

Build, Manage and Grow Your Myopia & Dry Eye Practice





Myopia greatly impacts the quality of life and personal development of children'.

It has never been a better time to join the battle against the global myopia epidemic. MYAH is the perfect instrument for eyecare professionals interested in building, managing and growing a myopia service.

Overview of MYAH



Corneal Topography including keratoconus screening and pupillometry



Axial Length measurement by Optical Low Coherence Interferometry



Progression reports for analyzing treatment efficacy



Comprehensive suite of Dry Eye assessment tools



Patient-friendly with rapid capture



Compact, space-saving, easy to operate

Did you know that 50% of the world's population² may be myopic by 2050?

European regions are not an exception.

Region	2000	2010	2020	2030	2040	2050
Central Europe	20.5%	27.1%	34.6%	41.8%	48.9%	54.1%
Eastern Europe	18.0%	25.0%	32.2%	38.9%	45.9%	50.4%
Western Europe	21.9%	28.5%	36.7%	44.5%	51.0%	56.2%
Global	22.9%	28.3%	33.9%	39.9%	45.2%	49.8%

Building a myopia management practice requires you to educate your patients and their families about the implications of myopia progression, to manage the condition and to grow your service offering.

BUILD YOUR MYOPIA MANAGEMENT SERVICE

MYAH provides the initial baseline to monitor risk, allowing you to start the conversation early with parents.

MANAGE: MONITOR AND COMPARE

MYAH provides essential information to monitor eye elongation and compare axial length measurements with built-in growth curves.

GROW YOUR MYOPIA MANAGEMENT SERVICE

Offering axial length screening tests may complement your refraction tests.

MYAH offers all the technologies required to support myopia management: optical biometry, corneal topography and pupillometry — it is a one-time investment. In addition, MYAH is an all-in-one device that offers an evolving platform which provides the tools to add or grow Dry Eye Management.



NEW! Introducing MYAH's Growth Curves.

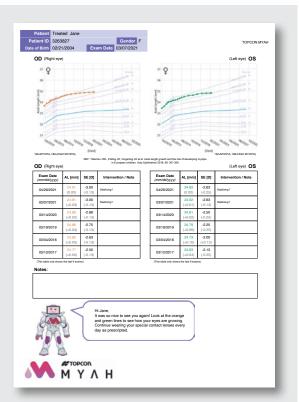
MYAH allows you to monitor the progression of myopia and compare measurements with the growth curves for axial length.

The majority of myopic eyes become myopic principally because of excessive axial elongation³. By using the extensive axial length dataset collected by Erasmus University (Rotterdam, NL)⁴ now incorporated in MYAH, you can monitor axial length and then compare the patient's data with normative growth curves. Therefore, you will be able to better understand a child's risk of myopia in adulthood.

You can now enhance your myopia management with MYAH's growth curves.



Parents/guardians tend to be familiar with growth charts in relation to their child's height and weight as a baby, making it easier to communicate with the parents of myopic children. That is particularly important for pre- and low myopes, where the urgency of intervention is difficult to appreciate based on refractive error alone.



Additional Features.

Dynamic Pupillometry

Provides clear information on the reaction time and size of the pupil, which may be useful to monitor low dose atropine compliance or to titrate the dose of atropine. The user can examine pupil centration and diameter over a range of light levels, which is useful for Ortho-K and multifocal lens fitting, and is also informative for pre and post-refractive surgery.



Contact Lens Fitting

MYAH provides support for contact lens fitting, reducing the number of lenses that need to be trialed on the eye:

- Includes a database of conventional RGP and Ortho-K lenses.
- Export topography data to 3rd party calculators.
- Fluorescein simulation with ability to save and review data.



Dry Eye Assessment Tools

These tools offer non-invasive Tear Break-up Time (NIBUT), Meibomian gland imaging with the area of loss analysis, tear meniscus height analysis, blink analysis, real fluorescein imaging and video acquisition, and video review of anterior corneal aberrations between blinks.



Corneal Topography

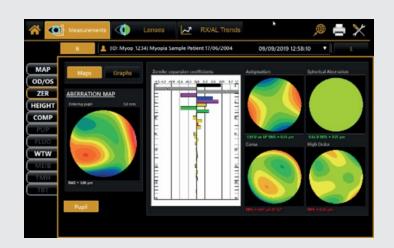
MYAH offers another range of tools to analyze the anterior cornea, including topographic maps, 3D maps, comparison maps, height maps, Zernike analysis and keratoconus screening.



Corneal Aberration Summary

The Zernike expansion coefficient is used to determine which component(s) dominate the aberration structure of the cornea and to what degree.

The anterior corneal Zernike summary consists of 36 polynomials up to the 7th order and provides a clear view of the optical irregularities that can impact the quality of vision.



Topcon MYAH

The all-in-one instrument offers tools to monitor eye elongation, assessment of dry eye and contact lens fitting.



MYAH makes your practice dynamic and smart.

This versatile instrument, with its intuitive and user-friendly interface, integrates easily into your workflow and offers different options for exporting the results.

4 EASY STEPS



Select patient* and acquisition mode.



Align patient and adjust automated chinrest.



Follow alignment guides to focus and trigger to start.



Review results and print/export reports to network or USB.

Small footprint. Fits anywhere in your practice.









^{*} Create new patient, select existing patient or select patient from DICOM (search/worklist).

FEATURE	SPECIFICATION			
Keratoscopic cone	24 rings equally distributed on a 43 D sphere			
Analyzed points	Over 100.000			
Measured points	Over 6.000			
Corneal coverage	Up to 9.8 mm on a sphere of radius 8,00 mm (42.2 diopters with n=1,3375)			
Diopter power range	28.00 - 67.50 D			
Display Resolution	0.01 D, 0,01mm			
Axial Biometry	Low-coherence interferometry on optical fiber (SLED @ 820 nm)			
Capture system	Guided-focus			
Monitor	LCD 10,1 inch capacitive touch screen			
Database	Internal			
Pupillometry	Dynamic, Photopic, Mesopic, Scotopic			
Fluorescein	Image, Video			
Reports	Corneal map, Comparison map, Contact lens, Height map, Zernike analysis, Pupillometry, Meibomian glands, Tear Film Break-up Time, Tear Meniscus Height, Rx/AL Trend analysis, Fluorescein report			
Working environment	10 °C - 40 °C, Relative humidity 8 - 75% (no condensing), Atmospheric pressure 800 - 1060 hPa			
Power supply	AC 100 - 240 V 50/60 Hz			
Power consumption	100 VA			
Dimensions	320 mm (W) x 490 mm (H) x 470 mm (L), 18 Kg			
Printing options	USB printer, Network printer, PDF on network shared folder, PDF on USB PDF or Image on network folder or on USB			
Operating System	Windows 10 64-bit			
RAM	4 GB			
Hard Disk	500 GB			
External connections	LAN integrated, 2x USB			

INFORMATION ON MEASUREMENTS

MEASUREMENT	r	MEASURING RANGE	DISPLAY RESOLUTION	IN VIVO REPEATABILITY
	Radius of curvature	5,00 - 12,00 mm	0.01 mm	±0,02 mm
Keratometry	Curve Radius in Diopter (D) (n=1,3375)	28.00 - 67.50 D	0.01 D	±0,12 D
Axial Length		15,00 - 36,00 mm	0,01 mm	±0,03 mm
Pupil dimension		0,50 - 10,00 mm	0,01 mm	N/A
Limbus (White-	To-White)	8,00 - 14,00 mm	0,01 mm	±0,05 mm
IBI Index (Interblink Interval)		0,2 - 20,0 s	0,1 s	N/A
Non-invasive Br	eak-Up Time (TBT)	0,5 - 30,0 s	0,1 s	N/A
Meibomian Glands area of loss		0 - 100%	1%	N/A
Tear Meniscus Height		0,10 - 1,00 mm	0,01 mm	N/A

- * Not all products, services or offers are approved or offered in every market, and products vary from one country to another. Contact your local distributor for country-specific information.
- 1. Report of the Joint World Health Organization-Brien Holder Vision Institute. Global Scientific Meeting on Myopia. The Impact of myopia and high myopia. University of New South Wales, Sydney, Australia. 16-18 March 2015.

 2. Holden, BA, Fricke, TR, Wilson, DA et al. Global prevalence of myopia and high myopia and temporal trends from 2000 through 2050. Ophthalmology. 2016; 123:1036-42. Available from: doi: DOI: 10.1016/j.ophtha.2016.01.006

 3. (Gifford KL, Richaele K, Kang P, Aller TA, Lam CS, Liu YM, Michaud L, Mulder J, Orr JB, Rose KA, Saunders KJ, Seidel D, Tideman JWL, Sankaridurg P. IMI Clinical Management Guidelines Report. Invest Ophthalmol Vis Sci. 2019 Feb 28;60(3):M184-M203.).
- 4. Coordinates incorporated in this Myopia device are the most recent available data and originate from the Myopia Research Group of Erasmus MC. Rotterdam

IMPORTANT

Subject to change in design and/or specifications without advanced notice. In order to obtain the best results with this instrument, please be sure to review all user instructions prior to operation. Medical device MDD Class IIa. Manufacturer: VISIA imaging S.r.I.



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