Diopsys® RETINA *PLUS*™

Modern Visual Electrophysiology

NEW

Quantify retinal function. Manage retinal disease.

Diopsys® RETINA *PLUS*™, the most advanced flicker electroretinography (ERG) system, will help you detect and manage retinal disorders including **diabetic retinopathy, CRVO, uveitis, and retinal concerns obscured by media opacities**.[1-5]

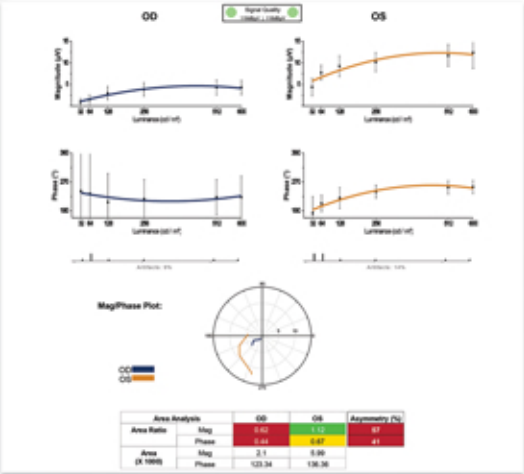
- Gives you objective, functional information about global retinal health using intuitive, color-coded results.
- Scalable to create a complete visual electrophysiology suite with:
  - Multifocal Electroretinography (mfERG)
  - Pattern Electroretinography (pERG)
  - Full Field / Flash Electroretinography (ffERG)
  - Visual Evoked Potential (VEP)
- Custom carry case included allows testing in any clinical setting.

DIOPSYS®
Seeing tomorrow, today.™

Diopsys® RETINA *PLUS*™

Scalable ERG and VEP System

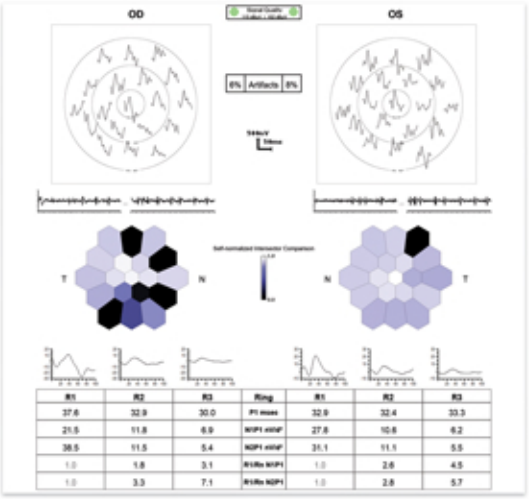
Objective, Functional Results



Diopsys® ffERG / Flicker (flicker electroretinography)

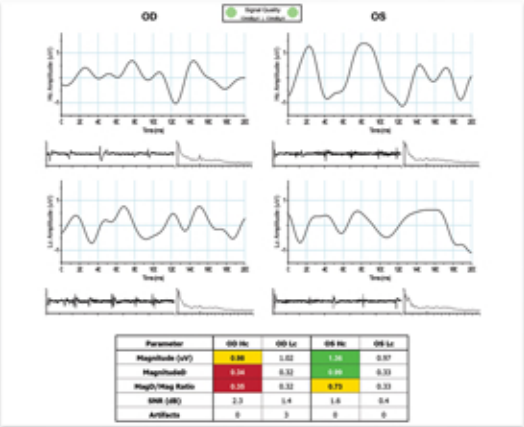
included in purchase

- Indicates level of retinal function loss **and recovery** on patients with retinopathies[1,5]
- Ability to measure the effect of retinopathies on vision through the presence of cataracts.[4]



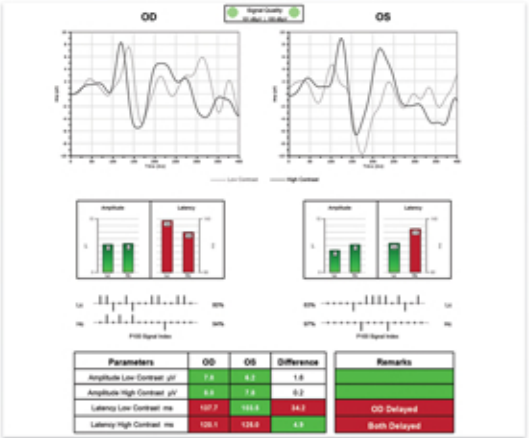
Diopsys® mfERG (multifocal electroretinography)

- Helps recognize the first signs of drug-induced retinopathy
- May indicate retinal dysfunction without structural abnormalities[6-8]



Diopsys® ERG (pattern electroretinography)

- Measures performance of retinal ganglion cells
- Helps identify "stressed" cells at a subclinical stage, when the cells have become dysfunctional but are still alive[9]



Diopsys® VEP (visual evoked potential)

- Provides objective information on the function of the entire vision system, from the anterior segment of the eye to the visual cortex

Visit Diopsys.com/retina-plus for more info.

1. Yasuda S, et al. Flicker electroretinograms before and after intravitreal ranibizumab injection in eyes with central retinal vein occlusion. Acta Ophthalmol. 2015;93:e465-8. 2. Moschos MM, et al. Electrophysiological examination in uveitis: a review of the literature. Clin Ophthalmol. 2014;8:199-214. 3. Larsson J, Andréasson S. Photopic 30 Hz flicker ERG as a predictor for Rubeosis in central retinal vein occlusion. Br J Ophthalmol. 2001;85:683-5. 4. Ratanapakorn T, et al. Effect of cataract on electroretinographic response. J Med Assoc Thai. 2010 Oct;93(10):1196-9. 5. Holm K, et al. Peripheral retinal function assessed with 30-Hz flicker seems to improve after treatment with Lucentis in patients with diabetic macular oedema. Doc Ophthalmol. 2015;131:43-51. 6. Dettoraki M, Moschos MM. The Role of Multifocal Electroretinography in the Assessment of Drug-Induced Retinopathy: A Review of the Literature. Ophthalmic Res 2016;56:169–177. 7. Talamini CL, et al. Abnormal multifocal ERG findings in patients with normal-appearing retinal anatomy. Doc Ophthalmol 2011;123(3):187-192. 8. Marmor, M, et al. Recommendations on Screening for Chloroquine and Hydroxychloroquine Retinopathy (2016 Revision). Ophthalmology 2016;123:6:1386-1394. 9. Ventura LM, et al. The Relationship between Retinal Ganglion Cell Function and Retinal Nerve Fiber Thickness in Early Glaucoma. Invest Ophthalmol Vis Sci. 2006;47:3904–3911.