

ALLEGRETTO WAVE™

Right. From the Start.

Expand Your Treatment Range – With Confidence

Laser platform selection is one of the most critical practice decisions made by a refractive surgeon. These MDs have often been involved in the development and evolution of a laser platform. The accuracy and predictability of LASIK results are at the very heart of delivering better outcomes and improved patient satisfaction. The expense of integrating a new laser platform – from equipment to staff training to marketing – is substantial. So a surgeon's decision to switch laser platforms is not entered into lightly. Yet the rapid adoption of Allegretto Wave into US practices – it is the fastest growing laser platform in the world – indicates surgeon dissatisfaction with other lasers. This report examines a key reason many surgeons have made the switch to Allegretto Wave – increased confidence treating patients across a full range of sphere and cylinder indications.

FDA-Approved Spherical Treatment Range

Wavefront-Optimized and Wavefront-Guided Excimer Laser Systems

MYOPIA		HYPEROPIA	
-12D	Allegretto Wave™		+6D
-6D	VisX® CustomVue™		+3D
-7D	LADARVision® CustomCornea®		n/a
-7D	B&L Technolas® Zyoptix™		n/a

FDA-Approved Cylinder Treatment Range

Wavefront-Optimized and Wavefront-Guided Excimer Laser Systems

MYOPIA		HYPEROPIA	
-6D	Allegretto Wave™		-6D
-3D	VisX® CustomVue™		-2D
-4D	LADARVision® CustomCornea®		n/a
-3D	B&L Technolas® Zyoptix™		n/a

Broadest Treatment Range

Allegretto Wave received the widest initial treatment range of any laser ever approved by the FDA when launched in the US market in 2004. With a wavefront-optimized ablation pattern designed to minimize the induction of spherical aberration, it provides the only FDA-approved wavefront-optimized treatment option for patients above a -7D or +3D in sphere, and a -3D in cylinder.

More importantly, although other platforms have FDA approval to treat certain refractive errors, surgeon confidence in the accuracy of these treatments has been lacking. Surgeons using the Allegretto Wave platform note increased confidence in treating high myopes, high hyperopes and high cylinder with the Allegretto Wave laser.

Expanded Myopic Treatments

Dr. Herman Sloane of Sloane Vision Center in Chicago, Illinois made the transition from LADARVision to Allegretto Wave in 2004. "I wanted to provide my patients with the greatest degree of safety and satisfaction. I felt there was better technology out there – and the Allegretto Wave provides me with "What You See Is What You Get" corrections. I recently treated an extremely myopic 29-year-old network news producer. In the past, this would have been a patient I would only consider for ICLs. But I'm hesitant in someone so young to do lens implants. Instead, she had a surface Allegretto treatment, and at 2 months post-op is 20/15 OU. Looking at her Orbscan, she's got a wall-to-wall treatment OZ, and couldn't be happier with her quality of vision."

Dr. Avery Alexander of Alexander Eye Institute in Appleton, Wisconsin echoes this confidence with higher myopes. "My experience with high myopes post-LASIK on my previous platform was they experienced

more contrast loss (they had problems at dawn, dusk and in low light situations); I became reluctant to treat beyond a -7D, and was looking forward to ICLs to eliminate these problems. However, now that I've switched to Allegretto Wave, our patients don't have the issues with contrast loss under low light conditions, nor significant glare or haloes. I know a patient's quality of vision will be equal to or better than their glasses, reducing phakic IOLs as an option. Additionally, I don't have to expose these patients to the complications associated with phakic IOLs."

Improved Vision Quality

Dr. Alexander also notes an improvement in treatment of moderate myopes. "I really see an improvement in the -4 to -8D patient. This group is especially finicky about their vision, which has to do with overall sharpness and quality. They used to disproportionately complain about night vision, glare and halos. This group drove our historical discussions about pupil size and its influence on vision quality. What we know now is pupil size is a factor, but not the most critical factor in patient satisfaction with vision quality. Maintaining the natural shape of the cornea by not inducing spherical aberration is the most critical factor. More than 75% of my Allegretto patients see better after surgery than they did before surgery. We're seeing with the Allegretto what other manufacturers have been trying to deliver – 20/10 by 2010. In a survey conducted within my practice, 50% of patients indicate they see better at night, and 90% say they see the same or better. The reaction I frequently get at the one-day post-op visit is, "I can't believe I'm seeing this well." Patient expectations are extremely high. Now I can truly deliver on that expectation."

More Predictable Outcomes

Dr. Kim Robbins of the Robbins Eye Center in Bridgeport, CT has found improved predictability and less regression to be typical of the Allegretto Wave. "With my other laser, I couldn't offer monovision to any patient over a -3.50D SE. The variability of achieved effect was huge. I might get -0.75D or I might get -2D. This often meant the near eye would be flipped, impacting a patient's dominance. And then we'd see substantial regression. Now we see refractions that are rock solid, almost from Day 1. Our patients are happier post-operatively."

Dr. Sloane notes a similar reaction among his patients at one-day visits. "It's not so much what I'm hearing as what I'm not hearing. With my prior Custom LASIK patients, 20/30 or 20/40 on Day 1 was common. And if these people had friends who had had LASIK in earlier years, they'd say, "My friend saw perfectly on Day 1. Why am I not perfect? Nowadays, if they are not 20/20 at Day 1, I'm looking for striae. It's just a rarity if they're not 20/20+ immediately."

High Cylinder Treatments

Dr. Alexander says, "I'm more confident about the outcome I'm going to get now, especially with high astigmats. Previously, if I would treat a -5+5, they would definitely need two treatments, and they would regress at a higher rate."

Dr. Sloane describes a recent cylinder treatment he would have been reluctant to perform on his old platform. "I treated a Chicago law enforcement officer with significant cylinder in each eye, all on the cornea. He was Plano -3.75x180 OD and +1.00-4.25x175 OS. After primary treatment, he's 20/20 UCVA with less than -0.50D of residual cylinder in each eye, and he's thrilled."

Dr. Alexander summarizes his opinion about the Allegretto Wave with words we hear consistently from other surgeons. "My comfort level, my confidence in treatment results, and my resulting ease with patients are improved because of this laser. My patients don't really ask me about custom or wavefront LASIK. They just look to me to tell them what is best. And I consider this the best laser in the world today."

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– Avery Alexander, MD