



OptiLight 
BY LUMENIS

A Bright Solution
for Dry Eyes

Clinical Overview

OptiLight

For treatment:

- IPL safety goggles for operator
- Patient eye shields
- Colorless coupling gel
- Tongue depressors/medical spatula for applying gel
- Facial tissues/wipes
- Fragrance-free make-up cleanser, or cleansing towelettes
- Hair bands or hair clip for facial treatments SPF 30 or greater

For system maintenance:

- Distilled water
- Isopropyl alcohol wipes



AGENDA

Dry Eye and OptiLight

Technology and System Overview

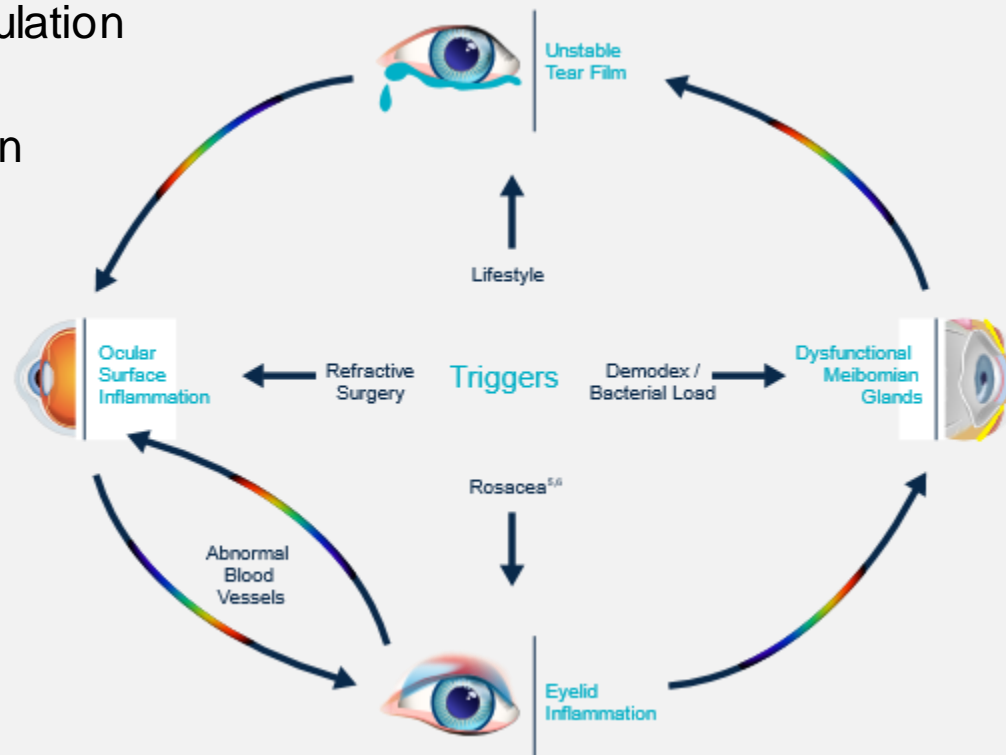
Treatment Protocol

Aesthetics Upgrade

Multi-Factorial Treatment, for a Multi-Factorial Disease

Break the dry eye vicious cycle of inflammation

- Decreases the level of pro-inflammatory mediators
- Alleviates the abnormal blood vessels and Rosacea
- Decreases the population of Demodex mites
- Restores meibomian glands' morphology and functionality
- Increases Tear Breakup Time

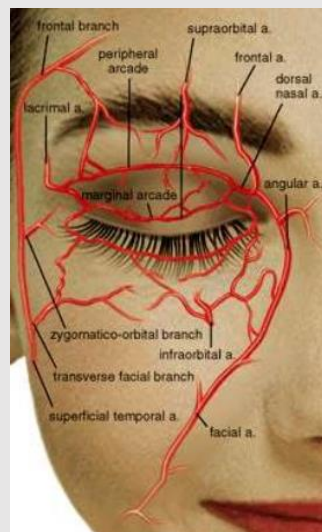
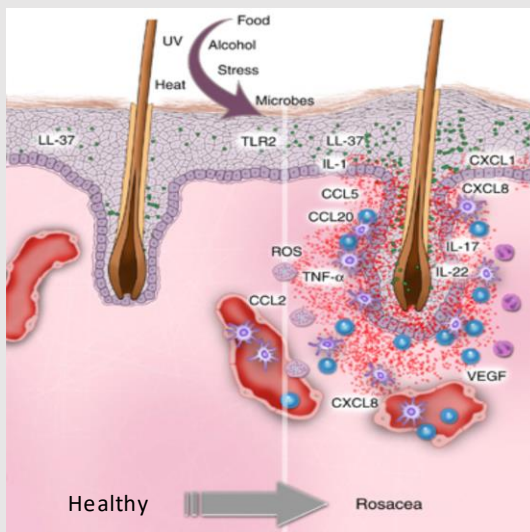


Source: Viso et al. (2014) Eur Ophthalmol Rev 8(1):13-6.; Kassir et al. (2011) J Cosmet Laser Ther 13(5):216-22; Papageorgiou et al. (2008) Br J Dermatol 159(3):628-32; Liu et al. (2017) Am J Ophthalmol 183:81-90.; Yin et al. (2018) Curr Eye Res 43(3):308-13; Toyos & Briscoe (2016) J Clin Exp Ophthalmol. 7(6); Dell et al. (2017) Clin Ophthalmol 11:817-827; Prieto et al. (2002) Lasers Surg Med 30(2):82-5.

Lumenis IPL FDA APPROVED
for management of dry eye disease
over 40 clinical studies proving the safety and effectiveness

Dry eye due to MGD is an inflammatory disease

MGD is often a skin gland disease



In rosacea, abnormal blood vessels release pro inflammatory agents

These inflammatory agents propagate to the eyelids via the orbital vasculature



Rosacea is a chronic, inflammatory skin condition which affects the facial skin and eyelids.

80% of Rosacea patients suffer from MGD, the leading cause of Dry Eye Disease

Recommended Patient Questionnaires:

Speed Score OR OSDI Assessment Recommended at baseline and following final treatment.

SPEED™ QUESTIONNAIRE

Name: _____ Date: ____/____/____ Sex: M F (Circle) DOB: ____/____/____

For the Standardized Patient Evaluation of Eye Dryness (SPEED) Questionnaire, please answer the following questions by checking the box that best represents your answer. Select only one answer per question.

1. Report the type of SYMPTOMS you experience and when they occur:

Symptoms	At this visit		Within past 72 hours		Within past 3 months	
	Yes	No	Yes	No	Yes	No
Dryness, Grittiness or Scratchiness						
Stinging or Irritation						
Burning or Itching						
Eye Fatigue						

2. Report the FREQUENCY of your symptoms using the rating list below:

Symptoms	0	1	2	3
Dryness, Grittiness or Scratchiness				
Stinging or Irritation				
Burning or Itching				
Eye Fatigue				

0 = Never 1 = Sometimes 2 = Often 3 = Constant

3. Report the SEVERITY of your symptoms using the rating list below:

Symptoms	0	1	2	3	4
Dryness, Grittiness or Scratchiness					
Stinging or Irritation					
Burning or Itching					
Eye Fatigue					

0 = No Problems
 1 = Tolerable - not perfect, but not uncomfortable
 2 = Uncomfortable - irritating, but does not interfere with my day
 3 = Burdensome - irritating and interferes with my day
 4 = Intolerable - unable to perform my daily tasks

4. Do you use eye drops for lubrication? YES NO If yes, how often? _____

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For office use only
 Total SPEED score (Frequency + Severity) = ____/20

following during the last week?

	All of the time	Most of the time	Half of the time	Some of the time	None of the time
1. Eyes that are sensitive to light?	4	3	2	1	0
2. Eyes that feel gritty?	4	3	2	1	0
3. Painful or sore eyes?	4	3	2	1	0
4. Blurred vision?	4	3	2	1	0
5. Poor vision?	4	3	2	1	0

Subtotal score for answers 1 to 5

Have problems with your eyes limited you in performing any of the following during the last week?

	All of the time	Most of the time	Half of the time	Some of the time	None of the time	N/A
6. Reading?	4	3	2	1	0	N/A
7. Driving at night?	4	3	2	1	0	N/A
8. Working with a computer or bank machine (ATM)?	4	3	2	1	0	N/A
9. Watching TV?	4	3	2	1	0	N/A

Subtotal score for answers 6 to 9

Have your eyes felt uncomfortable in any of the following situations during the last week?

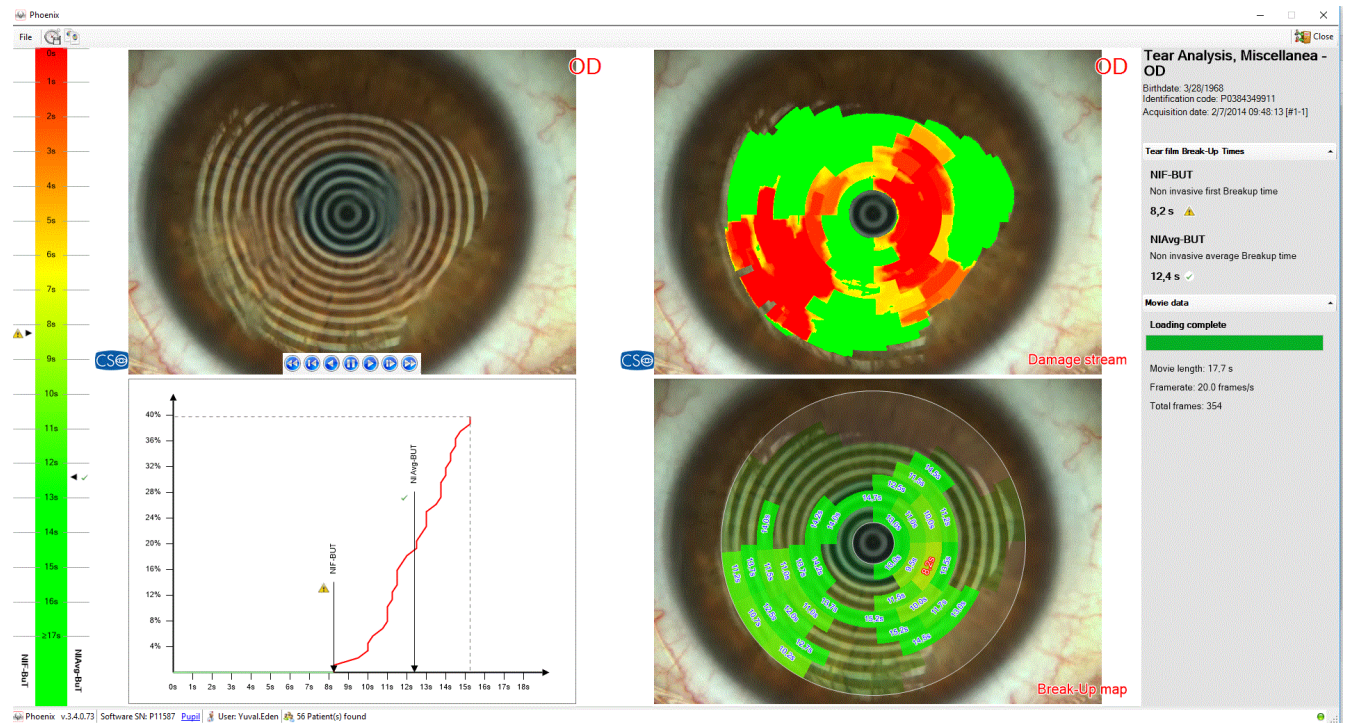
	All of the time	Most of the time	Half of the time	Some of the time	None of the time	N/A
10. Windy conditions?	4	3	2	1	0	N/A
11. Places or areas with low humidity (very dry)?	4	3	2	1	0	N/A
12. Areas that are air conditioned?	4	3	2	1	0	N/A

Diagnostics and Baseline

Question:

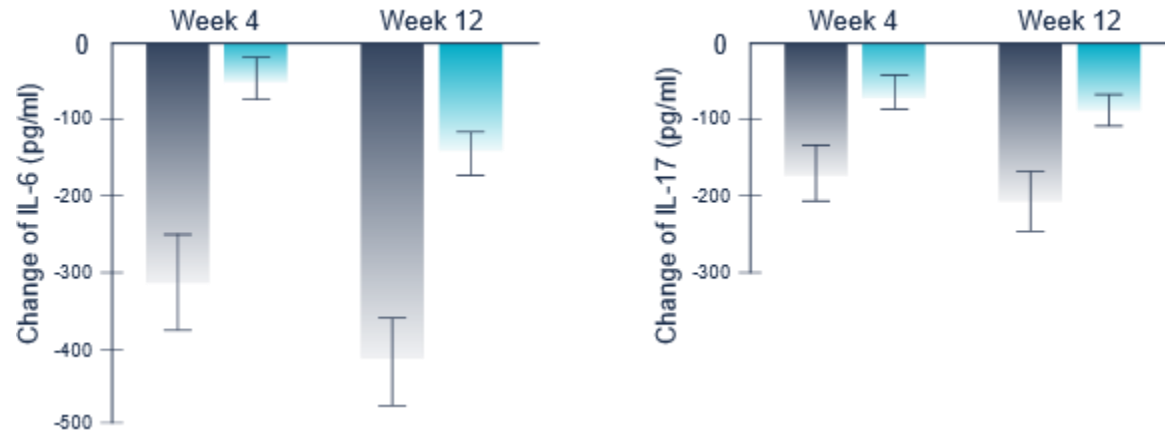
What diagnostics are you currently conducting?

- Meibography
- TBUT
- Schirmer's Test
- Corneal Staining



Clinically proven to reduce inflammatory markers involved with dry eye disease

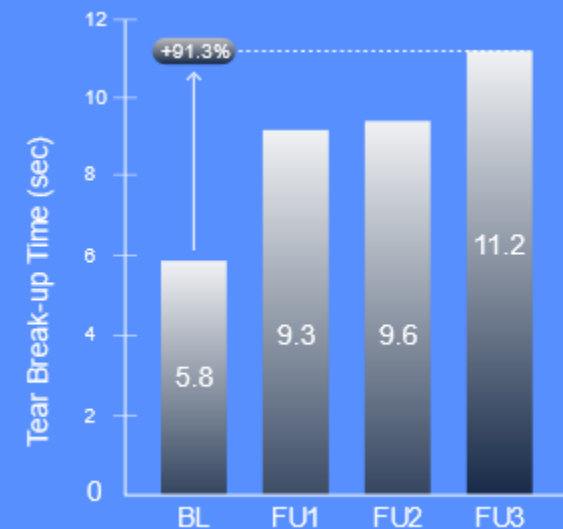
Reduction in inflammatory markers after Lumenis IPL with OPT procedure



Less inflammatory markers in tear samples of the treated side, compared to untreated side

Source: Liu et al. (2017), Am J Ophthalmol 183:81-90 ; Dell et al. (2017) Clin Ophthalmol 11:817-827

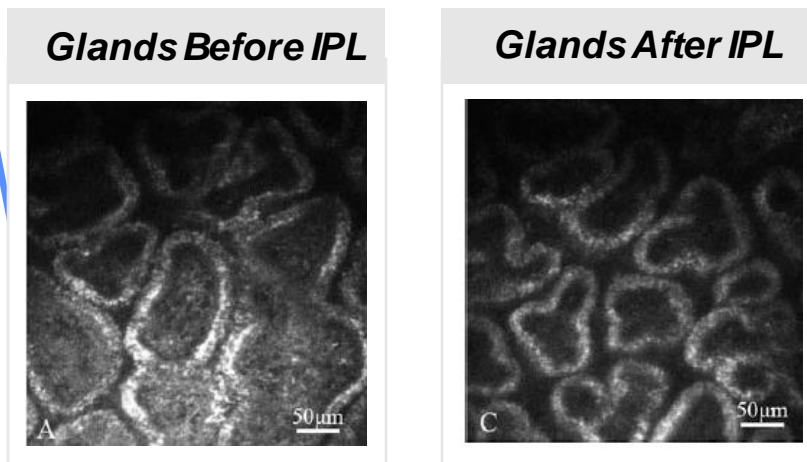
Improvement in tear break up time after Lumenis IPL with OPT treatment



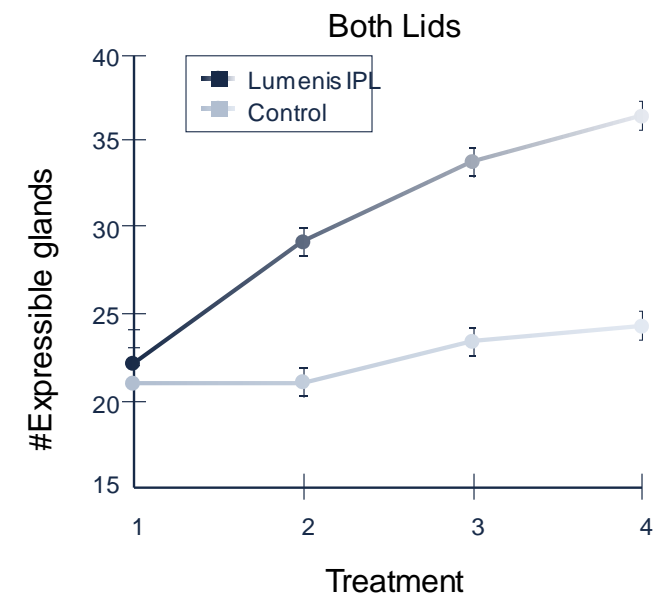
On average, the severity of dry eye decreased from moderate to mild

Improvement in gland morphology and expressible

Improvement in gland morphology after Lumenis IPL with OPT™ treatment



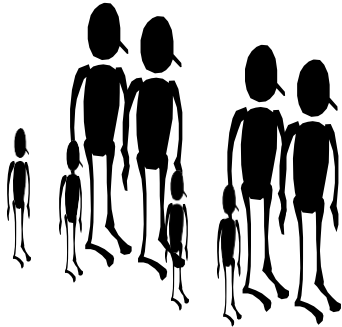
Increase in number of expressible glands after Lumenis IPL with OPT™ treatment



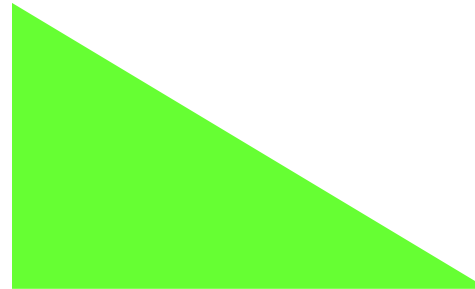
Source: . Yin et al. (2018), Curr Eye Res 43(3):308-13; Toyos et al. (2022) PLoS ONE 17(6)

OptiLight Configurations

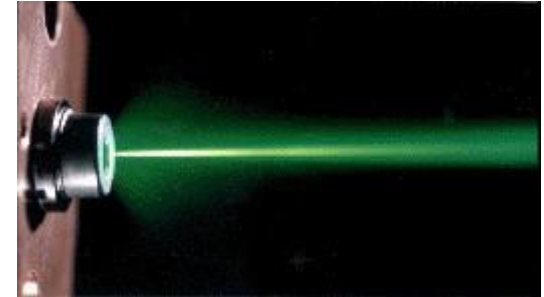
LASER



COHERENT



MONOCHROMATIC



COLLIMATED
UNIDIRECTIONAL

OptiLight IPL



NON-COHERENT



WIDE SPECTRUM

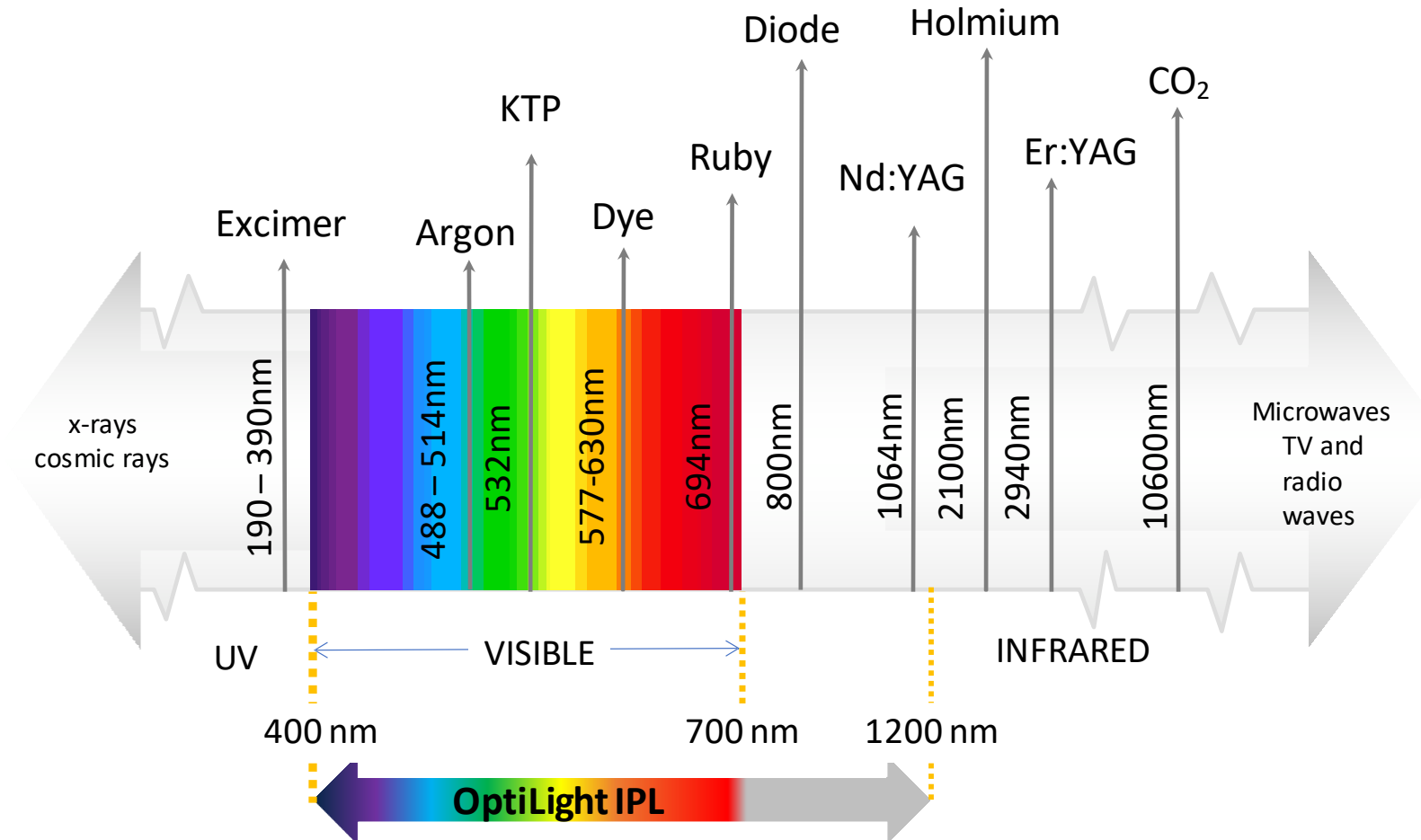


DIFFUSE



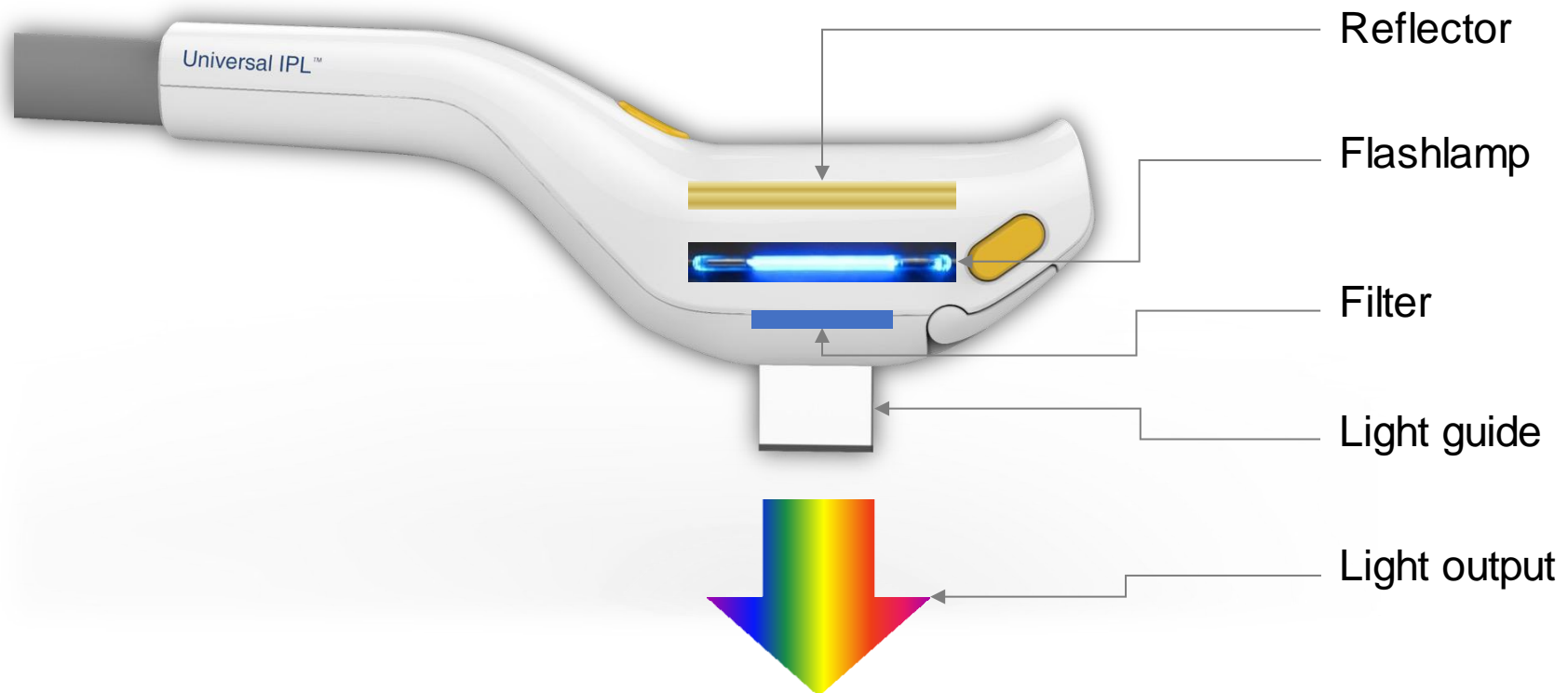
Resulting in multi-applications due to multiple chromophore absorption

OptiLight Wavelength of Light

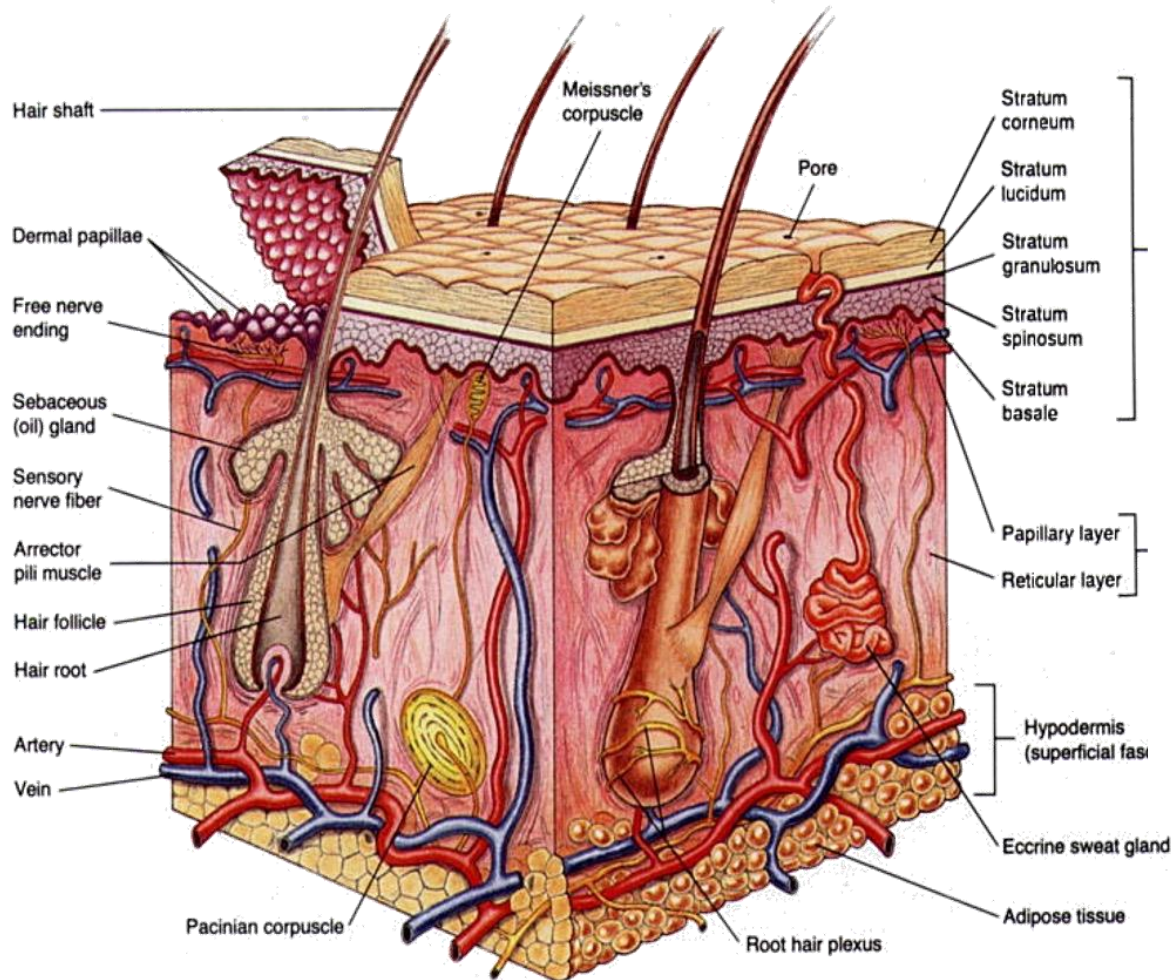


OptiLight Cutoff Filters

Light emitted passes through a filter which “cuts off” undesired wavelengths and maximizes the chosen ones



OptiLight Layers of the Skin



Epidermis

Mainly cells:

- Keratinocytes (~80-90%)
- **Melanocytes** (~5-10%)

Dermis

Mainly extracellular matrix

Other components:

- **Hair**
- **Blood vessels**
- **Collagen**
- **Nerves**

OptiLight Configurations

The OptiLight IPL System comes in two main configurations:

- ✓ **OptiLight Vision**
- ✓ **OptiLight with Stellar Aesthetics Upgrade**

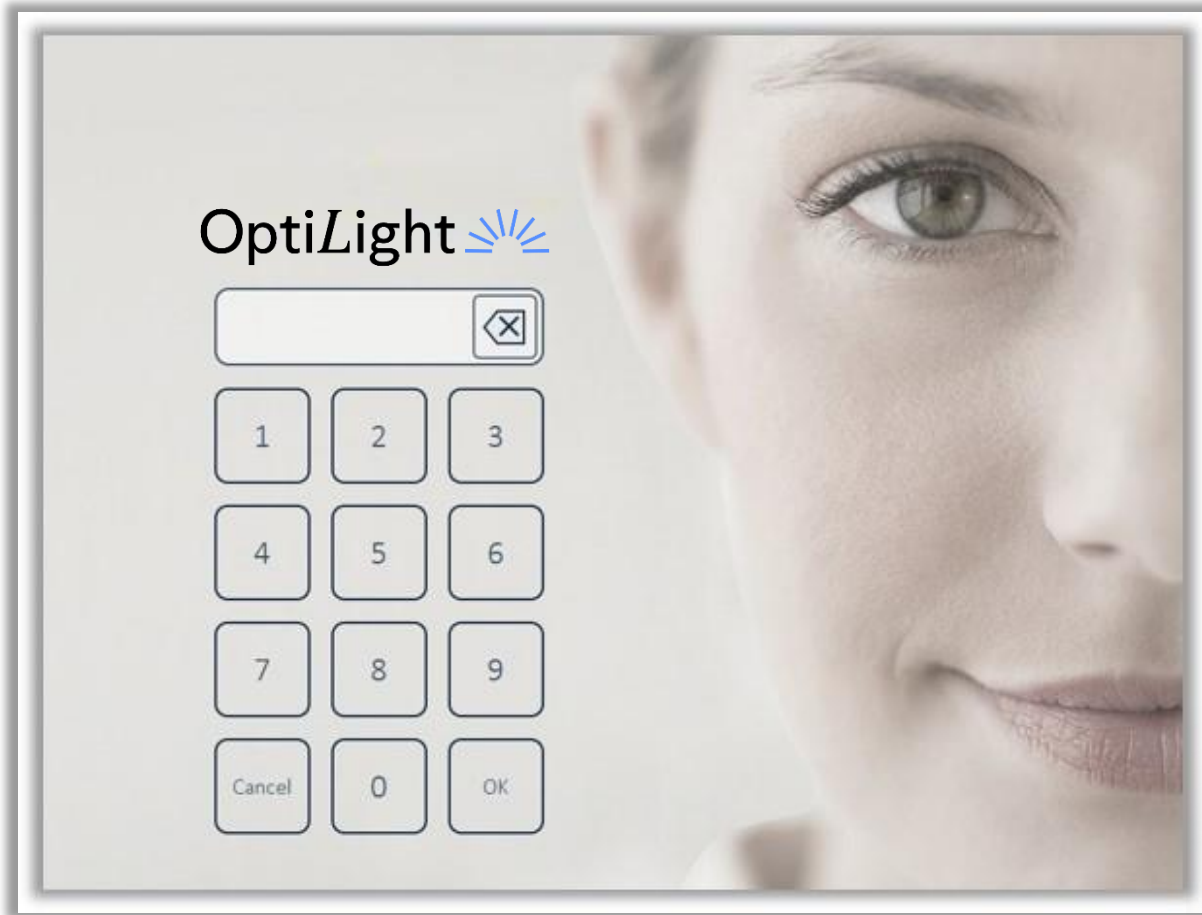
OptiLight Vision Includes:

- Two Rectangular Sapphire Cooled Tips
- OptiLight Pen Handpiece
- OptiLight Expert Filter
- Software for Dry Eye Treatment of Skin Types I-IV

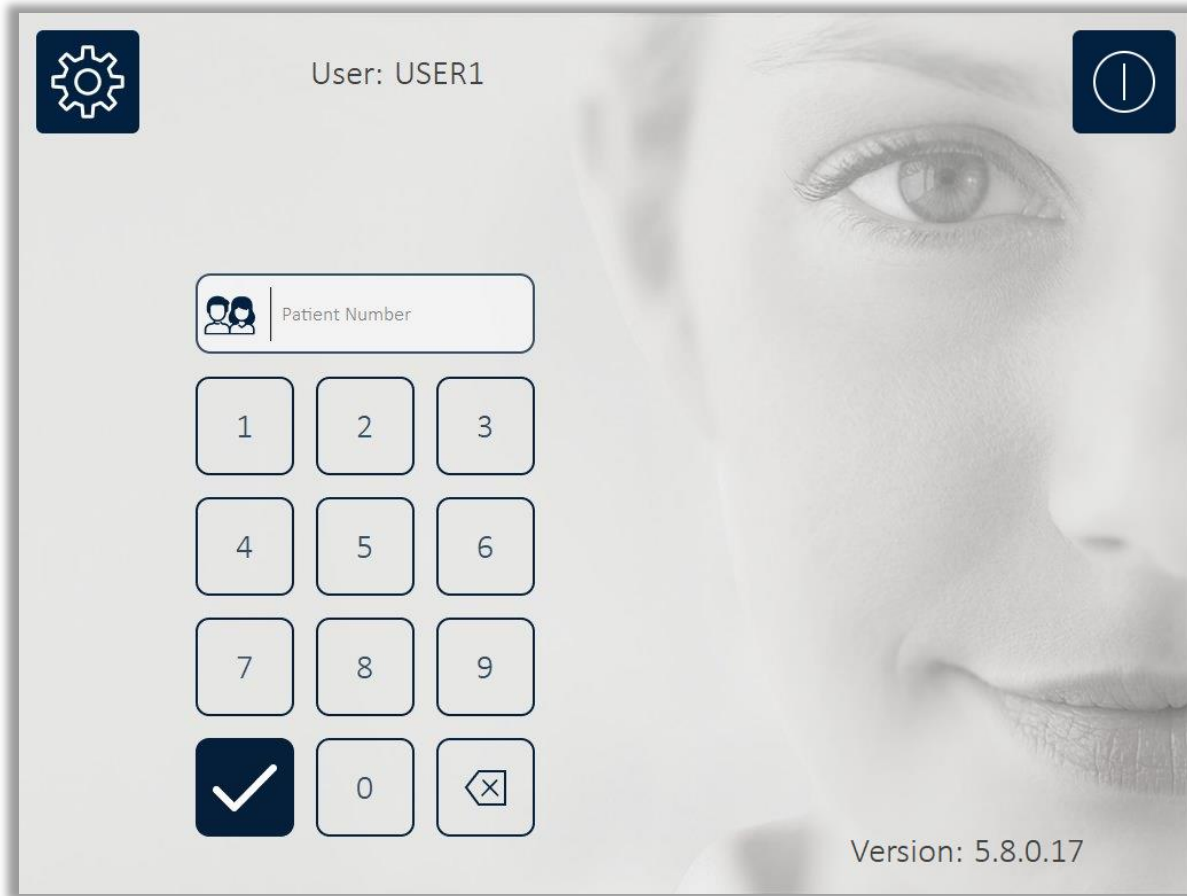
OptiLight With Stellar Aesthetics Upgrade Includes Above, Plus:

- 7 Expert Filters
- Software for Dry Eye and Aesthetics Treatment of Skin Types I-V

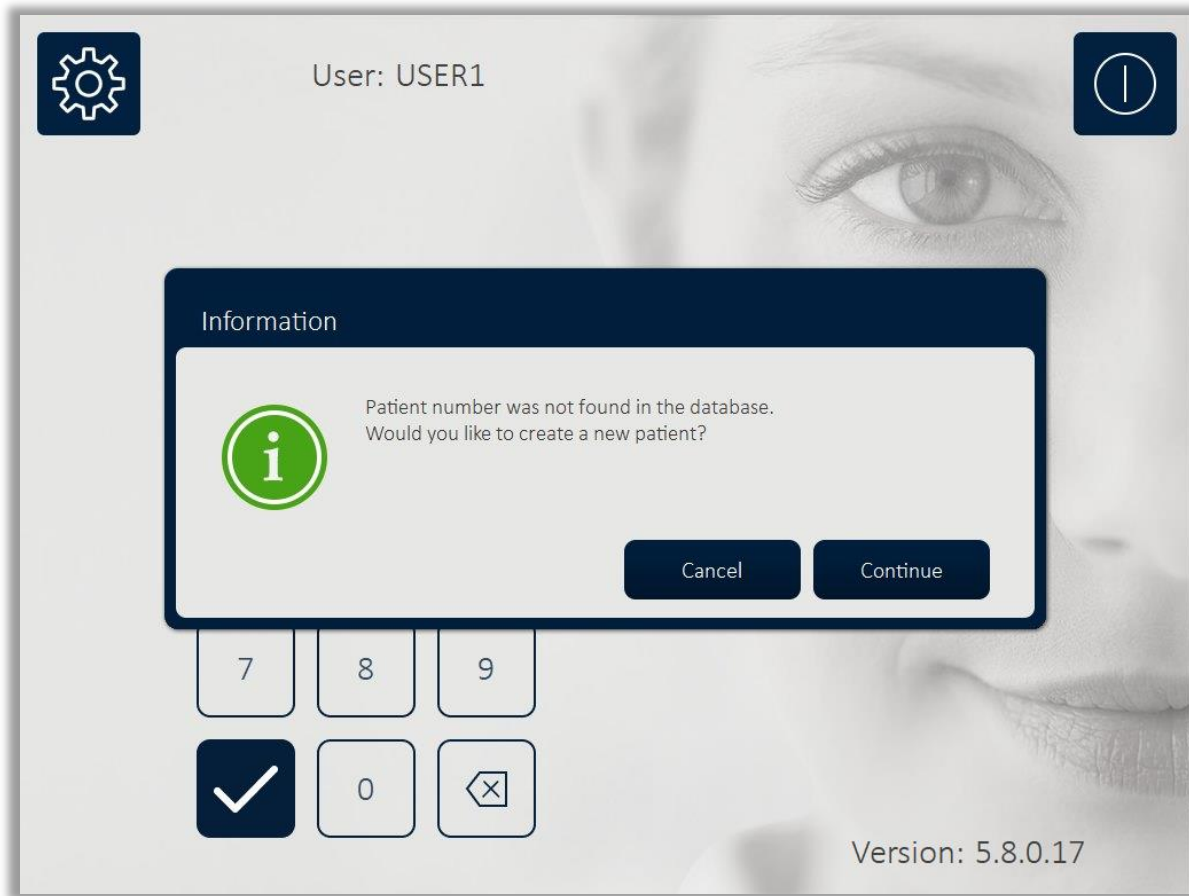
Login Screen



Patient Identification Screen






New Patient Message



New Patient Details Screen

← Patient: 12345

New patient details

Select gender   

First name

Last name

Date of birth

Create



Date of Birth pop-up

Date of birth ✕

08/08/1999 ⚙️

1	2	3
4	5	6
7	8	9
✓	0	✕

Date of birth ✕

DD/MM/YYYY ⚙️

1	2	3
4	5	6
7	8	9
✓	0	✕



Last Session Screen

← 🏠

Patient: 12345

Patient details

Gender

First name

Last name

Date of birth

Last dry eye session

Date of visit 15/11/2022

Session number 2

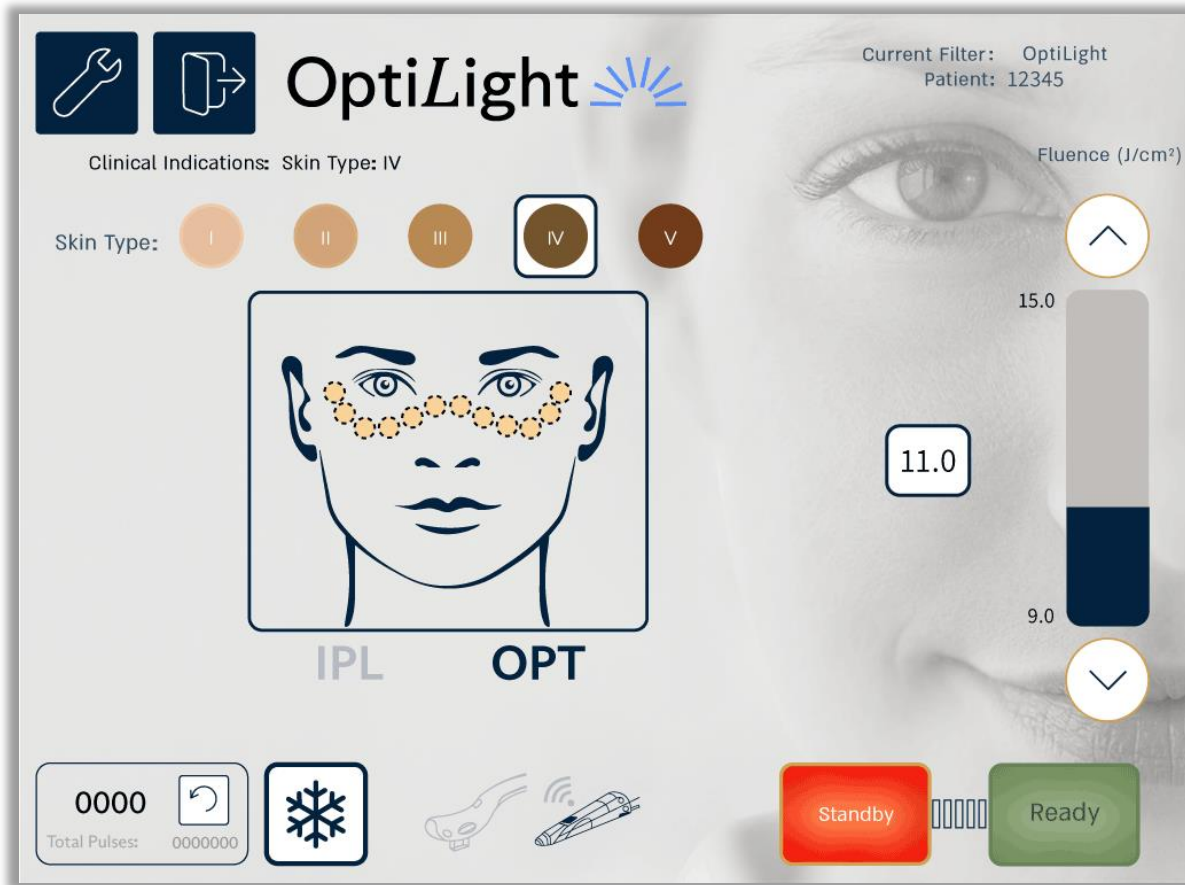
Skin type IV

OPT fluence -

IPL fluence -



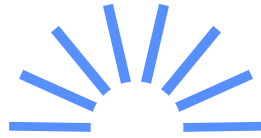
Treatment Screen



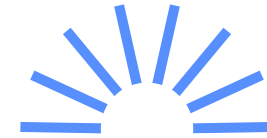
Handpieces



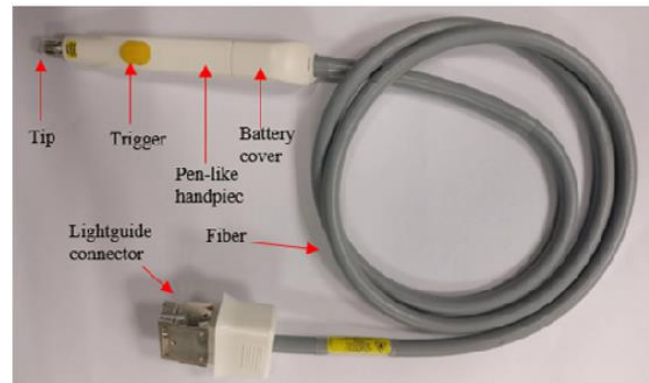
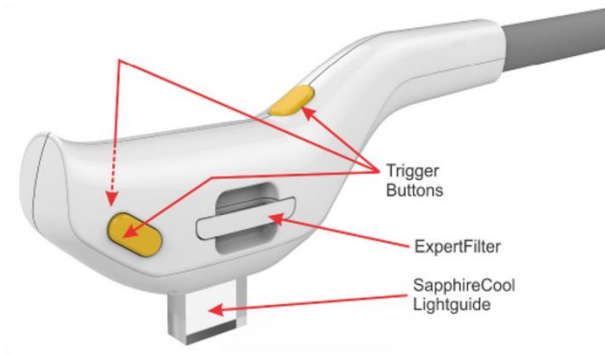
IPL handpiece
(with 2 Lightguides)



OPT handpiece
(connects to the IPL handpiece)



Handpieces
parked on the cradle



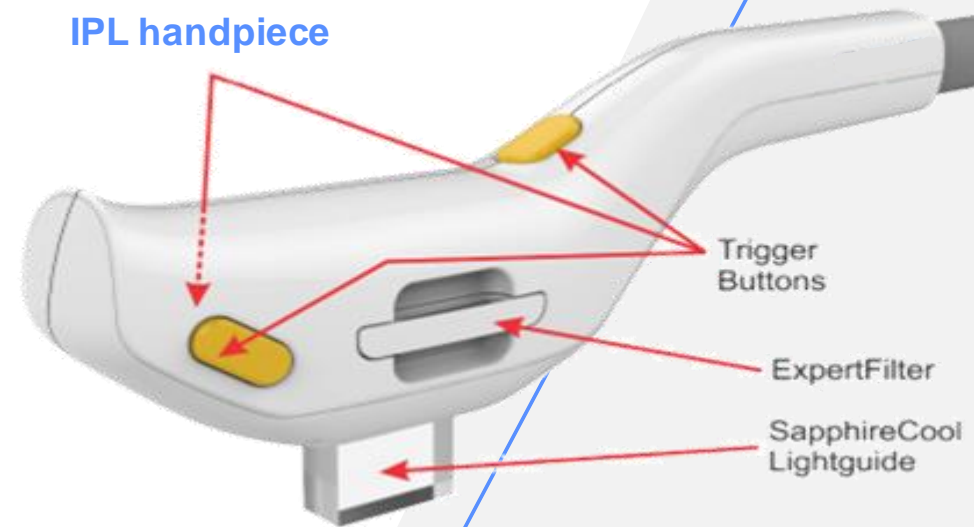
Device Operation - Lightguide and filter connection

1. Verify that a Lightguide is connected to the IPL handpiece

If not-change: Two Lightguides are available:
8 x 15mm, or 15 x 35mm

Open the latch, replace to the lightguide of your choice, and close the latch.

2. Verify the OptiLight filter is inserted



Device Operation - IPL treatment screen

1. The “IPL” Treatment screen is displayed

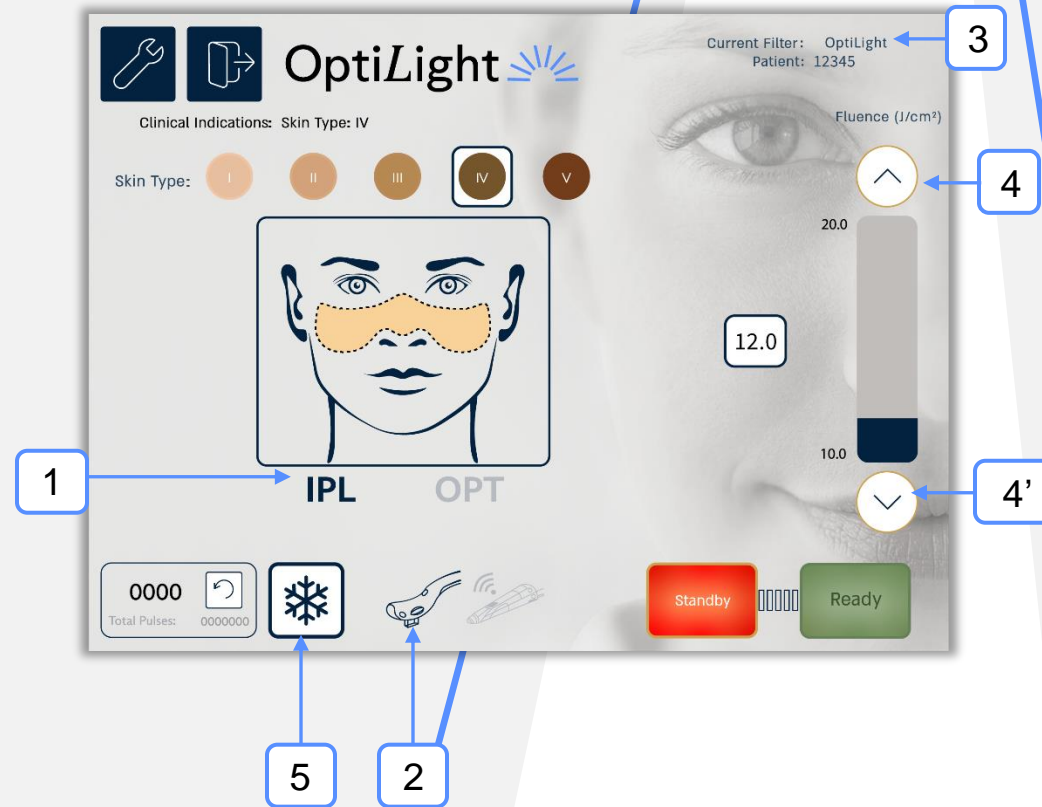
The IPL indicator (1) and the handpiece indicator (2) are emphasized; The current filter (3) is displayed. Cooling indication is automatically displayed as well (5)

2. Select the Skin type by touching the screen on one of the “Skin Type” buttons

Depending on the skin type selected, the default fluence is automatically set

3. Adjust the fluence if needed

Increase or decrease the fluence by touching the arrow on top (4) or bottom (4') of the vertical bar



Operation of the device- Step by Step

Connecting the OPT Handpiece and OPT filter



1. Open a new Opti-Tip treatment kit (6), and connect the tip to the OPT handpiece (5)
2. Connect the OPT handpiece to the IPL handpiece (1),



- **Opti-Tip optimizes energy levels** to allow for targeted, precise and controlled treatment, **especially in delicate areas**
- **Patient minded Dry Eye therapy**, with a tailored experience for **maximal safety and comfort**
- **Single-use only**; Re-use is forbidden and will effect the energy delivery mechanism, safety and efficacy.

Device Operation – OPT treatment screen

1. The “OPT” Treatment screen is displayed

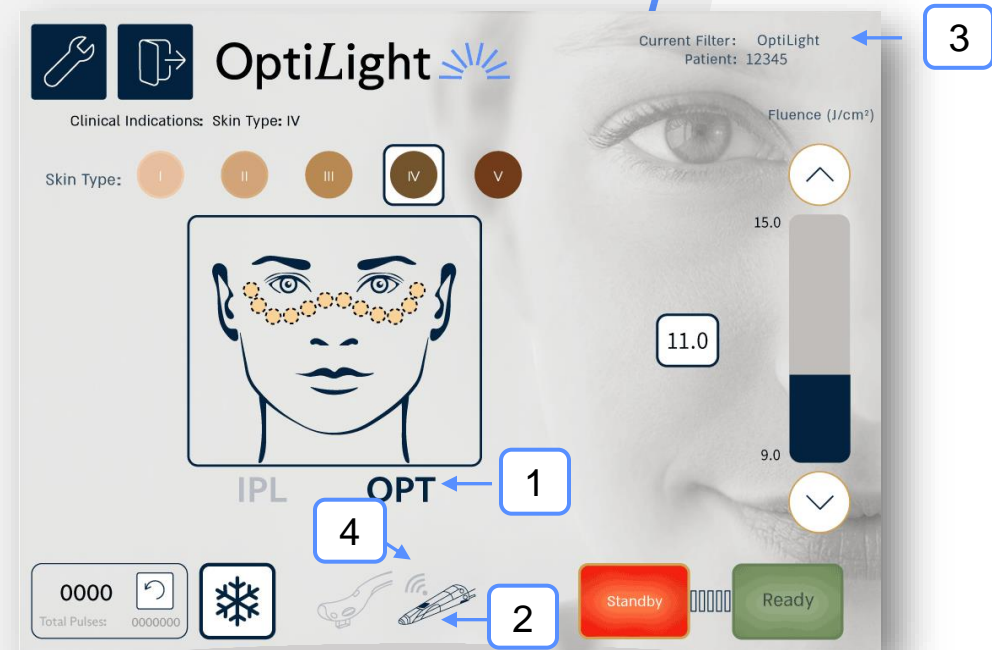
The OPT indicator (1) and OPT handpiece indicator (2) are emphasized; The OptiLight filter is displayed (3) The wireless logo (4) is grayed: this indicates that the Bluetooth connectivity is disabled.

2. Select the Skin type by touching the screen on one of the “Skin Type” buttons

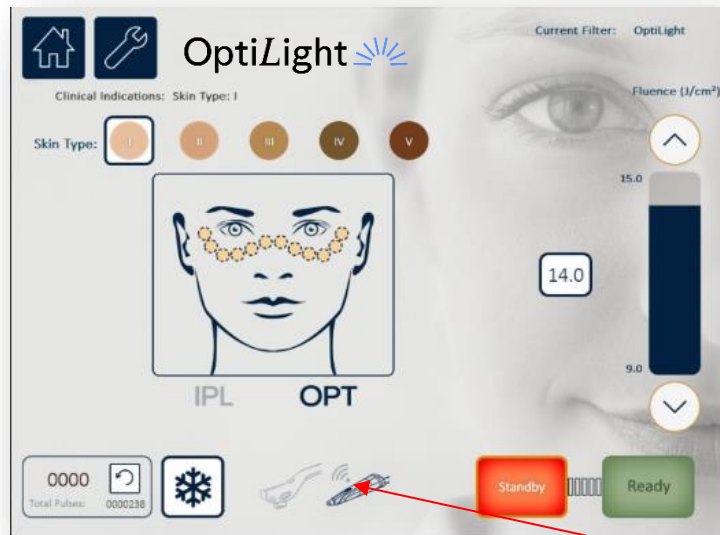
Depending on the skin type selected, the default fluence is automatically set.

3. Adjust the fluence if needed

Increase or decrease the fluence by touching the arrow on top or at the bottom of the vertical bar.

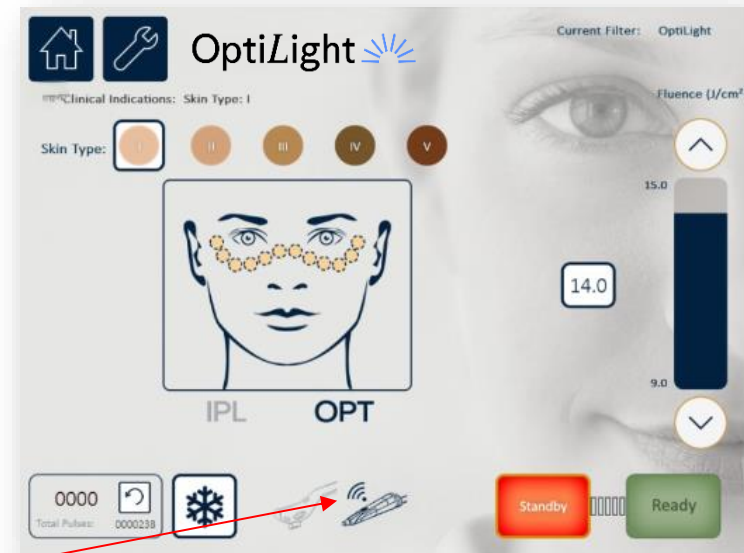


Device Operation – OPT treatment screen - establish Bluetooth connectivity



Pressing once on the trigger button of the OPT handpiece switches the wireless logo from disabled to enabled (1).

This step could take up to 10 sec. The wireless icon indicates if the Bluetooth connectivity between the OPT handpiece and the console is established.



After one minute of inactivity, the wireless connection is disabled. This is done in order to preserve the OPT handpiece battery life

Contraindications

Patients with Fitzpatrick skin type 6.

Patients with active skin infections, skin cancers

Patients undergoing radiation therapy

Patients taking medications sensitive to light

For example: Isotretinoin, Tetracycline, Doxycycline, and St. John's Wort

Children, nursing women, pregnant women

The company does not have info regarding the safety/efficacy of IPL for these populations

Eyes with zero meibomian glands in the lower eyelids

The company does not have info regarding the safety/efficacy of IPL for these populations

Patients with only aqueous deficiency of their DED

The company does not have info regarding the safety/efficacy of IPL for these populations

Schedule of treatments

Number of sessions: **4**

Intervals between sessions: **2-4**
weeks

OptiLight Fitzpatrick Skin Type Assessment

Skin Type	Common features	Reaction to UV*
I	Very fair / blue eyes / freckles	Always burns, never tans
II	Fair / blue, hazel or green eyes	Always or usually burns, tans with difficulty, tan fades rapidly
III	Cream white / fair with any eye or hair color / very common	Sometimes mild burn, always or usually tans, tan stays for weeks
IV	Brown / typical Mediterranean skin / moderately pigmented and may include Asian, Middle Eastern, Indian, Hispanic	Rarely burns, tans with ease, tan stays for months
V	Darker brown / darker skin type and may include Asian, Middle Eastern, Indian, Hispanic, Mediterranean (non Caucasian)	Very rarely burns, tans very easily
VI	Darkest brown, black (non Caucasian)	Never burns, tans very easily

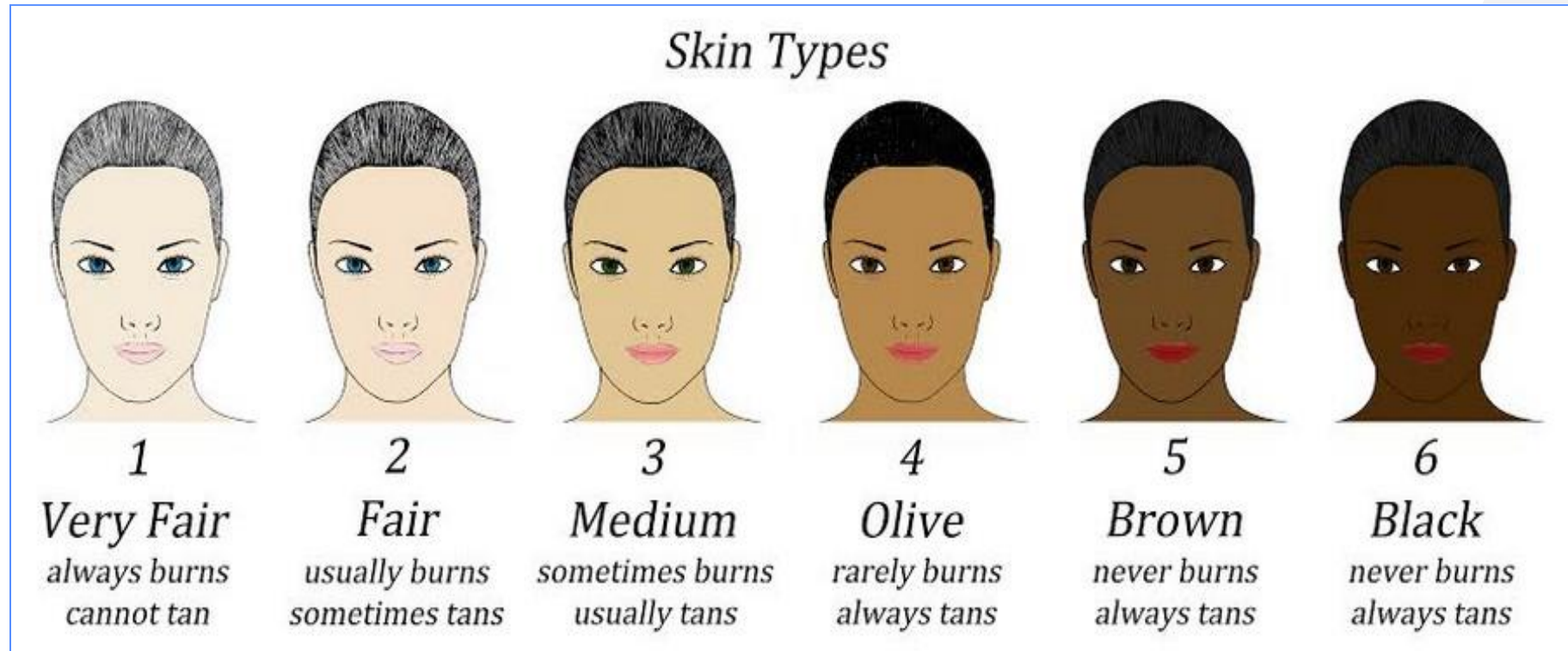
*To initial unprotected exposure of 45-60 minutes of noon exposure

The classification systems uses a questionnaire to self-report ones' tendency to burn and ability to tan, respectively, 24 hours and 7 days after the first unprotected sun-exposure in the early summer

Adapted from Fitzpatrick TB

The Validity and Practicality of Sun-Reactive Skin Types I through VI Arch Dermatol-Vol 124, June 1988.

Pre-treatment - Skin typing



Patients with more pigment absorb more energy – take ethnicity into consideration – lower energy levels as you go up the Fitzpatrick scale

Pre-treatment operations

1 Informing the patient

Procedure, expected discomfort, immediate skin reactions, adverse events

2 Assessment of Fitzpatrick skin type

If hesitating between two values, choose the higher

3 Topical anesthesia

Usually not needed. If patient insists- use a product that has **no** vasoconstrictor effects

4 Cleaning the face

- Before applying the coupling gel, cleanse with a non-alcoholic product
- Make sure the area to be treated is shaved
- If relevant- warn the patient about hair reduction over hairy areas

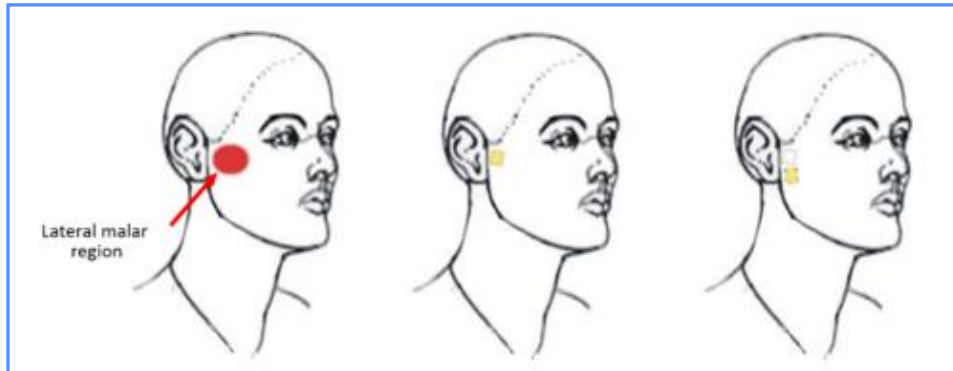
5 Eye protection

Lumenis recommends eyepatches and, on top of that, Lumenis goggles
In case of treatment on the lids, corneal shields must be used instead

6 Coupling gel

- Set eye protection **before** applying coupling gel on the skin
- Use a transparent gel only. Recommended: gel supplied by Lumenis
- It is recommended to refrigerate the gel before use (36-43 °F / 2-6 ° C)
- Use a tongue depressor to spread a thin (1-2 mm) layer on the area to be treated.

Test spots (1 of 2)



Eye protection: Opaque goggles to be positioned over disposable patches (both eye protections are not shown in the figure, for simplicity)

1 Before treatment, perform one or several test spots on the lateral malar region

1. Eyes must be protected
2. Perform test spots to find the **maximal** intended fluence
 - if both OptiLight and OPT treatments are intended, perform test spots for OptiLight only (since IPL treatment is more intensive than OPT treatment)
 - If only OPT is intended, perform tests spots for OPT only

For both OptiLight and OPT treatments, the clinical settings are already embedded in the system, maximizing ease of use and clinical outcomes*

***Based on Lumenis clinically validated protocols**

Test spots (2 of 2)

2 After the test spot, ask the patient if he/she can tolerate the treatment.

3 Wait to examine tissue reaction.

- For skin types 1-3, wait for 5 minutes
- For skin types 4-5, wait 24-48 hours (reschedule the patient for the actual treatment)

4 If tissue reaction or pain is excessive, reduce fluence by 1 J/cm² and repeat a test spot

1. Excessive tissue reaction is anything beyond transient change of skin color to pinkish
2. Excessive pain is anything beyond tolerable discomfort
3. You may repeat up to 3 test spots, each test spot with a lesser fluence
4. Do not repeat a test spot on the same spot
5. If after 3 successive test spots tissue reaction or pain is still excessive- do not treat this patient

5 If you feel the tissue reaction is not sufficient, and that the fluence can be increased, increase the fluence by 1 J/cm², and repeat a test spot (steps 1-4 above)

Do not increase the fluence by more than 1 J/cm² at a time.

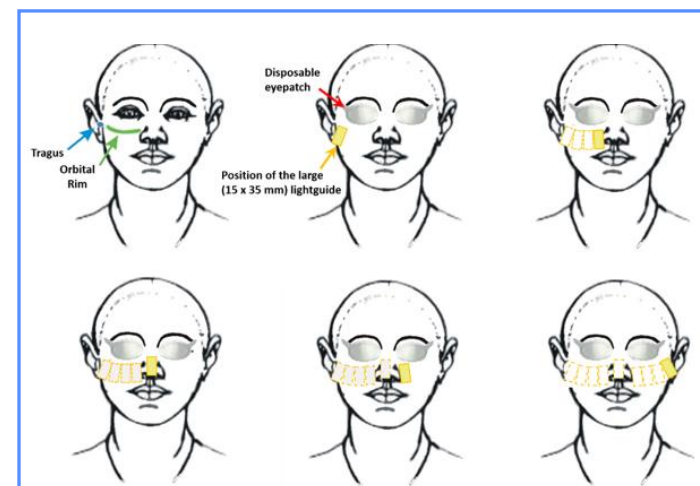
OptiLight IPL Handpiece Treatment For DED

Preparations and guidelines:

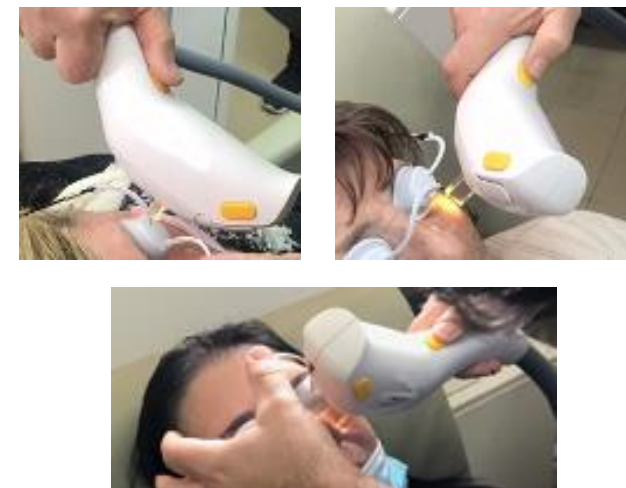
- 1 Filter: OptiLight
- 2 Handpiece: IPL
- 3 Recommended lightguide: the large (15 x 35 mm) lightguide
- 4 Treatment area: from tragus to tragus (cheeks), below the orbital rim, including nose (Figure)

Treatment process:

- 1 Position the lightguide on the skin- Do not apply pressure
- 2 Do not overlap more than 1 mm between successive applications.
- 3 Both passes: in the same direction (for example, from Left tragus to Right tragus for the first pass, and from Left tragus to Right tragus for the second pass. For skin types 1-3, two passes are recommended. For skin type 4-5, one to two passes- at the physician discretion
- 4 One pass in one orientation (for example, parallel to nose), and second pass in the perpendicular orientation



Opaque goggles are to be positioned over the disposable patches (Opaque goggles are not shown in the figure, for simplicity)



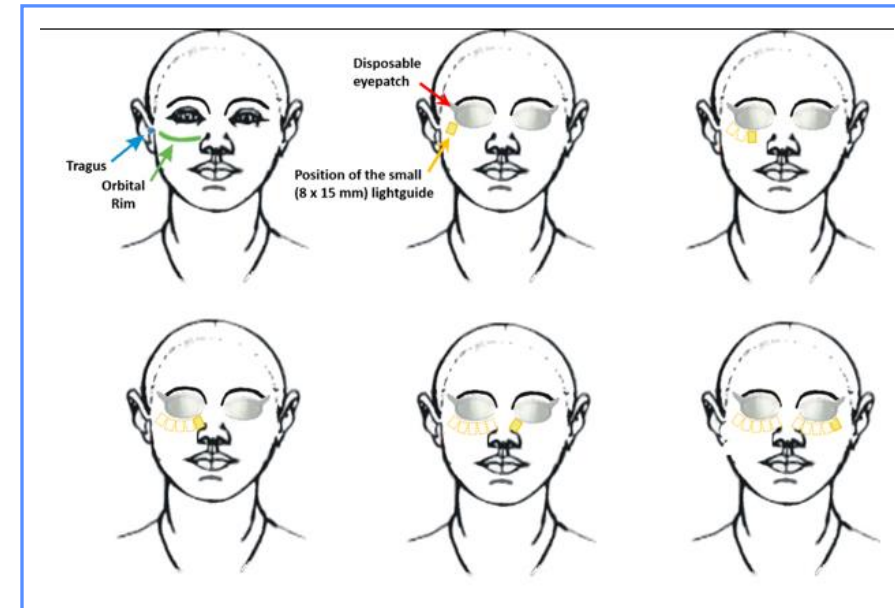
OPT Handpiece Treatment for DED

Preparations and guidelines:

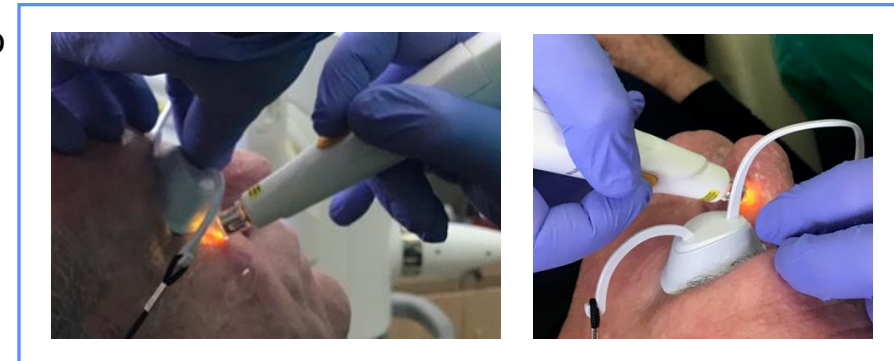
- 1 Filter: "OptiLight" for all skin types
- 2 Handpiece: OPT
- 3 Treatment area: above the orbital rim, up to the edge of the eye protection

Treatment process:

- 1 Place the Opti-Tip on the OPT handpiece
- 2 Position the OPT handpiece on the skin- Do not apply pressure
- 3 Do not overlap more than 1 mm between successive applications
- 4 For skin types 1-5, two passes are recommended, but always observe skin reaction before the 2nd pass
- 5 Both passes should be in the same direction (for example, from left to right for the first pass, and from left to right for the second pass).
- 6 Remove and dispose the Opti-Tip



Opaque goggles are to be positioned over the disposable patches (Opaque goggles are not shown in the figure, for simplicity)



Post-treatment

- 1 Remove the gel from the face, before removing the eye protection
- 2 At the end of the treatment visit, ask patient to apply a sunblock protection (30-50 SPF) to the treated area.
- 3 Usually, patients can use makeup immediately after treatment. However, if there is any adverse reaction to the skin, makeup should be avoided until the adverse reaction is completely resolved.
- 4 On the night following treatment, subjects should generally avoid hot water, cleanse their skin gently with tepid water, and hydrate the treated area with a suitable moisturizer, Aloe Vera gel, or any other anti-burn cream or gel.
- 5 It is important to avoid mechanical damage to the treated area and it should not be rubbed, scratched or picked.
- 6 The patient should avoid sun exposure or tanning, especially during the first 48 hours after treatment.
- 7 Up to 1 month after the treatment session, subjects should apply a sunblock protection (30-50 SPF) on the treated area, daily.

Adverse events

- 1 OptiLight may permanently affect pigmented ocular structures, such as the iris and pupil, if eyes are not protected with full occlusion during treatment.
- 2 If eyes are not fully protected, ocular complications may include: pupillary defects, iritis, anterior uveitis, posterior synechiae, trans-illumination defects, ocular pain, photophobia and, in extreme cases, permanent damage to vision.
- 3 Application of OptiLight on the eyelashes may lead to permanent loss of eyelashes.
- 4 Most common skin adverse events include immediate discomfort, edema and/or erythema. These should resolve spontaneously, 24-48 hours after treatment.
- 5 Other possible side effects include change of pigmentation, scarring, excessive edema, fragile skin, bruising, burns, pruritus and xerosis. These should not occur if test spots were properly done before the treatment.
- 6 In rare cases, OptiLight can reactivate a Herpes outbreak. Prophylactic antiviral therapy may be prescribed at the physician's discretion.

Indications for use, Risks and Warnings (non inclusive list)

Indication for Use: : Improvement of signs of Dry Eye Disease (DED) due to Meibomian Gland Dysfunction (MGD), also known as evaporative dry eye or lipid deficiency dry eye, in patients 22 years of age and older with moderate to severe signs and symptoms of DED due to MGD and with Fitzpatrick skin types I-IV. IPL is to be applied only to skin on the malar region of the face, from tragus to tragus including the nose (eyes should be fully covered by protective eyewear). IPL is intended to be applied as an adjunct to other modalities, such as meibomian gland expression, artificial tear lubricants and warm compresses. The indications are only relevant where they were approved by the Regulatory Authorities.

Treatment with OptiLight is contraindicated for patients with the following conditions in the treatment area: Ocular surgery or eyelid surgery or Neuro-paralysis within 6 months prior to the first treatment; Uncontrolled eye disorders affecting the ocular surface; Pre-cancerous lesions, skin cancer or pigmented lesions; Uncontrolled infections or uncontrolled immunosuppressive diseases; Recent Ocular infections; History of cold sores or rashes in the perioral area, including: Herpes simplex 1 & 2, Systemic Lupus erythematosus and porphyria; Use of photosensitive medication and/or herbs that may cause sensitivity within 3 months prior to the first IPL session; Recent radiation therapy to the head or neck or planned radiation therapy; Recent treatment with chemotherapeutic agent or planned chemotherapy; History of migraines, seizures or epilepsy. Patients eyes must be completely occluded during the treatment. Please refer to the operator manual for a complete list of intended use, contraindications and risks.

The following possible side effects can occur following IPL treatments: Pain/discomfort, damage to natural skin texture, change of pigmentation, scarring, excessive edema, fragile skin, bruising, burns, pruritus and xerosis. Please refer to the user manual or ask your doctor for a complete list of intended use, contraindications and risks.

Sources:

1. Liu et al. (2017), Am J Ophthalmol 183:81-90 | 2. Yin et al. (2018), Curr Eye Res 43(3):308-13 | 3. Kassir et al. (2011), J Cosmet Laser Ther 13(5):216-22 | 4. Papageorgiou et al. (2008), Br J Dermatol 159(3):628-32 | 5. Prieto et al. (2002), Lasers Surg Med 30(2):82-5 | 6. Dell et al. (2017) Clin Ophthalmol 11:817-27 | 7. Toyos et al. (2016), J Clin Exp Ophthalmol 7:6.
All clinical studies mentioned here were conducted with Lumenis IPL with OPT technology.

Practice Advisor OptiLight Aesthetic Treatments

Images of typical treatment results, with one or few of the modules of the multi-application system:



OptiLight
with Optimal Pulse Technology (OPT®)



ResurFX™
true fractional non-ablative skin resurfacing



Multi-Spot™ Nd:YAG
with Multiple Sequential Pulsing (MSP™)



Q-Switched Nd:YAG
for skin toning by treatment of pigmented lesions and dark tattoo removal

Indications depicted
include:

- Skin Resurfacing
- Vascular Lesions
- Leg veins
- Port Wine Stain
- Acne
- IPL photorejuvenation
- Rosacea
- Freckles
- Scars
- Lentigines
- Dyschromia
- Nevus
- Hair removal
- Tattoo removal
- Nevi
- Sun spots
- Café-au-lait spots
- Age spots
- Redness
- Pigmentation
- Warts
- Keratosis
- Telangiectasia
- Skin toning by treatment of pigmented lesions



OptiLight Aesthetic IPL Upgrade

ST Mode: Skin Treatments
Aesthetic and cosmetic
applications requiring selective
photothermolysis

Mild to moderate inflammatory acne

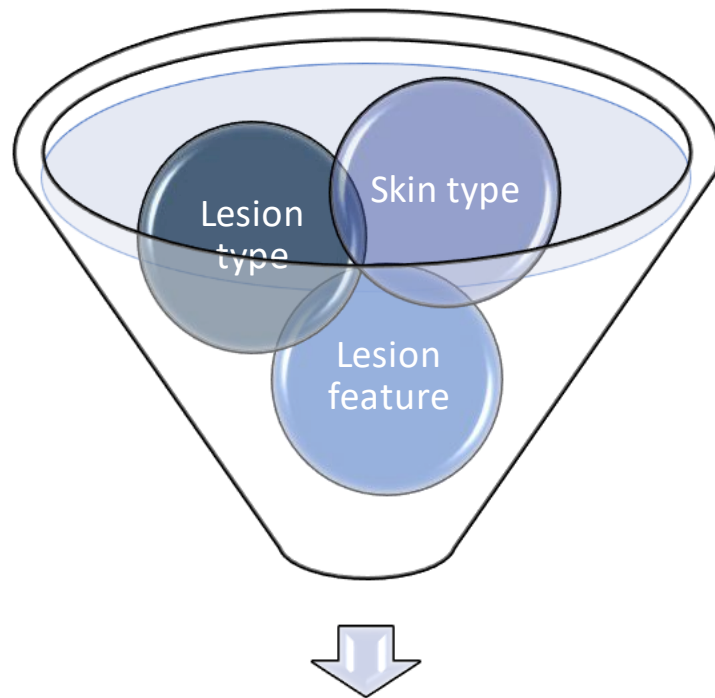
PL Mode: Pigmented Lesions
Benign epidermal lesions

VL Mode: Vascular Lesions
Benign cutaneous
vascular lesions

HR Mode: Hair Removal
Permanent hair reduction

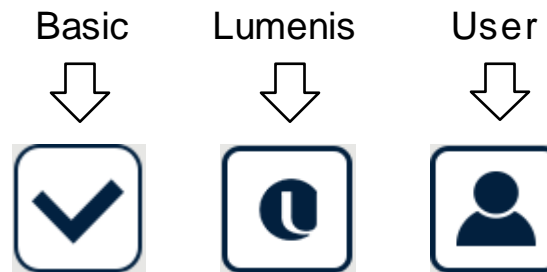


OptiLight Aesthetic IPL Upgrade



Suggested presets

Following diagnosis, selection can be made from 3 preset types



Fast, efficient set up for treatment

Settings are fully adjustable to customize treatment sessions

As implicit input criteria, also bear in mind sensitivity of the area to be treated, chromophore density, blood flow, etc.

OptiLight Aesthetic IPL Upgrade

7 long pass cut-off ExpertFilters™

All wavelengths below are cut off, and all wavelengths above are kept until 1200nm.

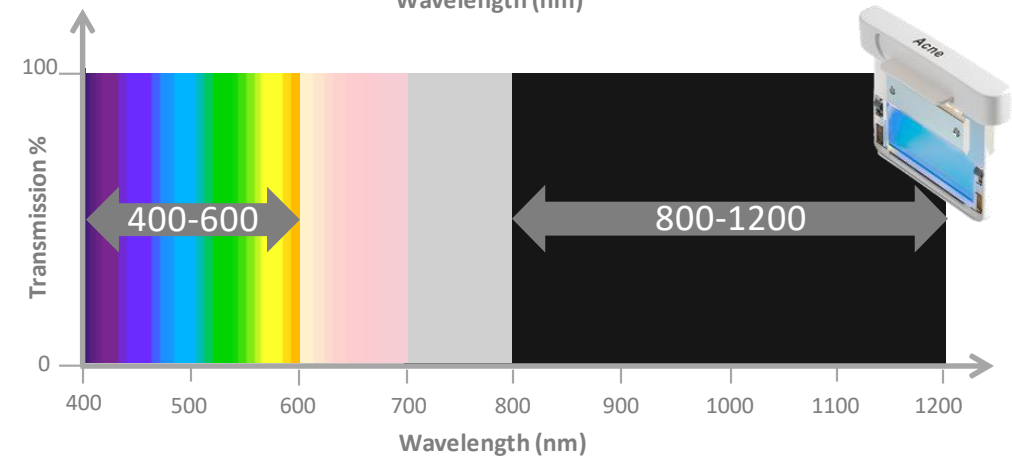
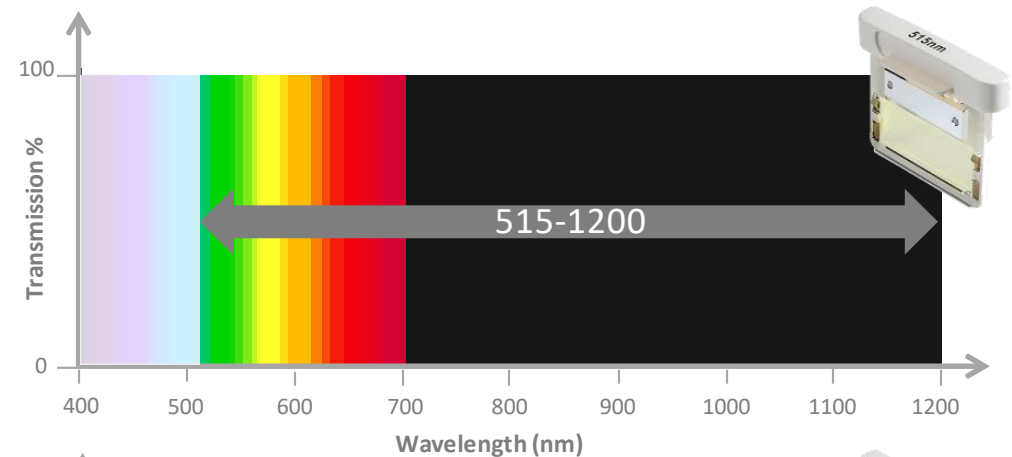
Example given for 515nm filter

2 notch filters*

Example given for 400-600 & 800-1200nm acne filter

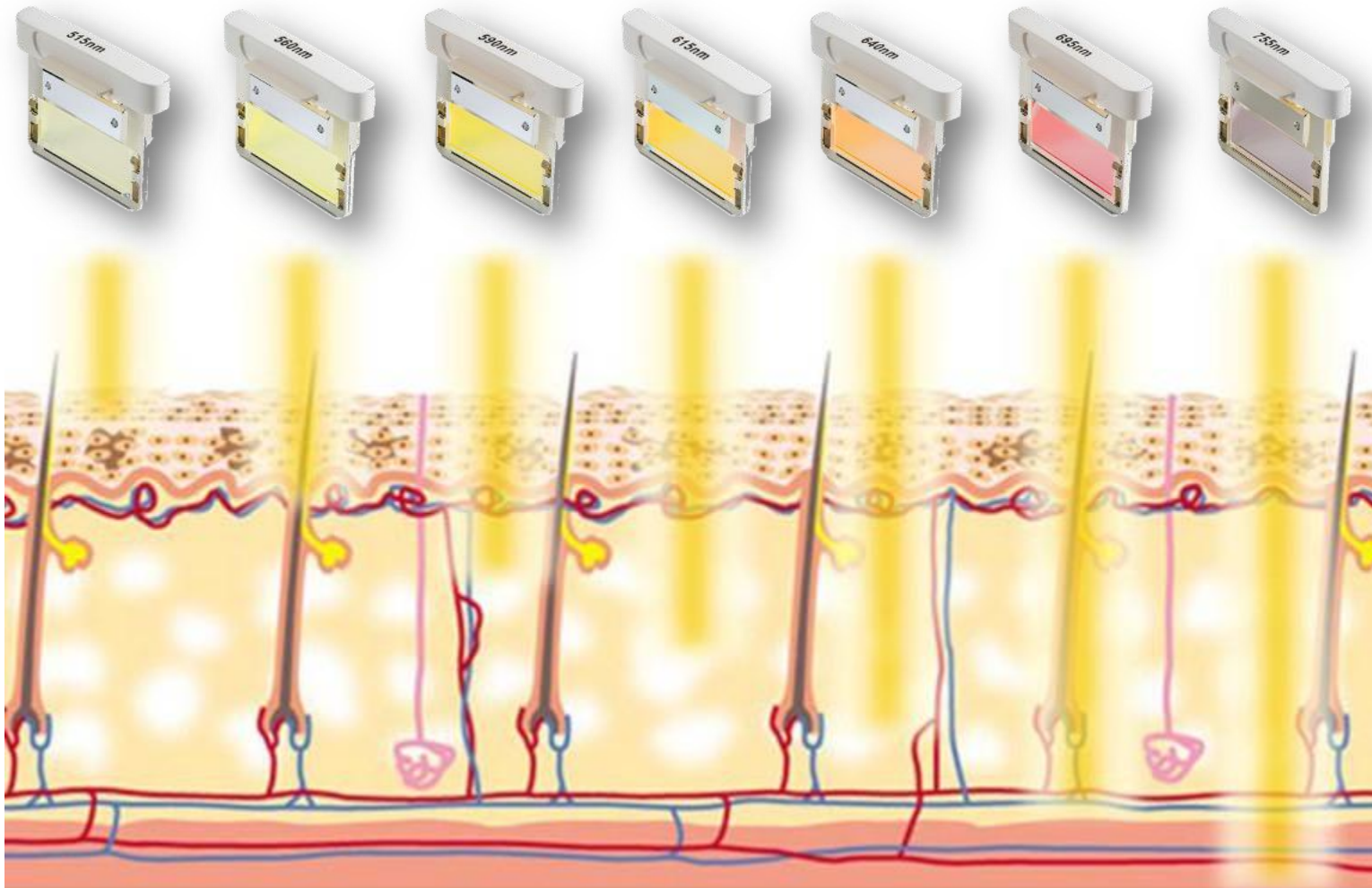
All wavelengths between 600 and 800nm are rejected.

Notch Filters are additional components not included with OptiLight Aesthetic Upgrade



OptiLight IPL

Cutoff Filter and Depth of Penetration



515nm
560nm
590nm
615nm
640nm
695nm
755nm

OptiLight Aesthetic Upgrade

Full medical history Assess skin type

Diagnose condition/lesion and its severity Review

- Expectations and compliance Contra-indications
- Potential complications
- Pre- and post-treatment instructions
- Pre- and post-treatment medication and care

Plan follow-up visits

Plan multisection treatment

Average intersession interval: 4-6 weeks as per procedure

OptiLight Aesthetic Upgrade

Prior to full treatment, a patch test shall be conducted with treatment desired/relevant parameters in a small inconspicuous area but still in the requested anatomical treatment zone.

Use the same technique and parameters as for overall treatments. Selection of treatment parameters should be considered carefully and care should be employed to evaluate test patch following an appropriate period of time:

At least 15 to 30 minutes for skin types I to III

At least 24-48 hours for skin type IV

At least 48 to 72 hours for skin types V

Patients, in particular with darker skin types (Fitzpatrick IV to V), with sensitive skin or without pre-treatment regimen, may develop delayed healing, hyper or hypopigmentation

Vascular Lesions

OptiLight Aesthetic Upgrade

The screenshot displays the OptiLight Aesthetic Upgrade interface with the following sections:

- Skin Type:** Five circular buttons labeled I, II, III, IV, and V, arranged from lightest to darkest skin tones.
- Lesion Type:** Five rounded rectangular buttons: PWS Young Adult Type, PWS Adult Type, Facial Telang., Truncal Telang., and Hemangioma.
- Lesion Depth:** Three rounded rectangular buttons: Shallow, Medium, and Deep.

Lumenis presets:

Depth can refer to vessel diameter. Usually direct correlation between diameter and depth

* Refer to OptiLight User Manual for additional detailed information.

Pigmented Lesions

OptiLight Aesthetic Upgrade

The interface is divided into four sections for parameter selection:

- Skin Type:** Five circular buttons labeled I, II, III, IV, and V, representing skin tones from lightest to darkest.
- Lesion Type:** Seven rounded rectangular buttons: Lentigines, Keratosis, Cafe-au-lait, Hemosiderin, Becker Nevus, Nevus of Ota/Ito, and Hyperpigmentation.
- Lesion Intensity:** Two rounded rectangular buttons: Light and Dark.
- Lesion Depth:** Three rounded rectangular buttons: Epidermal, Junctional, and Dermal.

Lumenis presets:

Presets are only given when the assessed depth matches the lesion. For ex, lentigines can only be defined as epidermal

* Refer to OptiLight User Manual for additional detailed information.

Skin Treatments

OptiLight Aesthetic Upgrade

Skin Type

I II III IV V

Primary Condition

Rosacea/Telang.	Erythema of Rosacea	Melasma	Poikiloderma	Age Spots/Telang. (M)
Age Spots/Telang. (S)	Age Spots/Telang. (N-F)	Acne Mild(Facial)	Acne Moderate(Facial)	Acne(Non-Facial)

Lesion Depth

Shallow	Medium	Deep
---------	--------	------

1. Restricted use
2. **(M)**-Mild - weak chromophore density (e.g. light lentigines, discrete redness)
3. **(S)**-Severe - denser chromophore density (e.g. dark lentigines, more intense redness)
4. **(N-F)**-Non-Facial - for neck, hands and chest areas

* Refer to OptiLight User Manual for additional detailed information.

OptiLight 

Collaterals

Fitzpatrick Skin Assessment

Skin typing assessment quiz Page 1 / 2

One of the most important factors in deciding which Laser IPL™ (and settings) to use is the patient skin type. Skin typing is determined by genetics, reaction of the skin to sun exposure and tanning habits. The following skin type quiz¹ is intended as a sample only to provide additional help in the evaluation of an individual skin type. Skin typing of the area to be treated is to be assessed. Lumenis takes no liability on that document and its content is not intended to be a substitute for professional medical diagnosis.

Genetic predisposition						Report Score ↓
Score →	0	1	2	3	4	
What is the colour of your eyes?	Light blue, grey, green	Blue, grey or green	Blue	Dark brown	Brownish black	.....
What is the natural colour of your hair?	Sandy red	Blond	Chestnut, dark blond	Dark brown	Black	.....
What is the colour of your skin (non-exposed areas)?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown	.....
Do you have freckles on non-exposed areas?	Many	Several	Few	Incidental	None	.....
Total score for genetic predisposition:						.....

Reaction to sun exposure						Report Score ↓
Score →	0	1	2	3	4	
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns	.....
To what degree do you turn brown?	Hardly or not at all	Light colour tan	Reasonable tan	Tan very easy	Turn dark brown quickly	.....
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	.....
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	.....
Total score for reaction to sun exposure:						.....

Tanning habits						Report Score ↓
Score →	0	1	2	3	4	
When did you last expose your body to sun (or artificial sunlamp/self-tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago	.....
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always	.....
Total score for tanning habits:						.....

Add up the total scores for each of the three sections for your Skin Type Score: **.....**

¹ Quiz adapted from the Radiation protection (tanning units) amendment regulation by the Australian Government Health Directorate and the American Skin Cancer Foundation

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Skin typing assessment quiz Page 2 / 2

↓ Skin Type Score	Skin Type	Features
0-7	I	Caucasian / freckles Always burns and never tans (pale white skin)
8-16	II	Caucasian / freckles Burns easily and tans minimally (white skin)
17-25	III	Darker Caucasian Burns moderately and tans gradually (light brown skin)
25-30	IV	Mediterranean, Asian, Hispanic Burns minimally and always tans well (moderate brown skin)
Over 30	V	Middle Eastern, Latin, light-skinned black, Indian Rarely burns and tans profusely (dark brown skin)
	VI	Never burns (deeply pigmented dark brown to black skin)

Report total skin type score: Quiz skin type: Diagnosed skin type:

Has a consent form been signed? (pls circle) **Yes / No** Has an additional pre-treatment compliance checklist been completed? (pls circle) **Yes / No**

Assessment conducted by: Date of assessment: / /

Name of patient: Signature of patient:
(I attest hereby that I have answered the above to the best of my knowledge)

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Sample Consent Form

Clinic HEADER and contact details

The following Informed Consent Form for Stellar M22™ IPL Skin Treatments is intended as a sample only. Lumenis takes no liability on that document and encourages modification to fit individual needs and practice and to meet local regulatory requirements.

Please read and initial each statement. Complete, underline or circle individual selection accordingly.

- Initials
- I authorize Doctor _____ to perform IPL treatments on me in an effort to improve Dyschromia / Hyperpigmentation / Hair Reduction / PWS / Haemangioma / Angioma / Rosacea / Telangiectasia / Other: _____
 - I understand that there is a rare possibility of side effects or serious complications including permanent discoloration and scarring. I am aware that careful adherence to all advised instructions will help reduce this possibility _____
 - I understand the below list of short-term effects and agree to follow matching guidelines:
 - Flaking of pigmented lesions – crusts may take 5 to 10 days to disappear and it is important not to manipulate or pick which may otherwise lead to scarring
 - Discomfort – during the procedure, I might experience a sensation similar to a rubber band snap which degree will vary per my skin condition and area sensitivity but that does not last long. A mild “sun-burn” sensation may follow for typically up to one hour and will be reduced with application of cooling and soothing creams
 - Reddening and swelling – severity and duration depend on the intensity of the treatment and the sensitivity of the area to be treated. These phenomena may be reduced with application of cooling and/or anti-inflammatory creams
 - Bruising may rarely occur and may last up to 2 weeks
 - I understand that sun exposure or tanning of any sort is not aligned with the pre and/or post-care instructions and may increase the chance for complications _____
 - The procedure as well as potential benefits and risks have been thoroughly explained to me and I have had all my related questions answered _____
 - Pre and post-care instructions have been discussed and are completely clear to me _____
 - I understand that results may vary with each individual and acknowledge that it is impossible to predict how I will respond to the treatment and how many sessions will be required _____
 - I consent to photographs being taken for the purpose of documenting my progress and response to the treatment and be kept solely in my medical record _____
 - I consent to photographs being used for medical education or publication with applied discretion and not revealing my identity _____
 - I agree to review the following IPL pre-treatment compliance checklist along with my Physician and bring accurate and updated data, to the best of my knowledge _____

(1 copy Patient and 1 copy Physician for Medical Record)
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Page 1 / 2

Clinic HEADER and contact details

	Skin type of the area to be treated: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/>		
	Natural or artificial sun exposure in the past 3-4 weeks pre-op or the following 3-4 weeks post-op plan	NO	YES
	Use of self-tanners or tan enhancer caps within the past 3-4 weeks pre-op plan	NO	YES
	Photosensitive herbal preparations (St John's Wort, Ginkgo Biloba, etc...) or aromatherapy (essential oils)	NO	YES: _____
	Diseases which may be stimulated by light at 400 nm to 1200 nm, such as history of Systemic Lupus Erythematosus or Porphyria	NO	YES: _____
	Pregnant or possibility of pregnancy, postpartum or nursing	NO	YES
	Inflammatory skin conditions (dermatitis, etc...)	NO	YES: _____
	Presence or history of active cold sores or herpes simplex virus	NO	YES
HR	HIV	NO	YES
PL	Active cancer (currently on chemotherapy or radiation)	NO	YES
SR	Previous skin cancer?	NO	YES
VL	Medical history of keloids	NO	YES
	Intake of isotretinoin within the past year	NO	YES
	Medical history of Koebnerizing isomorphic diseases (vitiligo, psoriasis)	NO	YES: _____
	Any known allergy?	NO	YES: _____
	Any tattoo and/or pigmented lesion on requested treatment area that should be protected?	NO	YES
	List of additional current medication taken		
	Hormonal or endocrine disorders (PCOS or uncontrolled diabetes?)	NO	YES: _____
HR	Previous hair removal procedures on requested treatment area (other IPL/laser, wax, electrolysis, etc...)	NO	YES: what/when?
PL	Any observed modification (colour, size, texture and border) on the lesion to be treated?	NO	YES: _____
SR	Any hair on requested treatment area that should not be removed?	NO	YES
VL	Age of lesion onset?		
PL	Previous skin procedures on requested treatment area (Botox, fillers, peels, etc...)	NO	YES: what/when?
SR	Intake of aspirin or anti-coagulants?	NO	YES: _____
VL	Easy bruising?	NO	YES

My signature certifies that I have duly read and understood the content of this informed consent form, and gave the accurate information as to my health condition. I hereby freely consent to Stellar M22™ IPL skin treatments

Name of patient (please print) _____ Signature of patient _____ Date _____

Name of witness (please print) _____ Signature of witness _____ Date _____

(1 copy Patient and 1 copy Physician for Medical Record)
CD-1012310_A

Page 2 / 2