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### Leverage the Power of Data

Marco's OPD-Scan III provides invaluable insights

he Berkshire Eye Center has three locations through-

out Massachusetts and New York, and employs seven

ophthalmologists and more than 80 staff members.

Each location has its own optical. In addition, the practice

shares an ambulatory surgery center with another group,

hospitals. As a cornea-trained ophthalmologist who has

been in general practice for more than 30 years, I can say

wavefront aberrometer for your money or practice than

without hesitation that it's unlikely you would find a better

and all surgeons also have the ability to operate at two local

Topography axes ensure accurate toric IOL positioning

#### History of Dependability and Efficiency

I have been using Marco autorefractors and other products since the late 1980s. In the early 2000s, I acquired the OPD-Scan II, and I was so impressed with the quality and features of it that I upgraded to the OPD-Scan III in 2014.

The OPD-Scan III's combination of a highly accurate, reproducible, and reliable autorefractor, keratometer, and corneal topographer provides a myriad of extremely useful clinical data, including point spread function, higher-order aberrations, angle kappa and alpha, and internal topographic features of the lens.

## INTEGRATED

Berkshire Eye Center

Marco's OPD-Scan III.



### Joseph B. Gold, MD



is an ophthalmologist at the Berkshire Eye Center in Great Barrington, MA. Indeed, these multiple-modalities integrate to quickly and efficiently generate the data required for day-to-day decision-making regarding astigmatism management; monofocal, astigmatic and multifocal IOL candidacy; and sourcing and analysis of visual aberrations and distortions in both nonsurgical and surgical patients.

For example, I have found the results from the OPD-Scan III's autorefractor to be not only highly reproducible, but also consistent with the results of my manual refractions. This happens so often, I feel I could confidently determine correction from the autorefractor data alone. I believe this is due to the high level of integration of clinical data collected.

### Valuable Information Increases Productivity

The data from the OPD-Scan III's state-of-the-art keratometer are often consistent with other devices, as are those of the topographer. I rely on the axes of the topographer more so than any other device to ensure accurate positioning of toric IOLs. The angle kappa — and now, the angle alpha measurements — along with the mesopic and photopic pupillary data analysis of corneal higher-order aberrations, such as trefoil and coma, have been useful in helping to choose the IOLs for each patient.

### Better Efficiency for Patients and Doctors

At the end of the day, using all of this data helps me to avoid choosing IOLs that could create significant dysphotopsias as well as both predictable and unforeseen aberrations that may adversely affect visual outcomes. This has combined to improve overall patient satisfaction with more predictable and consistent postoperative visual results. For these reasons, the OPD-Scan III has proven to be an indispensible part of my practice for many years, and it should be part of every other ophthalmologist's, as well.



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- Joseph Gold, MD