



# REVO Cution continues

Optopol engineering team, designers of the first commercially available Spectral Domain OCT in the world, are proud to present the World's fastest OCT.

Our supreme experience in Spectral Domain OCT allows us to provide the market with the state of the art instrument, offering advanced technologies and remarkable simplicity of operation.

The new REVO NX software meets all demands of a daily routine in a modern ophthalmic practice. The new angiography module expands the precision of your diagnosis with minimum patient fatigue.



#### Need for speed

The world's fastest available scanning speed allows for more achievable and more detailed exams with reduction of the scanning time. It brings benefits for both clinicians and patients by reducing errors often caused by involuntary eye movements.

#### OCT made simple as never before

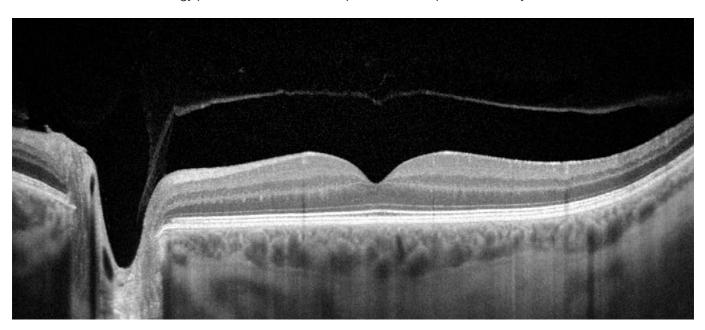
Position the patient and press the START button to acquire examinations of both eyes. The Revo NX, using vocal messages, guides the patient through the process, increasing comfort and reducing patient chair time. Short scanning time ensures less fatigue for the patient. Creating customized scanning protocols of different diagnostic scenarios speed's up the workflow.

### A perfect fit for every practice.

With a small system footprint and access for both operator and patient only necessary from one side, space saving is further enhanced. In addition, connection by a single cable allows the installation of REVO NX into the smallest of examination room spaces. Revo's variety of examination and analysis tools enables it to effortlessly function as a screening or advanced diagnostic device.

#### High quality of OCT image

The noise reduction technology provides the finest details proven to be important for early disease detection.

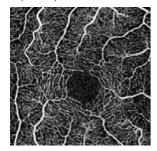


## REVOITX offers the newest standards available in OCT technology

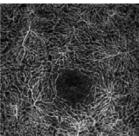
#### ANGIOGRAPHY SOCT\*

This non-invasive dye free technique allows the visualization of the microvasculature of the retina. Both blood flow and structural visualization will give additional information in the diagnosis of many retinal diseases. Angiography scan allows assessment of the structural vasculature of the macula, periphery or the optic disc. Extremely short scanning time 1.6 second in standard resolution or in high resolution within ~3 seconds.

Superficial plexus



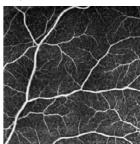
Deep Plexus



Optic Nerve Head



Peripheral area

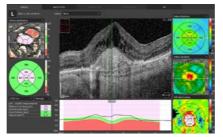


Now Angiography OCT can become a routine diagnosis in your practice.

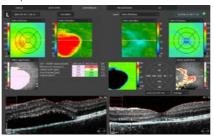
#### RETINA

A single 3D macula scan performs both Retina and Glaucoma analysis. The software automatically recognizes 8 retinal layers which assists with a precise diagnosis and the mapping of any changes in the patient's condition. A variety of result analysis and presentation methods allows for the best selection suitable to increase efficiency of work.

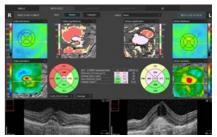
Single



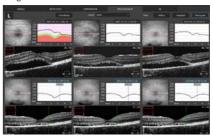
Comparison



Both



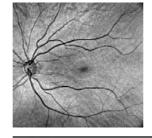
Progression

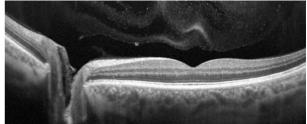


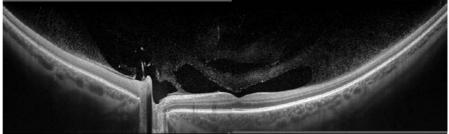
#### WIDEFIELD SCAN

12x12 mm Widefield Central scan is perfect for fast and precise screening of the patient's retina. Dense scanning in high resolution tomograms guarantee the discovery of most of the early changes.

Peripheral scanning reveals diseases in the far periphery.









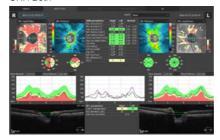
Combined view of two examinations of peripheral scan 12 mm + 12 mm. Done in external software.

#### **GLAUCOMA**

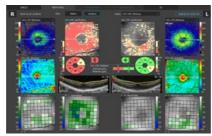
Comprehensive glaucoma analysis tools for quantification of the Nerve Fiber Layer, Ganglion layer and Optic Head with DDLS allows for precise diagnosis and the monitoring of glaucoma over time.

Asymmetry Analysis of Ganglion layers between hemispheres and between eyes allows easier identification and detection of glaucoma in early stages and in non-typical patients.

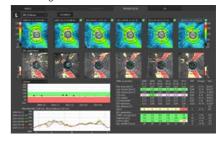
ONH Both



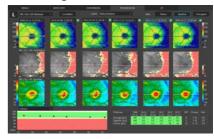
GCL+IPL Both



ONH Progression



GCL+IPL Progression

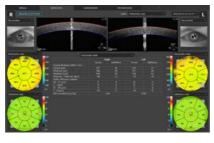


#### **ANTERIOR**

For a standard anterior examination, no additional lens is required. This allows the examiner to quickly complete the scanning procedure.

Presentation of results for both eyes allows quick and precise evaluation of the condition of the anterior segment.

Cornea Both



Angle Both



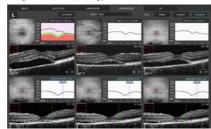
Additional adapter provided with the device increases range of clinical application in Anterior chamber observation.

#### **FOLLOW UP**

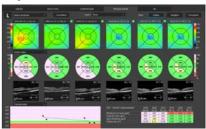
Revo's standard high density scanning capability and blood vessel structure recognition enable a precise alignment of past and current scans

The Operator can analyze changes is morphology, quantified progression maps and evaluate the progression trends.

Progression Morphology



Progression Quantification

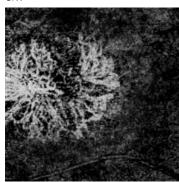


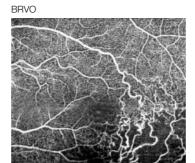
#### DICOM, EMR, NETWORK INTEGRATION

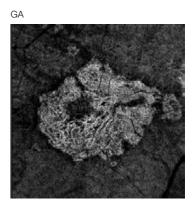
A proficient networking solution increases productivity and enhances the patient experience. It allows you to view and manage multiple examinations from review stations in your practice. Effortlessly helping to facilitate patient education by allowing you to interactively show examination results to patients. Every practice will have different requirements which we can provide by tailoring a bespoke service. DICOM connectivity allows the connection of the REVO into large hospital medical systems. Receive the Worklist (MWL) and send report (C-storage) or whole exam into view stations. CMDL interface allows for the integration of the REVO in to practice management systems. There is no additional charge for the networking and DICOM functionality.

### **CLINICAL IMAGES**

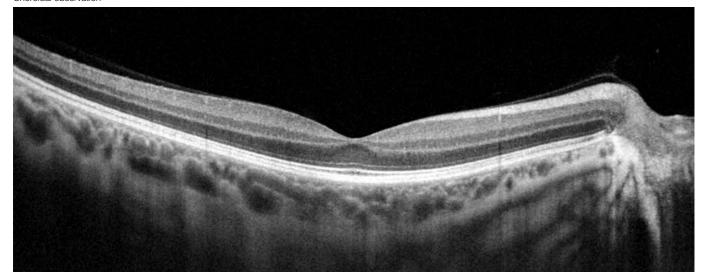
CNV



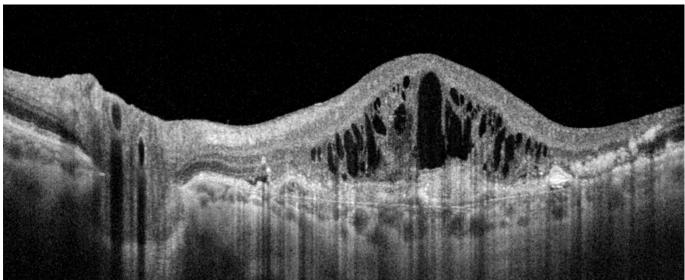




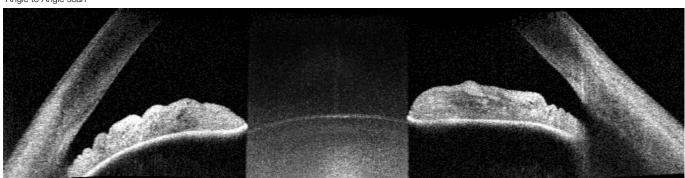
Choroidal observation



Central 12 mm scan



Angle to Angle scan





| Technology             | Spectral Domain OCT  |
|------------------------|--|
| Light Source           | SLED, Wavelength 830 nm  |
| Bandwidth              | 50 nm half bandwidth   |
| Scanning speed         | 110 000 measurements per second  |
| Axial resolution       | 5 μm in tissue   |
|                        | 2,6 µm digital   |
| Transverse Resolution  | 12 μm, typical 18 μm   |
| Overall scan depth     | 2.4 mm   |
| Min. pupil size        | 3 mm   |
| Focus adjustment range | -25 D to +25 D   |
| Scan range             | Posterior 5-12 mm, Angio 3-9 mm, Anterior 3-16 mm  |
| Scan types             | 3D, Angio*, Radial (HD), B-scan (HD), Raster (HD), Cross (HD)  |
| Fundus image           | Live Fundus Reconstruction   |
| Alignment method       | Fully automatic, Automatic   |
| Retina analysis        | Retina thickness, Inner retinal thickness, Outer retinal thickness RNFL+GCL+IPL thickness, GCL+IPL thickness, RNFL thickness, RPE deformation, IS/OS thickness |
| Angiography OCT*       | Superficial plexus, Deep Plexus, Outer Retina, Choriocapilaries, Depth Coded, Custom, Enface, Thickness map  |
| Glaucoma analysis      | RNFL, ONH morphology, DDLS, OU and Hemisphere asymmetry, Ganglion analysis as RNFL+GCL+IP and GCL+IPL  |
| Anterior               | Pachymetry, LASIK flap, Angle Assessment, AIOP, AOD 500/750, TISA 500/750  |
| Anterior Wide Scan     | Angle to Angle view (Adapter required)   |
| Connectivity           | DICOM Storage SCU, DICOM MWL SCU, CMDL, Networking   |
| Dimensions (WxDxH)     | 382 x 549 × 462 mm   |
| Weight                 | 23 kg  |
| Fixation target        | OLED display (The target shape and position can be changed), External fixation arm   |
| Power supply           | 100-240 V, 50/60 Hz  |
| Power consumption      | 115-140 VA   |



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