

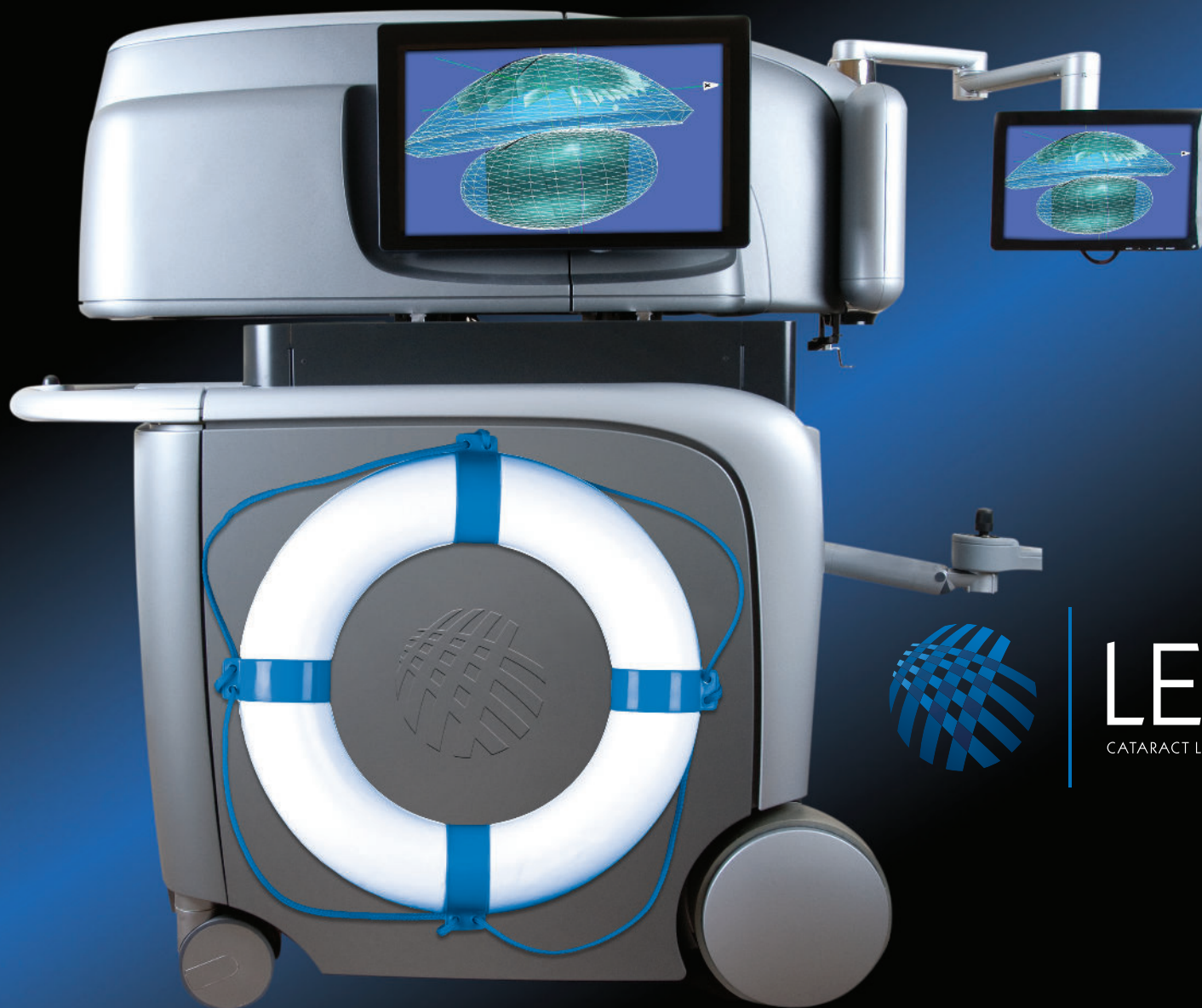
THINK PATIENT SAFETY

"LENSAR's collection of imaging technologies makes it possible to precisely image the exact location and contour of the posterior capsule, which is the 'Holy Grail' for performing safe ReLACS."

– Kerry Assil, MD

At LENSAR™, we're always thinking ahead. That's why we designed the LENSAR Laser System with your patients' safety in mind. LENSAR's rotating camera captures up to 16 images from the anterior cornea to the posterior capsule and reconstructs a 3-D model of the eye. Because you'll see exactly where the relevant anatomy is in the eye for all grades of white or brunescant cataracts, you can feel secure in designing and executing an optimum treatment that will maximize outcomes without putting your patients at risk.

The LENSAR Laser System. Designed for patient safety, designed for you. [Learn more at LENSAR.com](http://LENSAR.com)



LENSAR
CATARACT LASER WITH AUGMENTED REALITY

The LENSAR Laser System – fs 3D (LLSfs 3D) is intended for use in patients undergoing cataract surgery for removal of the crystalline lens. Intended uses in cataract surgery include anterior capsulotomy, laser phacoemulsification, and the creation of full and partial thickness single-plane and multi-plane arc cuts/incisions in the cornea, each of which may be performed either individually or consecutively during the same procedure.

Laser Capsulotomy, laser phacoemulsification and/or corneal incisions surgery is contraindicated in patients: who are of pediatric age, whose pupils will not dilate or remain dilated to a diameter greater than that of the intended treatment and for capsulotomies and/or laser phacoemulsification with intended diameters of less than 4 mm or greater than 7 mm, who have existing corneal implants, who have previous corneal incisions that might provide a potential space into which the gas produced by the procedure can escape, who have conditions that would cause inadequate clearance between the intended capsulotomy cut and the corneal endothelium, such as: hypotony, uncontrolled glaucoma, who have corneal disease or pathology that precludes transmission of light at the laser wavelength or causes distortion of laser light, such as: corneal opacities, residual, recurrent, active ocular or uncontrolled eyelid disease or any corneal abnormalities (including endothelial dystrophy, guttata, recurrent corneal erosion, etc.) in the eye to be treated, ophthalmoscopic signs of keratoconus (or keratoconus suspect) in the eye to be treated, a history of severe dry eye that has not responded to therapy, a history of herpes zoster or herpes simplex keratitis.

Potential contraindications are not limited to those included in the list.

WARNING: The safety and effectiveness of this laser have NOT been established in patients with diabetic retinopathy, a history of treated glaucoma, or prior intraocular surgery.

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LENSAR at AAO 2013



THINK EFFICIENCY

"Thanks to LENSAR, I am able to perform cataract surgery 3 minutes faster than I was prior to implementing the laser. And with my wonderful staff, my turnover times are also faster, so I am experiencing greater efficiencies than ever before."

– William Soccia, MD

At LENSAR™, we're always thinking ahead. That's why we designed the LENSAR Laser System with your efficiency in mind. Automated procedure planning based on customizable surgeon preferences, pre-programmable laser-to-patient positioning, and an easy-to-use joystick for docking control reduce suction time and improve efficiency. Combined with thoughtful ergonomics, you can seamlessly integrate the LENSAR Laser System into your existing surgical regimen without increasing overall procedure time.

The LENSAR Laser System. Designed for efficiency, designed for you. [Learn more at LENSAR.com](http://LENSAR.com)



LENSAR
CATARACT LASER WITH AUGMENTED REALITY

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THINK ENERGY REDUCTION

"With the LENSAR Laser, I've experienced a significant reduction in phaco energy, and in some cases I've needed no ultrasound energy at all. More importantly, I've seen a reduction in infusion volume and surgical time, resulting in much quieter postoperative eyes."

— Jonathan Solomon, MD

At LENSAR™, we're always thinking ahead. That's why we designed the LENSAR Laser System with phaco energy reduction in mind. By combining superior imaging of the anterior segment, precise laser placement, and efficient lenticular fragmentation, the LENSAR Laser allows for a reduction in phaco time and up to 100% reduction in phaco energy.¹ This ultimately provides patients with a higher level of safety and you with greater peace of mind.

The LENSAR Laser System. Designed for energy reduction, designed for you. [Learn more at LENSAR.com](http://LENSAR.com)



LENSAR
CATARACT LASER WITH AUGMENTED REALITY

The LENSAR Laser System — fs 3D (LLS-fs 3D) is intended for use in patients undergoing cataract surgery for removal of the crystalline lens. Intended uses in cataract surgery include anterior capsulotomy, laser phaco-fragmentation, and the creation of full and partial thickness single-plane and multi-plane arc cuts/incisions in the cornea, each of which may be performed either individually or consecutively during the same procedure.

Laser Capsulotomy, laser phaco-fragmentation and/or corneal incisions surgery is contraindicated in patients: who are of pediatric age, whose pupils will not dilate or remain dilated to a diameter greater than that of the intended treatment and for capsulotomies and/or laser phaco-fragmentation with intended diameters of less than 4 mm or greater than 7 mm, who have existing corneal implants, who have previous corneal incisions that might provide a potential space into which the gas produced by the procedure can escape, who have conditions that would cause inadequate clearance between the intended capsulotomy cut and the corneal endothelium, such as: hypotony, uncontrolled glaucoma, who have corneal disease or pathology that precludes transmission of light at the laser wavelength or causes distortion of laser light, such as: corneal opacities, residual, recurrent, active ocular or uncontrolled eyelid disease or any corneal abnormalities (including endothelial dystrophy, guttata, recurrent corneal erosion, etc.) in the eye to be treated, ophthalmoscopic signs of keratoconus (or keratoconus suspect) in the eye to be treated, a history of severe dry eye that has not responded to therapy, a history of herpes zoster or herpes simplex keratitis.

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1. Data on file. LENSAR, Inc.

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