YAG/SLT/Vitreolysis
Quick Start Guide

YAG Posterior Capsulotomy

YAG Posterior Capsulotomy is the most successful and frequent treatment for secondary cataract.

Treatment Guidelines

1. Anesthetize the dilated eye with a topical anesthetic
2. A YAG capsulotomy laser lens may help maximize laser focus and stabilize the eye
3. Focus the aiming beam on the posterior capsule in an area that is off the central axis while titrating energy level (going too peripheral may destabilize the IOL)
4. Utilize the lowest possible effective energy level to minimize side effects
5. Recommend no more than 50 mJ per laser session

Post Treatment

- Fragments of the capsule that are cleared from the central axis are commonly dispersed into the vitreous and may cause temporary blurred vision that typically improves after 24 hours
- Subsequent laser treatments may be considered if the central axis is not adequately cleared
- Patient IOP should be measured 30 minutes after procedure

Suggested Setting on LIGHTLas YAG: Capsulotomy	
Laser Offset	+150 posterior offset (to avoid lens pitting)
Energy (with laser lens)	1.0 - 2.5 mJ
Energy (without laser lens)	0.9 - 2.0 mJ
Total Treatment	Max of 50 mJ per laser session

YAG Peripheral Iridotomy (PI)

YAG Iridotomy treats Narrow Angle Glaucoma by creating an opening in the peripheral iris to release outflow of aqueous humor and reduce the IOP.

Treatment Guidelines

1. Place a YAG Iridotomy laser lens on the surface of the anesthetized cornea in an undilated patient
2. Focus the YAG laser beam on the peripheral iris to create a small opening
3. Recommend no more than 30 mJ per laser session

Post Treatment

- Patient IOP should be measured 30 minutes after procedure

Suggested Setting on LIGHTLas YAG: Iridotomy	
Laser Offset	0 or +150 posterior offset
Energy (light iris)	2.5 – 3.5 mJ
Energy (dark iris)	3.5 – 4.5 mJ
Total Treatment	Max of 30 mJ per laser session

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MKT-25-002

YAG/SLT/Vitreolysis

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YAG Vitreolysis

YAG laser vitreolysis is a highly effective outpatient procedure that can eliminate floaters and vitreous opacities.

Treatment Guidelines

1. Recommend a mid-vitreous lens to focus and clearly visualize the floater
2. Ensure the floater is in focus, but the retina must be out of focus to verify adequate distance for treatment (at least 3mm from retina)
3. Commence with low energy and gradually increase the power until there is adequate vaporization
4. Recommend no more than 1000 mJ per laser session

Post Treatment

- Patients may see dark specks in their lower field of vision in the initial 15-30 minutes post-procedure, corresponding to micro gas bubbles, which should quickly dissipate
- Patient IOP should be measured 30 minutes after procedure

Suggested Setting on LIGHTLas YAG-V: Vitreolysis	
Laser Offset	0
Energy (with laser lens)	2.5 – 4.5 mJ
Total Treatment	Max of 1000 mJ per laser session

Selective Laser Trabeculoplasty (SLT)

SLT provides a highly effective and minimally invasive treatment for glaucoma patients in reducing intraocular pressure (IOP).

Treatment Guidelines

1. Recommend utilization of an SLT gonio laser lens without magnification to avoid changes to the spot size
2. Laser should be focused on the trabecular meshwork (TM)
3. Titrate the energy at 0.1 mJ increments until the appearance of micro-cavitation bubbles are observed next to the TM
4. Treat area with contiguous, non-overlapping spots along the TM

Suggested Setting on LIGHTLas SLT	
Energy (lighter TM pigment may require higher energy)	0.4 - 0.8 mJ
Spot Size	400 µm (standard setting)
Pulse Width	3 ns (standard setting)
Total Treatment	~ 50 shots per 180° / or ~ 100 shots per 360°

Post Treatment

- Follow up visits are typically scheduled at 1 week, 4 weeks, and 3 months after treatment
- Patient IOP should be measured 30 minutes after procedure

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