

# Why I Use GS-1 Testimonials from users worldwide



#### Carlo E. Traverso, MD

Professor and Chairman, Clinica Oculistica University of Genova. Policlinico Ospedale San Martino IRCCS, Italy

Traditional Goniophotography (e.g., manual photography of the angle) can be used for documenting and storing images of the angle structures. However, it is technically challenging and time-consuming and hence, is not routinely performed in clinical practice. Documentation of the angle is clinically important for keeping preoperative and postoperative records in cases of lens extraction for angle closure, trabecular surgery, and trauma. Furthermore, this documentation may be particularly relevant if medicolegal issues arise. In my view, as an instrument capable of automated 360 degrees Goniophotography, the GS-1 is a significant addition for enhancing clinical workflow.

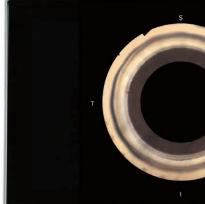


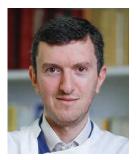


#### Fernando Gomez Goyeneche, MD

Emeritus Professor Hospital Militar Central, Colombia

"Gonioscopy findings could not only save your sight but your life." The availability of standardized digital image capture of the anterior chamber angle acquired by a technician represents a new chapter in the history of ophthalmology. Easy storage, retrieval and analysis of angle images taken over time have now become a clinical reality. On a more personal note, thanks to the NIDEK automated Gonioscope, we discovered a melanocytoma in my right eye that would have otherwise remained undetected. The GS-1 is an excellent screening tool for primary and surgical cases of glaucoma.





#### Luis Abegão Pinto, MD, PhD

Assistant Professor, Lisbon University, Portugal

Angle assessment is paramount in glaucoma management but remains a technically challenging procedure that is still performed manually by ophthalmologists. However, the recent introduction of the GS-1 automated gonioscopy device has allowed me to readily acquire high resolution 360° views of crucial angle structures, enhancing my ability to detect (and digitally store) clues for diagnosing pathology ranging from abnormal pigment to synechiae. The ability to magnify and analyze images allows greater familiarity with angle anatomy of each patient facilitating surgical planning. This utility is particularly important in an era of increasing use of surgical implants for glaucoma. Additionally, the digital images acquired with the GS-1 are especially beneficial during rounds and for educating my residents (and my patients). Lastly, access to digital images of the angle allows me conveniently assess and plan SLT treatments. I perform SLT with the YC-200 S plus laser which houses an optical system that allows me visualize angle structures with the same clarity as my slit-lamp. This user friendly laser has excellent maneuverability that allows delivery of laser procedures even in challenging cases.



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### Alvaro Dantas, MD

ICONE- Instituto de Cirurgia Ocular do Nordeste (Northeast Eye Surgery Institute), Brazil

Automated gonioscopy with the NIDEK GS-1 has helped optimize my clinical routine. Capturing high quality images of the entire circumference of the trabecular meshwork and the ability to review the images at will has enhanced clinical management and treatment follow-up. Most importantly, not taking manual notes on the gonioscopic exams allows me treat more patients and spend more time on care. The option to save images and generate reports allows me to thoroughly assess patient history (electronic documentation) and easily share the exam with other specialists for multidisciplinary consult. These advantages would not be possible without this device. For MIGS surgeons, the GS-1 is an excellent tool for surgical planning, patient education and post-implant evaluation. In summary, this one-of-a-kind device meets multiple clinical

#### Carlo Alberto Cutolo, MD, PhD

documentation of gonioscopic images.

Clinica Oculistica University of Genova. Policlinico Ospedale San Martino IRCCS, Italy

The NIDEK GS-1 is a powerful device for collecting accurate true-colour pictures of the entire anterior chamber angle. I currently use GS-1 primarily for three clinical applications:

demands with the benefits of automated acquisition and

- Document a closed-angle before performing an angle-opening procedure
- Document challenging cases necessitating close follow-up
- Record a view of the angle collected by a technician for asynchronous evaluations

Furthermore, having a dataset of good quality angle pictures comprising a broad spectrum of conditions is a potent tool for teaching gonioscopy to ophthalmologists-in-training, including increasing their familiarity of rare phenotypes. With the GS-1, NIDEK has transformed the time-consuming and neglected task of manual gonio-photography into a friendly, easy and automated process. In my opinion the NIDEK GS-1 is not aimed to replace standard slit-lamp gonioscopy. Hence, the GS-1 should be considered a technique for improving anterior chamber angle assessments akin to wide-field retinography for ophthalmoscopy.





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