

# 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



# YAG/SLT/Vitreolysis

# **Quick Start Guide**

## **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**

- 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

#### **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

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°	

