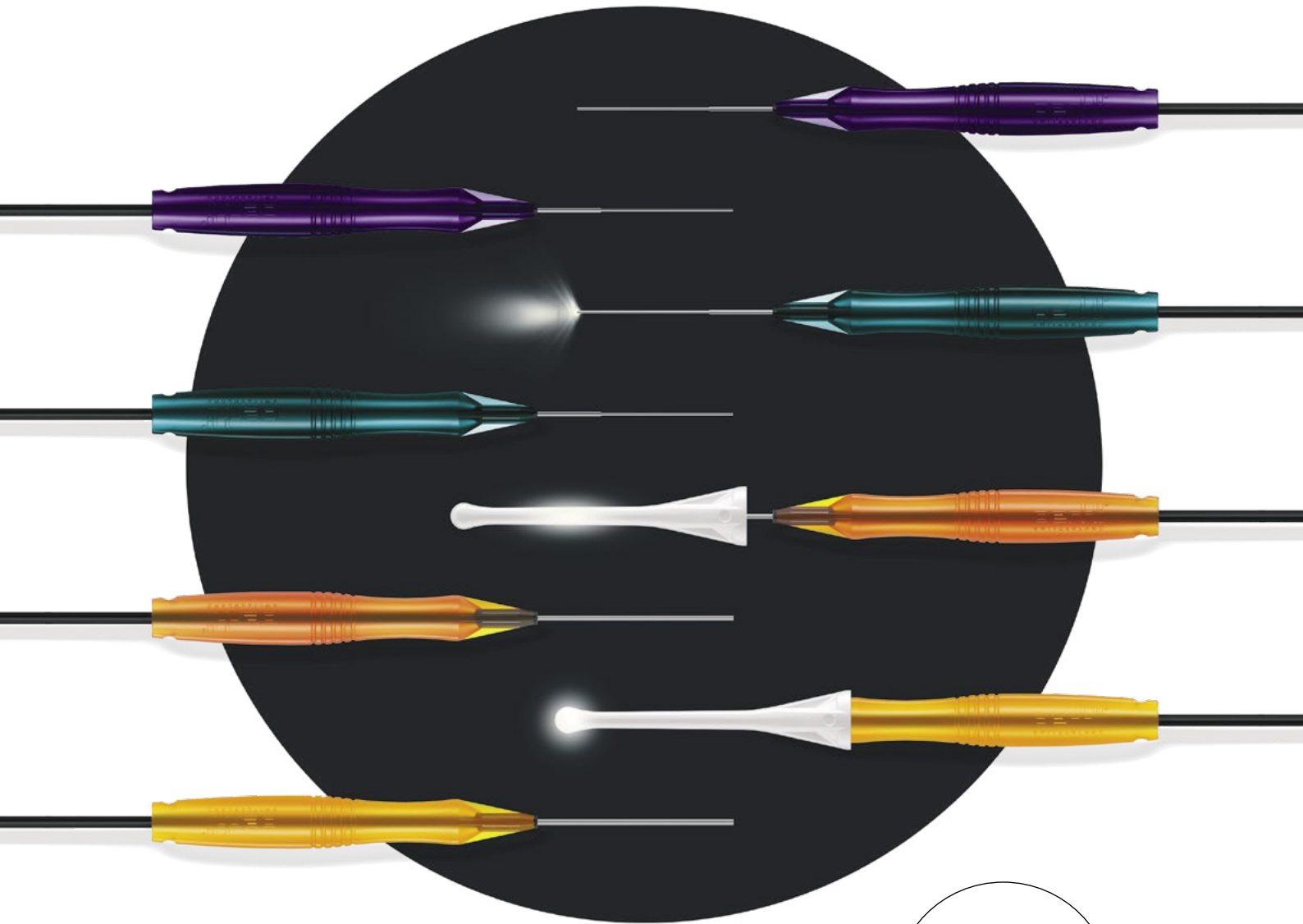


Transscleral illumination

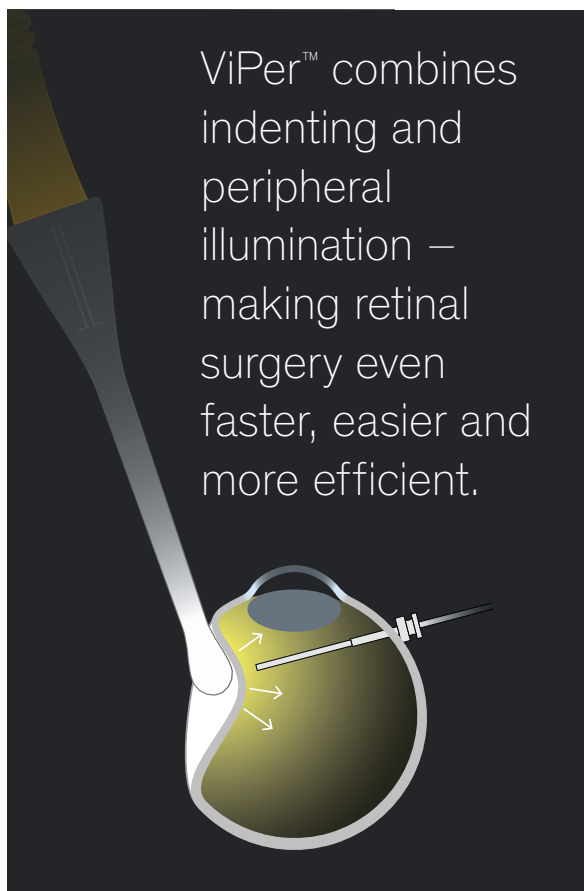
# MAKING THE DIFFERENCE WITH THE NEW VIPER SCLERAL INDENTOR



NEW  
Patent pending

## Indenting and illumination in one go: ViPer™ – Illuminated Scleral Indentor

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### Visible Periphery

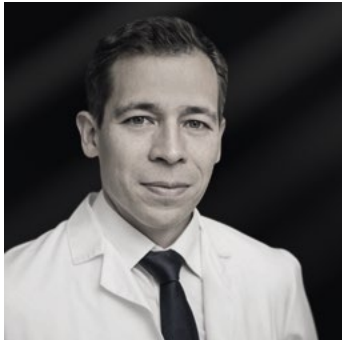
ViPer simplifies work in the periphery significantly. Quickly and easily attached to the endo illuminator, ViPer ensures simultaneous indenting and transscleral illumination during interventions in the posterior eye segment.

### **Features and Benefits**

- Simultaneous indenting and illumination allows for autonomous work
- Improved view of the retinal periphery
- Glare-free work without backscattered light thanks to semi-transparent material
- Consistent illumination of the indented tissue
- Closed geometry for safe multiple use during the same surgery
- Easy application due to symmetrical 360° shape of the finely rounded tip
- Excellent mobility on the eyeball due to smooth material surface
- Sufficient space between eye speculum and bulb wall due to thin shaft
- No formation of wrinkles, thus no risk of injury to the conjunctiva
- Suitable for all new Oertli endo illuminators with square profile



# Easy buckle – A new technique for buckle surgery



**Prof. Matthias Bolz**  
Kepler University Clinic Linz, Austria

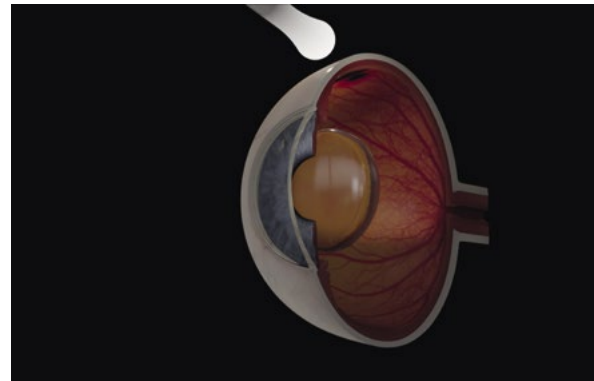
Normally, buckle surgery is a cumbersome and tedious procedure. I call buckle surgery with the ViPer «easy buckle». Traditionally, we have had to put on a non-sterile head ophthalmoscope, get a new pair of gloves, move up the table, and stand up. Many surgeons have recently switched to setting a trocar and using the endoilluminator to see the buckle directly, but that is not very elegant. Instead, I combined the endoilluminator with the ViPer. My 50-year-old patient had a clear lens and a classic buckle retinal defect at 8 o'clock. Initially, I tried to stabilize it with cryotherapy and gas, but that did not work. With the easy buckle technique I had a direct look with the microscope and noted some bleeding in the defect. Now, I marked one side of the ViPer with the sterile pen, located the defect with the ViPer's other (unmarked) side, and turned the ViPer 180° to mark the defect's exact location. This saved me the trouble of using a headset and getting up, and I did not need to use the endoilluminator alone. The rest of the procedure proceeded as usual, and the eye looked very nice the next day.



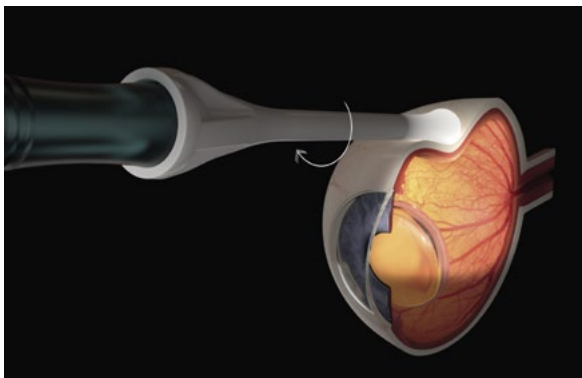
Scan the QR code to view the surgical video of this case.



1 Mark the rounded tip of the ViPer with a sterile marker



2 Visualize the retina tear with the uncolored side of the ViPer

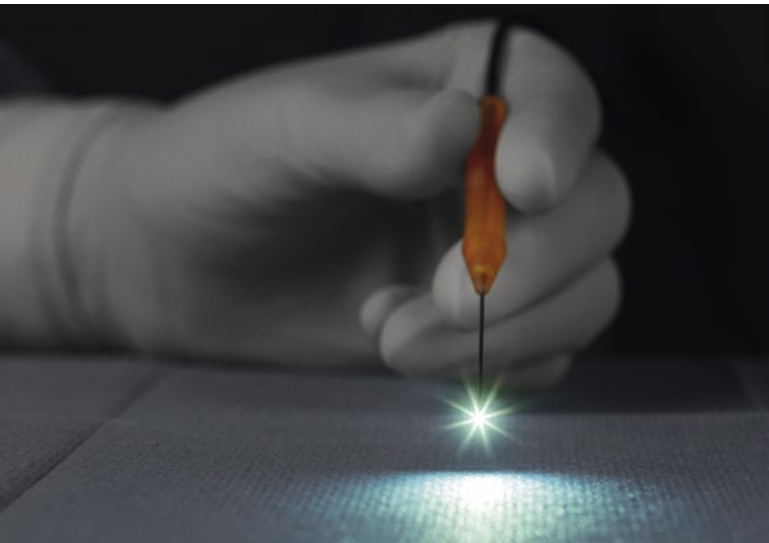


3 Rotate the ViPer by 180° to mark the area



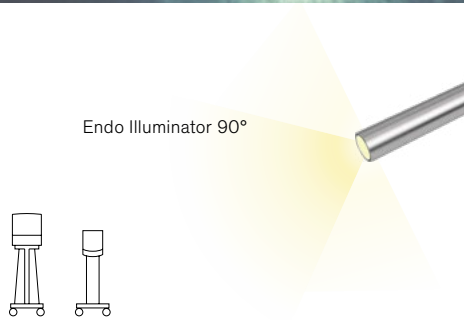
4 Marked position is easy visible

# Endo Illuminators





## Easy fit


The ViPer scleral indenter fits on all Oertli endo illuminator and is delivered with every endo illuminator as well as in every vitrectomy pack.

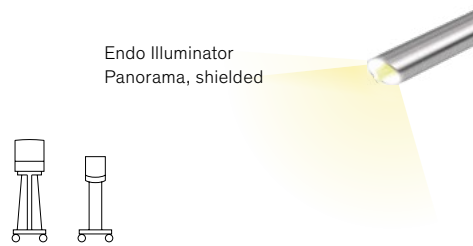


Endo Illuminator 90°


**Endo Illuminator 90°**, with ViPer scleral indenter, comfort-connector VV300101  ● 20 G


**Endo Illuminator 90°**, with ViPer scleral indenter, comfort-connector VV300103  ● 23 G


**Endo Illuminator 90°**, with ViPer scleral indenter, comfort-connector VV300105  ● 25 G




Endo Illuminator Panorama, shielded

**Endo Illuminator Panorama, shielded**, with ViPer scleral indenter, comfort-connector VV300191  ● 20 G

**Endo Illuminator Panorama, shielded**, with ViPer scleral indenter, comfort-connector VV300194  ● 23 G

**Endo Illuminator Panorama, shielded**, with ViPer scleral indenter, comfort-connector VV300195  ● 25 G

**Endo Illuminator Widefield, shielded**, with ViPer scleral indenter, comfort-connector VV300197  ● 27 G

All articles are delivered sterile, single use, box of 10 and are also available in various vitrectomy packs



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