STAAR Surgical Company - Moran Research and Consulting, Inc.

Introduction

The STAARVision PPOS is a secure, private, HIPAA complaint web service where surgeons can perform IOL calculations as well as maintain and analyze their surgical outcome data. This tool will help you and your patients achieve the maximum possible benefits of the Visian ICL[™] technology. The STAARVision web-service provides a centralized utility for physicians to perform complex Lens calculations, track and maintain patient data, generate outcome statistics and reports, order lenses and to facilitate communication with the STAAR Surgical customer Service Department.

Course and Proctoring information

Visian ICL certification is a mandatory requirement for physicians who are interested in implanting the Visian ICL lens.

Physician certification for implantation of the Visian ICL is part of STAAR Surgical Company's ongoing commitment to excellence in ophthalmology. A physician becomes eligible for certification after attending a Certified Visian ICL Training Course. Once eligible, the physician will complete their certification by successfully selecting, implanting and managing five surgical procedures with the support of an on-site STAAR Application Specialist.

Certification courses in the US and the Dominican Republic are part of a two-step certification program. The first step in the process is a one-day course consisting of a 4 hour didactic presentation, lens loading, wet lab, live surgery observation and examination of postoperative patients.

To schedule proctoring with an Applications Specialist, a physician must first contact their local STAAR Representative. The representative will confirm that the physician has five appropriate candidates for Visian ICL surgery and will assist in scheduling an Applications Specialist for proctoring.

The Applications Specialist will contact the physician to arrange the logistics of the certification. Several important factors shall be discussed during this call including:

- Receiving a physician PIN for access to WWW.STAARVISION.COM, the website for Visian ICL calculation and on-line ordering
- Scheduling appropriate surgical and clinical staff trainings
- Scheduling a pre-surgical time to review the surgical steps and the Visian ICL loading procedure
- Reviewing a pre-surgical check-list of the required instrumentation
- Reviewing potential Visian ICL candidates for accurate patient selection

Please keep in mind when requesting a proctoring date that the certification process usually requires three days:

- Day one train staff and review all necessary surgical steps
- Day two perform live surgery
- Day three one-day postoperative patient review and answer any remaining questions



Additionally, peripheral YAG iridectomies must be performed one to two weeks prior to surgery. Also remember that careful selection of patients is critical to successful certification.

Minimum Computer Requirements

You will need an internet connected computer with at least 256 MB RAM and a "browser" such as Microsoft Internet Explorer 6.0 or better and an email account The screen resolution should be set at no less than 1024 x 768 for the best user experience.

Calculator registration and setup

In preparation for calculation training and the ordering process with the Applications Specialist, complete the Quick Start Guide at the end of this document. The Quick Start Guide requires information regarding the equipment used to obtain measurements and is necessary for the initial setup of the STAARVISION account. Having this form completed will help expedite the training and ordering process for the first lenses. Close follow up and entry of postoperative data is required for the first 20 cases. This information is tracked via STAARVISION and will be required for continuous lens ordering.

Login Name and Pin Number

Navigate your browser to WWW.STAARVISION.COM to start the registration process. Under the Register/Login section, click on the underlined word "<u>here</u>" to proceed to the registration section.

Click the register button (note- this page is also the login page). As part of the registration process, please read, understand and agree to the "Application Terms of Service". Click the "I agree" selection and then the "SUBMIT" button. Enter the appropriate information on the form. All entries must be complete before clicking the "SUBMIT" button.

If the entered data is incorrect or incomplete, a warning will be displayed. If all information is correct, but you still receive a warning, please contact STAAR Surgical's customer service department. Throughout this guide, yellow entryboxes or yellow dropdown lists are required fields.









Set-Up Parameters

Using the values recorded on the "Quick Start Guide", enter the information on the form. Click "SUBMIT" and then "Continue" to proceed.



Enter the information regarding your billing address. As a default, this will also be your shipping information. Click "Update" to proceed.

Multiple Shipping and Billing Addresses

If your shipping information is different than your billing information or you may have multiple locations for a billing or shipping address, then click "Profile" under the Settings section.

Previze® STAAR Vision Account

Instructions: To add a patient, document a visit or perform a calculation click "Patient Records".





Diagnostic Preferences			
Refractive Vertex Distance:	12.50	2	Instrument: Index *
Corneal Power Technique:	Please select	1	Default: 1.3375 🛛 💌
ACD Technique:	Please select	-	* If you are onsure which val
Axial Length Technique:	Please select.		to use, select the default, 1.7
Surgical Technique			
Incision Type:	Please select	~	
Incision Location:	Please select.	-	
What brand of A-scan d	o you use?		
Manufacturer:			
Model			
What brand of keratome	ter or topograpi	her do ye	ou use?
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My Preferences (change password)



Select the "Manage my shipping addresses" or "Manage my billing addresses"

Select "Add new shipping/billing address"

Enter information is the spaces provided and click "Save"



My Profile First name: * Test Last name: * Account Address: * 123 Billing Address Address 2: Suite 200 ZIP: * 90000 City: * Billing City State: * CA United States Country: * test@account.con Email: * test@account.com Email on file: Tel: * 626 303 7902 Fax: 626 303 7902 * Required: Manage my shipping addresses * Required: Manage my billing addresses Update Cancel

Calculation

Select "Patient Records" under the "Patients" section.

You can review existing patients by searching by last name or by using the drop down list. Clicking Advanced Search will allow for further refined searches by MRN (ID), Name or Date of Birth.

To add a new patient record, click "Add New Patient". The Demographic Data section will ask for:

- MRN Medical Record Number. This number is required and is a free-form field. Use a number that references this patient.
- Last Name Patient Last Name. This value is required and is a free-form field.
- First Name Patient First Name. This value is required and is a free-form field.
- Gender- Patient Gender. This value is required and is selectable.
- DOB Patient Date of Birth. This value is required and the format is displayed in the text boxes. (MM-DD-YYYY)
- Click "Save" to save this patient record.
- A confirmation message will appear "Demographic data has been saved"

Patient Records
 Practice Overview
 Lens Orders

Patients



Click the "Click here to continue".



Select "OS" or "OD", the default is "OD" Enter the Visit Date in the space provided. You can also click the underlined "<u>Visit Date</u>:" to choose a date from a calendar popup. Click the down arrow on the drop down list under "UCVA" and make an appropriate selection.

Manifest/Cyclo/SCTL – only one of these refractions is required to perform the calculation.

Required fields

Sphere	Valid range: -20 to 20 diopters
Cylinder	Valid range: -10 to 10 diopters
Axis	Valid range: 0 to 180 degrees
BCVA	Best Corrected Visual Acuity: Select from
	the drop down list.
K Readings	Valid Range: 30 to 55 diopters
K Axis	Valid range: 0 to 180 degrees. The K2
	Axis will automatically be populated with
	a value 90 degrees from the K1 Axis.
ECC	Endothelium Cell Count, Valid range: 500
	- 5000
ACD	Anterior Chamber Depth, Valid Range:
	2.8 to 7 mm. For purposes of lens power
	calculation, ACD is measured from
	Corneal Epithelium to Crystalline lens.
	For Lens Sizing, the ACD is determined
	by subtracting the pachymetry from the
	ACD. This value must be equal or
	greater than 3.0 mm.
WTW	White to White, Valid Range: 10 to 14
	mm
Pach um	Pachymetry in microns, Valid range: 350
	to 700
AC Angle	Select a Grade from 0 (closed) to 4
	(wide open).



Optional Values

Enter Cycloplegic or SCTL values in combination with or instead of Manifest Refraction.

Axl	Axial Length, Valid range: 19 to 35
Vertex	Back Vertex Distance, may be
	changed from your default value
	that was set in "Preferences"
IOP	Intraocular Pressure, Valid range:
	10 to 60



LOCS

Lens Opacities Classification System-Click "<u><< Specify</u>". Valid Ranges are 0.1 (clear) to 6.9 (opaque). Click "Save" when your choices are complete. The LOCS value will be transferred to the calculation page.

Click "Calculate" to display lens powers.

When values are outside of the FDA labeling, an off-label message will appear. Click "Cancel" to return to the calculation entry or click "Continue" to proceed. A chart of lens powers is displayed along with Predicted Refraction and SEQ (Spherical Equivalent). Select "Print" to print this calculation with all patient data and lens powers. Select the desired lens power to place the lens order.

🕘 https://www.staarvisio	n.com - ST/	ARVision - LOCS III 🖃 🗉 😫
The Lens Opacities	s Classifi	cation System III *
LOCS III	NO 0.1	, NC 0.1, C 0.1, P 0.1
Nuclear Opalescence:	0.1	~
Nuclear Color:	0.1	*
Cortical:	0.1	*
Posterior Subcapsular	: 0.1	~
Cancel *The Lens Opacities C Longitudinal Study of (Jr, Wolfe JK, Singer DM Friend J, McCarthy D, V Jun; 111(6):831-6.	Cataract Sf I, Leske MC	tudy Group. Chylack LT C, Bullimore MA, Bailey IL,
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PO Number:	1234567
Patient:	Doe, John
Eye:	OD
Model:	MICL132
Power:	-10.00
Predicted Ref:	-0.72 +0.78 × 000
SEQ:	-0.33
DEQ:	1.11
Ship order to:	Home 💌
Alt contact:	Joanna Dill
Bill order to:	STAAR
Date ICL Deliv	ery is Desired: 03 15 2006
Comments:	

Lens Ordering

Enter the purchase order number. A PO number is required by Customer Service to place the order. Verify that the correct billing, shipping and alternate contact info is correct. Specify the date that ICL delivery is desired. You may enter comments regarding your order in the space provided.

Click "Order" to send an email with this data to STAAR Surgical's Customer Service Department. A confirmation email will be sent as verification of your order.



Surgical and Postop Information

Close follow up and entry of postoperative data is required for the first 20 surgical cases. STAARVision allows you to store preoperative, operative and post-operative visits to help track your ICL patients. After an order is placed, the menu system in the Chart Navigator will add the following option: "<u>Go to Operative Visits</u>". You cannot enter post-operative visits until an operative visit is complete.

Chart Navigator Help Click a link to Add or Show visit details Go to Preop Visits (Calculate Lens Power) Go to Operative Visits

Operative Visit

Click "<u>Go to Operative Visits</u>" to enter operative data. Select the calendar icon to select the surgical date. Select the ICL Model using the drop-down arrow. Enter the Serial number for that ICL Model. Select the ICL Power that was used. Enter the Lens Orientation in Degrees (0-180). Note if a Limbal Relaxing Incision was done or if there were any complications during surgery. Use the comment section to elaborate if necessary. Click "Save" to save the record

A new option appears in the Chart Navigator: "Go to <u>Postoperative Visits</u>"



Postoperative Visit

Click "<u>Go to Postoperative Visits</u>" to enter Postoperative information. Select the calendar icon to select the postoperative date. Select the uncorrected visual acuity (UCVA) using the drop-down arrow. Enter the Manifest Sphere, Cylinder and Axis. Select the best corrected visual acuity (BCVA) using the drop-down arrow. Enter the keratometry values. Enter the Endothelial Cell Count (ECC) measurement. Vault/% is the percentage of vault compared with the corneal thickness. In some instances, this may be greater than 100%.

Enter the vault in microns. Enter the Pachymetry. Click "Save" to save this record.

Click "New Visit" to add another postoperative record.





Outcomes Analysis

STAARVision provides useful reporting tools to monitor your success with the Visian ICL. To use the reporting functions, you must enter postoperative data. The minimum required post-operative information should be the Manifest Refraction, BCVA, and LOCS Score. When the postoperative data is complete, the post-operative record will be included in the Outcomes Analysis Report.



Quick View Statistics

				Pos	stoperati	ve Mean V	alues	
IOL Model	Patients	Postoperative Eyes	Age	Post Rx	UCVA	BCVA	Abs Error	Error
MICL126	1	0	41.27	0.00		(d) 	0.00	0.00
MICL132	4	1	43.72	-0.26		20/23	1.32	-1.26

Refresh

Review the Quick View Statistics and verify that Postoperative Eyes exist. Click "Outcome Analysis" in the Reports section to view the report screen.

Outcome Summary

ICL Model:	Correction:	Time Interval:	Postop from:	Postop to:	
All	Uncorrected 💌	Preoperative 💌	1 👻	120 💌	Refresh

Select the desired parameters to customize the report output:

ICL Model – All, 12.1, 12.6, 13.2 or 13.7 Correction – Corrected or Uncorrected Time Interval – Preoperative or Postoperative Post-Op From and Post-Op To – a range of days after operative surgery



Preoperative



100%

0%

Prediction Error (SEQ)

Spherical Equivalent

Prediction Error – expected error predicted by the calculation

Mean Absolute Prediction Error (SEQ)

6 10 10 10 10 00 10 10

Mean Absolute Prediction Error-All values are converted to positive values and averaged in quarter diopter increments

Visual Acuity Histogram – Patient (corrected or uncorrected) Visual Acuity

Postoperative











STAAR SURGICAL

QuickStart Guide: PreVize Professional Optimization Service[™] for the STAAR Surgical Visian ICL[®]

Please complete this Profile Form <u>before</u> you access your <u>www.STAARVision.com</u> account. This information will be used in the registration process. Save the completed form for your records. You will also need this form if you call the help line.

Surgeon Profile Form 1. Enter your STAAR Surgical Registrat	ion Code (PIN)			
	(if unk	known, k	contact STAAR Surgical	Customer Support)
2. Select a username				
	(your	choice,	at least six characters,	no spaces)
3. Select a password				
	(your	choice,	at least six characters,	no spaces)
4. Enter a valid email address				
		uation a	nd approval notice will b	e sent here)
5. What technique do you use to measu □ a) Manual Keratometry	re corneal power? □ b) Auto Keratometry		□ c) Topography	
6. What technique do you use to measu □ a) Immersion A-scan	re phakic anterior chamb □ b) Contact A-scan	er deptł	n? □ c) Optical (IOL Maste	er)
7. What technique do you use to measu □ a) Immersion A-scan	ıre axial length? □ b) Contact A-scan		□ c) Optical (IOL Maste	er)
8. What type of incision do you use? □ a) Clear Cornea	□ b) Near Clear Cornea		□ c) Scleral Tunnel	□ d) Other
9. Where do you make your surgical inc □ a) Temporal	iision? □ b) Superior		□ c) Steep Axis	□ d) Other
10. What brand A-Scan Unit do you use	?			
Manufacturer		Model		
11. What brand Keratometry/Topograph	ner do you use to measure	e cornea	al power?	
Manufacturer		Model		
12. How do you measure endothelial ce	-			
Manufacturer		Model		



QuickStart Guide: PreVize Professional Optimization Service[™] for the STAAR Surgical Visian ICL[®]

13. Shipping Ad	dresses. You can enter an unlimited number of addresses and add or change them later in Profile.
Short Name:	(how you refer to the full address)
First Name:	
Last Name:	
Facility Name:	
Address:	
City:	
State:	
Zip:	
Country:	
Tel:	
Fax:	
14. Billing Addre	esses. You can enter an unlimited number of addresses.
14. Billing Addre Short Name:	esses. You can enter an unlimited number of addresses. (how you refer to the full address)
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Short Name:	(how you refer to the full address)
Short Name: First Name: Last Name:	(how you refer to the full address)
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Short Name: First Name: Last Name: Facility Name:	(how you refer to the full address)
Short Name: First Name: Last Name: Facility Name:	(how you refer to the full address)
Short Name: First Name: Last Name: Facility Name: Address:	(how you refer to the full address)
Short Name: First Name: Last Name: Facility Name: Address: City:	(how you refer to the full address)
Short Name: First Name: Last Name: Facility Name: Address: City: State:	(how you refer to the full address)
Short Name: First Name: Last Name: Facility Name: Address: City: State: Zip:	(how you refer to the full address)

