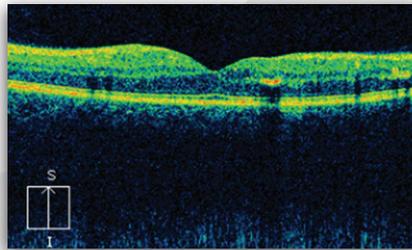
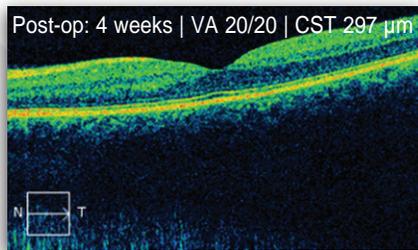
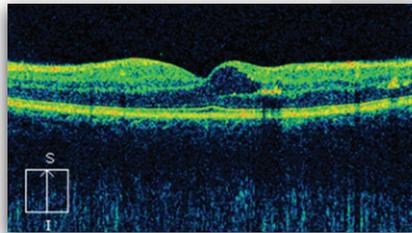
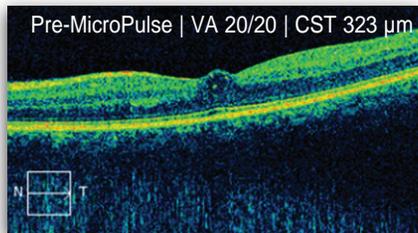




# MicroPulse™ Case Report

||||| First, do no harm

## Diabetic Macular Edema | IQ 532™



**Physician:** David Gossage, DO | East Lansing, MI

**Patient:** 28-year-old male with type 1 diabetes, previously treated with argon focal/grid laser in February 2006 and July 2008. In December 2011, the patient was treated with 532 nm MicroPulse (100- $\mu$ m spot, 80 mW power, 200-ms duration and a 5% duty cycle and delivered 111 shots) with just a 9  $\mu$ m reduction in macular thickness at 3 months follow-up. At that point, I retreated with MicroPulse using a higher power.

### MicroPulse Treatment Parameters

**Laser | Wavelength:** IQ 532 | 532 nm

**Spot Size on SLA:** 100  $\mu$ m

**Contact Lens:** Mainster Focal Grid

**Power:** 200 mW\*

**Duration:** 200 ms

**Duty Cycle:** 5%

**Evidence of Laser Treatment on FA:** None

**Physician Technique:** It is possible to treat with a higher power without thermal spread. I now treat my patients more heavily (high-density applications), using the same paintbrush technique back and forth but followed by an up-and-down motion, essentially creating a grid over the area I want to treat. Thus, not only am I using a much higher power, I am also applying the laser twice, and am seeing excellent results in patients with type 1 and type 2 diabetes, still without seeing any thermal damage.

\*The power used for MicroPulse treatment was based on doubling the power determined from a pre-treatment test spot performed in CW mode in a non-edematous area of the retina. Start at 50 mW and titrate power up by increments of 10 mW (moving to new locations) until a barely visible burn is achieved.

Treatment techniques and opinions presented in this case report are those of the author. IRIDEX assumes no responsibility for patient treatment or outcome.



# IRIDEX

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