

The First Piece for Myopia Management, The Key Piece for Success

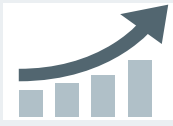


Clinical and scientific literature indicates that axial length is an excellent parameter to predict and monitor the progression of myopia.

Hence, optical biometers are considered essential for myopia management. As most facilities already have an auto refractometer, you can immediately begin myopia management with the AL-Scan M and the MV-1 Myopia Viewer software.

Why Myopia Management now?

The increasing prevalence of myopia especially among young children is becoming a significant global health concern. Managing myopia or myopic progression can reduce the risk of severe vision loss and increase the long-term quality of life for these patients.

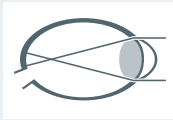


Experts predict that by 2050, up to 50% of the world's population will have myopia.*

*Holden BA, Fricke TR, Wilson DA, et al. Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050. *Ophthalmology*. 2016;123(5):1036-1042. doi:10.1016/j.ophtha.2016.01.006



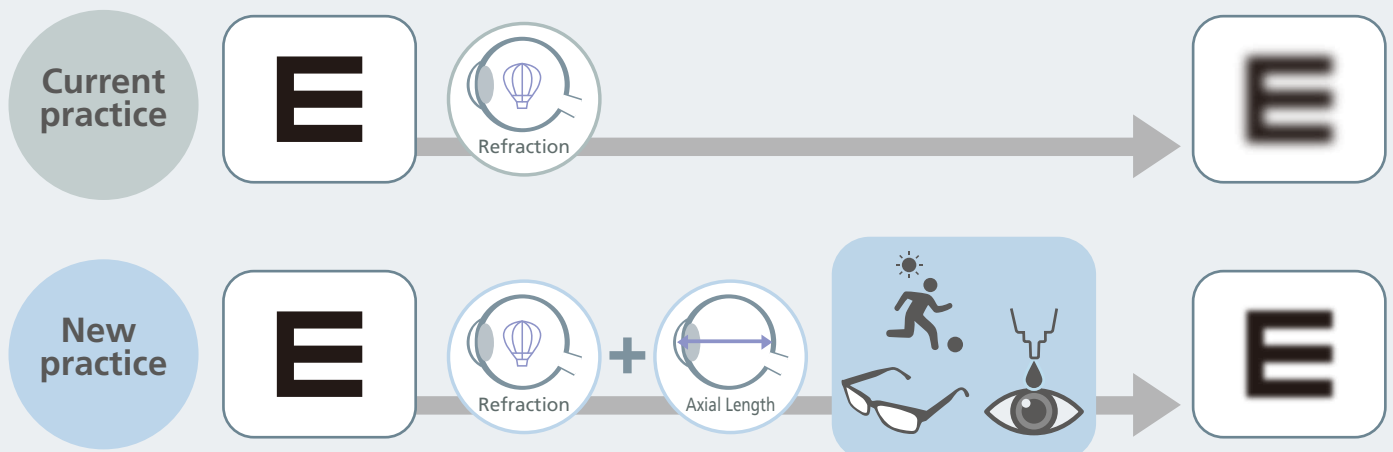
The rise in near work due to the prevalence of digital devices in daily life increases the risk of myopia and/or myopic progression.



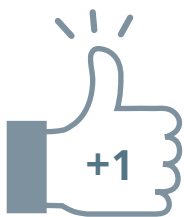
Progression to high myopia increases the risk of retinal detachment, glaucoma, and other ocular pathologies that may limit visual potential or lead to blindness.

Is Biometry needed for guiding Myopia Management?

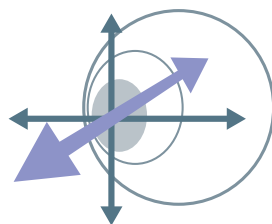
Yes, by measuring axial length, the progression of myopia can be monitored to allow for appropriate interventions. Assessing refraction only provides half the picture.



Why the AL-Scan M is an essential first piece for your Myopia Management practice?



Simply add it to your practice and your platform is ready for Myopia Management.



Easy. Quick. Accurate.



Visualize progression and treatment outcomes.

Operation flow with the AL-Scan M

1 Patient and parent history taking

An operator can create a patient card with the MV-1 Myopia Viewer software by entering items such as presence of parental myopia as it can be a risk factor for myopia in children.



2 Measurement with the AL-Scan M

A simple 3-step process:

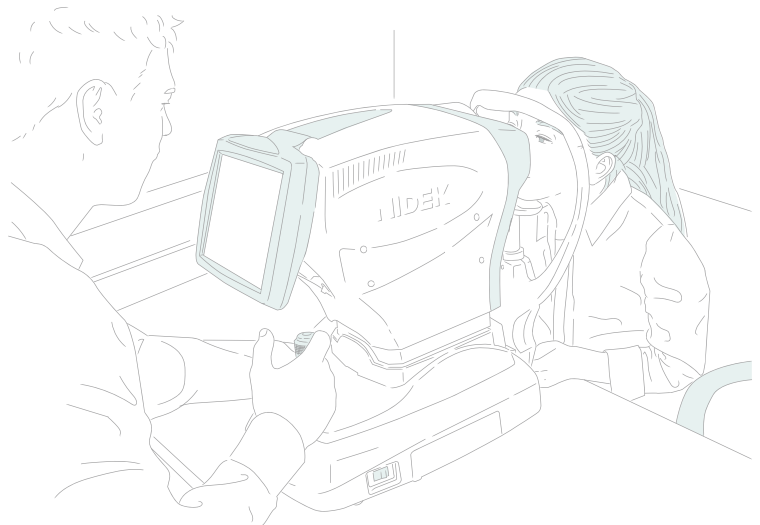
I Rough alignment with the joystick



II 3D auto tracking and auto shot



✓ Non-contact and quick measurement



III Measurement result display and check

The operator can save and transfer the result into the MV-1 by clicking one button.

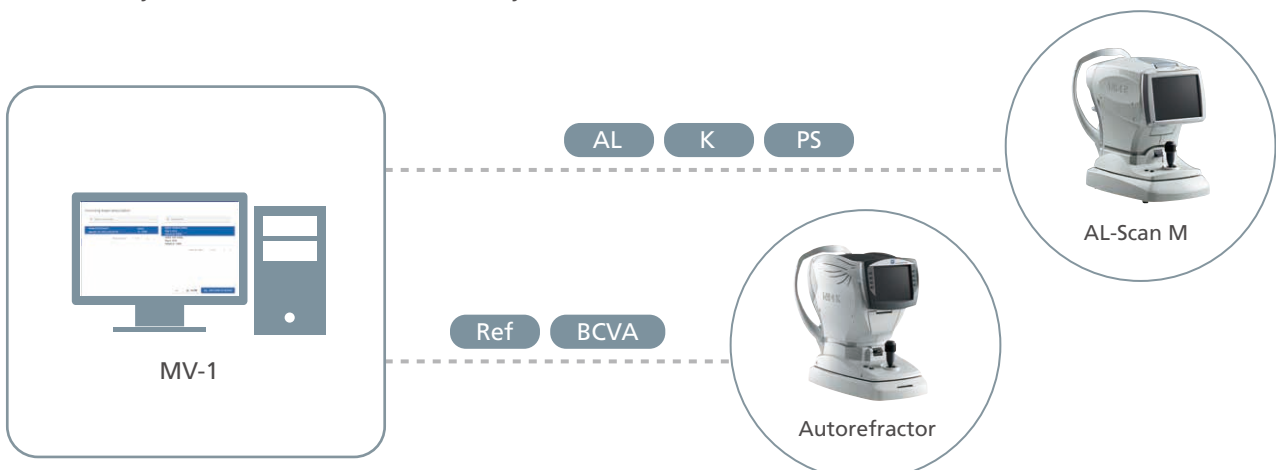
3 Data integration with the MV-1

Data integration between the AL-Scan M and the MV-1 is simple:

After measurement, the operator can integrate the result with the existing patient list on the MV-1.

If a NIDEK autorefractor is connected, the MV-1 can receive the refraction data seamlessly.

Alternatively, refraction data can be manually entered.



4 Patient education

Measurements over time can be monitored and compared with the growth curve* (trend data). The MV-1 software allows clinicians to educate the patients and their parents on the level of myopia compared to an age-matched population and the expected progression according to the growth curves. This information enables a discussion of the treatment options for managing myopia. Axial length data can be displayed with various items, such as refraction data and the amount of outdoor/near vision activities.

*Tideman JWL, Polling JR, Vingerling JR, et al. Axial length growth and the risk of developing myopia in European children. *Acta Ophthalmol.* 2018;96(3):301-309. doi:10.1111/aos.13603

Treatment record
Treatment period can be highlighted in a selected color.

Treatment

Name: Eye drop Eye: RL

Color: ●

Note:

Start Date: 5/14/2013

End Date: 6/10/2015

Axial length growth curve

Activities record
The level of outdoor/near vision activities can be displayed on a graph.

Activities and remarks on Aug 15, 2014

Outdoor activity per day (hours): Over 5

Near vision activity per day (hours): At most 1

Overall risk: ● Display in report

Refraction

Activities

Clinical parameter

5 Follow up

A take-home Myopia Report can allow patients to follow their results over time. This report will facilitate a better understanding of why they need treatments and to make lifestyle changes as necessary.



Myopia Report



AL-Scan M Specifications

Optical measurement	
Axial length	Measurement range 14 to 40 mm Display increments 0.01 mm Measurement accuracy ± 0.05 mm
Corneal curvature radius	Measurement method Low-coherence interferometry (LCI) Measurement range 5.00 to 13.00 mm Display increments 0.01 mm Measurement accuracy ± 0.05 mm
Pupil size	Measurement range 1 to 10 mm Display increments 0.1 mm Measurement accuracy ± 0.2 mm
Auto tracking	X-Y-Z directions
Auto shot	Available
Display	Tilttable 8.4-inch color LCD touch screen
Printer	Thermal line printer with automatic paper cutter
Interface	LAN, USB
Power supply	100 to 240 V AC, 50/60 Hz
Power consumption	100 VA
Dimensions/mass	283 (W) x 504 (D) x 457 (H) mm / 21 kg 11.1 (W) x 19.8 (D) x 18.0 (H)" / 46 lbs.

Myopia Viewer MV-1*1

System Requirements	
Operating system	Windows 10 Pro 1607 or later (64 bit) Windows 11 Pro Windows Server 2016 Standard (64 bit) Windows Server 2019 Standard (64 bit) Windows Server 2022 (64 bit)
Display	1,280 x 768 or higher
Connectable devices that transmit refraction data and BCVA*2	TONOREF III, TONOREF II ARK-1s, ARK-1a, ARK-1, ARK-F AR-1s, AR-1a, AR-1, AR-F ARK-560A, ARK-530A, ARK-510A AR-360A, AR-330A, AR-310A HandyRef-K, HandyRef

*1 A license is required for use of the MV-1. A license is included with the AL-Scan M.

*2 Available for the ARK-1s, AR-1s, ARK-560A and AR-360A



Product/model name: OPTICAL BIOMETER AL-Scan

Brochure and listed features of the device are intended for non-US practitioners.

Specifications may vary depending on circumstances in each country.

Specifications and design are subject to change without notice.

