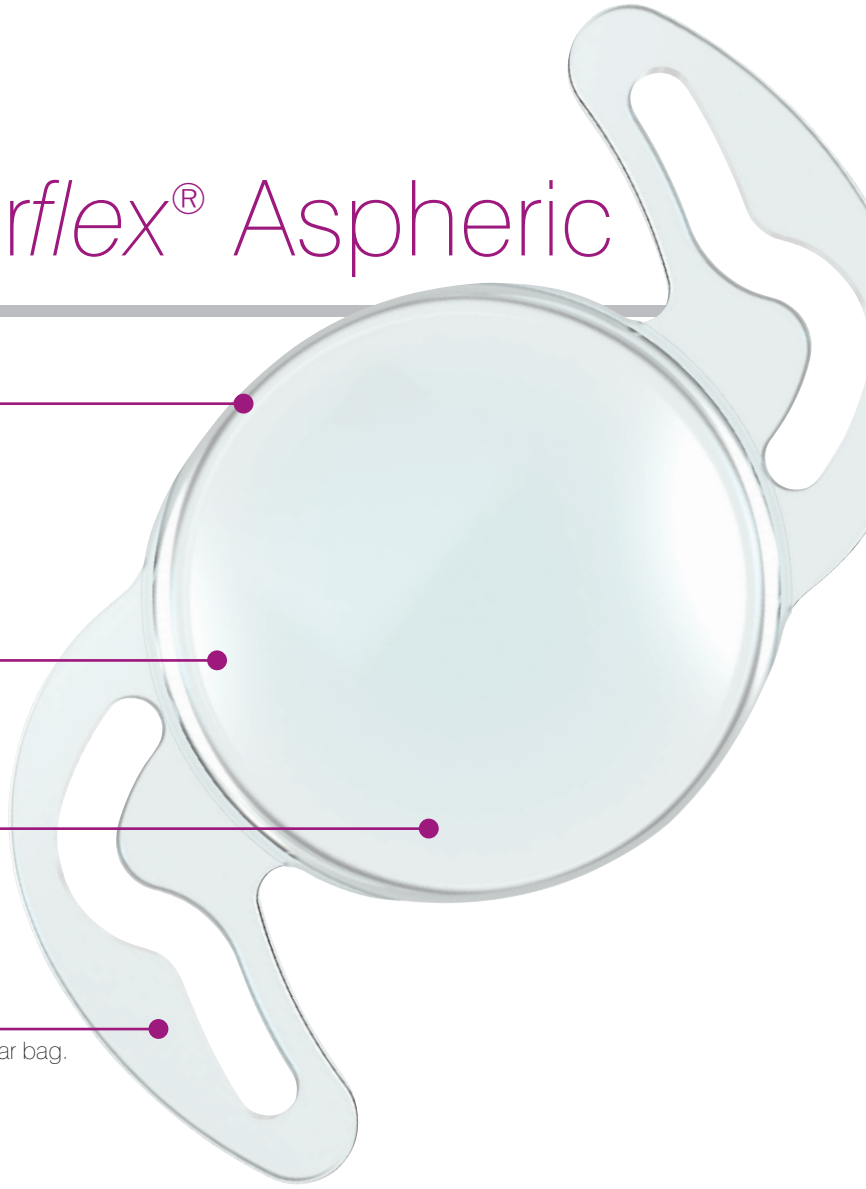
C-*flex*® & Super*flex*® Aspheric



Enhanced Square Edge

360° enhanced square edge reduces PCO by creating a physical barrier to cell migration. Nd:YAG capsulotomy rate study of 3,461 patients receiving Rayner C-*flex*;

- At 12 months, 0.6%
- At 24 months, 1.7%[1]

Aberration-neutral

Excellent contrast sensitivity and retained depth of field from aberration-neutral aspheric optic.

Ray*acryl*® optically pure, high quality material

Compressible material for delivery through a mini incision. Excellent handling characteristics with controlled unfolding within the capsular bag. Free from vacuoles and glistenings.

AVH Technology®

Anti-Vaulting Haptic Technology for proven stability in the capsular bag.

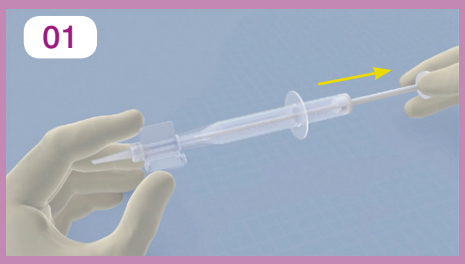
Technical Specification

	Super*flex* Aspheric with Ray*Sert* PLUS	C-*flex* Aspheric with Ray*Sert* PLUS
Model Number	RSP920H	RSP970C
Power Availability	-10.0 D to +7.0 D in 1.0 D increments +8.0 D to +17.5 D in 0.5 D increments	+18.0 D to +29.5 D in 0.5 D increments +30.0 D to +34.0 D in 1.0 D increments
Optic Diameter	6.25mm	5.75mm
Overall Diameter	12.50mm	12.00mm
Estimated SRK/T A-constant for non-contact biometry*:	118.6	118.6
Nominal A-constant for contact biometry*:	118.0	118.0
Material:	Ray*acryl* hydrophilic acrylic	Ray*acryl* hydrophilic acrylic
UV Protection:	Benzophenone UV absorbing agent	Benzophenone UV absorbing agent
Refractive Index	1.46	1.46

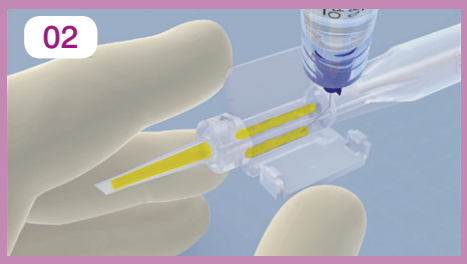
* Please note that the A-constant indicated for all Rayner lenses are estimates and are for guidance purposes only. Surgeons must always expect to personalise their own A-constants based on initial patient outcomes, with further personalisation as the number of eyes increases. We strongly recommend that surgeons consult the ULIB website (www.augenklinik.uni-wuerzburg.de/eulib/const/htm) for the most up to date and accurate starting point estimate.

RaySert® PLUS

Loading Instructions

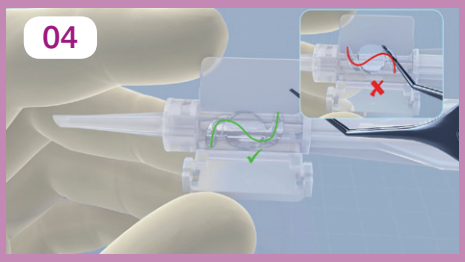


Fully retract the plunger ensuring that the soft tip does not protrude into the loading bay.

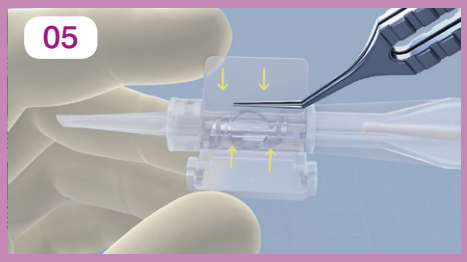


Open the loading bay flap fully to 90° and apply a suitable commercially available viscoelastic inside the nozzle and to both grooves of the loading bay.

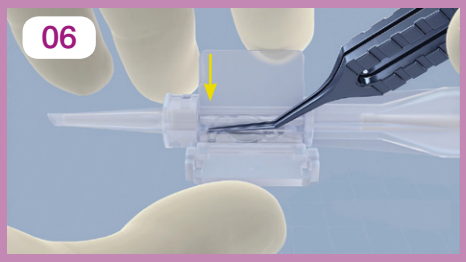
Carefully peel back the foil lid of the lens blister. Gently lift out the lens using parallel tipped, non-serrated forceps.



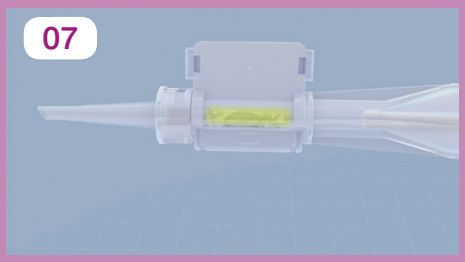
Position the lens centrally in the loading bay in a "reverse - S" configuration.



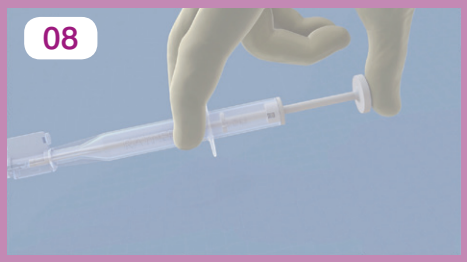
Hold open the flap and press down on lens with closed forceps to ensure that the edges of the optic and haptics are completely secured under the edge (lip) of the flaps.



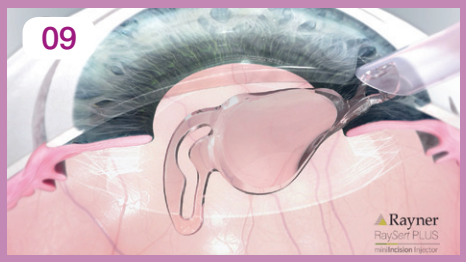
While keeping the lens in position with open forceps, gently close the flaps of the injector ensuring that no parts of the optic or haptics are trapped before locking the flaps firmly together.



Visually observe that the lens is symmetrically folded within the loading bay.



Advance the plunger in a slow controlled manner. Anticipate an initial slight but not excessive resistance, which could indicate a trapped lens. Observe that the lens remains symmetrically folded within the nozzle.



Once the lens exits the nozzle, stop depressing the plunger.

Rayner

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References

1. Vyas AV et al. J Cataract Refract Surg 2007; **33**: 81-87