For Oertli®, the trend towards smaller incisions has been a driving force for innovation for several years. Smaller incisions render surgical procedures less traumatic, offer faster recovery, reduce the risk of infection, render wounds more stable, simplify many steps in surgery and shorten the time of surgical procedures.

Continuous research and development has now pushed Oertli to the peak position of micro-incision surgery. In the anterior segment, Oertli has introduced the phacotip CO-MICS 2 to the market; in the anterior segment, Oertli has launched the new PMS set with auto-sealing trocars.

**Oertli Phacotip CO-MICS 2 Brings Even More Efficiency and Safety**

The introduction of CO-MICS 2 marks the defining breakthrough for 1.6mm phaco. The new conception of phaco tip and irrigation sleeve combines the efficiency of 2.7mm standard phaco with the undisputed progresses of micro coaxial phaco surgery. CO-MICS 2 guarantees:

- excellent chamber stability;
- 1.6mm incisions with conventional coaxial phaco technology;
- same phaco performance and ultrasound times as in standard phaco;
- excellent holdability force and excellent fluidic properties;
- perfect flow, no turbulence and no turbulent fragments;
- perfect controllable axial ultrasound, no uncontrolled lateral forces or energies; and
- safe cutting of grooves, ideal for the cracking technology.

CO-MICS 2 is compatible with all current Oertli platforms (OS3, SwissTech, CataRhex). Neither software modifications nor machine upgrades are required.

**23G Autoseal PMS Simplifies Pars Plana Vitrectomy Surgery**

The Oertli 23G autoseal PMS pars plana micro incision surgery system for sutureless transconjunctival vitrectomy is now available. Complex work with sealing plugs is rendered irrelevant thanks to the integrated sealing valve. The unique design offers diverse benefits:

- pilot tubes must no longer be sealed with sealing plugs during surgery, which saves enormous amounts of time;
- external diameter of pilot tubes remains unchanged, which means no additional space limitation during surgery;
- perfect sealing and no loss of pressure renders active infusion definitely irrelevant;
- infusion line can be applied and repositioned on all pilot tubes at all times; and
- resistance-free movement of instruments.

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