

## Key points when using CTR

- Use high viscoelastic solution.
- Make the incision at a meridian with no zonular dialysis, to avoid damage to zonular fibers with movement of the phaco tip.
- Perform slow-motion phaco, with low flow rate, low vacuum and low infusion bottle height.
- Emulsification can be done in the bag when the nucleus is soft and in the anterior chamber if the nucleus is hard.
- Perform a careful two part anterior vitrectomy with low aspiration pressure when necessary.
- Try to place IOL haptics in the meridian of the zonular disinsertion.
- Check IOL stability at the end of the surgery, both in the frontal and saggital plane, in order to consider if sufuring one haptic to the sulcus is necessary.

## Neo Eye

### PMMA IOL

Poly-methyl-methacrylate  
**High Resolution PMMA IOL**



## Neo Eye

### PMMA YELLOW ASPHERIC IOL

Poly-methyl-methacrylate  
with yellow chromophore  
**Better Resolution  
PMMA Yellow IOL**



Best Partner for  
**PMMA and Foldable IOL**



# Quality & Easiness

For Better Patient Outcomes



Manufactured by : PT. ROHTO LABORATORIES INDONESIA  
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Certified Company  
No. 01 07 F 21008

## PMMA IOL

### Intraocular Lens

- Various models to fulfill your surgical needs
- High resolution
- Fine Surface
- Smooth implantation
- Superior lens centration
- Low EO residual
- Resistance to YAG damage

## PMMA YELLOW ASPHERIC IOL

### Intraocular Lens

- High resolution
- Fine Surface
- Smooth implantation
- Superior lens centration
- Low EO residual
- Resistance to YAG damage
- Reduce glare
- Neutral aberration
- UV absorbing
- Yellow chromophore
- Retina protection

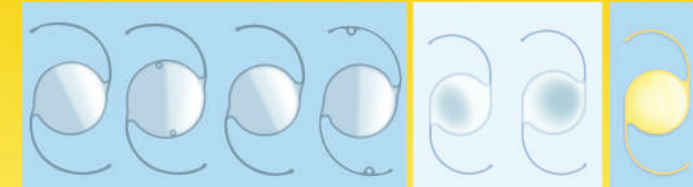
## Post Operative Vision



Some others

## POSTERIOR CHAMBER IOL

Single Piece Modified-C    Small Incision (Phaco) Single Piece PMMA    Yellow PMMA



Model	RE-01	RE-03PH	RE-05	RE-06F	RP-11	RP-12	RAY-12
Optic Style			E q u i c o n v e x				
Optic Diameter mm	6.00	6.50	6.00	6.50	5.25	5.50	5.50
Overall Diameter mm	13.00	13.00	13.00	13.50	12.00	12.50	12.50
Positioning Fixation Hole	13.00	13.00	13.00	13.50	12.00	12.50	12.50
Loop Angle	StepVaulted 8°	StepVaulted 8°	StepVaulted 8°	StepVaulted 8°	StepVaulted 8°	StepVaulted 8°	StepVaulted 8°
"A" Constant	118.00	118.2	118.0	118.4	118.1	118.0	118.0
AC Depth	5.02	5.09	4.90	5.20	5.02	4.90	4.90
Diopter Range	+1.0 to +7.0 D by 1.0 D increments	+1.0 to +7.0 D by 1.0 D increments	+1.0 to +7.0 D by 1.0 D increments	+1.0 to +7.0 D by 1.0 D increments	+1.0 to +7.0 D by 1.0 D increments	-8.0 to +7.0 D by 1.0 D increments	+1.0 to +7.0 D by 1.0 D increments
	+8.0 to +25.0 D by 0.5 D increments	+8.0 to +25.0 D by 0.5 D increments	+8.0 to +25.0 D by 0.5 D increments	+8.0 to +25.0 D by 0.5 D increments	+8.0 to +25.0 D by 0.5 D increments	+8.0 to +25.0 D by 0.5 D increments	+8.0 to +25.0 D by 0.5 D increments
	+25.0 to +30.0 D by 1.0 D increments	+25.0 to +30.0 D by 1.0 D increments	+25.0 to +30.0 D by 1.0 D increments	+25.0 to +30.0 D by 1.0 D increments	+25.0 to +30.0 D by 1.0 D increments	+25.0 to +30.0 D by 1.0 D increments	+25.0 to +30.0 D by 1.0 D increments

## SINGLE PIECE PMMA ANTERIOR CHAMBER LENSES



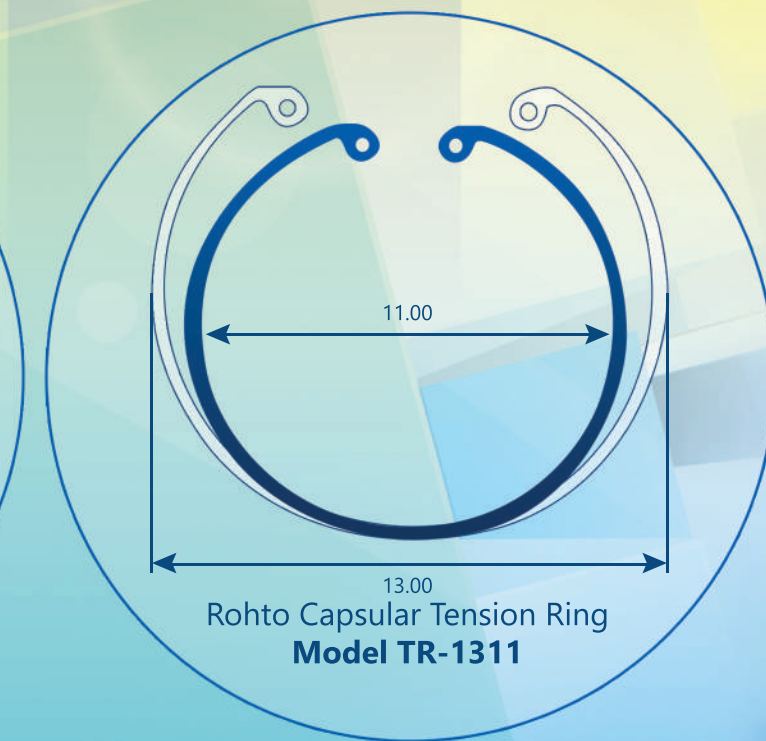
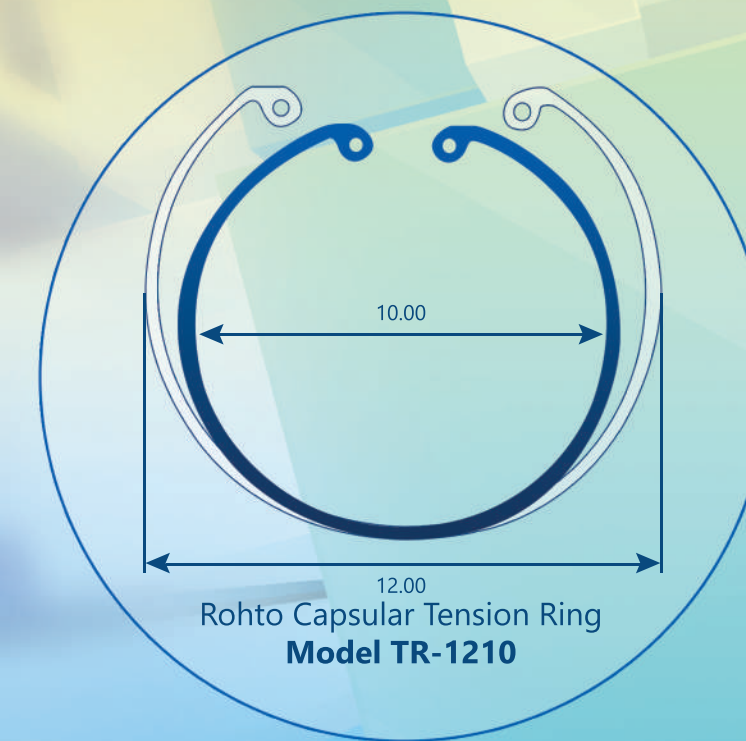
RA-25

Model	RA-25
Optic Style	Equiconvex
Optic Diameter mm	6.00
Overall Diameter mm	12.50
Positioning Fixation Hole	-
Loop Angle	StepVaulted 10°
"A" Constant	115.3
AC Depth	3.30
Diopter Range	+1.0 to +7.0 D by 1.0 D increments +8.0 to +25.0 D by 0.5 D increments +25.0 to +30.0 D by 1.0 D increments

## Use Capsular Tension Ring for :

- Circular expansion of capsular bag
- Simplified and stabilized condition during implantation of Foldable Intraocular Lens (IOL)
- Prevention of IOL luxation
- Stabilization of the capsule in case of defective, weakness or absent zonula
- Maintain capsule contour and to stretch the posterior capsule
- Prevention of postoperative shrinkage of anterior capsular opening
- Reduce risk of capsular fibrosis

Best Partner for PMMA & Foldable IOL



Description	TR-1210	TR-1311
Diameter before compression	12.00 mm	13.00 mm
Diameter after compression	10.0 mm	11.0 mm
Loop angulation	Flexible ring	Flexible ring