| Horizontal K | Ring | Stop |
| :---: | :---: | :---: |
| 39 | Oval +1 | 7,0 |
| 40 | Oval +1 | 7,0 |
|  | Oval +1 | 7,5 |
| 41 | Oval +1 | 7,5 |
|  | Oval +1 | 8,0 |
| 42 | Oval +1 | 8,0 |
|  | Oval +2 | 7,5 |
|  | Oval+3 | 7,0 |
| 43 | Oval +1 | 8,0 |
|  | Oval +2 | 7,5 |
|  | Oval+3 | 7,0 |
| 44 | Oval +1 | 8,0 |
|  | Oval +2 | 7,5 |
|  | Oval +2 | 8,0 |
|  | Oval +3 | 7,5 |
| 45 | Oval +1 | 8,0 |
|  | Oval +2 | 7,5 |
|  | Oval +2 | 8,0 |
|  | Oval+3 | 7,5 |
|  | Oval+3 | 8,0 |
| 46 | Oval +2 | 7,5 |
|  | Oval +2 | 8,0 |
|  | Oval+3 | 7,5 |
|  | Oval+3 | 8,0 |
| 47 | Oval+3 | 7,5 |


| Vertical <br> diameter | Horizontal <br> diameter | Hinge size <br> (calculations) |
| :---: | :---: | :---: |
| 8,8 | 8,5 | 2,6 |
| 9,0 | 8,7 | 2,8 |
| 9,0 | 8,8 | 2,5 |
| 9,1 | 8,9 | 2,6 |
| 9,1 | 9,0 | 2,2 |
| 9,2 | 9,1 | 2,3 |
| 8,7 | 8,8 | 2,2 |
| 8,6 | 9,4 | 2,5 |
| 9,3 | 8,9 | 2,4 |
| 8,9 | 8,5 | 2,4 |
| 8,7 | 9,3 | 2,6 |
| 9,4 | 9,0 | 2,1 |
| 9,1 | 9,1 | 2,1 |
| 9,1 | 8,8 | 2,0 |
| 8,8 | 9,4 | 2,3 |
| 9,5 | 9,1 | 2,5 |
| 9,2 | 9,2 | 2,4 |
| 9,2 | 9,0 | 2,3 |
| 9,0 | 9,1 | 2,5 |
| 9,0 | 9,2 | 2,1 |
| 9,3 | 9,2 | 2,2 |
| 9,3 | 9,1 | 9,2 |
| 9,1 | 9,3 | 9 | Determine the horizontal $K$, round the value to

ring and stop (for $42.5 \leq K<43,5$ round to 43 ).
Center the ring on the limbus to avoid sclera appearing within the ring nasally.

- Small cornea < 11.0 mm : for the same given ring and keratometry, the flap obtained on a small cornea may be larger than planned. Opt for a smaller flap.
- Large cornea >12.0 mm: for the same given ring and keratometry, the flap obtained on a large cornea may be smaller than planned. Opt for a larger flap.
*Ring and stop indication recommended for small cornea, large cornea or both.

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

## Using the Nomogram

1．Corneas with diameters between 11.0 and 12.0 mm ．
Select the ring size and stop value as a function of the horizontal keratometry．
Round the horizontal $K$ value to the nearest whole number following the example：
If $42.5 \leq$ Horizontal $K<43.5$ ，round to 43
2．Corneas with diameters $<11.0$ or $>12.0 \mathrm{~mm}$ require adjustment of the nomogram value．
The corneal diameter has an impact on the flap diameter．More corneal tissue will protrude through the suction ring with a small eye and less with a large eye．For the same ring and keratometry，the flap obtained on a small eye will be larger than that obtained on a large eye．

Measure preoperatively the horizontal White－to White，and in the case of unsual corneal sizes （＜11．0 and $>12.0 \mathrm{~mm}$ ），adapt the nomogram and select ring and stop considering that：
－Small cornea＜ 11.0 mm ：for the same given ring and keratometry，the flap obtained on a small cornea may be larger than planned．Opt for a smaller flap．
－Large cornea $\mathbf{> 1 2 . 0} \mathbf{~ m m}$ ：for the same given ring and keratometry，the flap obtained on a large cornea may be smaller than planned．Opt for a larger flap．


Moria does not recommend using the One Use－Plus for eyes with corneal thicknesses less than 500 microns．
Moria recommends to center the suction ring on the limbus．
Moria recommends to use Speed 2.
The most recent version of the nomogram is available on the MORIA website：
http：／／www．moria－surgical．com

