



mrQ
SLT

**Latest technology
Nd:YAG + SLT laser**

your laser specialist

meridian 
medical



USABILITY

The MR Q SLT features a powerful dual laser module with a Nd:YAG laser combined with an accurate SLT photoregenerator.

Featuring a 7" touch display control panel. Placed on either side of the table, users can easily see the laser parameters and select between the laser mode, burst and offset options.

The V-split mirror tower (optional feature) allows coaxial Nd:YAG treatments. This tower enables a red reflex that results in retro illumination of the posterior capsule, ideal for premium IOL treatments.

The laser head and slit lamp knobs are ergonomically placed on each side of the slit lamp.

The MR Q SLT has proven to be effective in treating open-angle glaucoma as primary therapy, see chart "recommended settings" on page 10.



SAFETY

MR Q SLT has built-in features assuring better treatments, safer laser offset and quicker response.

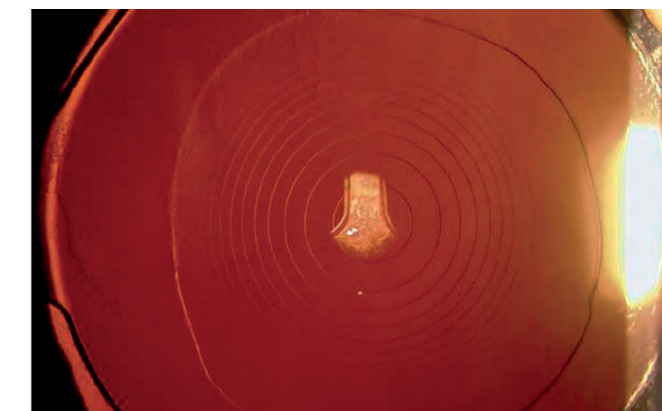
The digital anterior and posterior offset allows the user to visualise where the laser focus is and provides a clear warning when the anterior offset is selected, minimising user error.

The control panel requires double confirmation to safely swap between laser modes and the screen changes colour for a visual queue.

The electronically controlled offset resets to posterior 100 µm after the laser enters on Stand-by; this unique feature minimises the risk of shooting at the wrong position, avoiding the risk of lens pitting.

The red reflex⁽¹⁾ resulting from the retro illumination of the posterior capsule optimises the on-axis capsulotomy. This feature allows seamless evaluation of the capsulotomy edges' integrity, shape, and position in relation to the premium multifocal IOL rings, with a higher degree of success and increasing patient satisfaction.

(1) De Vries, N., Nuijts, R., Multifocal Intraocular Lenses for the Treatment of Presbyopia: Benefits and Side-effects, Points de Vue, International Review of Ophthalmic Optics, N64, Spring 2011





FLEXIBILITY & COMFORT

The MR Q SLT features a twin-column table with a large tabletop. This presentation eases patients' access in wheelchairs and offers perfect working space for the treating doctor.

The unique chinrest design ensures a comfortable, relaxed, and ergonomic position for the patient during treatment while the user has unobstructed access to the patient.

The slit lamp offers an optional tonometer post to use the unit as a diagnostic device.

Meridian engineers can access the MR Q SLT remotely, offering a unique online service to assess and provide calibration at almost any time of the day(*).

(*) world time zone may affect the availability of our technicians



Sample image of MR Q SLT with a twin-column table



LASER EXCELLENCE

The history of Meridian AG, now showing up as Meridian Medical Group, and the history of the medical Nd:YAG laser are closely connected. The Microruptor II, developed by Meridian engineers and Prof. Dr. Franz Fankhauser († 2020), changed the way of many ophthalmology treatments.

New technology is continuously developed and patented by our development engineers. We select and integrate the best Swiss and European laser components to ensure the highest quality and long-term reliability. We use tested and reliable best practices in engineering and integration, ensuring our systems' highest performance. Our highly skilled and experienced staff works to deliver the service and results our customers deserve and have come to expect.

TIPS FOR YOUR LASER

- Yearly maintenance service assures the optimal performance of your laser
- Follow the safety advice of the manufacturer and your regulatory body
- Only use the laser as described in the IFU

CLINICAL INDICATION

For posterior capsulotomy, iridotomy and selective laser trabeculoplasty.





BINOCULARS IN FOCUS

Each user must have the oculars set for their personal refraction, this way the laser will be in parfocality with the aiming beam and retina. Defocused slit lamp may result in unpredictable laser burns.

ABOUT THE OFFSET

Laser energy travels towards the point of emission (to the front of the eye), when shooting on zero-offset the risk of lens pitting increases. Always check the offset before perform any treatment.



Nd:YAG TREATMENT GUIDELINES*

These guidelines have been prepared following industry standards for Nd:YAG treatments, the use of the laser and its parameters are responsibility of the treating ophthalmologist.

Procedure	Power (mJ)	Offset	Pulses
Posterior Capsulotomy (with lens)	0.9 – 2.0	Posterior 200	Single
Posterior Capsulotomy (w/o lens)	1.4 – 2.5	Posterior 200	Single
Peripheral Iridotomy	3.0 – 5.0	Posterior 100	Double-Triple
Peripheral Iridotomy (plateau iris)	5.0 – 7.0	Posterior 200	Triple

* Weiblinger RP. Review of the clinical literature on the use of the Nd:YAG laser for posterior capsulotomy. J Cataract Refract Surg. 1986 Mar;12(2):162-70.

Nd:YAG OTHER TREATMENTS*

Although the MR Q clinical evaluation did not contemplate these parameters, the following are treatments described for Nd:YAG use

Anterior Capsulotomy	0.5 – 1.0	0	Single
Vitreous Strands (anterior)	2.0 – 3.0	Posterior 100	Single
IOL Surface Cleaning	0.3	Anterior 100	Single

* Weiblinger RP. Review of the clinical literature on the use of the Nd:YAG laser for posterior capsulotomy. J Cataract Refract Surg. 1986 Mar;12(2):162-70.



MR Q SLT RECOMMENDED SETTINGS

The SLT has proven to be effective in treating open-angle glaucoma as primary therapy⁽¹⁾, according to the European Glaucoma Society.
The recommended settings and procedures⁽²⁾ are as follow:

Laser parameters	SLT mode
Spot size	400 µm
Exposure	3 ns (fixed)
Power	0.4 to 1.2 mJ according to the desired reaction: in heavily pigmented TM start with low levels e.g. 0.4 mJ
Optimal reaction	The power is titrated until the appearance of tiny air bubbles, “champagne bubbles”, at the site of the laser burn, then the power is reduced by increments of 0.1 mJ until there are no visible bubbles ⁽¹⁾
Number of spots	50 – 100 non-overlapping spots spaced over 180° – 360°

⁽¹⁾ Gazzard G, Konstantakopoulou E, Garway-Heath D, Garg A, Vickerstaff V, Hunter R, Amblar G, Bunce C, Wormald R, Nathwani N, Barton K, Rubin G, Buszewicz M; LIGHT Trial Study Group. Selective laser trabeculoplasty versus eye drops for first-line treatment of ocular hypertension and glaucoma (LIGHT): a multicentre randomised controlled trial. Lancet. 2019 Apr 13;393(10180):1505-1516. doi: 10.1016/S0140-6736(18)32213-X. Epub 2019 Mar 9. Erratum in: Lancet. 2019 Jul 6;394(10192):e1. PMID: 30862377; PMCID: PMC6495367.

⁽²⁾ European Glaucoma Society, Terminology and guidelines for glaucoma, 5th edition 2020.



STANDARD ACCESSORIES

- Laser safety sign
- Safety goggles
- Dust cover

OPTIONAL ACCESSORIES

- Foot-switch
- Single port beam splitter
- Co-observation tube
- Adapter for ½” digital camera

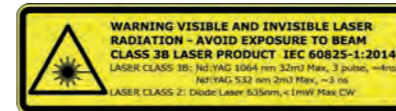


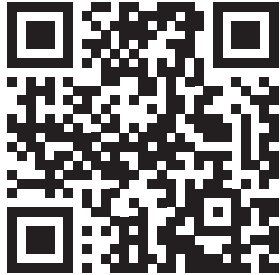
Sample Image of MR Q SLT with a single column table

TECHNICAL SPECIFICATIONS*

Device description	Nd:YAG mode	SLT mode
Laser source	Q-switched, solid state Nd:YAG 1064 nm	Q-switched, solid state frequency doubled Nd:YAG 532 nm
Pulse duration	4 ns (typical)	3 ns (typical)
Pulse setting	1, 2 or 3 pulses	Single pulse only
Maximum repetition rate	Up to 3 Hz	Up to 3 Hz
Maximum energy	32 mJ	0.3 to 2 mJ per pulse
Energy steps (single pulse)	0.1 (0.3-2 mJ), 0.2 (2-5 mJ), 0.5 (5-10 mJ), 1 (10-12 mJ)	Continuously variable
Energy steps (double pulse)	0.2 (0.6-4 mJ), 0.4 (4-10 mJ), 1 (10-20 mJ), 2 (20-22 mJ)	
Energy steps (triple pulse)	0.3 (0.9-6 mJ), 0.6 (6-15 mJ), 1.5 (15-30 mJ), 2 (30-32 mJ)	
Treatment spot size	< 10 µm	400 µm
Cone angle	16°	< 3°
Treatment beam offset range	Electronic controlled, anterior 150 µm, 300 µm posterior 0 µm, 100 µm, 200 µm, 300 µm	Not applicable
Aiming beam	Red diode. Dual Beam. 635 nm	Red Diode. 635 nm
Magnification	6 x; 10 x; 16 x; 25 x; 40 x	
Cooling system	Air cooled	
Weight	ca. 30 kg (unpacked)	
Power rating	100 – 240 VAC, 50 / 60 Hz	
Dimensions H xW xD	700 mm x 800 mm x 440 mm	
Connection ports	USB for remote service and calibration	
Basic UDI-DI	383007498MTLSXX1XG	

* All technical specifications are subject to change without notice. In accordance with the international laser safety standards: IEC 60601-1:2005/A2:2020, IEC 60601-1-2:2014/A1:2020, MDR Regulation (EU) 2017/745





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