



**RETINA TREATMENT:
SUBLIMINAL® TREATMENT PROCEDURE**
Victor CHONG, MD (UK), Royal Free London NHS Foundation
Trust, Optegra Eye Hospital, Central London

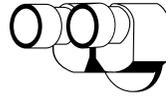


5

TREATMENTS

1 TREATMENT PREPARATION: FOCUS

In order to guarantee a perfect laser beam focus, it is important to set the slit lamp ocular rings properly (diopter compensation adjustment). This compulsory step must be performed with the focusing rod of the slit lamp.



2 LASER SETTINGS

- Laser Lens: Volk Area Centralis (0.94x)
- Spot Size: 160 µm
- SubLiminal® Mode / Duty Cycle: 5%
- Exposure Time: 0.2 s



3 TITRATION PROCEDURE (COMPULSORY STEP BEFORE TREATMENT)

- A line pattern is used to determine the thermal threshold of each patient.
- The power dose is evaluated in macular periphery in a **healthy area**.
- Once the starting power selected, the laser spots of the pattern will be automatically delivering an increasing power.
- The thermal threshold power level is obtained when a **barely visible threshold burn is observed***.
- Reduce the power to **50 % of the threshold power level** for treatment.

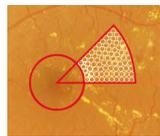


* While titrating, **do not exceed 1.2W power**. If no visible threshold happens at 1.2W, keep this power as a reference level and use half of it for treatment (i.e. 600mW).

4 PATTERN SELECTION FOR THE TREATMENT

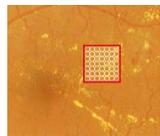
Customizable Macular Grid:

- Set size of the non-treatment area (radius A).
- Set size of the treatment area (distance B).
- Adjust the pattern width to fit the treatment area.
- Set the spacing to 0 (laser impacts must be confluent).
- Deliver the burst of impacts in several times.



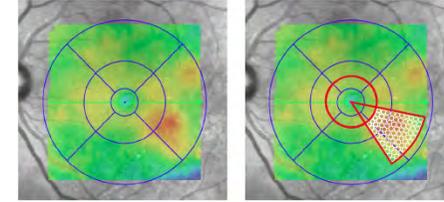
Square: when the macular grid cannot be used

- Adjust the size of the pattern.
- Set the spacing to 0 (laser impacts must be confluent).
- Deliver the burst of impacts in several times.



A. Treatment of Diabetic Macular Edema (DME)

OCT guided treatment: Treatment of identified edematous areas



Non-center involved DME:

The SubLiminal® treatment can be used as single therapy. It induces biological changes in the RPE microenvironment that close the micro-aneurysms and dry the edema.

Foveal involved DME:

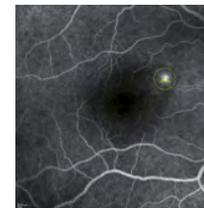
The best treatment option regarding this group of patients still remains an open question.

- In general anti-VEGF therapy is more likely to be the first line treatment. Once the edema is settled, SubLiminal® laser can be used as a second line treatment to reduce the number of reinjections.
- In patients without visual loss, SubLiminal® laser can be considered as a first line treatment. If the edema deteriorates, then anti-VEGF therapy can be added.

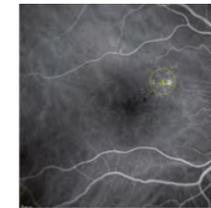
B. Treatment of Central Serous Chorioretinopathy (CSCR):

FA guided treatment: Treatment of the “hot spots” on mid-phase FA.

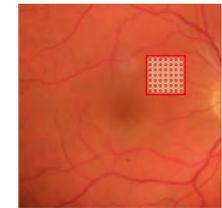
ICGA guided treatment: Treatment of the hyperfluorescent areas on mid-phase ICGA.



FA



ICGA



Treatment

Important:

During the treatment:

- No visible reaction must be seen during the treatment.
- There is no need to change power with different degrees of edema.
- Laser impacts must be confluent (dense treatment) and should not overlap.
- **Transfoveal treatment is not recommended.**

After the treatment:

- DME Treatment Follow-up / Results at 3 months minimum.
- CSCR Treatment Follow-up / Results at 6 weeks minimum.

Refer to the Easyret user manual for detailed information on usage and safety

