



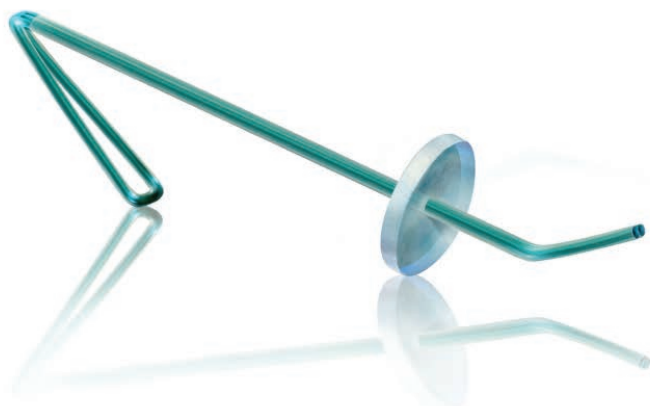
Capsule Retractors

MST brings you another tool to help make your complex cases more routine—the MST Capsule Retractors. Designed for intraoperative management of weakened or compromised zonules, the MST Capsule Retractors stabilize the capsular bag during the cataract procedure. Inserted similarly to iris hooks, the four capsule retractors act like artificial zonules once in place. The MST Capsule Retractors provide the following benefits:

Better stability. Where iris hooks would only pull on the capsulorhexis margin, the MST Capsule Retractors have extended posterior tabs that are designed to reach the equator of the bag and provide you ultimate support.

Gentle Contact. The MST Capsule Retractors feature a loop at the distal end of the posterior tab. This minimizes the risk of puncturing the capsule by providing you with a broad area of contact, rather than focalizing all of the tension to one point.

Ease of insertion. The MST Capsule Retractors are designed from double-banded nylon to provide lateral stability to further ease placement.



MST Capsule Retractors

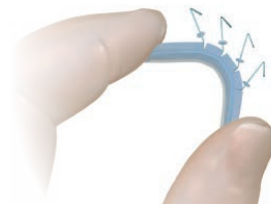
MCR-0001



To remove from packaging, pull back the Tyvek lid, and turn the tray upside-down.



The silicone bar holding the retractors in place will drop out.



Pick up and squeeze the bar as shown to release its grip on the retractors.



Remove the retractors.

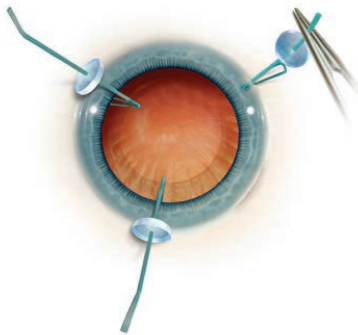
MST Capsule Retractors, Chang Modification

David Chang, M.D. wanted to reduce the rare chance of a CTR becoming threaded through the open loop of our MST Capsule Retractors, so he worked with MST to modify the design to accomplish just that. Dr. Chang's new design closed the loop on the posterior tab of the device so there is still a broad point of contact on the capsule but the risk of entanglement with a CTR is minimized. The MST Capsule Retractors, Chang Modification provide you the following benefits:

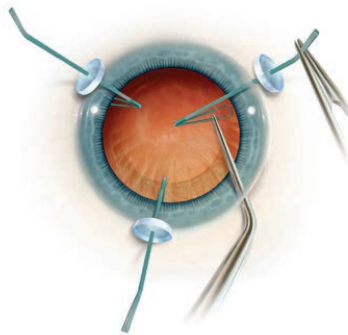
Plays nice with others. By closing down the loop on the posterior side of the device, we minimized the risk of a CTR becoming entangled. These retractors still provide broad contact on the capsule and are actually even easier to insert than before.

Adjusted angles. Because of its unique geometry, the posterior side of the retractor sits parallel to the iris plane during retraction and will not pull toward the incision.

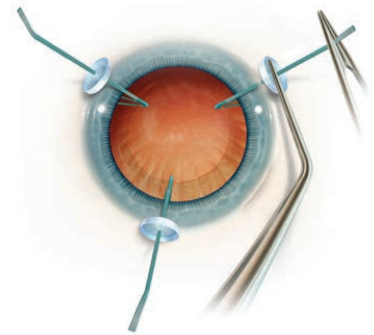
Capsule Retractor Placement



Place through a 0.8mm or larger paracentesis.

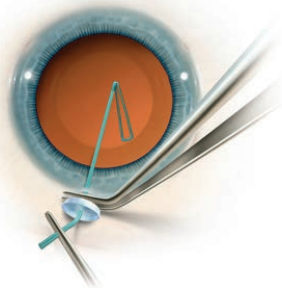


If needed, slip the working end under the capsulorhexis.

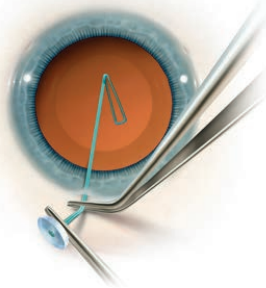


Move the silicone stopper forward and into place.

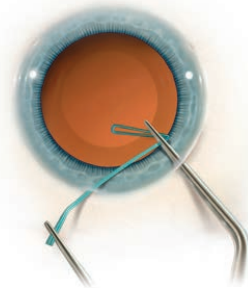
Capsule Retractor Removal



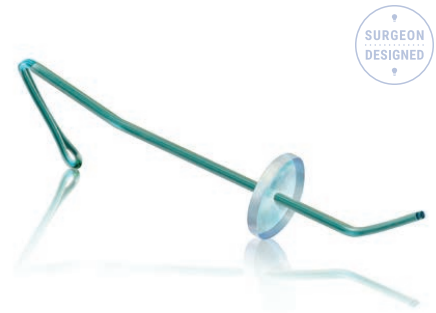
Move the silicone stopper back and then the entire retractor centrally to disengage.



Remove the silicone stopper.



Remove from the main incision using forceps and cutting the tail end off if necessary.



SURGEON
DESIGNED

MST Capsule Retractors, Chang Modification

MCR-0002



To order, call 1-855-651-4934 or 905-901-5304 or contact orders@labtician.com.