



Quick Reference – WAM™ Focusing Instructions

Prepare and ready the eye for posterior surgery as is usual and customary. These instructions assume the microscope is focused on the cornea.

- During the extra-ocular surgery phases, the WAM is out of the beam path in the parked (90°) position.
- Before starting the focusing process, verify there is adequate clearance between the microscope and the patient to allow the WAM to be swung into the working position.
- Center the X-Y and set the fine focus of the microscope to its neutral position.
- Center the WAM in its focus range. This can be achieved by rotating the focusing thumbwheel either up or down as needed. (The WAM is not yet in the working position).
- Make necessary sclerotomies.
- To maintain a clear view of the fundus, use suitable irrigation throughout the surgery.
- Enter the sclerotomies with a light pipe (or instrument if posterior illumination is achieved by another means).
- Turn off the microscope light.
- Swing the WAM into the working position while depressing the safety rod. This will activate the automatic inversion of the SV Inverter-A; however, a visual check should be done to confirm.
- Release the safety rod making sure the wide field lens does not come into contact with the patient's eye.
- If your microscope objective lens is an F=200mm, use the microscope foot pedal **fine focus** (do not use gross focus) to close the distance between the cornea and wide field lens by about 50%. Please note that this step does not affect critical focus. (This step is not necessary for F=175mm objective lens).
- Parfocalize the microscope/WAM to maintain maximum focus range and depth of field during surgery. To accomplish this, raise or increase the microscope magnification/zoom to at least 50-75%. Your view may not be in focus at this point.
- Using the WAM focus only (fine focus on the microscope will not change the focus), rotate the focusing thumbwheel, lowering the lens (for F=200mm) until the instruments or the retina comes into focus. For F=175mm, rotate the thumbwheel, raising the lens until your instruments or retina come into focus.
- Slightly rotate the focusing thumbwheel in either direction to establish the best possible focus.
- Reduce microscope magnification/zoom. Image focus will be maintained or improve although the field of view may appear to decrease slightly.
- Field of view can be increased using the microscope footpedal **fine focus**. Bringing the microscope down closer to the cornea will widen the field of view. The lens should be positioned approximately 1/2 inch (12mm) above the cornea. The image may lose focus if the lens is too close to the eye.
- Proceed with surgery.

For an Air fluid exchange:

In a phakic eye, focus may be lost when going to air. The following instructions will help reestablish a clear wide-angle view:

- Insert your instruments as normal.
- Slowly focus the WAM up by rotating the focusing thumbwheel counter-clockwise approximately 3 half turns (1.5 total turns).
- Proceed with the fluid air exchange.
- Your view will be slightly blurred until the fluid has been aspirated. Once aspirated, the view should become clear.

After completing the surgery of the posterior segment, depress the safety rod and swing the WAM out to the 90° (parked) position. If using the SV Inverter-M, un-invert the inverter.

Practical Tips for the WAM™:

- Avoid contact of the lens or WAM with the cornea.
- If the lens does come into contact with the cornea, the image will immediately become distorted. After contact between it and the cornea, depress the safety rod to facilitate cleaning. It is recommended to use a moistened sterile swab followed by a dry sterile swab to remove streaking.
- Make sure the cornea is sufficiently moistened. This will minimize damage to the cornea and provide an optimal view of the fundus.
- Using the fine focus of the microscope during use of the WAM increases or reduces the field of view ("keyhole" effect). The greater the distance between the eye and the microscope, the smaller the field of observation, but improves visualization in the periphery (due to ease of eye rotation) and in pediatric cases.
- Focusing of the WAM is performed manually with the focusing thumbwheel either by the surgeon or a sterile assistant.