

Single-Use Instruments



High-Precision Disposable Instrumentation



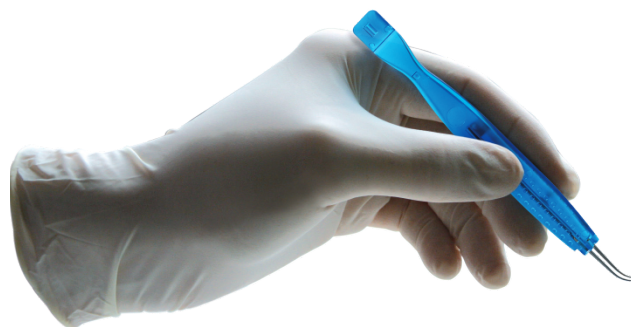
Convenient, Precise, Sterile

The guarantee of new, precise, sterile instruments for each procedure

With the evolution of microsurgical techniques, reusable ophthalmic instruments have become increasingly fragile and expensive to acquire and to utilize.

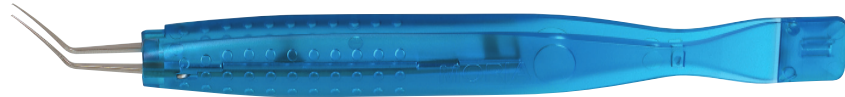
The cost of cleaning, decontamination, and sterilization is already substantial, and with the application of more demanding regulatory guidelines, it will continue to rise. Current methods of reusable instrument management also result in deterioration or damage that may be discovered just before or during a procedure.

For these reasons, Moria has applied its expertise in fine instrumentation and single-use technology to provide surgeons the ONE® line of disposable instruments.



Cataract

Curved Cystotome Capsulorhexis Forceps #17237



- Curved, vertical tips, for **1.8 mm** incision

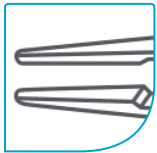
Designed for MICS

Bonn Forceps #17221



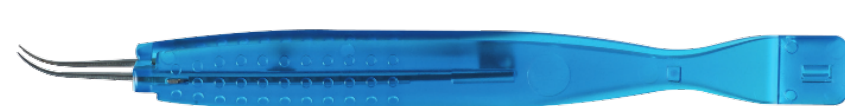
- 0.12 mm teeth

Straight Tying Forceps #17222



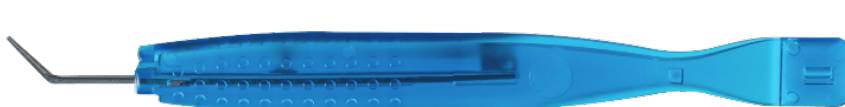
- Straight, 4 mm platforms

Curved Tying Forceps #17225



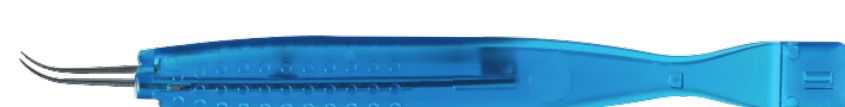
- Curved, 4 mm platforms

McPherson Forceps #17233



- Angled, 8 mm platforms

Curved Holding Forceps #17247



- Curved, 3.50 mm platforms

Cataract

Sinskey Manipulating Hook #17223



- Angled, 0.2 mm tip

Lester Lens Manipulator #17228



- Angled, collar button tip

Manipulating Hook #17230



- Conical, angled, blunt

Phaco Chopper #17229



- 1.5 mm tip, inner cutting edge

Drysdale Manipulator #17242



- Blunt paddle design

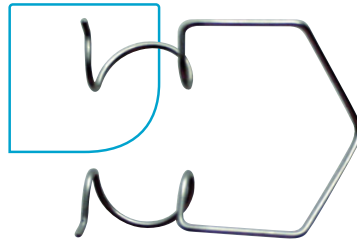
Thornton-Fine Fixation Ring #17232



- Blunt teeth, 13 mm internal diameter

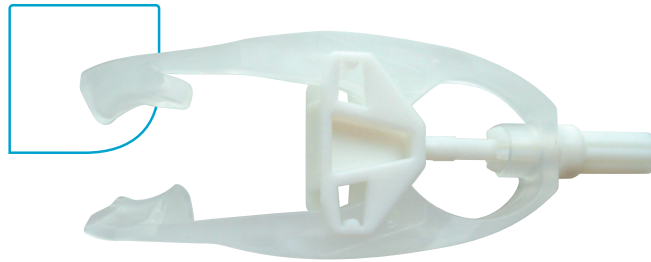
Cataract

Kratz Wire Speculum #17227



- Open blades, 15 mm opening, 1 mm diameter wire

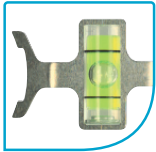
Adjustable Speculum #17231



- Solid blades 15 mm adjustable opening
- Design especially well adapted for femto cataract use

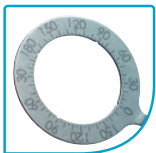
For Positioning Toric IOLs

Toric IOL Pre-Op Marker, Bubble Level #17249*



- Bubble level designed for precise marking of the 0 -180° axis
- Atraumatic blades may be inked to obtain precise marking of 0.4 mm x 3 mm

Mendez Ring #17250



- 12 mm inside diameter
- Indicators at increments of 5°
- Four notches on the internal edge at cardinal positions
- Handle positioned at 0° to hold temporarily
- Matte surface for maximum visibility under the microscope

Bores Marker #17251

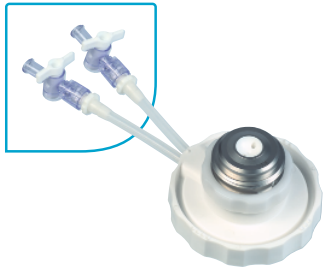


- Used inside the Mendez Ring to make two radial marks along the desired axis for precise alignment
- Precise 0.4 mm fine markings
- Blade design follows curvature of the cornea

* Pat. US 6,217,596 (Dr. Samir G. Farah)

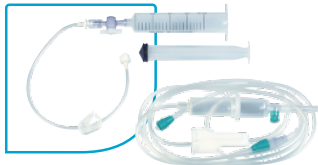
Keratoplasty

Artificial Chamber #19182



- To use with CBm or One Use microkeratomes
- Can be used without guide ring for manual dissection and/or femtosecond laser procedures
- Not suitable for vacuum trephines (use the #17204)
- 2 ports with 2 stopcocks

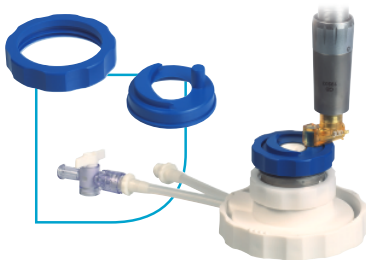
Tubing for ultra-thin lamellar grafts #19181



- Designed to consistently maintain the pressure required for creation of accurate, predictable ultra-thin grafts

CBm system: CBSU guide ring #19180

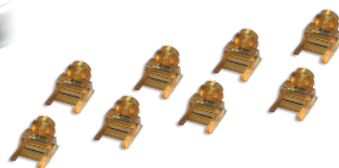
CBSU Heads for Artificial Chamber #19178/xxx



- To use with CBm microkeratome to create conventional and ultra-thin lamellar grafts
- Wide range of precalibrated heads: 50, 90, 110, 130, 200, 250, 300, 350 μm
- Can be used for single-pass or double-pass technique

One LC system: One LC guide ring #19186

One LC Heads for Artificial Chamber #19184/xxx



- To use with One Use microkeratome to create conventional and ultra-thin lamellar grafts
- Wide range of precalibrated heads: 110, 130, 150, 200, 250, 300, 350, 400, 450 μm
- Can be used for single-pass or double-pass technique

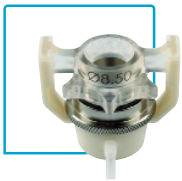
Keratoplasty

Corneal Vacuum Punch #17200Dxxx



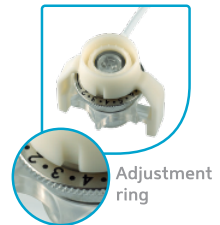
- Diameters available: 6.00 mm, from 6.50 to 9.00 mm (0.25 mm increments) 9.50 and 10 mm
- 20 suction holes to maintain vacuum over the cornea
- 2 piece design with an ultra-sharp pre-loaded blade
- Top lateral window

Vacuum Trephines



Adjustable #17202

- Adjustable preset depth setting
- Straight-walled cuts and no parallax errors
- Accurate centration indicator
- Diameters available: 6.00 mm, from 6.50 to 9.00 mm (0.25 mm increments), 9.50 and 10.00 mm



Non Adjustable #17201

- Simplified vacuum trephine for surgical procedures in which adjustment is not needed.
- Diameters available: from 7.00 to 9.00 mm (0.25 mm increments) and 9.50 mm

Artificial Chamber for single-use trephine #17204



- Designed to maintain the donor cornea from the epithelial side
- Cutting the donor and recipient tissue with the same devices reduces shape disparity and may induce less astigmatism.

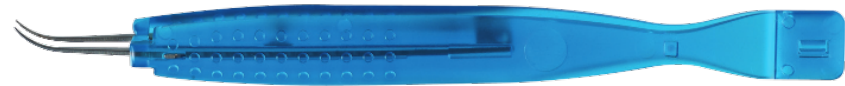
Keratoplasty

Bonn Forceps #17221



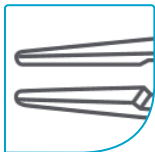
- 0.12 mm teeth

Curved Holding Forceps #17247



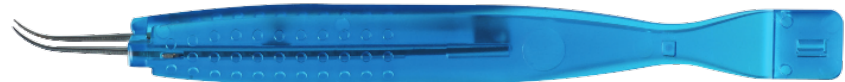
- Curved, 3.50 mm platforms

Straight Tying Forceps #17222



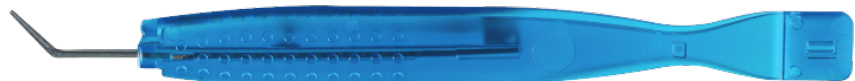
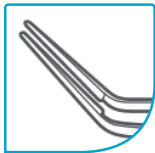
- Straight, 4 mm platforms

Curved Tying Forceps #17225



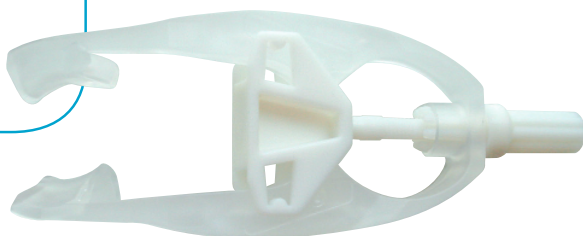
- Curved, 4 mm platforms

McPherson Forceps #17233



- Angled, 8 mm platforms

Adjustable Speculum #17231



- Solid blades 15 mm adjustable opening

Lamellar Keratoplasty

Price Hook #17302



- For Descemetorhexis

90° Spatula #17303



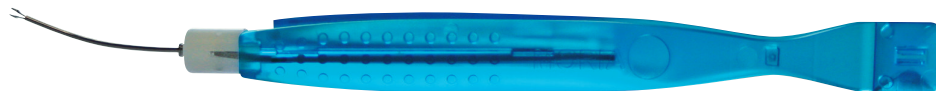
- Ideal for descemet's stripping

Busin Spatula #17300



- For donor lamellar button insertion

Busin Inserting Forceps 23 G #17301



- For corneal button positioning

Lamellar Keratoplasty

Muraine Punch* #17209D800



- Facilitates endothelium harvesting
- 8 mm diameter
- 20 suction holes to maintain vacuum over the cornea
- 300 µm guarded blade
- 2 opposite hinges



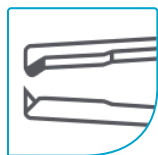
* Patent pending.

Artificial Chamber #19182



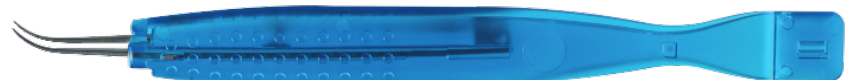
- Allows to maintain the donor cornea from the endothelial side, following Pr. M. Muraine technique for donor graft preparation.

Bonn Forceps #17221



- 0.12 mm teeth

Curved Tying Forceps #17225



- Curved, 4 mm platforms

Sinskey Manipulating Hook #17223



- Angled, 0.2 mm tip

Retina

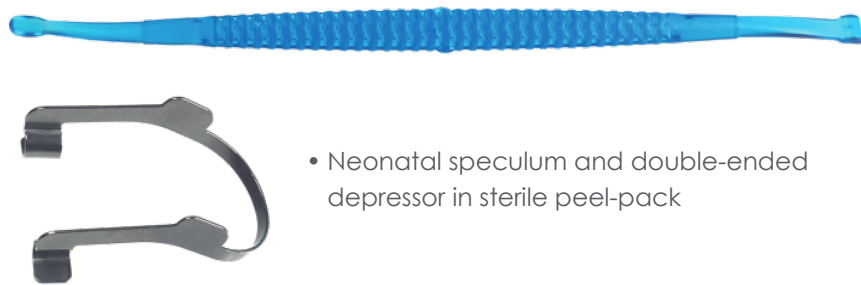
Retinopathy of Prematurity

ROP Exam Kits

- Simplifies instrument management
- Reduces risk of hospital-associated infection
- Latex-free, PVC-free, DEHP-free

Two Options:

Speculum & double-ended depressor #17210



- Neonatal speculum and double-ended depressor in sterile peel-pack

Speculum & loop depressor #17255



- Neonatal speculum and loop depressor in sterile peel-pack

*The Disposable ROP Exam Kit is patented by the Nemours Foundation.
It is manufactured and distributed by Moria under exclusive license from Nemours.*

Retina

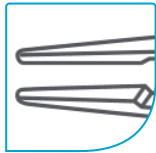
Exam and Suture Removal

Scleral Depressor #17253



- Double-ended depressor

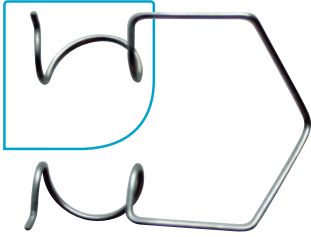
Straight Tying Forceps #17222



- Straight, 4 mm platforms

LASIK

Kratz Wire Speculum #17227



- Open blades 15 mm opening, 1 mm diameter wire

Sinskey Manipulating Hook #17223



- Angled, 0.2 mm tip

Manipulating Hook #17230



- Cyclodialysis Spatula
- Conical, angled, blunt

Guarantee of new, precise, undamaged instruments for each procedure

Innovation, quality, and performance without compromise

- High quality and precision surpassing the best reusable instruments
- Exceptional tip alignment
- Capsulorhexis cystotome teeth consistently sharp
- Extremely thin forcep shanks for insertion into **1.8 mm** incisions
- Light weight and ergonomical

Assurance of sterility every time

- Minimizes the risk of iatrogenic infection
- Provides maximum safety during each surgical procedure for patients and the medical staff
- Ensures compliance with the latest regulatory guidelines

Single-Use: A positive cost/benefit ratio

The real costs of reusable instruments involve complex analysis and are often not well understood or monitored.

Visible costs:

- Acquisition
- Repair
- Replacement
- Cleaning, decontamination, and sterilization - purchase and maintenance of sterilization equipment, cost of the surface that it occupies in the facility, staff costs allocated directly to this process, utilities, and consumables.

Hidden costs:

- Indirect staff costs - supervision, technical and regulatory management, and training
- Using an entirely new tray when only one instrument in the tray is defective
- Inefficient utilization of operating room time while awaiting instrument resterilization
- Treatment of iatrogenic infections

References:

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Hall N. What's Wrong With Flashing Cataract Instruments? Outpatient Surgery Magazine. July 2008.
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Schraag J. To Flash or Not to Flash? Infection Control Today. June 1, 2006



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