

Average K	Anneau	Flap diameter (mm)	Stroma available for ablation (mm)	Hinge size (mm)
39	-1	8.8	8.5	3.0
40	-1	9.0	8.6	3.6
41	-1	9.3	8.8	4.2
42	-1 0	9.5 9.0	8.9 8.6	4.7 3.6
43	-1 0 1	9.8 9.3 9.0	9.0 8.8 8.6	5.2 4.2 3.6
44	-1 0 1	10.0 9.5 9.0	9.1 8.9 8.6	5.7 4.7 3.6
45	-1 0 1	10.3 9.8 9.3	9.3 9.0 8.8	6.1 5.2 4.2
46	0 1 2	10.0 9.5 9.0	9.1 8.9 8.6	5.7 4.7 3.6
47	0 1 2	10.3 9.8 9.3	9.3 9.0 8.8	6.1 5.2 4.2
48	0 1 2	10.5 10.0 9.5	9.4 9.1 8.9	6.5 5.7 4.7

How to use the nomogram?

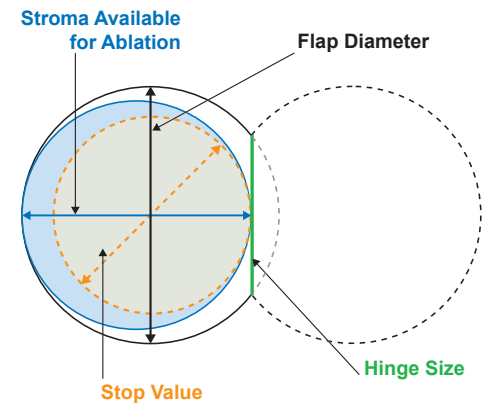
1. Select the ring size and stop value as a function of the average keratometry. This applies to normal corneas only.

2. Corneas with diameters <11.0 or >12 mm would require correction of the nomogram.

The corneal diameter has an impact on the flap diameter. More cornea will protrude through the suction ring with a small eye than with a large eye. The flap obtained on a small eye will be larger than on a large eye, for the same given ring and keratometry.

- **Small corneas:** Choose a higher ring size than what it is indicated in the nomogram (i.e. +2 instead of +1)

- **Large corneas:** Choose a lower ring size than what it is indicated in the nomogram (i.e. -1 instead of 0).



Performance may deviate from the nomogram depending on several patient-related factors (IOP, degree of myopia, age, gender, ethnicity, keratometry, etc.) and surgery-related factors (corneal hydration, suction time, etc.).

The nomogram is a general guide only. It is strongly recommended that every surgeon establish his own nomogram.

Moria shall not be responsible for any direct, incidental, consequential or exemplary damage suffered by any party, even if that party has not been advised of the possibility of such damage.

IMPORTANT NOTICE

Nomogram is only indicative of the results. Performance may deviate from nomogram depending on several factors such as:

Intra Ocular Pressure,
Degree of myopia,
Age,
Gender,
Ethnics,
Corneal hydration,
Suction time,
Preoperative anterior and posterior topography.
Surgical technique

This nomogram has been established based on Pr. J.I. BARRAQER's theoretic calculations, applied to the specific design of the device.

This nomogram has also been established based on clinical results conducted in Mexico and Asia. Results may deviate from values indicated in the nomogram in other patient population, in addition of the deviation factors listed above.

This nomogram is a recommendation only.

Optimal results will only be achieved through careful analysis of postoperative outcomes and application of this data to a systematized surgical program.

It is strongly recommended for every surgeon to establish its own nomogram.