ultra q reflex.



Laser Floater Treatment Premium Capsulotomy

ultra q reflex.



EXCEPTIONAL VISUALIZATION

Featuring Ellex's proprietary Reflex Technology™, Ultra Q Reflex's visualization in both on-axis and off-axis modes, combined with titratable illumination allows you to accurately visualize the posterior capsule as well as vitreous strands and opacities, and to assess position of floaters relative to the lens or retina.



ULTRA Q REFLEX™ ENABLES
YOU TO EXPAND THE SCOPE
OF CARE YOU'RE ABLE TO
PROVIDE, AND ALL AT THE
ABSOLUTELY HIGHEST
STANDARDS OF SAFETY
AND EFFICACY.

■ Reflex Technology™ Treatment versatility, patient care quality

The effectiveness of laser vitreolysis and capsulotomy has been transformed through the development of Ellex's Reflex Technology™ platform, which includes True Coaxial Illumination (TCI™) that generates a titratable red reflex, a precise aiming beam and a superior energy beam profile - all within a unique slit lamp illumination tower design that converges and focuses your sight line, target illumination and treatment beam into one optical path.



■ True Coaxial Illumination (TCI™) Treat with greater accuracy

True Coaxial Illumination (TCI™) is at the heart of Ultra Q Reflex™. It's technology that provides a stable and titratable red reflex across the entire working diameter within the pupil, that creates the highest degree of contrast, edge definition and detail shadowing for posterior capsule and throughout the vitreous.

Active Cooling Cavity Technology

The Ultra Q Reflex™ active cooling cavity technology ensures utmost accuracy and robustness of laser output over extended duration of laser firing - minimizing the risk of under-dosing or over-dosing the energy and ensuring the desired therapeutic effect.

LFT

LASER FLOATER TREATMENT



LASER VITREOLYSIS TRANSFORM VISUAL
ACUITY, IMPROVE
PATIENTS' LIFE QUALITY

Image courtesy of Karl Brasse, MD

■ Reflex Technology™ A powerful solution to diagnose and manage symptomatic floaters

In the past, physicians have had to rely on vitrectomy as the only effective medical intervention for symptomatic floaters.

Due to the risk profile of the surgical procedure, patients have been told to live with symptomatic floaters. However, recent studies have shown that laser floater treatment known as laser vitreolysis is a viable option for the symptomatic relief of selected patients.¹

■ Ultra Q Reflex[™] Greater consistency in clinical results

Laser vitreolysis is a safe and effective first-line inoffice laser-based option to reduce or eliminate visual disturbance caused by symptomatic floaters.

Reflex Technology™ is a holistic laser solution for the treatment of debilitating floaters. Laser vitreolysis performed with Reflex Technology™ efficiently vaporizes hyaluronic acid and collagen strands to clear or reduce the size and/or amount of floaters in the vitreous.

Employing TCI™ to generate red reflex, Ultra Q Reflex™ provides an enhanced visualization of the anterior and posterior vitreous. This minimizes the potential for focusing errors and the risk of damage to the natural lens or retina, providing a safe and highly effective tool for the treatment of vitreous strands and opacities.



PREMIUM CAPSULOTOMY



IT'S ACCURACY THAT

MINIMIZES FRINGES AND

TAGS AND PREVENTS LENS

DAMAGE - EVEN IF THE

LACK OF A RIDGE MAKES

THE CAPSULE ADHERE

TO THE OPTIC.

Image courtesy of Karl Brasse, MD

The benefits of Ellex's proprietary Reflex Technology™ extend beyond the safe treatment of floaters.

Employing TCI™ to visualize capsular fragments, Ultra Q Reflex™ can be used to visualize and vaporize broken pieces of fragments and help prevent the common problem of sudden floater development after capsulotomy.

■ Green aiming beam

Ultra Q Reflex™ features a precise green aiming beam that provides the highest degree of contrast in red reflex background, resulting in greater targeting accuracy which further enhances the safety profile of YAG laser treatments.

■ Precision in incision

Ellex's proprietary YAG laser cavity within Ultra Q Reflex™ delivers a four nanosecond Ultra Gaussian pulse at high peak power and can typically achieve the industry's lowest optical breakdown energy at 1.5 mJ in air². That means you can perform capsulotomy at lower, more efficient energy levels. With less energy delivered into the eye, you'll be able to carry out HDcap™ capsulotomy with all types of IOLs, and with significantly less risk of lens pitting.

Choose Ultra Q Reflex™ and you'll secure new levels of accuracy with HDcap™ capsulotomy - a perfectly centered, precise capsulotomy.

ultra **q** reflex

TECHNICAL SPECIFICATIONS

Laser Source Q-switched Nd:YAG

Wavelength 1064 nm

0.3 to 10 mJ per pulse, continuously Energy

variable

Pulse Width

Burst Mode 1, 2 and 3 pulses per burst, selectable

Spot Size

0, ± 100 to ± 500 μm, continuously Offset (Anterior and Posterior)

variab<u>le</u>

Illumination True Coaxial Illumination™ (Reflex Technology™)

Cone Angle 16 degrees

Aiming Beam green 515 nm, adjustable intensity

COMMON FEATURES SPECIFICATION

Repetition Rate

Magnification

Cooling

Electrical Requirements

Weight

Dimensions (HxWxD)

Standard Accessories

Optional Accessories

up to 4 Hertz

optimized for enhanced anterior

segment visualization

Fan cooled 100-240 VAC, 50/60 Hz, 800 VA

31 kg, 68 lbs (laser only)

57 x 75 x 45 cm, 23 x 30 x 18 inches

(laser only)

Total Solution™ tables, remote display,

safety glasses, laser safety sign, dust

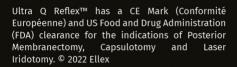
cover

Footswitch, five-position magnification changer, beam splitter, co-observation

tube, "C" mount camera adapter, video camera adapter, tonometer mount, capsulotomy, iridotomy and

vitreolysis laser lenses

Specifications are subject to change without notice



Ultra Q Reflex™ has a CE Mark (Conformité Européenne) for the indication of Laser Vitreolysis.

Laser Vitreolysis is not a cleared indication in the US. Only intended for non-US based customers.

BIBI IOGRAPHY

YAG vitreolysis for symptomatic vitreous floaters: A randomized clinical trial. JAMA Ophthalmol. 2017; 135(9): 918-923.10.1001/jamaophthalmol.2017.2388

(2) based on system performance testing

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