

The Synergetics VersaVIT 2.0 Vitrectomy System Provides Improved Control and Precision

The first and only simplified, small-form vitrectomy system that provides creative solutions.

BY MICHAEL J. BORNE, MD, AND DEREK Y. KUNIMOTO, MD, JD

The Synergetics VersaVIT 2.0 Vitrectomy System is very dependable in performance and state-of-the-art vitreous removal. The machine also contributes to improved efficiencies and economics in the operating room. Working in ambulatory surgery centers (ASCs), we have found that the Synergetics VersaVIT 2.0 Vitrectomy System is a welcome addition to our surgical armamentarium.

There are numerous outstanding features in the design and function of the machine. The high-tech cutter is rated at 6,000 cpm, and its design is excellent for removing vitreous and membranes close to the surface of the retina. The cutter is reliable and reproducible, and it functions well in straightforward as well as complex cases. The LED light is bright and has a long life that will likely outlast the machine's lifespan. It is not likely that the operator will need to change the light in the middle of a case. The LEDs are rated at 25,000 hours, which makes the system very dependable as well as economical (the cost of replacing the light source can be expensive).

Using the ergonomic foot pedal is intuitive, so the system is easy to use with a short learning curve. The machine's set-up is also very straightforward and can be done quickly. Training for proficiencies and set-up is straightforward—special expertise in previous vitrectomy systems is not required. The machine is ready for use in about 10 seconds. Larger machines require a longer time for set-up and many more complicated steps.

Another nice feature of the VersaVIT 2.0 Vitrectomy System is that it comes with a wide range of gauges: 20 G, 23 G, and 25 G. This allows surgeons additional choices and the ability to tailor the machine for individual cases.

Although the VersaVIT's compact and lightweight design (~25 lbs) technically makes this a portable vitrectomy system, it can be used for many procedures,



from straightforward macular puckers to diabetic tractional retinal detachments. It is so versatile that Retinal Consultants of Arizona is considering transporting a VersaVIT 2.0 to remote satellite locations for patients who cannot travel to the surgery center.

LOOKING BEYOND THE COST

By Todd Albertz

As one of the largest ophthalmic practices in the country, with 17 locations in Ohio, Kentucky, and Indiana, we pride ourselves on always being on the cusp of technology and innovative breakthroughs. Our 17,000-square foot ophthalmic-only ambulatory surgery center has six operating rooms and three minor procedure rooms that host approximately 14,000 surgical cases each year.

Until our colleagues began using the VersaVIT 2.0, we were loyal to one manufacturer and used a series of that company's surgical platforms since 2005, performing nearly 1,400 surgical retina procedures per year. Now, however, some of our surgeons use the VersaVIT 2.0 for about 80% of their cases, because they are able to provide quality care to the patient at a substantial cost savings to the facility. For one surgeon in our group, we estimate an annual savings of \$30,000 by using the VersaVIT 2.0.

What initially piqued our group's curiosity in the VersaVIT 2.0 was its lower cost per case. Historically, we

have looked at other products that have made similar claims about lower costs per case, but in reality, those machines could not deliver. The VersaVIT 2.0 is the first machine that has delivered on the manufacturer's promises.

It is also important to look beyond the cost-savings aspect of the VersaVIT 2.0. As an administrator, I see how this machine services multiple levels of surgery centers. Small surgery centers that perform only a minimal number of vitrectomy cases a year can benefit from having this machine, because it has low start-up costs. This system is also ideal for surgery centers with larger volumes of patients, because it offers potential cost savings, provides ease of use for both surgeons and their staff, has a small footprint, and delivers positive patient outcomes. ■

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This portability makes VersaVIT 2.0 an attractive option for surgery centers that have existing lasers and need a back-up to their larger systems. The VersaVIT 2.0 is ideal as a second system, because it is reliable, easy to set up and use, and cost effective. Thus, this device will not interfere with the efficiencies of an ASC, and in fact may improve them. For these reasons, we have made it a standard feature in our ASCs.

Although this vitrectomy system does not have a fragmentor or a built-in laser, a new ultra-wide port cutter will be available soon that will allow for the removal of soft lens fragments. The oil removal system is new and is very helpful. ■

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