

eye-light®

The all-in-one powerhouse for ocular surface health.

oerHi ophthalmedic°

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EYE SURGERY ESSENTIALS.

RESOURCES



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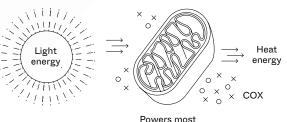
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The all-in-one powerhouse for ocular surface health.

eye-light[®] is built with three elements: the device, from which the treatments get set, and the two terminals—one for OPE[®] IPL and one for LM[®] LLLT.

Light Modulation[®] Low Level Light Therapy LM[®] LLLT

LM® LLLT is our patented photobiomodulation technology —it works by triggering endogenous heating of both eyelids, stimulating ATP production within mitochondria. It enables us to optimally treat MGD and many other ocular surface pathologies.



cellular work

LM[®] LLLT can be leveraged employing three different light frequencies—each with its own unique benefits and use cases.



Red Light

OPHTHALMOLOGY USE: MGD, CHALAZION, SJÖGREN'S SYNDROME, STYE, BLEPHARITIS, PRE-/POST-REFRACTIVE AND CATARACT SURGERY



Blue Light

OPHTHALMOLOGY USE: MICROBIOME STABILIZATION, DEMODEX, BLEPHARITIS, CHALAZION



Yellow Light

OPHTHALMOLOGY USE: SWELLING REDUCTION, POST-INVASIVE SURGERY (E.G., BLEPHAROPLASTY)



Optimal Power Energy[®] Intense Pulsed Light OPE[®] IPL

Our patented OPE® IPL is the only pulsed light worldwide allowing for usage without any gel—unlike competitors' solutions.



LM[®] LLLT Benefits

Fast

> A treatment lasts 15'

Painless

> It grants immediate relief to the patient

Easy and Safe

> for the operator and for the patient

Plug&Play

> It doesn't require the operator to be constantly present during the treatment

Upgradable

> Always Up to Date

> Scientific Coverage



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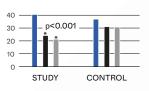
India MD, PHD, KOS, ASCRS

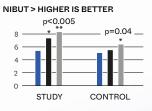
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The Intense Pulsed Light (OPE® IPL) with Low-Level Light Therapy (LM® LLLT) has shown significant results for the treatment of meibomian gland dysfunction (MGD) and evaporative dry eye (DED).

PRE 1 MONTH 3 MONTHS

OSDI > LOW IS BETTER





SOURCE/PAPER:

D'SOUZA, SHARON et al. A randomized controlled study evaluating outcomes of IPL and LLLT for treating MGD and Evaporative Dry Eye. IJO 71(4):P 1606-1612, April 2023.

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