

SCHARTZ MACULA LENS

MEDICENTUR

THE MAGNIFIER IN THE EYE
New Option for Patients with DRY AMD

During my ophthalmological practice macular diseases have always been my special concern, especially Age-related Macular Degeneration. I had to find again and again that patients evaluate treatment outcomes differently from us doctors. While a patient maintains his ability to focus and orientate himself, he is usually not able to read anymore. These observations finally led to the development of our Macula Lens in cooperation with the Hungarian company Medicontur Medical Engineering.

Prof. Gábor B. Scharioth



WHAT IS SML?

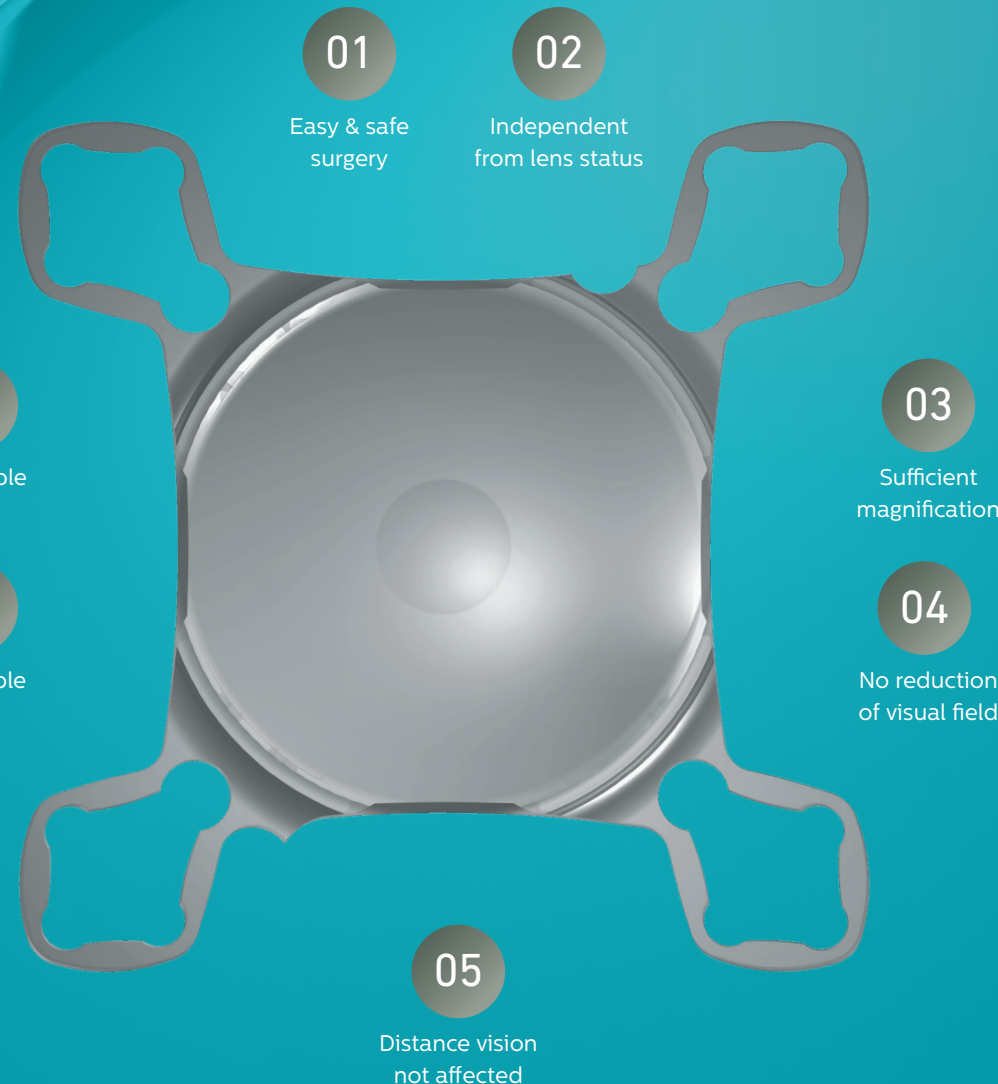
THE “MAGNIFYING GLASS” IN THE EYE

The Scharioth Macula Lens is an intraocular lens with a special central optic providing a high addition of +10 Diopters.



THE MAGNIFIER IN THE EYE

SML is SAFE*
and EFFICIENT



* Proven Platform of Sulcus intraocular lenses
(present on the market since 2010; over 5000 pcs implanted).

THE SML ACTS LIKE A MAGNIFIER IN THE EYE

THE SML...

- enables most patients to read again and distinguish small details
- does not affect your distance vision
- will not influence your regular eye-checkup

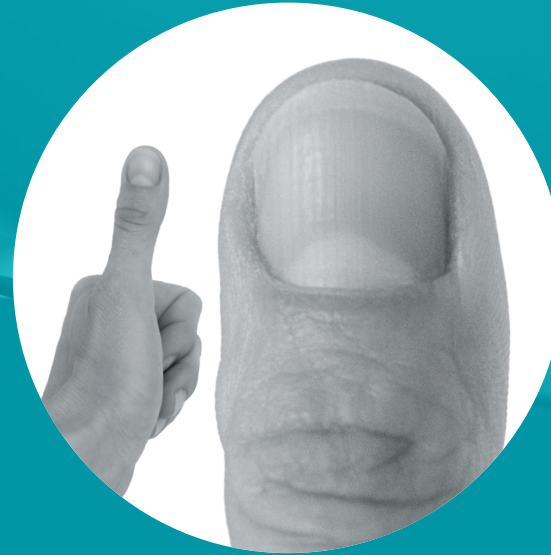
**NO MORE MAGNIFYING GLASSES –
JUST FREE HANDS**

Mode of Action: MAGNIFICATION

MAGNIFICATION
(2-times)



Enlargement
by zooming



YOUR QUESTION OUR ANSWER

HOW DOES THE SML DIFFER FROM OTHER LENSES?

- SML is the only macular lens that can be implanted through a microincision of about 2 mm. All other AMD lens implants require a larger incision, which can affect post-surgery recovery.
- The surgery is safe and easy – it takes approx. 15 minutes.
- Distance vision and the visual field are not impaired after implantation of the SML.
- The SML is designed for pseudophakic patients – having an intraocular lens already. Therefore the SML is a secondary lens to be placed in front of a primary

intraocular lens. The SML can be implanted simultaneously during cataract surgery or years later.

I KNOW THAT THESE LENSES ARE EXTREMELY EXPENSIVE. WHAT ABOUT SML?

The SML is less expensive than other AMD implants (in some cases 7–10 times less). The SML is affordable!

Whom Is the SML recommended for?

The SML has been developed for patients with MACULAR DEGENERATION – preferably DRY AMD but it might be helpful for patients with other macular diseases, for example myopic maculopathy, diabetic maculopathy or hereditary retinal diseases.

About Macular Degeneration

WHAT IS MACULAR DEGENERATION?

- The term macular degeneration is used synonymously for a number of diseases affecting the “point of sharpest vision”, the macula.

There are different types of Macular Degeneration:

- Age-related macular degeneration
- Diabetic maculopathy
- Myopic maculopathy
- And many others.

Age-related macular degeneration (AMD) is the most common cause of vision loss in those aged over 55.

For reasons that are unclear, AMD tends to be more common in women than men. People of Caucasian or Chinese ethnicity are more likely to get AMD than other ethnic groups. As its name suggests, age is one of the most important risk factors for AMD. It is estimated that around 1 in 10 people aged between 55–64 years have AMD. This ratio rises to 1 in 2 people aged 85 years or over.

WHAT IS THE MACULA ?

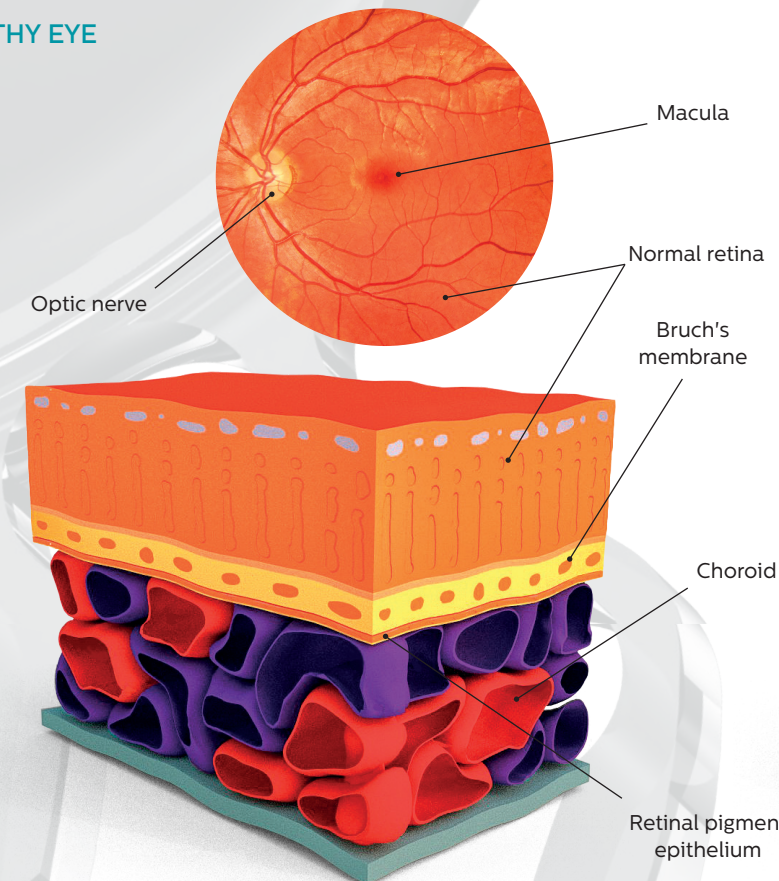
The macula is the few square millimeters wide area of sharpest vision. The **macula is essential for central vision**. AMD comes with deposits that occur at an early stage of the disease, these usually remain unnoticed by the patient. In the further course of the disease there is a downfall of the retinal tissue in the macula, resulting in a more or less reduced visual performance. **This first form is referred to as dry macular degeneration.**

Alternatively, blood vessel membranes can grow under the retina in the course of the disease. These membranes easily leak or rupture, causing fluid retention (edema) or bleeding. This form is referred to as **wet macular degeneration**.

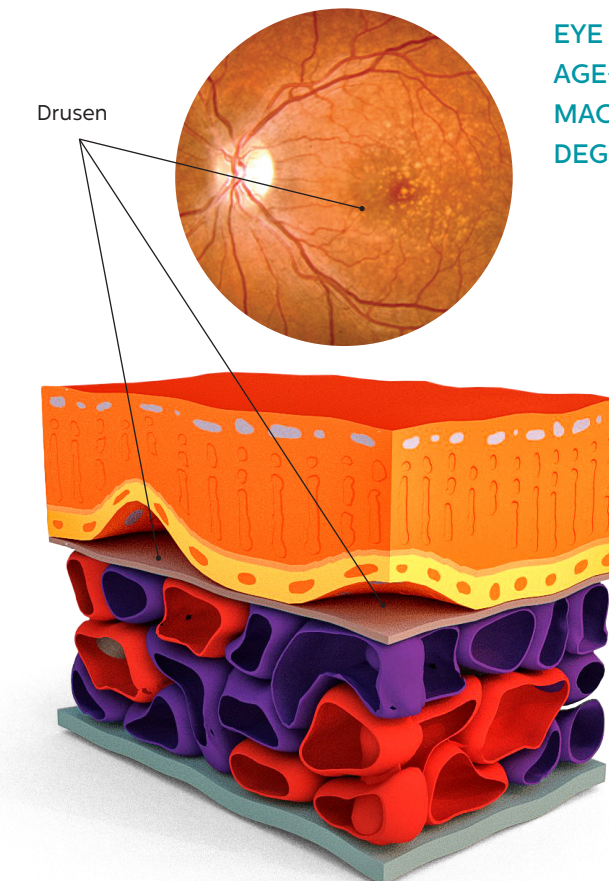
Age-Related Macular Degeneration

Age-related macular degeneration (AMD) is an eye condition that occurs when cells in the macula deteriorate. The macula, the most sensitive part of retina, cannot function as it normally should to the decline of central vision.

HEALTHY EYE



EYE WITH AGE-RELATED MACULAR DEGENERATION



With AMD, dark areas may appear
in your central vision



Damage to the macula affects your central vision, which is needed for reading, writing, driving, recognizing people's faces and doing other fine tasks. It also affects your color vision and leads to lower contrast sensitivity.

YOUR QUESTION OUR ANSWER

WILL MY MACULAR DEGENERATION BE CURED AFTER IMPLANTATION OF THE SML?

The SML does not cure AMD. The SML will improve your visual acuity, your ability to read and to see more details. Remember: After SML implantation you still have to take the medication and follow the procedures prescribed by your doctor in order to stop or slow down the progression of your AMD. However, the SML will significantly improve your near vision, enhancing the quality of your life.

HOW CAN I KNOW THAT SML WILL WORK IN MY CASE?

Talk to your doctor who underwent a special SML training. He will do the necessary examinations and simulation tests. These tests will show if any visual improvement

can be achieved in your case. After this you can decide whether the SML is the right choice for you.

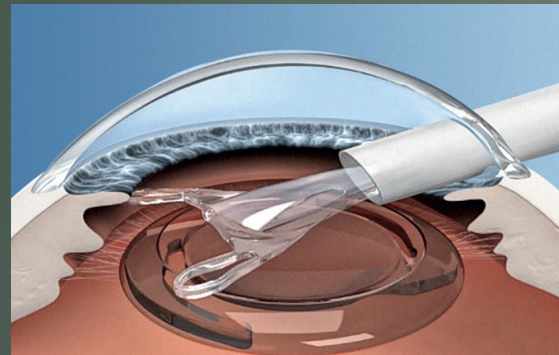
CAN I DO SOMETHING TO DECREASE THE RISK OF DEVELOPMENT OR TO STOP THE PROGRESSION OF MY AMD?

The development of AMD depends on many factors. If you follow these recommendations you might be able to improve or stabilize your AMD condition:

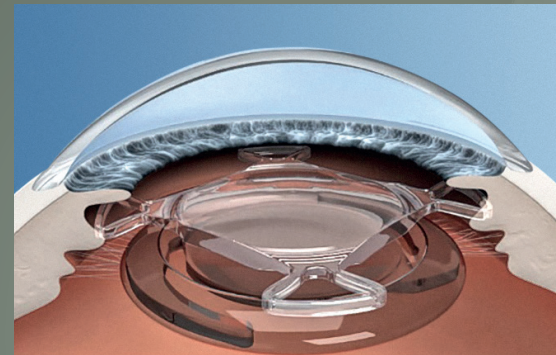
- try to refrain from smoking
- moderate your consumption of alcohol
- eat a healthy diet with at least five portions of fruit and vegetables a day
- try to achieve or maintain a healthy weight
- consider taking vitamin and mineral supplements
- consult your doctor

SML Surgery

- The implantation of SML is performed under sterile conditions.
- For high precision the surgery is performed under the microscope.
- The SML, just like any other foldable intraocular lens, will unfold during implantation and can easily be placed into the ciliary sulcus, the space in-between the primary artificial intraocular lens and the iris (the colorful part of your eye).
- A suture is not required, since the wound closes by itself.
- The implantation of SML takes only approx. 15 minutes.
- Surgery may be performed simultaneously with cataract surgery, or years later
– the SML may be implanted anytime.



Implantation of the SML into the ciliary sulcus.



Position of the SML in the ciliary sulcus.

SML: A Microscopic Magnifier in the EYE

 A composite image illustrating the function of the SML. On the right, a large circular inset shows a cross-section of an eye with the SML implanted. A beam of light from a distant object passes through the SML and focuses on the retina. On the left, a circular inset shows an elderly woman reading a newspaper. A teal banner connects the two, indicating the reading distance.

Reading distance approx. 15-18 cm

DO NOT FORGET:
WITH THE SML
YOU HAVE TO READ
FROM
A DISTANCE
OF APPROX.
15-18 cm



AND AFTER THE SURGERY?

YOUR QUESTION OUR ANSWER

The recovery after surgery is usually very quick and most probably you will experience a significant improvement in your reading ability from the first postoperative day. Eventually you might need a little bit more time to adapt and to train your brain to use the benefits of your newly implanted SML.


SHOULD I FOLLOW SPECIAL TRAINING INSTRUCTIONS?

Your doctor will assist you in your rehabilitation, to “train your brain” using the newly implanted SML.
BUT DO NOT FORGET: After SML implantation you have to read from a distance of approx. 15-18 cm!

There is a lot of on-going research regarding the treatment of macular degeneration (eg. stem cell or genetical treatments).

I AM AFRAID THAT AFTER I GOT IMPLANTED WITH THE SML I WILL NOT BE ELIGIBLE FOR SUCH TREATMENTS IF AVAILABLE IN THE FUTURE.

The SML implantation is fully reversible and will not prevent any other treatment that might be available later.



READ THE STORY OF THE FIRST PATIENT IMPLANTED WITH THE SML


Mr E. Beckmann was the first patient worldwide to be implanted with the SML.

Mr E. Beckmann describes his life before and after the SML implantation:

“My vision was getting worse and worse over the years and I had to obtain so many different low vision aids. Recently, before the surgery I had to rely on a very strong magnifier and a screen reader. It made my life very limited.”

“Today, I can read small print and take a closer look at my delicate woodwork.”





Talk to your doctor.

Ask for the opportunity to be implanted with SML.

The SML might significantly improve your reading abilities. The SML might allow you to enjoy your hobbies again, improving the quality of your life.

ENHANCE
THE
QUALITY
OF
YOUR
LIFE



MC_SML_PBR_EN v001

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