

## 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.

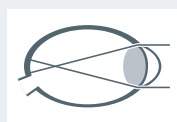


**Experts predict that by 2050, up to 50% of the world's population will have myopia.\***

\* Holden BA, et al. Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050. Ophthalmology.doi:10.1016/j.ophtha.2016.01.006c



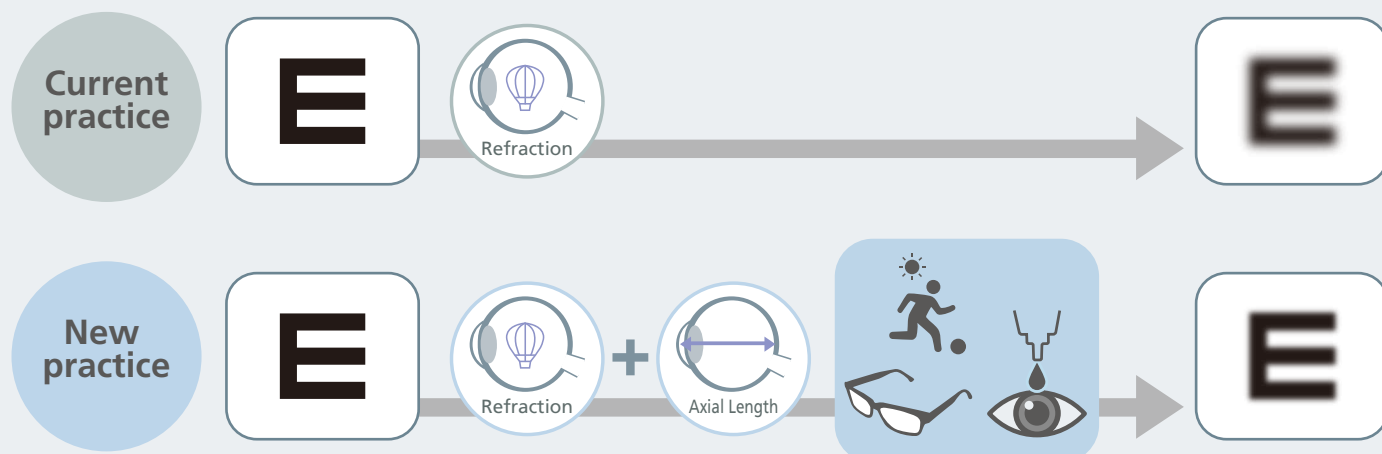
**The rise in near work due to the prevalence of digital devices in daily life increases the risk of myopia and/or myopic progression.**



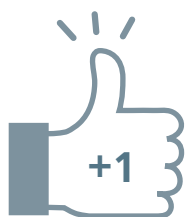
**Progression to high myopia increases the risk of retinal detachment, glaucoma, and other ocular pathologies that may limit visual potential or lead to blindness.**

## Is Biometry needed for guiding Myopia Management?

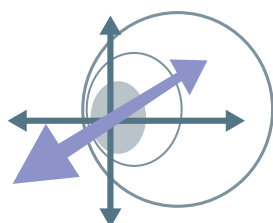
Yes, by measuring axial length, the progression of myopia can be monitored to allow for appropriate interventions. Assessing refraction only provides half the picture.



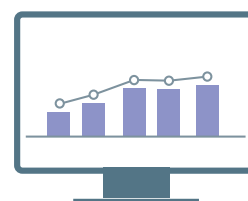
## Why the AL-Scan M is an essential first piece for your Myopia Management practice?



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



**Easy. Quick. Accurate.**

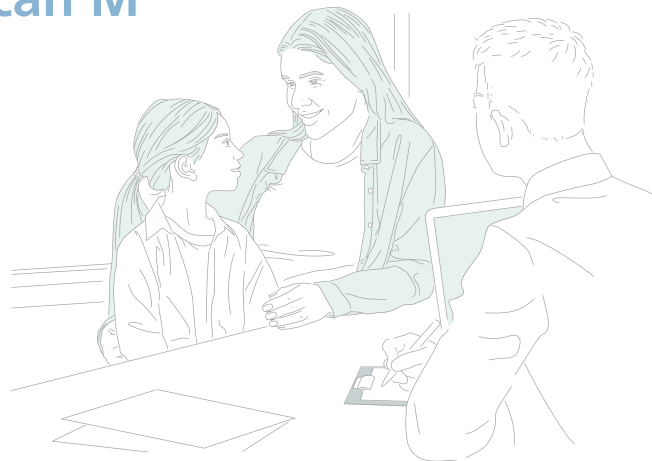


**Visualize progression and treatment outcomes.**

# 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:

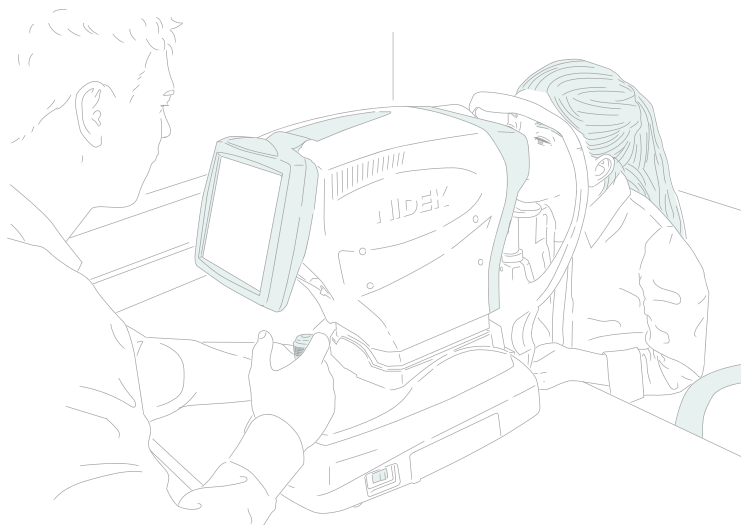
### I Rough alignment with the joystick



### 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.

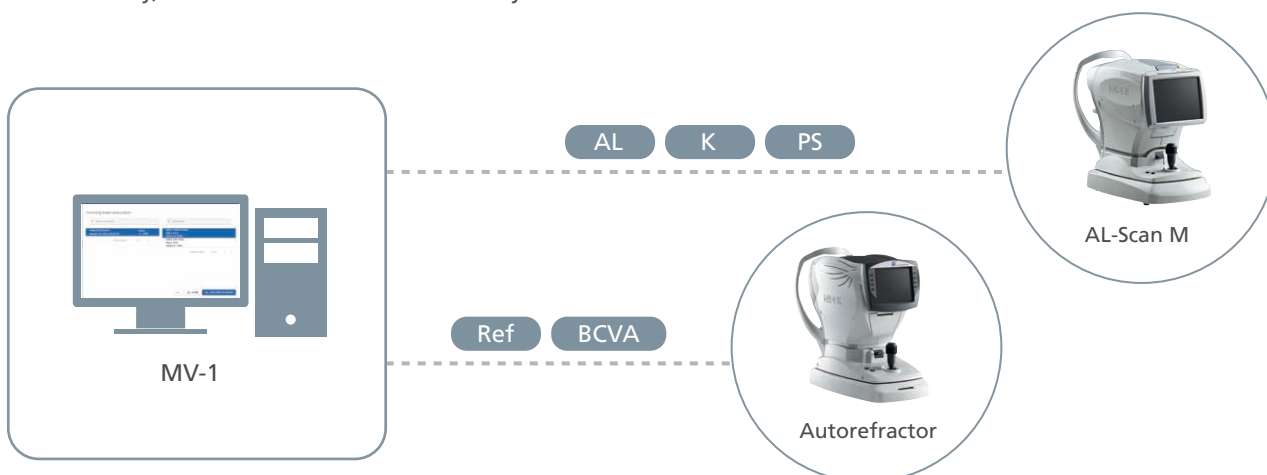
## 3 Data integration with the MV-1

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.



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.



## 5

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
		Measurement method	Low-coherence interferometry (LCI)
	Corneal curvature radius	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 (64bit)
		Windows 11 Pro
		Windows Server 2016 Standard (64bit)
		Windows Server 2019 Standard (64bit)
		Windows Server 2022 (64bit)
Display	1280 × 768 or greater	
Connectable devices that transmit refraction data and BCVA <sup>*2</sup>	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

The growth curves (Tideman) graphically illustrate the changes in the axial length with age based on a study by Tideman et al. Axial length growth and the risk of developing myopia in European children. Tideman JW, Polling JR, Vingerling JR et al. Acta Ophthalmol. 2018; 96: 301-309.



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.