RTVue®

Power for your practice.

Tracking — NEW

Corneal Power — IOL — NEW
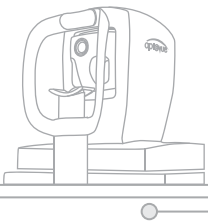
Cornea/Anterior Segment
## for non-contact Anterior Segment Assessment

Cornea Power

The Cornea Power Upgrade allows evaluation of patients with prior refractive procedures. Standard topography only calculates the front curvature and then extrapolates posterior curvature. Using the Cornea Power Upgrade, both the anterior and posterior curvatures are measured directly to obtain cornea powers.
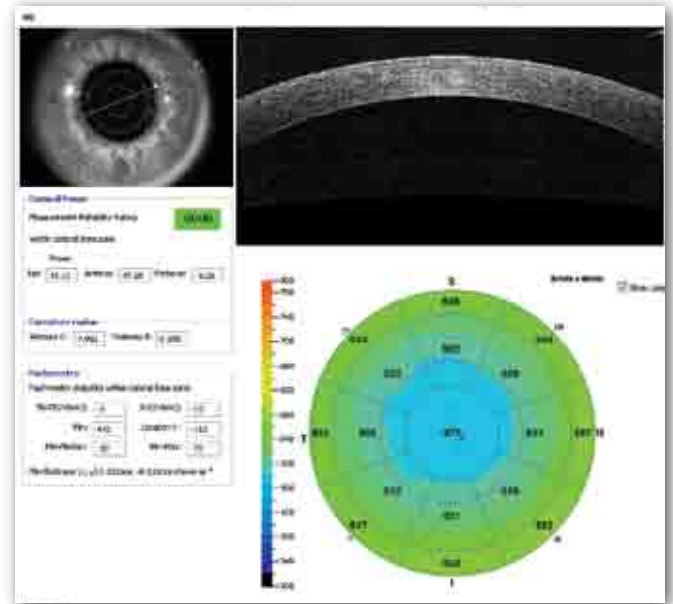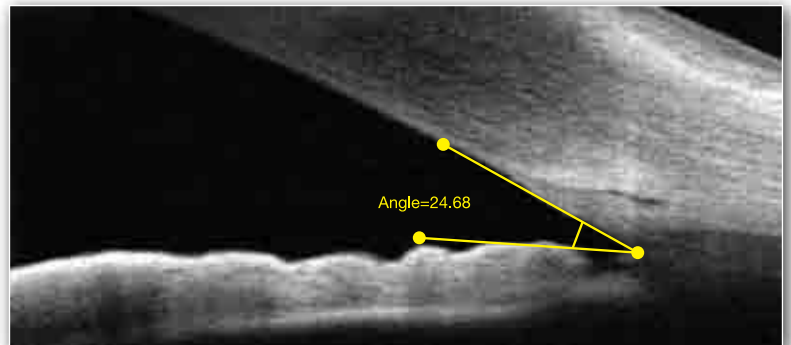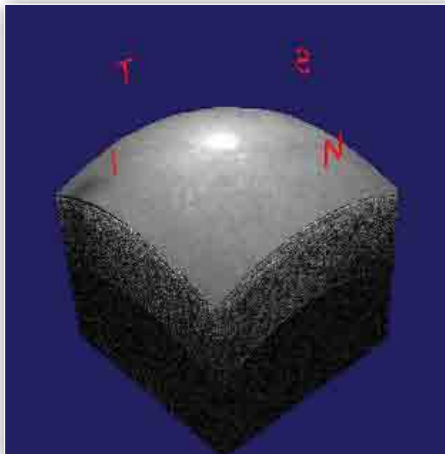
Corneal Power Report

Pachymetry
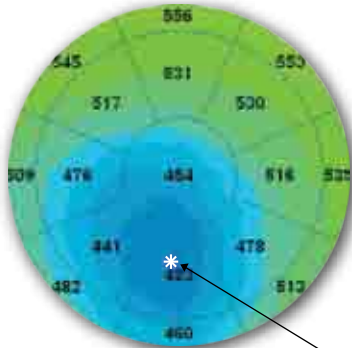
Pachymetry - Full 6mm diameter corneal thickness mapping with minimum thickness indicator (example of Keratoconus)
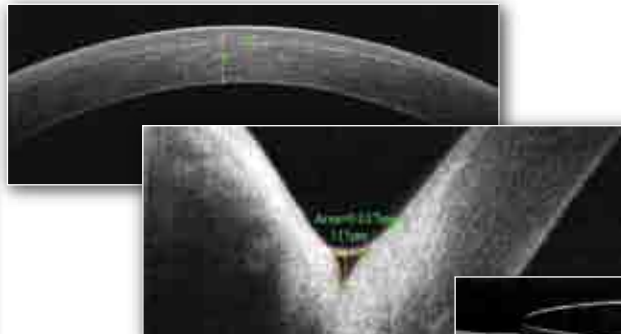
Angles

Angle=24.68

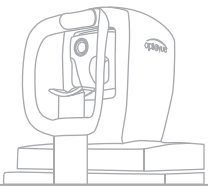Angle Visualization with FDA Cleared Measurement

3D Cornea

Lasik Flap

Tear Film

Contact Lens Fitting

Retina

for detecting & tracking disease progression

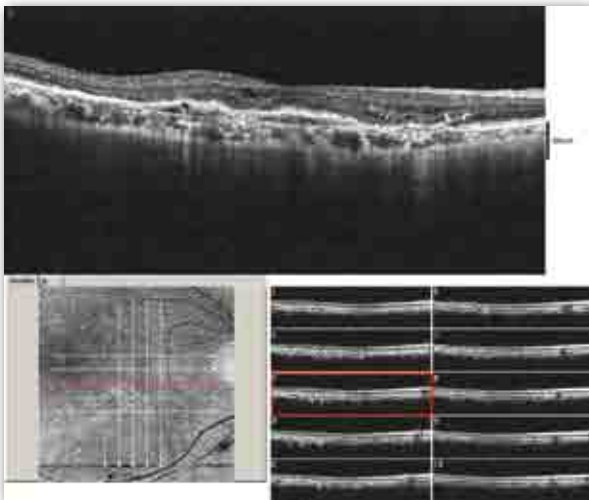## Tracking

-18D Myope

Tracked B-scan with Choroidal Measurements
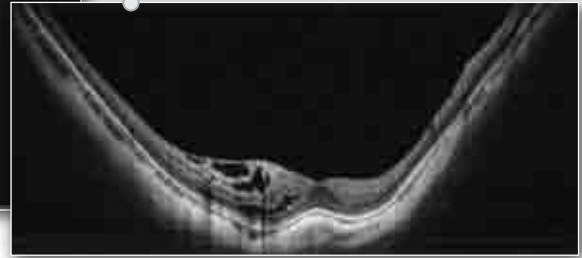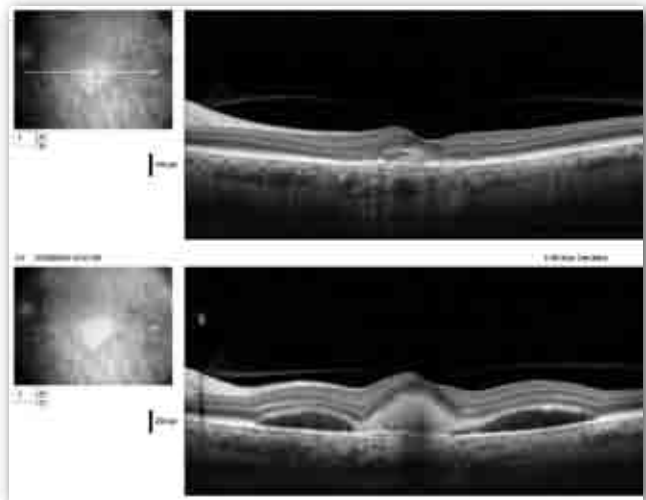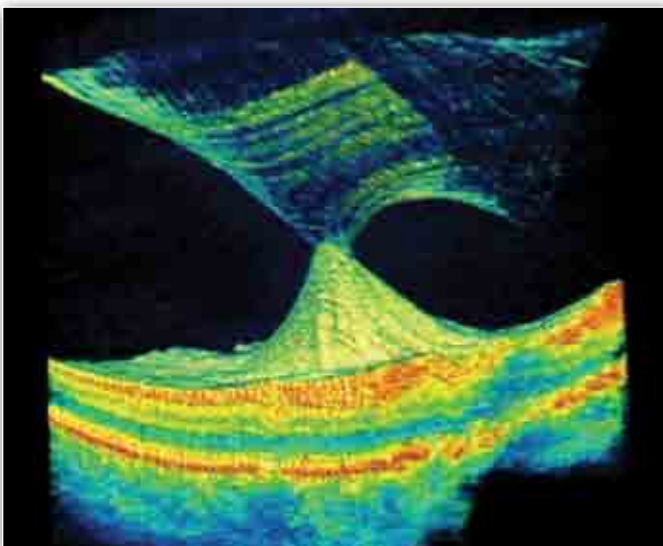
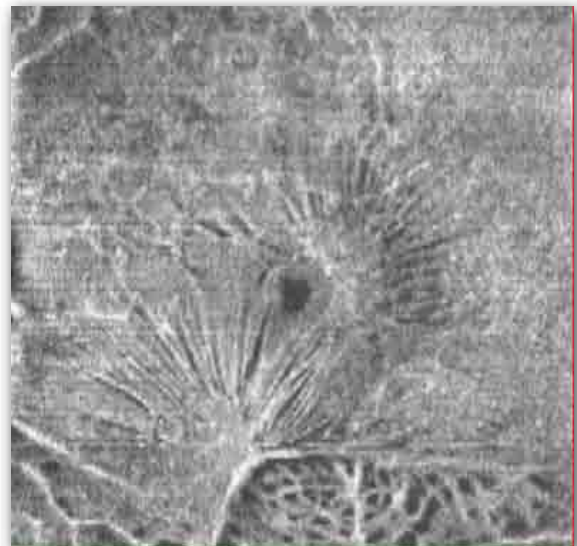**Scroll Through Hi-Resolution Raster B-scans**

Compare Hi-Resolution B-scans for Change

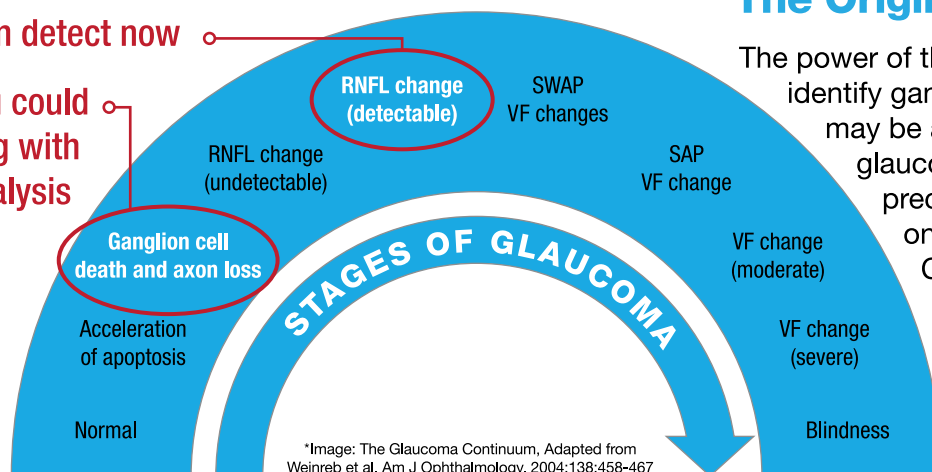**3D Retina Volume**

Epiretinal Membrane from En Face Analysis

Glaucoma
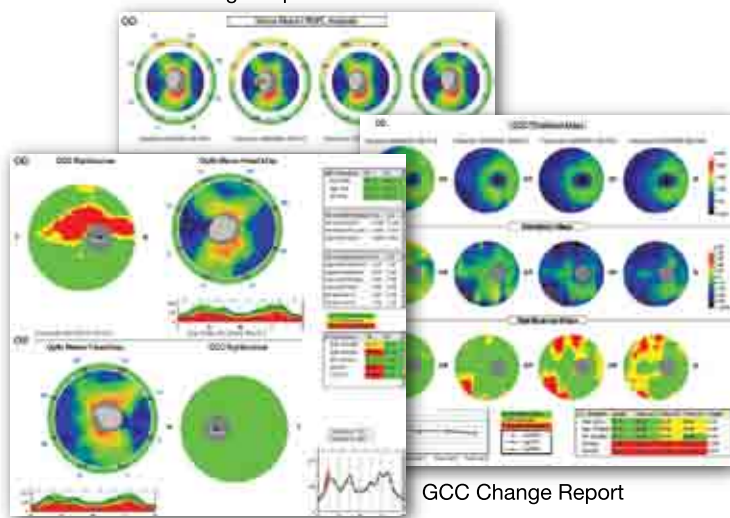*for early detection and management*

The Original GCC®

The power of the GCC Scan can identify ganglion cell loss which may be an early indication of glaucoma. GCC loss precedes RNFL loss based on The Glaucoma Continuum.*

STAGES OF GLAUCOMA

What you can detect now

What you could be detecting with GCC® Analysis

RNFL change (detectable)

SWAP VF changes

RNFL change (undetectable)

SAP VF change

Ganglion cell death and axon loss

VF change (moderate)

Acceleration of apoptosis

VF change (severe)

Normal

Blindness

*Image: The Glaucoma Continuum, Adapted from Weinreb et al. Am J Ophthalmology. 2004;138:458-467

Sym-metrix™ & Change

ONH Change Report

Comprehensive OU Glaucoma Report
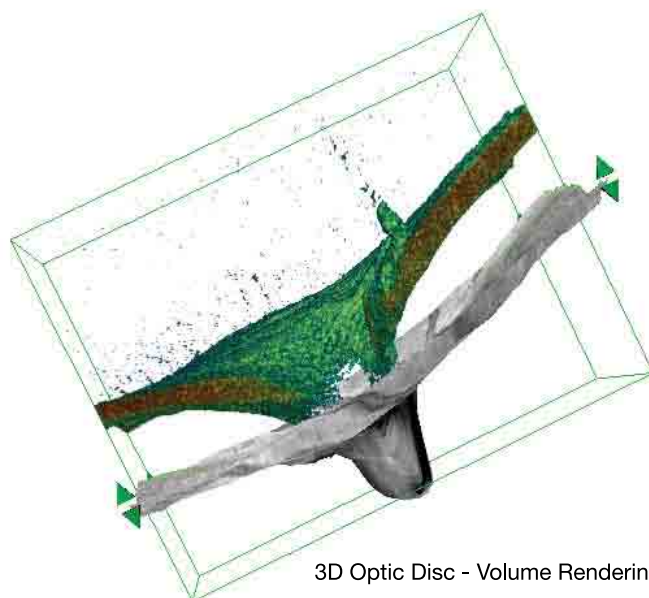
GCC Change Report

GCC { Global Loss Volume (GLV) / Focal Loss Volume (FLV)

GLV and FLV metrics are designed to detect patterns of loss. GLV detects diffuse (global) loss and FLV detects localized (focal) loss over the **Ganglion Cell Complex** map with color-coding based on the comparison to the Normative Database.
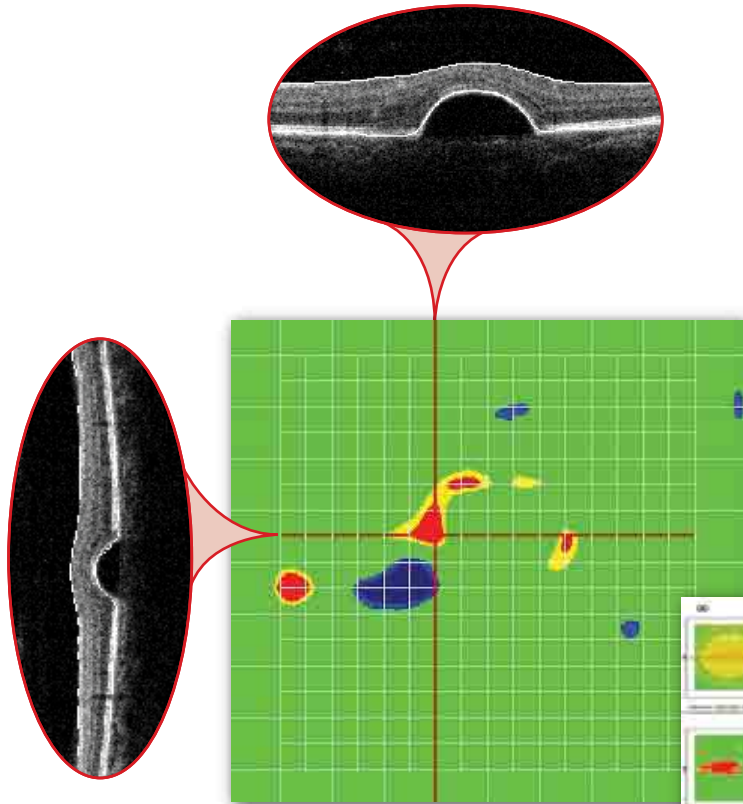
The Consummate Glaucoma Package

- GCC with FLV/GLV & Normative Database comparison
- RNFL with Normative Database comparison
- Largest FDA Cleared Normative Database with 656 eyes. Adjusts for:
  - Age
  - Optic Disc Size (for ONH scan) – only Optovue does this to date
  - Scan Signal Strength – only Optovue does this to date
- Optic Disc Metrics
- Angle Measurement (FDA Cleared)
- Full Pachymetry Mapping – 6mm diameter, color coded
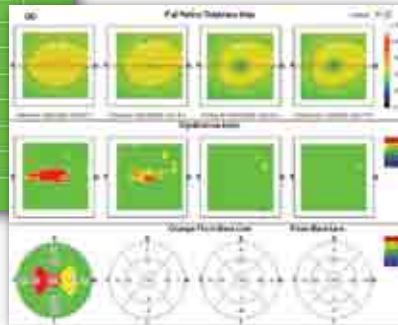- 3D Optic Disc

3D Optic Disc - Volume Rendering

Retina

for detecting & tracking disease progression
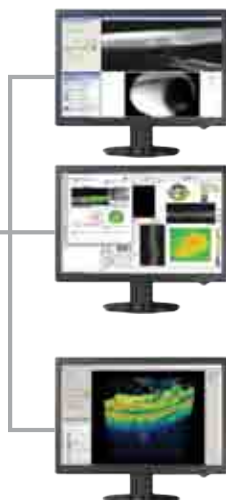
Intelligent Macular Mapping

- Full Retina Thickness comparison to the Normative Database
- Localization of abnormalities (i.e. Pigment Epithelial Detachment on left)
- Click on location to present vertical and horizontal B-scans
- Select Full, Inner, Outer and RPE layer mapping
- Change Analysis to monitor retinal disease such as Diabetic Retinopathy, Macular Degeneration, etc.
- Volumetric Analysis

EMM5 Macular Significance Map
1.3 second capture time

EMM5 Change Report

Networking

With Optovue's networking software, you will be able to:

- **Enhance practice efficiency**
- **Provide patient education**
- **Integrate with EMR software**
- **Eliminate printing costs**

EXAM ROOM 1

EXAM ROOM 2

EXAM ROOM 8

RTVUE®

Specifications:

RTVue Scanner:
- OCT Image: 26,000 A-scan/second
- Frame Rate: 256 to 1024 A-scan/Frame
- Depth Resolution (in tissue) : 5.0 μm
- Transverse Resolution: 8μm (nominal)

Scan Range:
- Depth: 2 - 2.3mm (retina)

Scan Beam Wavelength:
- λ=840±10nm

Exposure Power at pupil:
- 750μW

OCT Fundus Image (En Face):
- FOV: 32°(H) x 22°(V)
- Minimum Pupil diameter: 2.5mm

External Image (Live IR)
- FOV: 13mm x 9mm

Patient Interface:
- Working Distance: 22mm
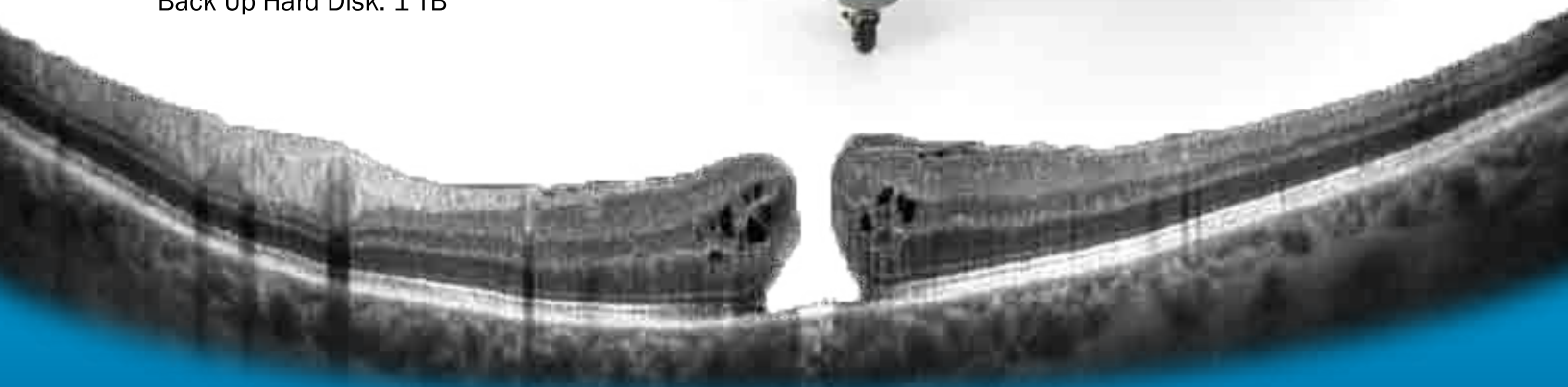- Motorized Focus Range: -15D to +20D

Computer:
- CPU: 2.66 GHz Quad-Core Processor
- RAM: 4GB
- Hard Disk: 1 TB
- Back Up Hard Disk: 1 TB

RTVUE® INNOVATION

Cataract ▸ Cornea Power
Glaucoma ▸ The Original Ganglion Cell Complex (GCC®) Analysis
Retina ▸ Tracking, Deep Choroidal Imaging & Measurement

optovue

DEFINING THE OCT REVOLUTION