



Robin D Hamilton Moorfields Eye Hospital, London, UK

ight A mpified **S** timulated **E** mmision **R** adiation

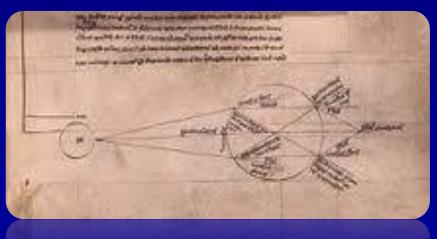
L ucrative A cquisition **S** cheme **E** xpensive **R** esearch

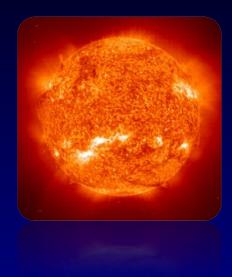


L.A.S.E.R.

Light Amplification by Stimulated Emission of Radiation

- The effect of solar radiation was well known to humanity since the time of the ancients in China and in the West (Greece)
- Theophilus Bonetus (1620-1689) reported central scotoma (blind spot) following solar burn of the retina





Albert Einstein

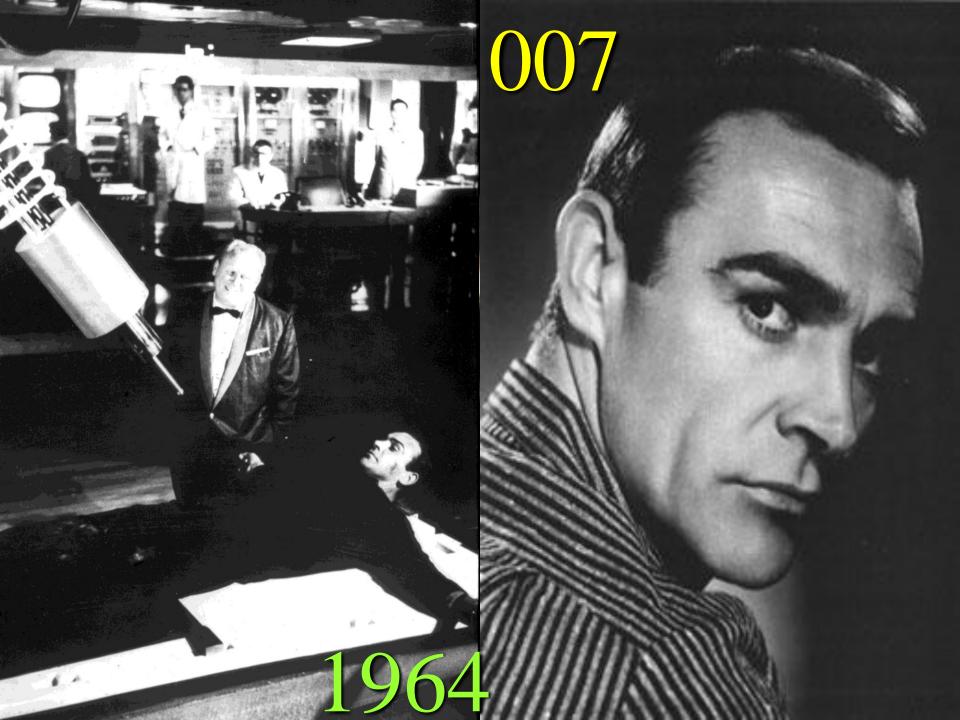
LASER first postulated 1917 1921 Nobel Prize in Physics

Charles Townes

MASER 1st Demonstrated 1955 1964 Nobel in Physics

Theodore Maiman

LASER first demonstrated 1960 Nominated twice for Nobel Prize in Physics

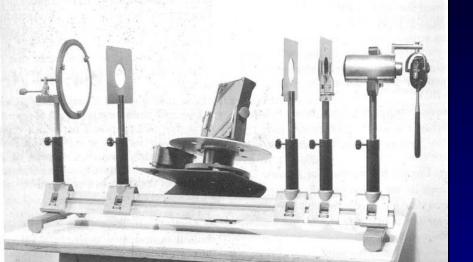


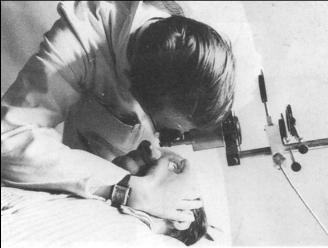




Revolution



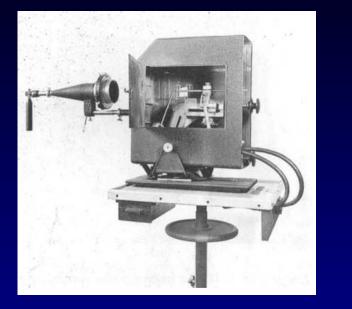


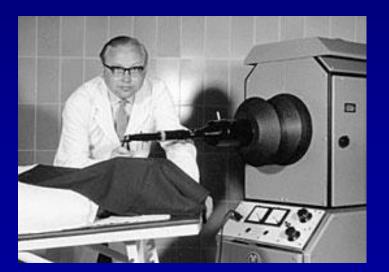


NHS National Institute for Health Research

Gerard Meyer-Schwikerath 1946





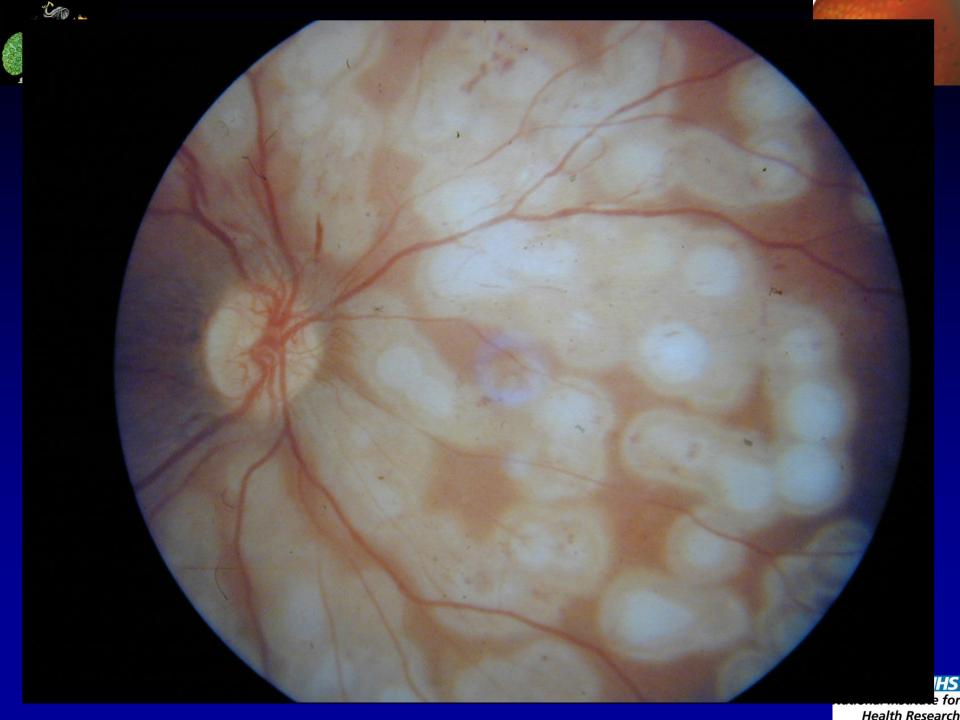


Evolution



Carl Zeiss Xenon arc lamp







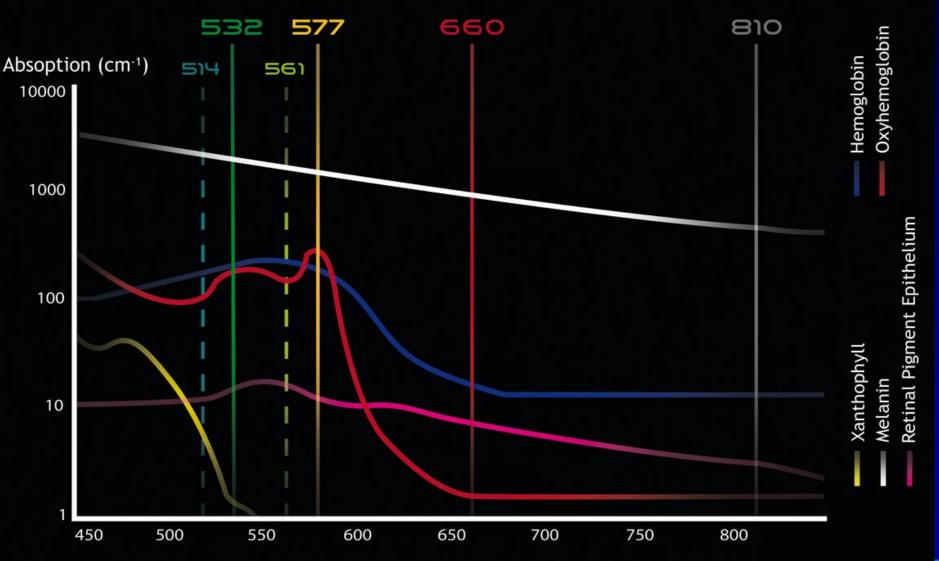




Wavelengths

- Excimer 193 nm
- Argon Blue 488 nm
- Argon green 514 nm
- FD-YAG green 532 nm very high RPE absorption
- Krypton yellow 568 nm
- Solid State Yellow 561nm 577 nm
- Dye Orange to Red 590-630 nm
- Krypton red 647 nm
- Solid State red 670 nm
- Ruby red 694 nm
- Diode 810 nm 30% RPE absorption
- FD-YAG 1064 nm





Wavelength (nm)

15 for rch





Laser Pulse Durations

- Conventional photocoagulation
 - 100 ms
- YAG Laser
 - 3 ns
 - -100 ms = 100 million ns
- Femtosecond lasers
 - -3 ns = 3 million fs
 - One femtosecond is to one second as one second is to 31 million years!





History of photocoagulation

1946/1956 Xenon lamp 1964/1968 Argon lasers 1971/1972 Nd:YAG lasers 1980/1981 Q switched Nd:YAG lasers 2005/2006 First multispot laser 2012 Multispot lasers, micropulses, SRT, 2RT... 2025...?





Multispot laser technology









Multispot lasers

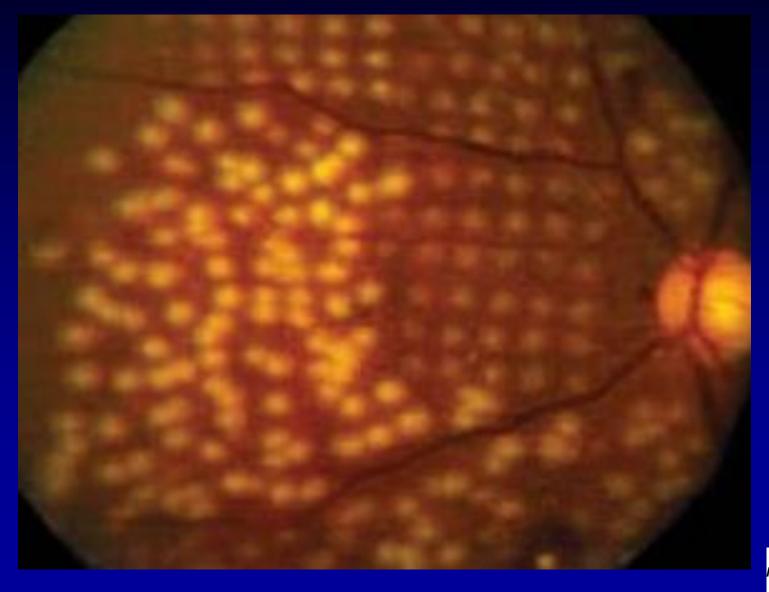
First multispot laser: PASCAL.

Later multispot versions: Valon, Ellex, Quantel Medical, Nidek, Zeiss, Lightmed and OD – OS.

Different approaches to the delivery, variable quality of the laser beam, exposure time, parameters stability and number of spots.











Multi-spot features

Advantages

- Ultrafast
- Painless
- Precise
- Less collateral damage
- Innovative and user friendly
- Versatile

Disadvantages

- Too fast?
- Spot size preset
- Short pulse
- Less collateral damage?
- Not applicable for OP





Short pulse duration - advantages

- 1. No thermal diffusion, vertically nor horizontally
 - Minimal tissue damage
 - Less pain, better patient compliance
 - No risks of macular oedema and other complication
- Smaller influence of power changes on spot size and intensity (20 msec vs. 100 msec)
- 3. Full PRP in one sitting (single-session procedure)

Pulse Duration Thermal diffusion distance 1 second or 1,000,000 μsec.1 mm or 1,000 μm. 0.5 seconds or 500,000 µsec. **707 μm.** 100 msec. or 100,000 µsec. 320 µm. 50 msec. or 50,000 µsec. 225 µm. 10 msec. or 10,000 µsec. 100 µm. 1 msec or 1,000 µsec. 32 µm. 100 µsec. 10 µm. 10 µsec. 3.2 µm. 1 µm. usec.

Birngruber, Roider & team

100 µ secs





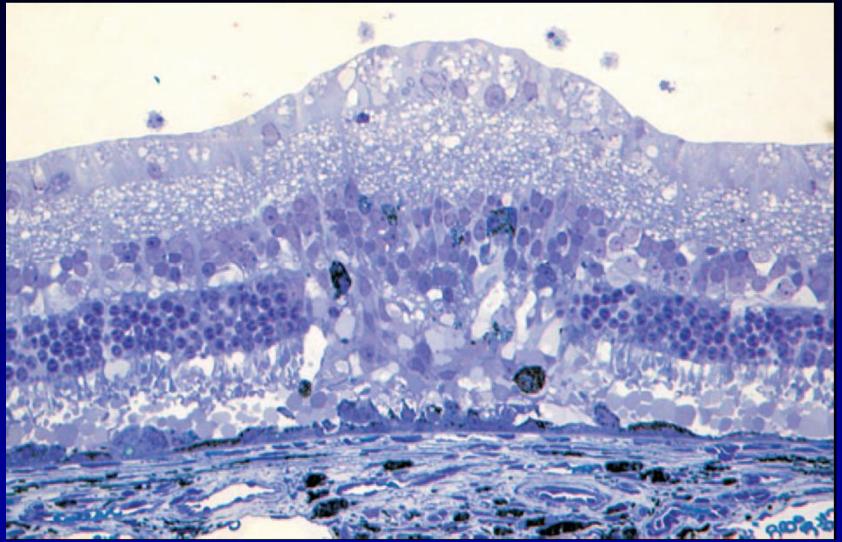
Painless procedure - low energy

Fluence = amount of energy delivered to the particular area





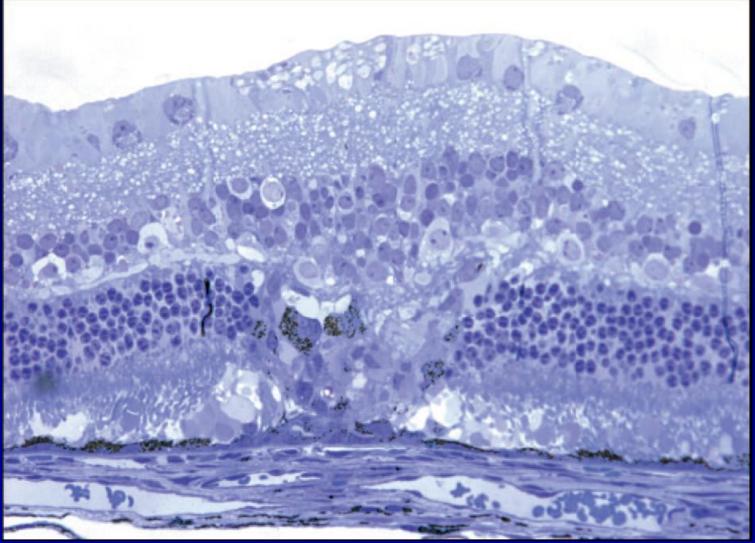
Conventional Photocoagulation



Single retinal lesion 100 millisecond pulse at 60 mW at 1 week (rabbit)



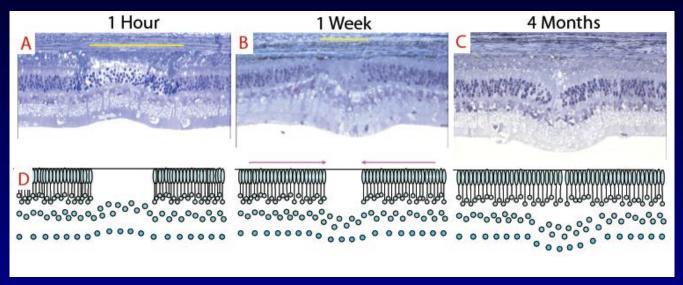
Semi-Automated Patterned Scanner



Single retinal lesion 10 millisecond pulse at 240 mW at 1 week (rabbit)



Migration of photoreceptors



A By standard toluidine blue stains, nuclei of photoreceptors in the photocoagulation site appear pyknotic at 1 hour, and disappear within 2 days. Inner nuclear layer and ganglion cell layers appear intact but are deformed due to the changes in the photoreceptor and RPE layers.

B By one week, Müller glia fill in the photoreceptor decimated region. The RPE layer appears restored, though hypopigmented in the center of the lesion and contracted to 50% of its original size.

C At 4 months, photoreceptor organization in the center of the lesion continues to improve and is distinguished from adjacent normal retina only by a narrow column of Müller glia, and a slight elevation on the vitreal side of the retina.

Photoreceptor morphology within lesions is otherwise indistinguishable from that in the untreated retina and appear to shift from the adjacent areas into the lesion, filling it over time, as schematically shown in D.





Changes of spot size

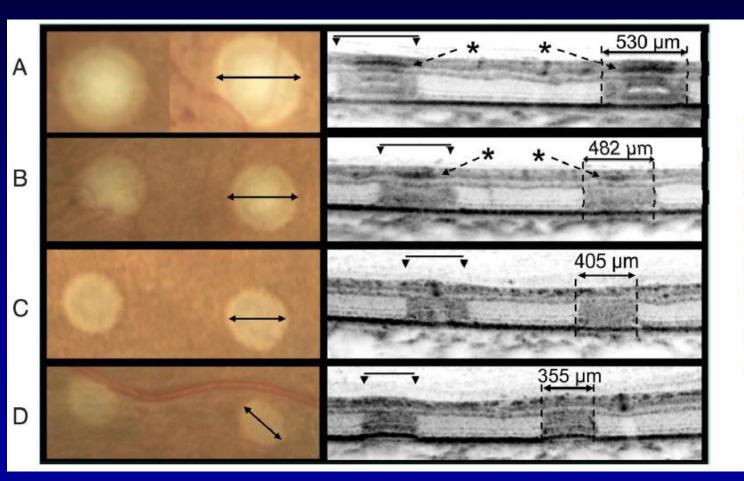
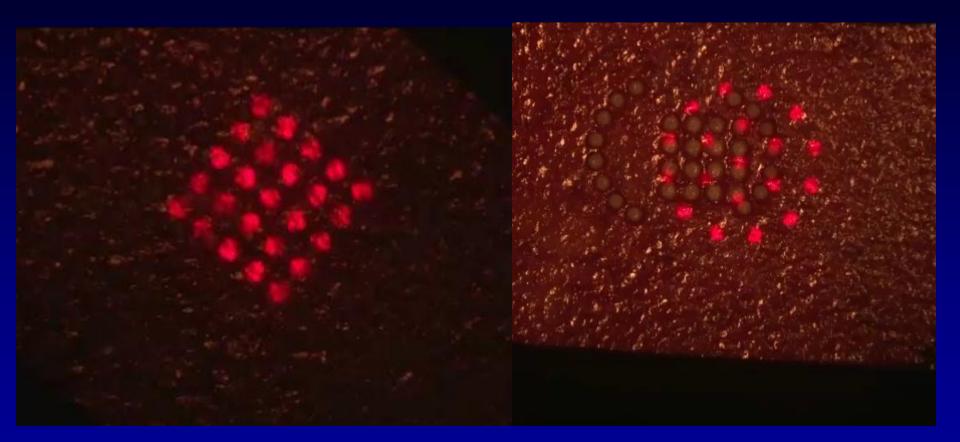


Fig. 1. Typical OCT appearance of the acute retinal lesions produced with a 400- μ m aerial beam size using Area Centralis contact lens. Solid arrows show the width of the coagulated zone, with numbers in micrometers. A. 100 ms, moderate grade. Dash arrows (*) point at the dark bands indicating some effect in the inner retina. B. 20 ms, moderate grade. C. 20 ms, light grade. D. 20 ms, barely visible grade.



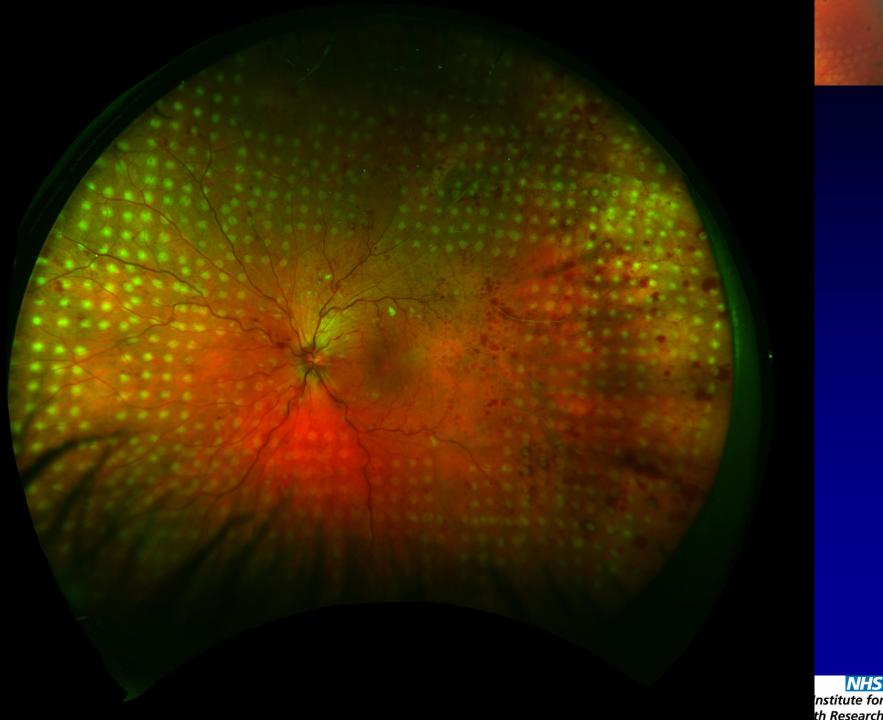
Scanning Patterns







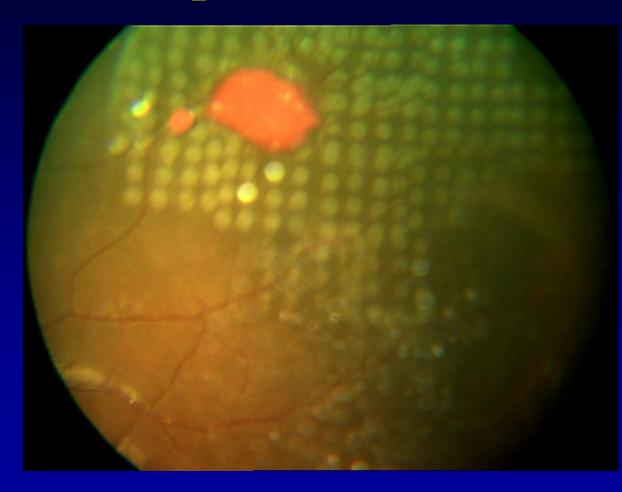








Example PRP for NV and VH



PRP in Sickle Cell Disease Pattern 4x4, Settings: 20 msec, 275 mW, 400 microns





Example Macular Grid



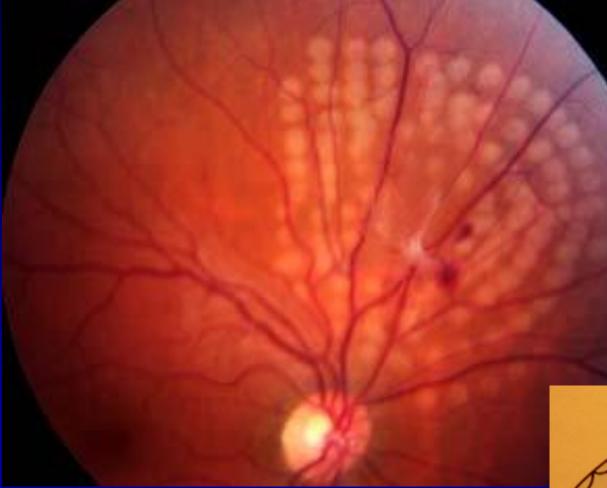
Upper half Long pulse duration, single shot

Lower half Short pulse duration (10msec), pattern photocoagulation 200mW





Example Retinal Tear



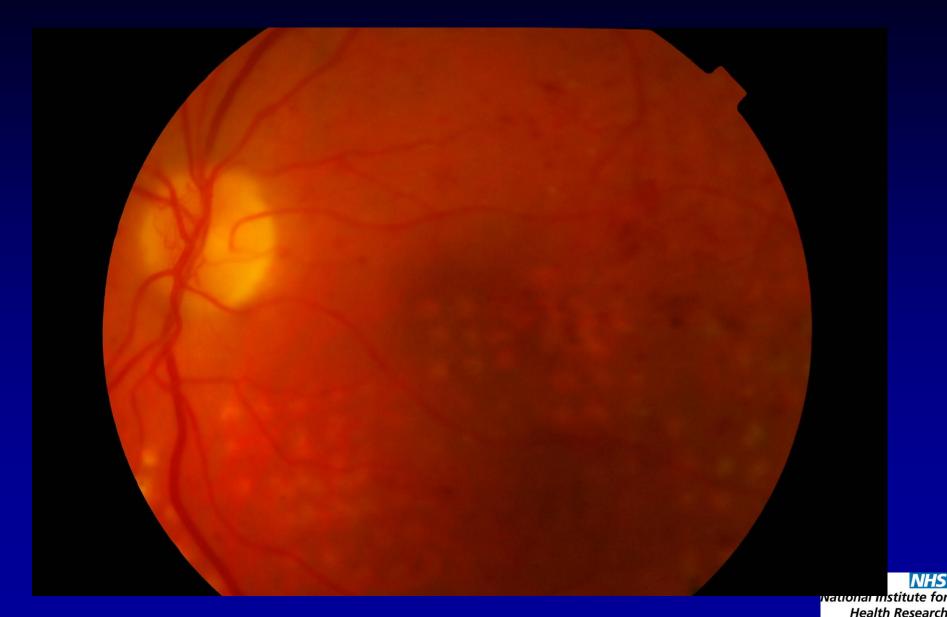
Pattern 3x3 and arc Settings: 20 msec, 450 mW, 400 microns



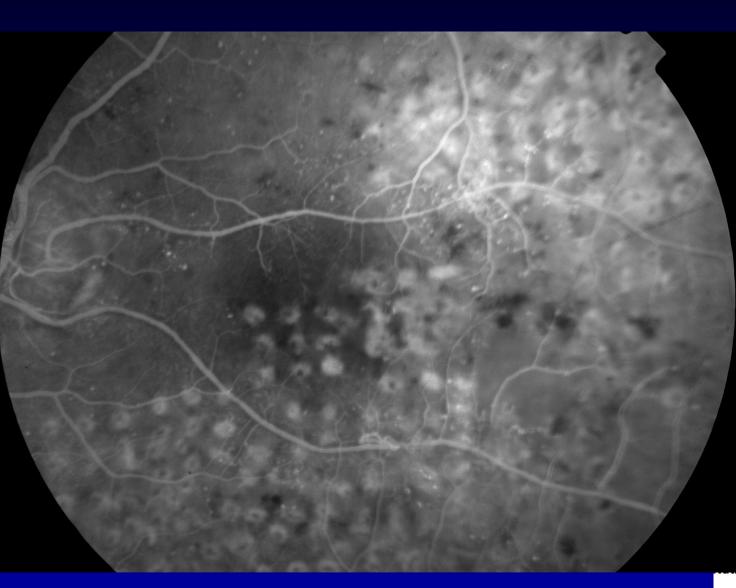












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The newer lasers

- Navilas Automated delivery
- Micropulse
- YLF/Selective Retinal Therapy
- 2RT

The Navigated Retina Laser

All-digital | More effective | More comfortable





Navilas[®] Laser System

All-digital retinal laser therapy

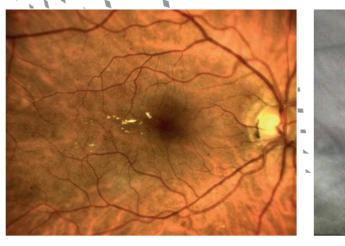
Navilas[®] is the first all-digital system for navigated focal and peripheral laser treatments.

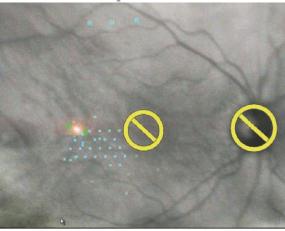
The key elements of laser therapy are effectively integrated into one smart solution.



Structured treatment workflow

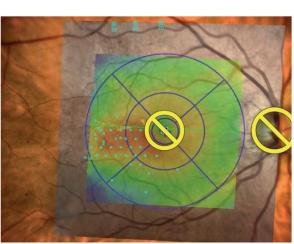
Navilas[®] uniquely provides retinal specialists with an all-digital treatment workflow, enabling precise, comprehensive care and bringing back confidence in laser therapy. Digital Fundus imaging

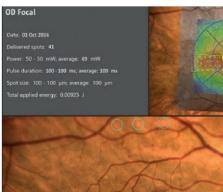




Target-assisted Laser Treatment

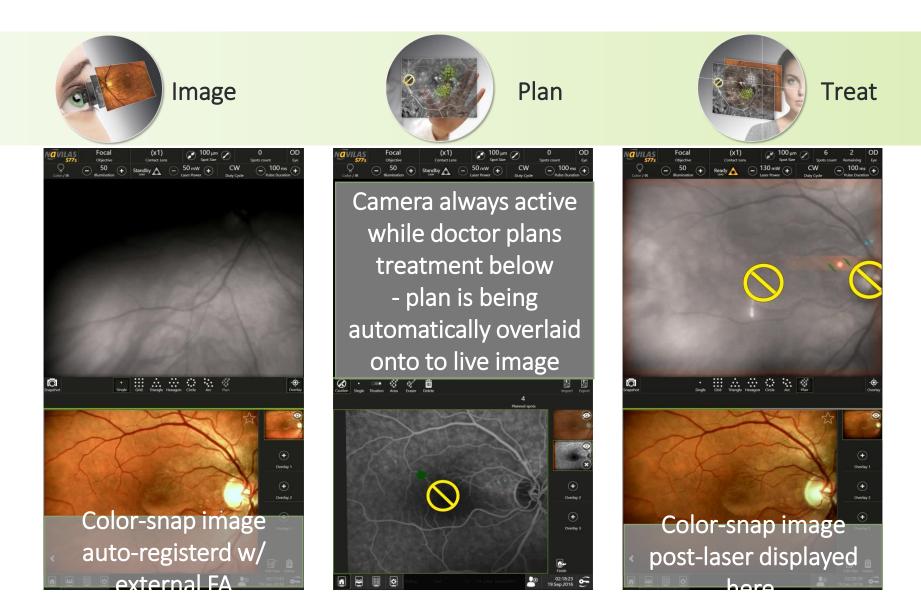
Digital Treatment Planning





Digital Treatment Report

Navigated Macular Laser Treatment



Navigated Treatment Navilas 577+

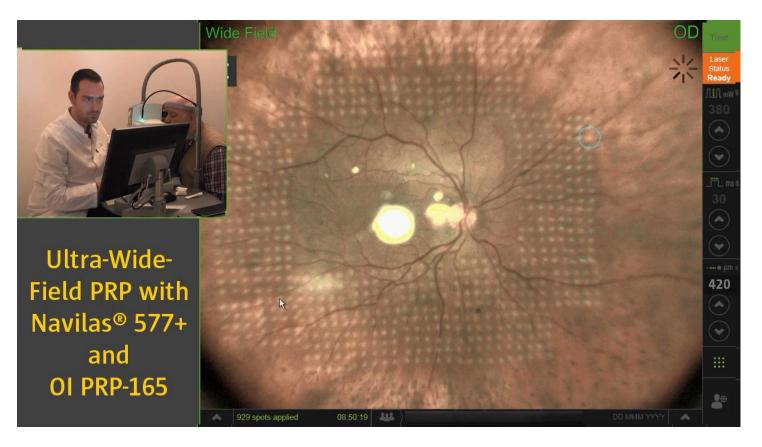
Leaking MA in Macular Edema



(W. Lloyd Clark MD, Columbia SC)

Faster treatment with better patient comfort

- Fast patterns with 10-30 ms pulses
- Navigated patterns
- Wide static field-of-view







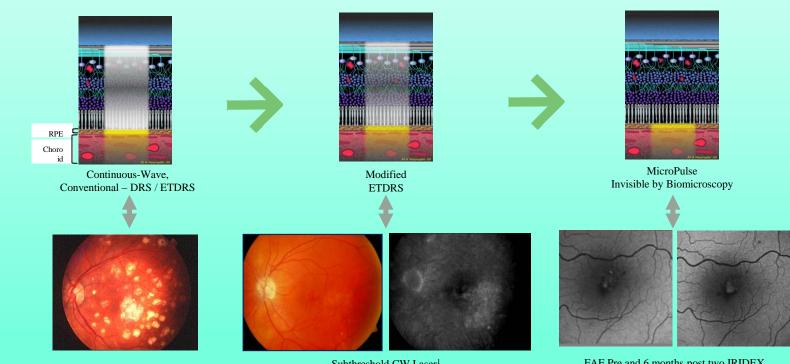
Micropulse Diode Laser







Subthreshold Photocoagulation - Micropulse



Subthreshold CW Laser¹ 532 nm; 200 µm spot; 50 mW; 30 ms

FAF Pre and 6 months post two IRIDEX MicroPulse² 577 nm, 100 μm spot, 250 mW, 200 ms

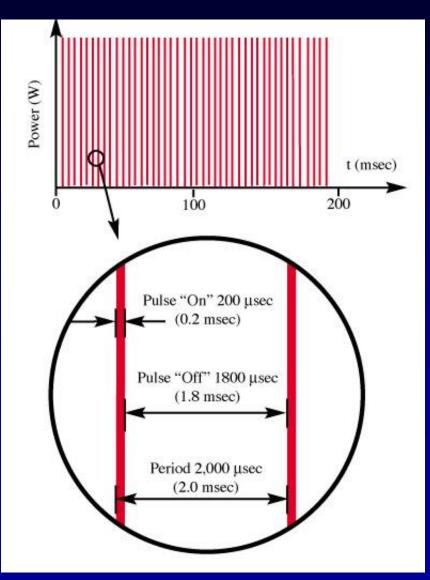
1. Compliments of Sam Mansour, MD, Warrington, VA

2. Vujosevic, et al Retina 2015

Illustrations compliments of Martin A. Mainster, PhD., MD, FRCOphth











Duty Cycle



Pulse width Interval width Total time Duty cycle is :

- = 100 microseconds
- = 1,900 microseconds
- = 2,000 microseconds

100

----- x 100 = 5% 2,000



Selective Retinal Therapy

- 30 laser pulses
- Nd:YLF-Laser
 - -527 nm
 - -1.7 microsec
 - 100 Hz
- 450-800 mJ/cm(2) per pulse

Neodynium Yttrium Lithium Fluoride (Nd:Y



0

Laser O Stop

Later device one for clinical alody only 2RT Wavelength 532nm

Pulse duration 3 nanoseconds

Discontinuous Beam Distribution

Max energy 1mJ/pulse

Spot size 400 microns Not SLT Laser

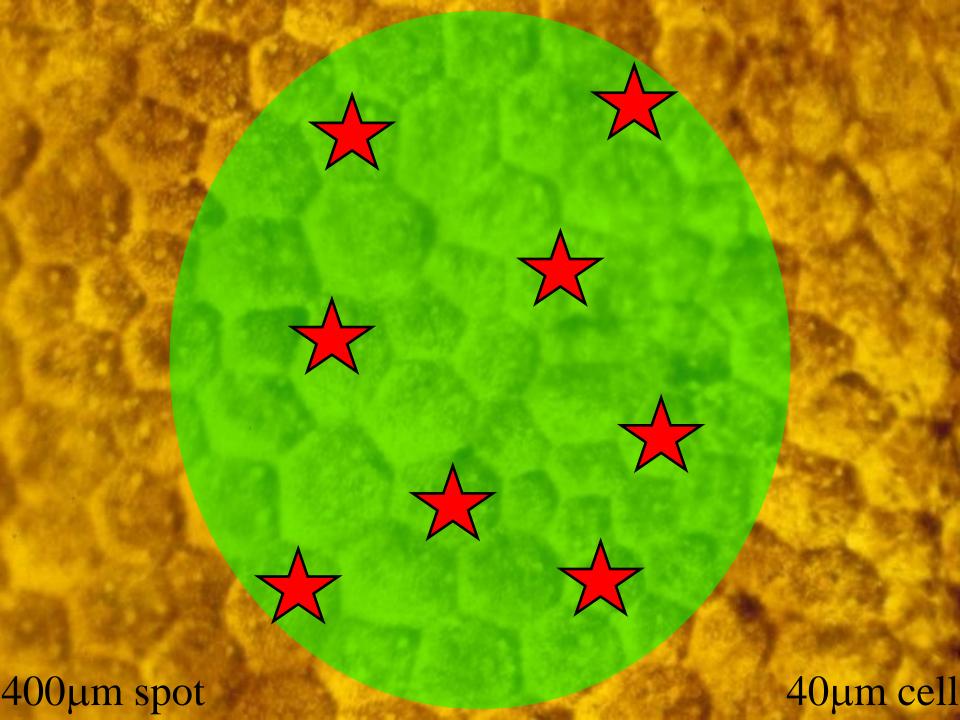
"Photoregeneration"



Ellex 2RT treatment parameters compared to standard macular photocoagulation.

	Ellex 2RT	Photocoagulation
Pulse Duration	3 nanoseconds	0.1 seconds
Fluence	0.2J/cm ²	160J/cm ²
Spot Size	400 microns	100 microns
Wavelength	532nm (green)	532nm (green)
Tissue Interaction	Intra-cellular Micro- bubble Formation	Thermal Coagulation

2RT Selective (Beam)

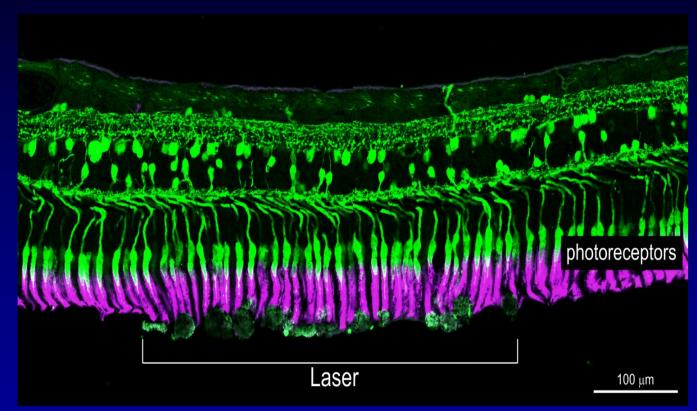


MMPhEnergy Degradation brane



Clinical: 1/52 Post 2RT live human Histology

- 2RT Applied at 0.3 mJ
- Photoreceptor layer preserved
- Evidence of mononuclear cells at distal regions of the outer segments of the photoreceptors



RPE Removed

(1) Jobling et al. FASEB J. 29(2), 696-710 Source: 150f Erica Fletcher (University of Melbourne)

NHS National Institute for Health Research





Summary

- New treatment technologies
- Treat without causing harm
- Maintain macular and retinal anatomy
- Alter physiology only
- Nanosecond lasers
- Automated delivery of lasers
- Future.....

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Thank You

