



MÄSTEL

WELCOME

With all the choices today - Why choose Mastel?

In this day of intense competition, we understand it is difficult to tell the difference between meaningful, functional design features and marketing hype. Mastel has earned its place as an industry leader by identifying and implementing true instrument design improvements. Three decades of experience, including thousands of hours in operating rooms, attending exhibitions and conferences throughout the world, and - most importantly - listening to surgeons' needs, has made a difference. Our willingness to innovate in response to your needs has defined us, but the real proof is in the extraordinary performance of our products over time. The superior technology used to hand craft each and every instrument is superior to any other brand sold today. They are better built. Simply put, Mastel instruments offer better performance.

Superior Technology

Top quality diamond material, both natural and synthetic single crystal, is essential to creating and holding the finest edges. Advanced metallurgy employing corrosion proof titanium and stainless steel alloys, sub micron surface finishing and aerospace coatings comprise the key elements of our quality foundation and ultimate durability.

Better Built

It is the sincere desire of Mastel to design and produce American made ophthalmic instruments of the highest quality. Every time you use our instruments, we believe you will take pleasure in using them. Each instrument represented in the following pages is a reflection of our best effort toward creating product designs that make a difference in your hands. You can count on the people at Mastel to deliver the best products humanly possible.

Better Performance

Mastel surgical instruments deliver the highest level of performance without compromise. Since 1987, we have exclusively pioneered UltraThin™ diamond blade designs. We combine this with physical geometries optimized for the surgical application. Our sharps define minimally invasive wound construction, for the benefit of your patients and practice.



Thank you with sincerity from all of us at Mastel.

Douglas J. Mastel, CEO and Founder



ASTIGMATISM

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ASTIGMATISM

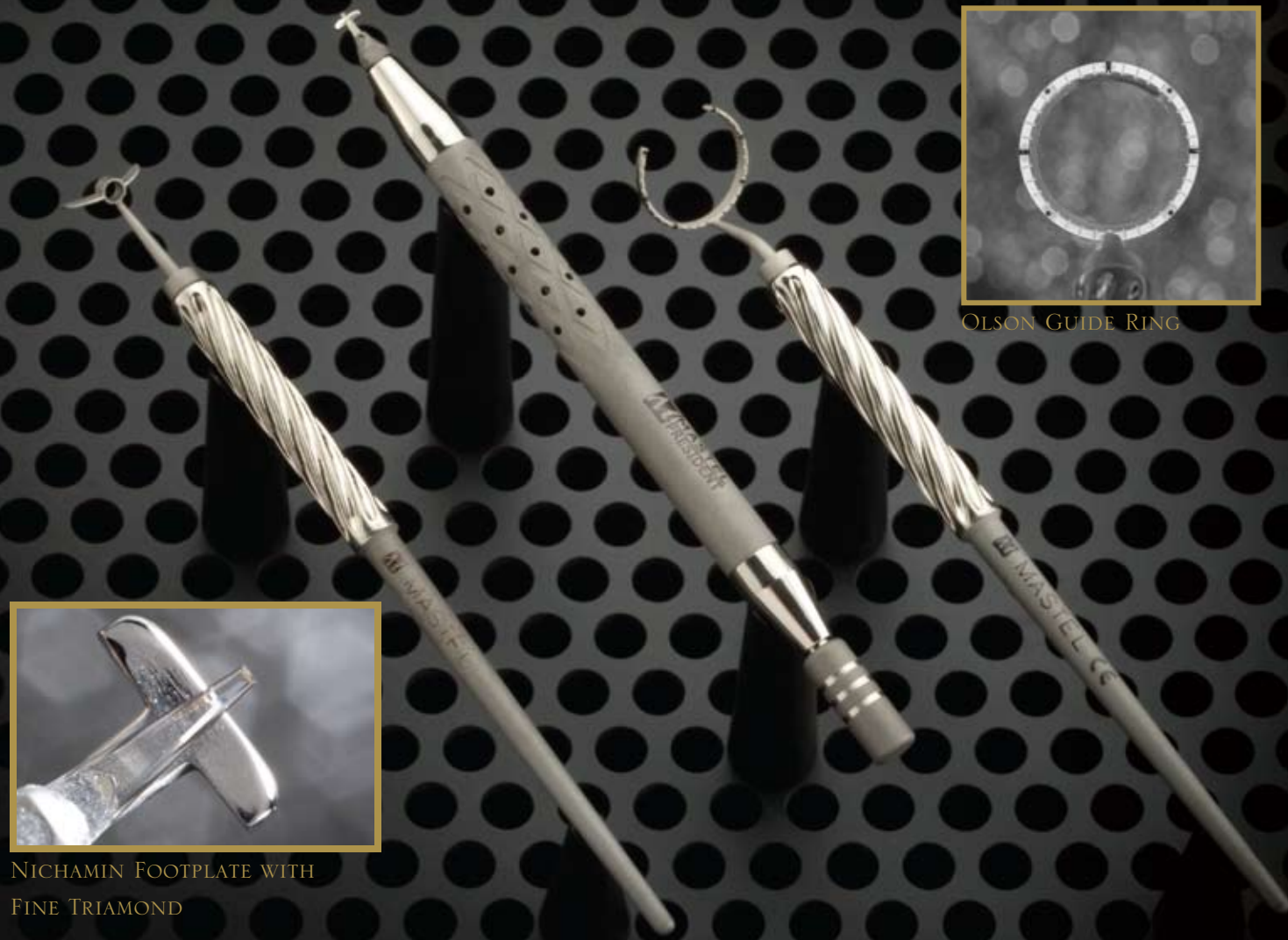
Modern implant surgery demands uncorrected visual outcomes with an excellent safety profile. We ask you to consider us to be your 'astigmatism specialists' for your refractive cataract surgery practice.

We feature premium diamond tools, accurate marking devices, complete systems along with proven nomograms and teaching tools developed by leading surgeons using our instrumentation. We are the only company providing comprehensive training courses in astigmatism management today (Kevin Miller, MD at Jules Stein Eye Institute-UCLA).

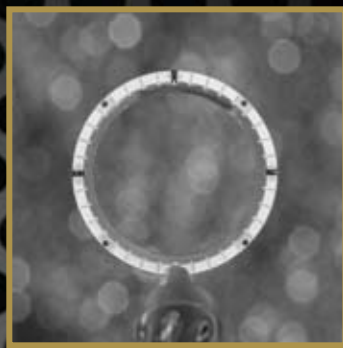
We are the exclusive North American Partner for Dr. Noel Alpíns' ASSORT software, which will change the way we understand and treat astigmatism using vector planning and sophisticated outcomes analysis.

We provide elegance, accuracy and simplicity with our advanced instruments that satisfy the most discriminating surgeon.

THE NICHAMIN SYSTEM

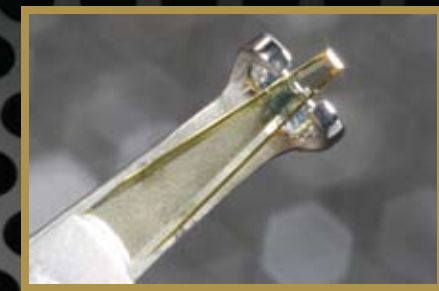
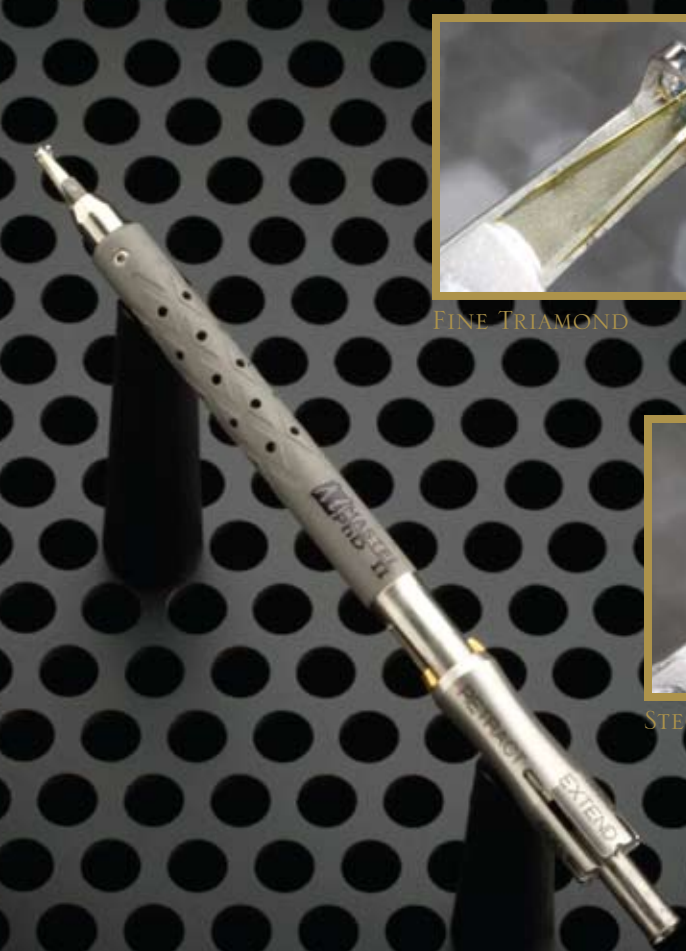


NICHAMIN FOOTPLATE WITH FINE TRIAMOND



OLSON GUIDE RING

PHD II UNIVERSAL STEP SCALPEL



FINE TRIAMOND



STEGMANN-HILL STABILIZER

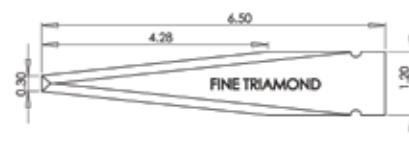
CLASSIC 600 SERIES

The Nichamin Classic 600 Scalpel features simplicity for surgeons performing limbal relaxing incisions. This fixed depth scalpel (600 micron) includes an all titanium President handle and a finely finished and subtly curved footplate for improved applanation. Thousands of surgeons worldwide are using the Nichamin System. Many of these surgeons continue to add additional sets.

"Using the Mastel system for LRI has dramatically improved the predictability of our results. The instruments are beautifully made and make it easy to accurately measure the amount of cylinder. The diamond blade is easy to visualize when making the incision and the footplates do not cause any abrading of the epithelium. We love it! Thanks."

Michael L. Kay, MD - Philadelphia, PA

- NICHAMIN CLASSIC 600 SYSTEM
- SHOWN FROM LEFT TO RIGHT
 - BORES MERIDIAN MARKER
 - CLASSIC 600 SCALPEL
 - NICHAMIN FINE-THORNTON RING

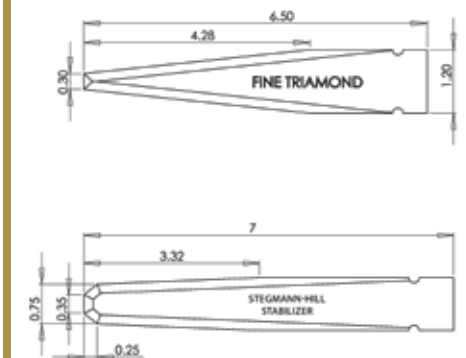


PHD II

The Phd II scalpel handle offers the ultimate combination of simplicity and versatility for grooving, relaxing incisions, and paracentesis. For relaxing incisions, patient-specific depth settings can be made, based on an accurate measure of corneal thickness, which allows surgeons to reach the critical 90% achieved depth necessary for an effective outcome. Finally, the CV (corneal view) footplate serves to improve visualization, provide superior applanation and avoid epithelial stripping.

"The Arbisser Fine Triamond diamond keratome allows me to enter cleanly through Descemet's with ease and creates any size incision. I can precisely control a paracentesis of 0.3 internal and 0.5 external, a micro coaxial or standard clear corneal incision with this one blade. Incisions seal watertight without stromal hydration in virtually every case."

Lisa Brothers-Arbisser, MD - Davenport, IA



ELITE II MICROMETER SCALPEL

ARC-TRAK SYSTEM



NICHAMIN PROFILE WITH FINE TRIAMOND



HOLLIS PUSH DIAMOND "ANGULATED"



CORNEAL VIEW "CV" WITH STEGMANN-HILL STABILIZER



"Mastel has produced these instruments for me and they are excellent."

Richard L. Lindstrom, MD - Minneapolis, MN



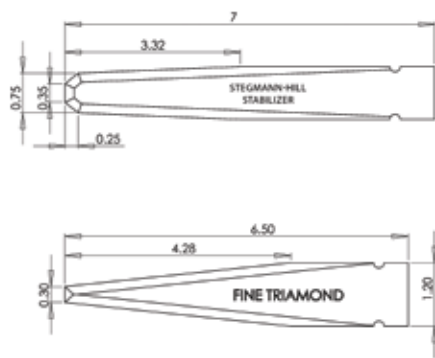
LINDSTROM-THORNTON DIAMOND

ELITE II

The ultimate titanium micrometer delivers more to the modern refractive surgeon. Our diamond micrometer provides infinitely adjustable, precise depth settings customized for all pachymetry adjusted nomograms.

Our experts can help you select the ideal premium ultrathin diamond and footplate combination to best fit your personal surgical preferences.

Footplate choices include the Corneal View "CV" for superior applanation; the Profile for profound visualization. The Hollis Push Diamond "Angulated" provides excellent visualization and comfortable hand positions. With variation in diamond, it may be applied to slit lamp approaches.



LINDSTROM-THORNTON ARC-TRAK

"I have recently been using a Mastel System for astigmatic keratotomy (AK) within my cataract practice. My preference is to employ the prospectively proven 9mm arcuate optical zone.

The Mastel diamond and ring guide position my arcuates in a more standardized fashion while providing greater surgical control and smoother appearing incisions.

The Oyakawa Mendez ring, which combines the classic Mendez ring (5 degree discrimination) along with a simple reference system for arcuate incision lengths, I find particularly appealing. The glare free finishes created by advanced titanium alloys, metallurgical surface coatings and premium laser engraving are combined to create one of the nicest instruments I have used."

David R. Hardten, MD - Minneapolis, MN



OYAKAWA MENDEZ GUIDE RING

TORIC ALIGNMENT



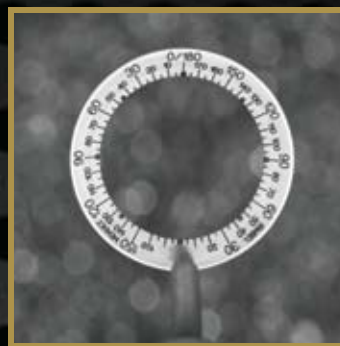
NEUHANN KERATOSCOPE

"It is excellent."

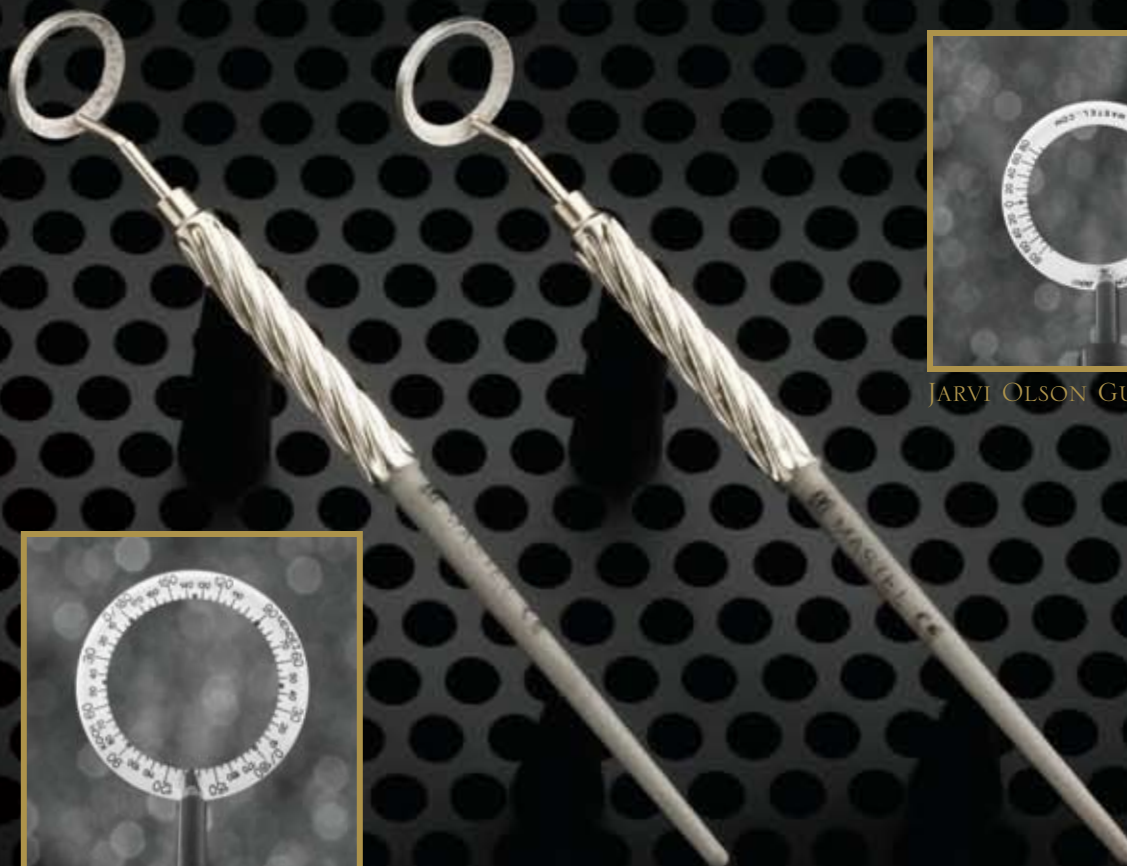
Thomas F. Neuhann, MD - Munich, Germany

"The BubbleLevel is a precision instrument that when used properly ensures exact axis location for LRI's and Toric IOL's. I use it on every astigmatic patient."

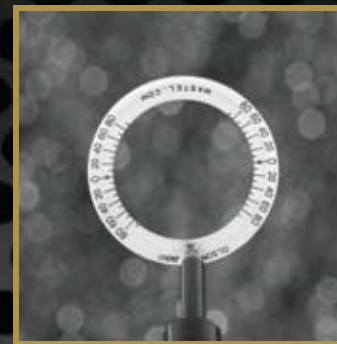
Brock K. Bakewell, MD - Tucson, AZ



GIMBEL MENDEZ RING



KOCH MENDEZ RING



JARVI OLSON GUIDE RING

LRI ALIGNMENT-FIXATION

"I have tried many different markers and none work as consistently well as these."

Robert J. Cionni, MD - Cincinnati, Oh

TORIC IOL APPROACH

As Toric IOL's are increasingly used, Mastel understands that positioning these lenses is critical for realizing the outcomes they provide. Mastel's Toric IOL Kit demonstrates Mastel's answer to the need for precise Toric IOL placement with clearly marked fixation rings and ultra-sharp, hand-finished markers.

"We use the Keratoscope in each and every case of toric lens implantation and keratoplasty. The advantage over a handheld keratoscope is, that one can place it on the cornea....This guarantees perfect alignment - both of the keratoscope to the cornea (because it sits on it) and to the observation through the microscope (because perfectly complete mires are only obtained when the illumination/observation rays are perfectly aligned with the keratoscope axis). Inadvertent tilt of the keratoscope, resulting in misleading appearance of astigmatism, is thus avoided....combines simplicity and ease of application with precision."

Thomas F. Neuhann, MD - Munich, Germany



KOCH MENDEZ RING

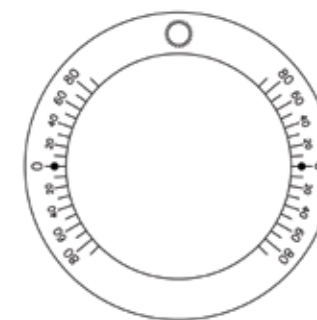
AK-LRI

"The guides are both great! They fixate beautifully and they are very accurate. They simplify limbal (clear cornea) relaxing incisions and the guide makes it more accurate to insure the correct depth of the knife. This has led to improved outcomes and makes young surgeons (residents) comfortable with LRI techniques."

Alan S. Crandall, MD - Salt Lake City, UT

"The marks are extraordinarily clear, and the location of the handle at the 135-degree meridian facilitates easy use with right or left eyes. It's a wonderful aid for aligning both toric IOL's and PCRI's."

Douglas D. Koch, MD - Houston, TX



JARVI OLSON GUIDE RING

CANROBERT C PROCEDURE MARKERS



OPTICAL ZONE MARKERS



C PROCEDURE MARKERS

The historic limitations of astigmatic keratotomy have allowed for correction of up to 3 diopters when using classic nomograms developed by Spencer P. Thornton, MD (adopted by Richard L. Lindstrom, MD et. al. within the prospectively studied ARC-T system). This has been widely used throughout the world for several decades with good success. Working at the limbus (LRI), which has been in vogue the past decade in refractive cataract surgery, is generally limited to two diopters of correction using the very finest in instrumentation and the NAPA nomograms by Louis D. 'Skip' Nichamin, MD.

While higher degrees of correction may be possible with either approach depending upon numerous factors, one must be careful about trying to overpower the cornea. Corneal specialist Canrobert Oliveira, MD, from Brasilia, Brazil, pioneered our understanding about corneal relaxing incisions for astigmatism reduction in high cylinder levels (from 3-6 diopters primarily) during the early 1990's. The technique is known as the Canrobert C-Procedure. It is an excellent solution for these rare cases and the principle known as the 'Keratopyramis Phenomenon' is a must know factor for surgeons who intend to perform AK.

"My outcomes from LRI's and LRI-C Procedures continue to be excellent, and sometimes downright amazing."

Jack A. Singer, MD – Randolph, VT

CORNEAL MARKERS

"I use the Mastel 5.75 mm corneal marker every time I use a ReZoom or ReSTOR lens (I offset a fraction of a millimeter inferior and nasal within the related pupil). The corneal mark is a perfect guide for the capsulorhexis, which is perfect every time. The IOL is centered, the PCO rate is very low (20% in multifocal) and the patient and surgeon are '20/happy!'"

Sharon Richens, MD - St. George, Utah

"The capsulorhexis marker is a wonderful little helper with the ever persisting challenge of having a rhexis opening that is as big as possible, and as small as necessary to have the lens covered 360°. Yes, we are all experienced - and, yes, we have all had the disappointing experience, where we would have bet our head that we got it right - yet were fooled by a large eye, an asymmetric pupil and/or so many other distracters. A simple mark - you don't guess, but know, where you are..."

Thomas F. Neuhann, MD - Munich, Germany

RESULTS COUNT-
COUNT ON MASTEL



THE HEART OF OUR DIAMOND LINEUP.

FORM FOLLOWS FUNCTION



STEGMANN KATANA



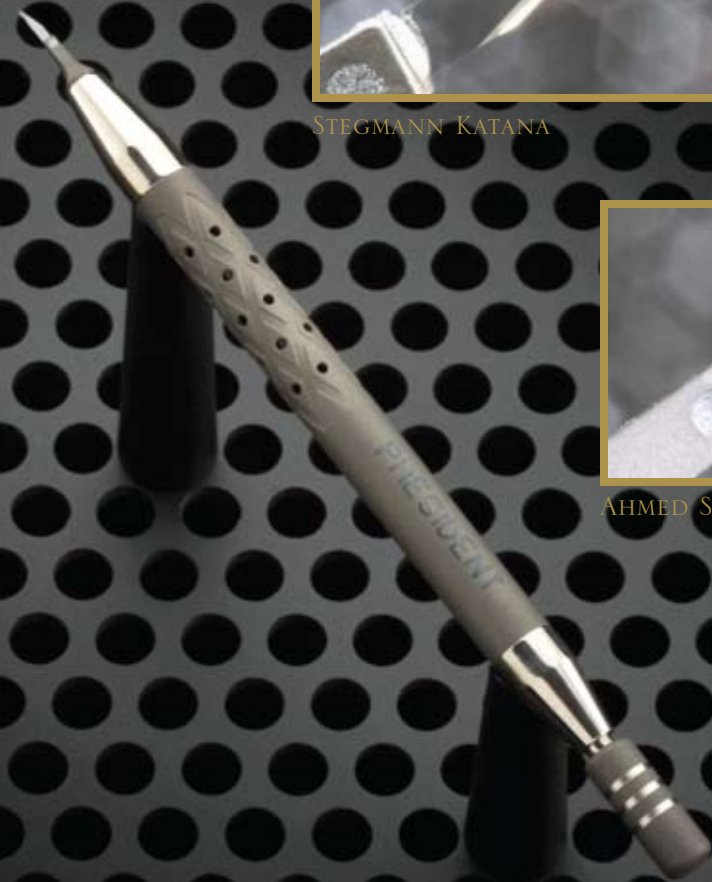
AHMED SUPERPENTIAHM



STEGMANN MICROCRESCENT



AHMED SUPERCRESCENT

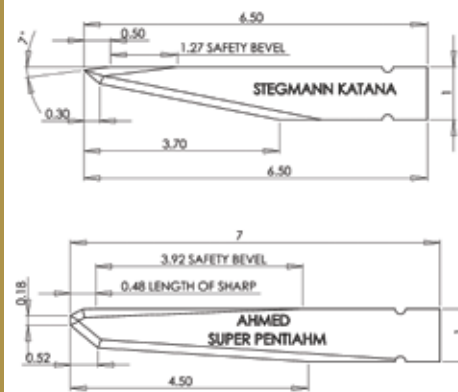


PRESIDENT SERIES-GROOVING/PARACENTESIS

From the father of modern non-penetrating glaucoma procedures, Robert Stegmann, MD, has re-designed filtering surgery beginning with viscocanalostomy. In addition, Iqbal K. "Ike" Ahmed, MD, has made significant contributions to the field and has designed a superlative set of new diamonds alongside Dr. Stegmann's.

"As always thanks for providing the greatest scalpels on earth, as I tell everyone. Slowly, these glaucoma diamonds are becoming essential for "new-age" glaucoma procedures."

Iqbal K. "Ike" Ahmed, MD - Toronto, Canada



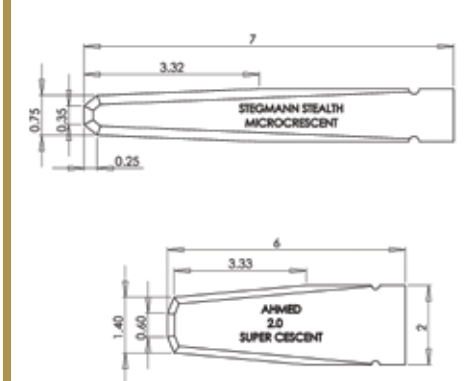
PRESIDENT SERIES-LAMELLAR DISSECTION

"In my career, I first began using diamonds in 1973 from Micra Titanium. This diamond is still functional today but is far too thick (750 microns) for me now. Mastel Precision has recently created my newest designs, which I believe are the most versatile, finest quality diamonds I have ever used. These ultrathin designs (100 micron range) are imperative in advanced approaches; particularly important in the hypotonous eye. I am using all of the Mastel diamonds today and they are simply excellent."

Stegmann MicroCrescent - "This new diamond is the ultimate planar dissection diamond. It allows perfect lamellar dissections, including both glaucoma and corneal surgical procedures."

Stegmann Katana - "It is absolutely a superlative instrument, incomparable...."

Robert Stegmann - Pretoria, South Africa



REFRACTIVE CATARACT



GIMBEL ULTRA STEALTH



GIMBEL SUPER STEALTH



FINE TRIAMOND



FINE PARATRAP DIAMOND

"Their thinness and sharpness make them the nicest diamonds I have ever used."

Howard V. Gimbel, MD - Calgary, Canada

"I must say that the Fine ParaTraps are really wonderful. They are sharp and very easy to use. I have used diamonds for 25 years and these are the best I have ever used. Small incisions sometimes are quite difficult to get watertight but with these diamonds this really is not a problem. The wounds are closing spontaneously without any need for hydration. I must say that they are really brilliant!"

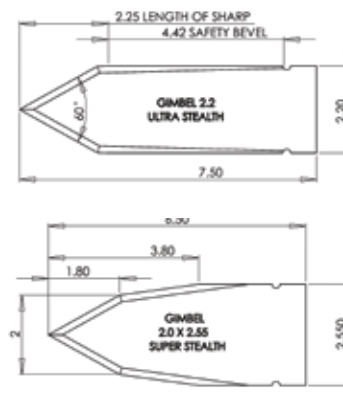
Leif Corydon, MD, PhD - Vejle, Denmark

PRESIDENT SERIES-PHACO INCISION

We have created the finest diamond scalpels together with some of the world's finest surgeons in order to serve your patients better. Ultrathin reduced angle diamond physics provide minimally invasive wound architecture which is readily demonstrated by superior wound closure.

"It is widely recognized that Doug Mastel's products are the "Rolls Royce" of ophthalmic surgical instruments. So is the case with his new 2.2 diamond blade for micro-coaxial phacoemulsification. I have had the chance to use it for approximately 6 months and several hundred cases. Its exquisite sharpness has not dulled, and combined with its thin profile I can gently dissect a clear corneal pocket enabling me to create reproducible incisions that are square in their surface architecture. These incisions are physically stable, allowing hermetic sealing. Moreover, the product is remarkably cost effective over disposable steel blades."

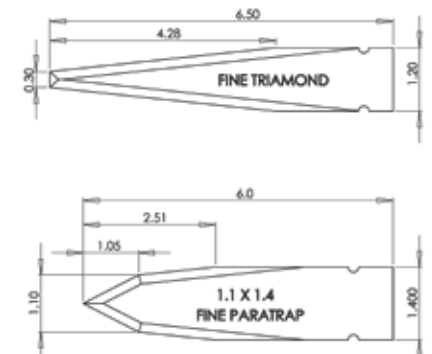
Samuel Masket, MD - Los Angeles, CA



PRESIDENT SERIES-PARACENTESIS

"When you convinced me to switch to a dedicated side-port diamond instrument, there was a noticeable decrease in wound leakage and need to perform stromal hydration. In addition, I was overjoyed to have a properly angled knife that would permit facile access to the side-port location....Most recently, I found myself in the unexpected position of having to use a conventional steel blade, albeit a high-quality one, to create this important incision. I must admit that I had forgotten, and perhaps become a bit complacent about, the enormous advantage that this diamond offers. Each case that I used the steel blade showed significant leakage that required repeated attempts at hydration in order to achieve a truly water tight closure. Very frustrating, indeed. Personally, I suspect that some of the recent reports of increased endophthalmitis is actually originating from leaky side-port incisions. Surgeons really need to begin to place more attention to this incision and confirm its integrity and lack of leakage."

Louis D. "Skip" Nichamin, MD - Brookville, PA



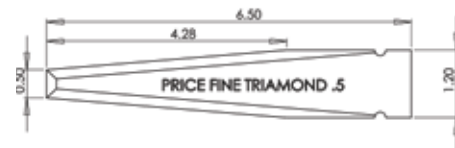


PRICE-FINE TRIAMOND SERIES

"I asked Doug Mastel to make a diamond blade that could easily cut through the recipient cornea into the interface with minimal tendency to dislodge the donor or cause wrinkles in it. He recommended the Fine Triamond. However, one needs to not only make the incision, but in many cases in order to allow drainage, one needs to torque or open the incisions to facilitate fluid flow. That is the purpose of the Silhouette, a metal silhouette of the Triamond. Obviously, one would not want to use the sharp diamond edges to torque an incision. A standard metal blade has a "sharp" or tapered point which can lead to easier dislocation and wrinkling of the donor than the flat Silhouette which allows nearly complete penetration to the interface of the entire tip for better torquing open of the incision without dislodging the donor."

Francis W. Price, MD

- SHOWN FROM LEFT TO RIGHT
- DESCMET'S STRIPPER WITH THORNTON HANDLE
- PRESIDENT HANDLE WITH ANGULATED MOUNT
- PRICE SILHOUETTE WITH THORNTON HANDLE



OGAWA-"GO DSAEK" MARKERS

"This marker set allows the surgeon to visualize different DSAEK donor disk sizes (8.0, 8.25, 8.5, 8.75, 9.0) on the recipient eye before punching the donor disk. After the appropriate sized marker has been selected, it can be inked and used to mark the recipient as a guide for a more accurate stripping of the appropriate area of Descemet's membrane. The markers are calibrated by their internal surface and have a sharp edge for crisper marking of the recipient cornea."

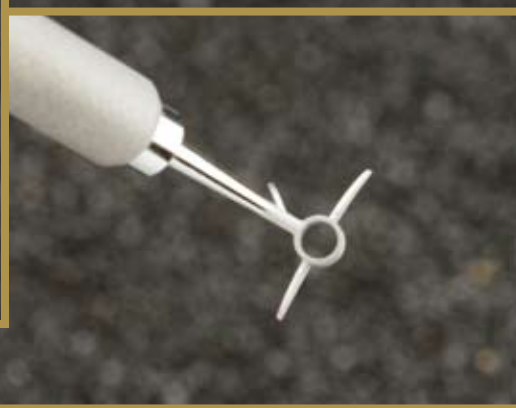
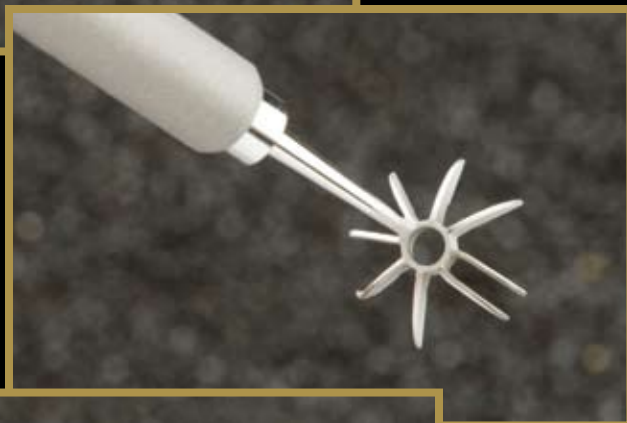
Greg S.H. Ogawa, MD - Albuquerque, NM

- SHOWN FROM UPPER LEFT
- BORES 8.00
- BORES 8.25
- BORES 8.50
- BORES 8.75
- BORES 9.00
- SHOWN FROM LOWER LEFT
- THORNTON 8.00
- THORNTON 8.25
- THORNTON 8.50
- THORNTON 8.75
- THORNTON 9.00



"The Fine Thornton ring allows secure fixation of the globe without risk of subconjunctival hemorrhage with excellent access to tissue as needed. I find it an invaluable tool in all anterior segment surgeries."

Lisa Brothers-Arbisser, MD – Davenport, IA



"Proper positioning of the Lasik flap has always been critical to the success of the procedure. Marking the cornea in several quadrants makes this much easier. With the very thin flaps now being made by femtosecond lasers this is even more important. These thin flaps may be perfectly positioned in most areas, but slightly off in several clock hours. By placing thin marks on the cornea in three quadrants before lifting the flap, I can quickly and accurately reposition the flap after the laser ablation.

I have been using markers made by Mastel more than 15 years ago. I modified these 4-cut RK markers by removing a piece and bending another to create a paraxial mark on the cornea. These markers have worked well for years, a strong testament to the high quality of Mastel instruments. Now, Mastel has made me a marker based on my design. The marks on the cornea are long and fine. This marker works beautifully, makes Lasik easier, and is of the same high quality I have long experienced with Mastel products."

Lewis Groden, MD - Tampa, FL

Mastel has repaired thousands upon thousands of diamond scalpels over the past three decades. The key to our success has always been to provide value based upon superior craftsmanship. The quality of the materials we use, including the diamond itself, the metals and particularly the bonding of the diamonds and surface preparation, all contribute to the extended service life that attracts and holds our clientele.

We offer comprehensive cleaning and inspection alongside routine, scheduled maintenance programs. The mounting is the weak link of most diamond assemblies and must be inspected periodically. Autoclaving degrades the epoxy resins, which leads to weakening or loss of the bond. Diamonds do not form chemical bonds, so the reliance is completely placed upon surface bonding. A loose diamond can cause misdirection of force during wound construction with free hand cataract diamonds that may not be readily apparent but introduces a variable. Ultimately, the diamond will simply become dislodged.

With micrometer or other calibrated diamond mounts, a serious problem can occur. After repeated autoclaving the epoxies tend to swell (we use only the finest adhesives available) which leads to diamonds protruding further than they were set at the factory. This can lead to perforation or variation within close tolerance applications. All new Mastel diamonds have factory keyways laser ablated into the diamonds and metal mounting points to minimize this issue. Every effort is placed to provide the most reliable affixing of your diamond during the repair/refurbishment processes.

We specialize in comprehensive repair of all quality diamond scalpels. When you send us your diamond, our experienced craftsmen provide an initial inspection and repair estimate. No work is performed without your express approval. When repair is required, the instrument is completely disassembled to ensure full restoration of function.

Whether you choose to have your existing diamond repaired to factory standard performance, to have your blade resized, to have the blade reconfigured to facilitate changing surgical parameters (such as downsizing phaco incision/implant requirements), or even to have your diamonds placed in new handles, we can help you. We also offer excellent value with trade-in and upgrade programs that make the most of your diamond scalpels that may be out of service or have become obsolete. Whether you have cataract or RK/AK diamond scalpels, we will work with you to create the best action plan to provide you with the maximum benefit at the lowest possible price.

We thank you for your patronage and look forward to serving you with all of your diamond needs.

"Thank you for re-doing our diamond keratomes. I had experienced too frequent problems with these keratomes (from another manufacturer) cutting the edge of the scleral tunnel incision, giving an incision which sometimes required a suture. Since you re-honed these keratomes, the new Stealth edge treatment has COMPLETELY ELIMINATED this problem. I also more consistently obtain a long clean square clear corneal incision with these keratomes. I'm not sure what you did to them, but it sure worked! Thanks!"

Luther Fry, MD - Garden City, KS

WHAT SURGEONS HAVE TO SAY

ELITE II MICROMETER SCALPEL - PAGE 6

"The new profile footplate and diamond blade is as fine an instrument as you have ever provided me. It has unsurpassed cutting qualities and is a joy to use. It is a perfect mate for my NAPA Nomogram. I recommend this instrument without reservation."

Louis D. "Skip" Nichamin, MD - Brookville, PA

"The Stegmann-Hill Stabilizer diamond knife with the Elite micrometer provides exceptional control and excellent visualization for limbal relaxing incisions, or any number of other uses where a precise vertically oriented diamond blade incision is required."

Warren E. Hill, MD, FACS - Mesa, AZ

TORIC ALIGNMENT - PAGE 8

"The Bakewell BubbleLevel, the Gimbel Mendez fixation ring and the Bores Meridian (axis) Marker are the perfect combination of instruments for properly marking the cornea prior to the implantation of a Toric IOL."

Warren E. Hill, MD, FACS - Mesa, AZ

"Having found other technologies cumbersome and more importantly, of questionable accuracy, I found the Mastel Toric Set incredibly efficient and accurate from the first case."

Baseer U. Khan, MD, FRCS(C) - Toronto, Canada

CORNEAL MARKERS - PAGE 11

"I have found the application of a circular reference mark on the cornea to be indispensable in allowing me to create a more centered, properly sized and circular capsulorhexis. Modern IOL implantation with a sized and centered anterior capsular opening allows for lower PCO rates, improved long term centration, more accurate IOL power prediction as well as easier IOL exchange or optic capture should these maneuvers be necessary. The corneal reference markers that you have produced create a very fine indentation in the corneal epithelium that is easy to visualize during capsulorhexis creation, does not visually interfere with the remainder of the surgery, and does not leave any epithelial disruption even at 3 to 4 hours post-op. Because I can achieve a better capsular opening by using this device, I have found that I prefer to always use this corneal reference mark during my cataract surgery."

Jason Jones, MD – Sioux City, IA

"Accurate visual outcomes in intraocular surgery require consistent surgical techniques....I always mark the cornea with a 6 mm Mastel optical zone marker to create a round 5.5 mm capsulorhexis. Refractive outcomes are more reproducible... decreasing the likelihood of posterior capsule opacification. No need for messy dyes that obscure visualization of the anterior chamber. Pushing the marker lightly against the epithelium is all that is needed to make a clear impression."

Stephen Wilmarth, MD – Roseville, CA

GLAUCOMA - PAGES 14-15

"Mastel's latest glaucoma diamonds remind me of why I chose Ophthalmology. They are an elegant and precise solution to the scleral flap. With the Ahmed blades, surgery on the sclera is now a refined process much like the use of Mastel Diamonds in corneal procedures."

James S. Lewis, MD - Philadelphia, PA

"As a non-penetrating glaucoma surgeon, I simply cannot imagine performing glaucoma surgery without the precision and performance of Mastel Glaucoma blades."

Baseer U. Khan, MD, FRCS(C) - Toronto, Canada

REFRACTIVE CATARACT - PAGES 16-17

"I have used Mastel Diamonds to perform all my cataract surgery for nearly ten years. Over this time I have been impressed with their consistent sharpness and durability that gives greater performance and economy over single use steel blades."

Noel Alpins, MD - Melbourne, Australia

"I have been using Mastel diamonds for many years and currently use the Fine ParaTrap trapezoidal blade for bimanual cataract surgery. The ParaTrap makes consistent and precise incisions and I would recommend these blades to all cataract surgeons."

Ray T. Oyakawa, MD - Torrance, CA

"The Fine Triamond's exquisite sharpness and 300 micron thin tip enable superb internal incision precision vital to self-sealing corneal tunnel incisions."

Jack A. Singer, MD - Randolph, VT

"I have performed over 2,000 cases with this knife and continue to be amazed by the ease of entry and the superior wound construction. This is an excellent knife for cataract surgery."

Pamela B. Robinson, MD - Texas City, TX

"... the diamond blade makes such a pristine cut that it is nearly undetectable compared to that of a steel blade. In fact, I had referring optometrists who were used to seeing steel blade incisions...calling to find out where the incision went when we switched to the SuperStealth."

Daniel Welch, MD - Winter Haven, FL

"I designed the Fine ParaTrap Diamond in conjunction with Doug Mastel during the 1990's, in anticipation of bimanual phaco. The .7/1.2 mm diamond works spectacularly well for us in creating two side-port incisions that are funnel-shaped, and have the appropriate internal diameter of 1.2mm. The incision size and shape created by the ParaTrap Diamond knife allows for the easy introduction of all of our phaco probes, and allows us to achieve bimanual phaco with the greatest of ease."

"They're Perfect"

I. Howard Fine, MD - Eugene, OR



www.mastel.com
customerservice@mastel.com

2843 Samco Road, Suite A
Rapid City, SD 57702
United States
Phone: 605-341-4595
Toll Free: 1-800-657-8057
Fax: 605-343-3631