



MULTI-UPGRADE SYSTEM

designed to evolve with your needs

Dual-linear

footswitch

eyeflexa™ ANTERIOR – upgrade functionality as and when you need to

Anterior Basic







Unlock the power of eyeflexa™* COMBINED – all the features of anterior basic with upgradable posterior capabilities

Combined LUX









Ophthalmic LED light source



Ophthalmic green laser photocoagulator with integrated LED light

UNLOCK YOUR POTENTIAL An innovative multi-upgrade surgical platform

ADJUSTABLE VENTURI PUMP

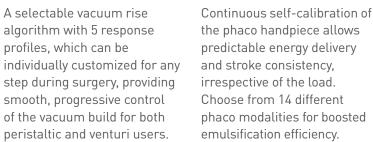
CONSISTENT ENERGY DELIVERY

INNOVATIVE BI-BLADE™ TECHNOLOGY

COMPLEMENTING PHOTOCOAGULATOR & LED LIGHT SOURCE

COMPREHENSIVE CONSUMABLE PORTFOLIO







Designed for uninterrupted flow, less retinal traction and high aspiration, Bi-Blade™ vitreoretinal cutters maximize efficiency and safety (cutting speed: 15,000 cpm; available in 23G, 25G and 27G).



Achieve greater clarity for your surgery with integration options from the Ledix ophthalmic LED light source or the dual modality Fenix 532-D ophthalmic green endolaser photocoagulator with integrated LED light source.



Choose from what best suits your surgical or clinical needs. Complement your technique and expand your treatment options, including:

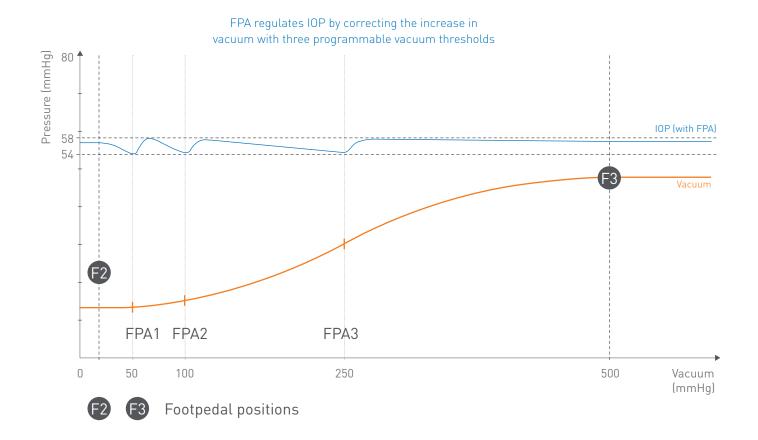
- Sub-2.0 mm phaco surgery supported by a hydrophobic preloaded IOL
- Micro incision vitrectomy surgery full range of consumables

EXCEPTIONAL CHAMBER STABILITY, YOUR WAY

for anterior, posterior or combined surgeries

eyeflexa[™] dynamically regulates intraoperative pressure (IOP) through its innovative fluid path adaptation technology (FPA). Three programmable vacuum thresholds adjust irrigation flow and work in sync with the infusion pressure control (IPC), providing exceptional chamber stability.

Offers ability to optimally maintain IOP, which is particularly important in delicate maneuvers like last piece removal or inducing PVD at high vacuum.



OPTIMIZE your investment

FLEXIBLE COMMERCIAL SOLUTIONS TAILORED TO YOUR NEEDS

Designed for anterior, posterior and combined surgeries, with a multi-upgrade system, you only pay for what you need when it comes to the surgical capabilities of eyeflexa.™*

Combined with our range of flexible finance options, you can access the latest in technology at every step of your career and keep budgets low in an everaccelerating healthcare business.

FLEXIBLE WAYS TO FINANCE eyeflexa™*

	FINANCING OPTIONS		
	Operating lease	Rent	Cash
PAYMENT STRUCTURE			
Down payment	0%	0%	100%
Variable fee	•		
Fixed fee		•	
DEAL CORE			
Devices(s)	•	•	•
Accessories	•	0	•
FEE IS BASED ON			
Consumables	•		
Month		•	
Procedure		0	

LEASING OPTIONS

Leasing is the optimum approach to gain access to capital equipment. In the long run, leasing fees are lower than the overall cost of an equipment. Ownership risks are not transferred, and procedure costs will be reduced. The variable fee is calculated on the basis of the consumed products, which are normally used daily. Any deviation from the planned consumption can be easily and conveniently adjusted. The leasing payment structure can be individually setup according to a practice's needs and clinical workflow.

Innovation and flexibility for your evolving needs

^{*}Qube™ pro powered by eyeflexa™.

BEST-IN-CLASS

Technical Service

CONTACT DETAILS

For product enquiries, please contact our global helpdesk at hso-product-support@hoya.com

For a list of distributors and their contact information, please visit www.hoyasurgicaloptics.com



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SERVICE CONTRACT OFFERINGS

Comprehensive (preferred):

The comprehensive contract offers single- or multiple-year based contracts to sustain your practice. It includes full coverage with back-up equipment support, guaranteed SLA levels and high uptime. A reserved stock of parts and regular visits with elevated frequency will ensure efficient and continuous clinical workflow.

Maintenance only:

The maintenance contract offers regular planned visits to support your practice. Your equipment will be well taken care of and be kept up-to-date.

Pay per visit/repair:

The pay-per-visit/repair deal covers your immediate need for technical support. Our agents will assist both remotely and/or on-site, with speed being our main advantage.

COMPREHENSIVE SUPPORT

for yout clinical practice

CLINICAL APPLICATION SPECIALIST DEPLOYMENT AND SUPPORT

Pre-sales (professional demonstration):

Our Clinical Application Specialist (CAS) team trains surgeons and operating room staff to help them familiarize and gain confidence with using the instruments and accessories. Specific parameter settings are required to adapt the equipment for each surgeon's operative approach. The first operative procedure will be evaluated by our CAS team to ensure that surgeons and operating room staff are well supported.

Post-installation (operating room support):

The CAS team covers every surgeon's request to support their procedures in the operating room, in terms of new settings, different procedure design and on-demand technical and clinical support.

Surgeon orientation:

Flexibility of our field team allows us to always be ready to carry out surgeon orientation, hence empowering their performance and adding to patient satisfaction.

Staff training and upskilling:

Continuous educational activities are planned for operating room staff, including updates on new technologies and recent clinical procedures.

Clinical outcomes:

Our CAS teams are fully committed to supporting you and your practice in delivering the best possible outcomes for your patients, through clinical/technical consultancy and support offered both remotely and/or on-site.



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A LEADER IN FULLY PRELOADED IOL

delivery systems

As a leader in the field, HOYA Surgical Optics (HSO) is proud to offer its portfolio of preloaded IOL delivery systems.

With over 10 million IOLs implanted worldwide since 2007¹ our IOL portfolio and delivery systems play an essential role in success of a surgical procedure by offering precise control and reliable delivery. Combined with our proven hydrophobic lens materials, and afforded by our patented delivery technologies, our IOL portfolio is designed to deliver outstanding results.





multiSert™: Clarity. Control. Combined

iSert[®] : Unprecedented clarity of vision

Toric : Unprecedented clarity of vision and

rotational stability



multiSert+™: Perform micro incision cataract

surgery without compromises



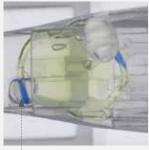
Streamlining cataract surgery



DELIVERY CONSISTENCY

is afforded by HSO's patented delivery technologies for all its one-piece preloaded IOL delivery systems

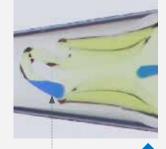
Tucking pin ensures tucking of the leading haptic for consistent release





Tucking pin triggers the tucking of the leading haptic







Ensures consistent positioning of the leading haptic for consistent lens release

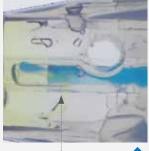
Injector rod and slider ensure precise configuration of trailing haptic for correct tucking





Slider ensures consistent positioning of the trailing haptic for correct tucking







Injector rod correctly positions the trailing haptic for correct tucking

multiSert™: 4-IN-1 PRELOADED IOL SYSTEM

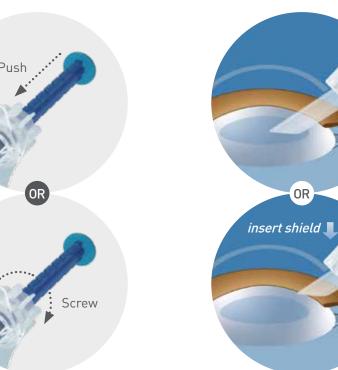
providing unmatched control at your fingertips

Vivinex[™] multiSert[™]:

A single-handed push and two-handed screw injection within one device

on within one device

Uniquely designed *insert shield* for precise depth management of injector tip insertion



Delivery into capsular bag Insert shield: default position

Delivery through incision wound tunnel Insert shield: advanced position

Nanex[™] multiSert+[™]:

Nanex[™] multiSert^{+™} provides the smallest final incision size and least amount of wound stretch when performing cataract surgery through a 1.8 mm or 2.0 mm incision³



Recommended incision size: 2.20 mm^{1,2} Front injector tip OD: 1.7 mm

1. HOYA data on file. DoF-SERT-102-MULT-03052018, HOYA Medical Singapore Pte. Ltd, 2018. 2. Oshika T, Wolfe P. In vitro comparison of delivery performance of 4 preloaded intraocular lens injector systems for corneal and sclero-corneal incisions. J Cataract Refract Surg. 2019;45:840–846. 3. Comparative porcine eye study: study result. David J Apple International Laboratory for Ocular Pathology, University Hospital Heidelberg. Report on file.



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