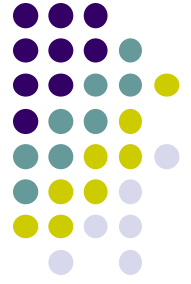


Q

Lasers: Pew! Pew!

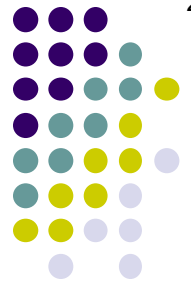


What does the acronym **LASER** stand for?

L A S E R

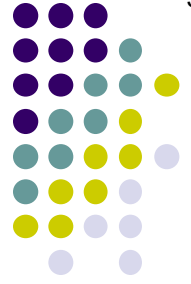
A

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What does the acronym **LASER** stand for?

*Light **A**mplification by **S**timulated **E**mission of **R**adiation*

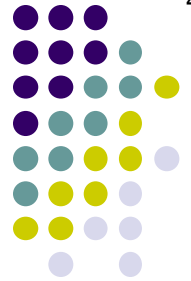


Q

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***L**ight **A**mplification by **S**timulated **E**mission of **R**adiation*



Q/A

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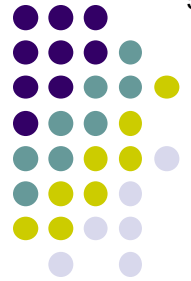
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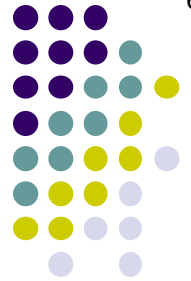
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Q

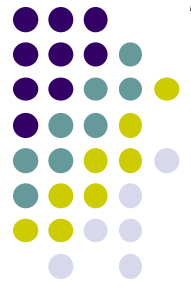
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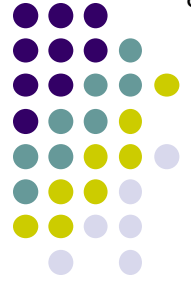
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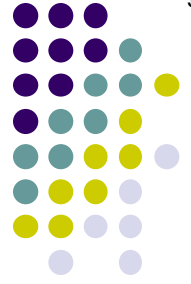
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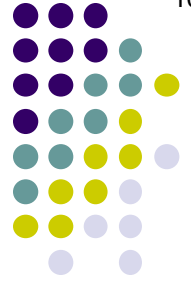
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Light Amplification by Stimulated Emission of Radiation



Q/A

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How much energy is carried away?

This is proportional to the

frequency?
wavelength?
amplitude?

of the light

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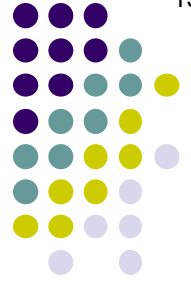
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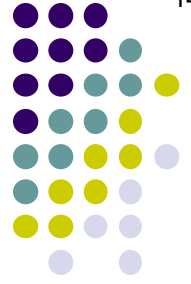
How much energy is carried away?

This is proportional to the frequency of the light, as per the following formula:

$$E = h\nu$$

? ? ?
 ↗ ↑ ↘
 ?

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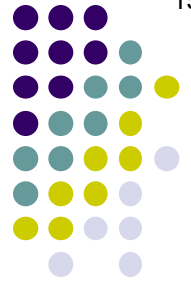
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Amount of energy carried away

Planck's constant

Frequency of the light

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Light Amplification by Stimulated Emission of Radiation



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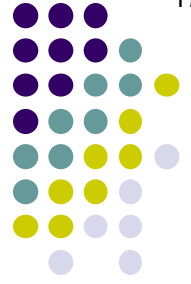
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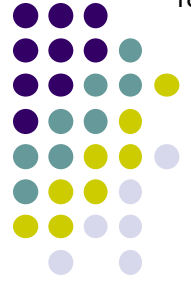
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How does all this relate to lasers?

Certain substances have electron orbits that are energetically close to one another. If such substances are hit with enough energy, electrons in these orbits can be induced to all jump from one orbit to the next at the same time, with each radiating an identical photon simultaneously.

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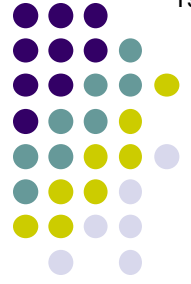
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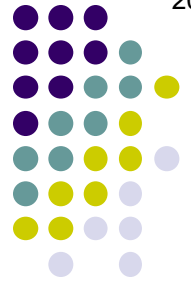
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Certain substances have the ability to be induced to all jump from one orbit to the next at the same time, with each radiating an identical photon simultaneously. In this way, *the stimulated emission of radiation leads to the amplification of light leaving the system.* (See what I did there?)

What sort of substance can serve as the active medium in a laser?

Light Amplification by Stimulated Emission of Radiation



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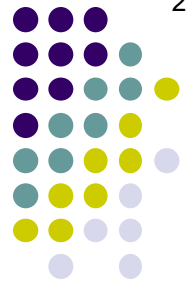
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Certain substances have the ability to be induced to all jump from one orbit to the next at the same time, with each radiating an identical photon simultaneously. In this way, *the stimulated emission of radiation leads to the amplification of light leaving the system.* (See what I did there?)

What sort of substance can serve as the active medium in a laser?

Lots of different sorts. It can be a gas (eg, argon), a liquid (dye), a solid (eg, Nd:YAG); it can also be a manufactured item (eg, diode)

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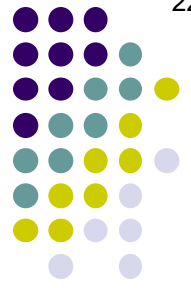
Certain substances

*What sort of substance can serve as the active medium in a laser? Lots of different sorts. It can be a gas (eg **argon**) a liquid (**dye**) a solid (eg **Nd:YAG**) it can also be a manufactured item (eg **diode**)*

Induced to all jump from one orbit to the next at the same time, with each radiating an

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 If such substances are held in a solid (eg **Nd:YAG**) it can also be a manufactured item (eg **diode**)

Argon, dye, YAG, diode—these sound familiar, where have I heard them before?
 They are all the names of lasers commonly employed in ophthalmology (lasers are often named after their active medium)

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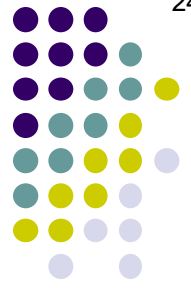
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What does Nd:YAG stand for?

Have I heard them before?
ophthalmology (lasers)

Light Amplification by Stimulated Emission of Radiation



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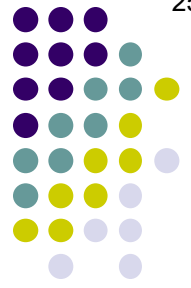
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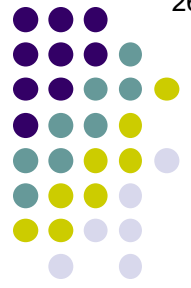
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What does Nd:YAG stand for?
Neodymium: Yttrium-Aluminum-Garnet
Are all four substances the active medium (media)?

Light Amplification by Stimulated Emission of Radiation



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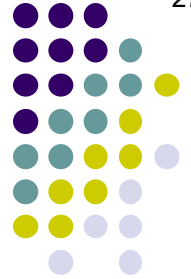
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What does Nd:YAG stand for? **Neodymium: Yttrium-Aluminum-Garnet**
Are all four substances the active medium (media)? No, only the neodymium is; the other substances play a supporting role

Light **A**mplification by **S**timulated **E**mission of **R**adiation



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How does all this relate to lasers?

Certain substances have electron orbits that are energetically close to one another. If such substances are hit with enough energy, electrons in these orbits can be

In general terms, how much energy is ‘enough’?



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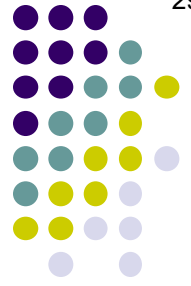
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In general terms, how much energy is ‘enough’?

In general terms, a **lot**. Lasers are very inefficient systems in that a lot more energy goes in than comes out.



Q

Lasers: Pew! Pew!

In clinical optics, we think of light almost exclusively as waves traveling in a given direction (usually represented by a ray). Does this model suffice to understand lasers?

Unfortunately no—understanding lasers obligates us to consider light as being comprised of particle(-like) entities called **photons**

OK, what are photons?

Think of photons as being little packets of light emitted by electrons. In a ludicrously oversimplified nutshell: When an electron jumps from a higher-energy orbit to a lower-energy one, it releases (‘radiates’) a photon that carries the excess energy. And when that photon strikes *another* electron, it imparts the energy to the second electron, causing it to jump to a higher-energy orbit.

How does all this relate to lasers?

Certain substances have electron orbits that are energetically close to one another. If such substances are hit with **enough energy**, electrons in these orbits can be

In general terms, how much energy is ‘enough’?

In general terms, a **lot**. Lasers are very inefficient systems in that a lot more energy goes in than comes out.

What can be done to get more ‘bang for the buck’ from a laser?



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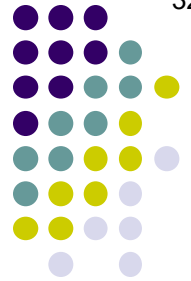
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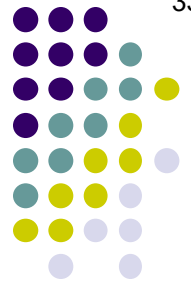
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tl;dr The shorter the pulse, the greater the power per pulse



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The greater the frequency of the light, the greater the energy

How much energy is carried away? This is proportional to the frequency of the light, as per the following formula:
 $E = h\nu$

Take-home points: One can increase the power of a laser by increasing the frequency of the emitted light, and/or by shortening the pulse-time

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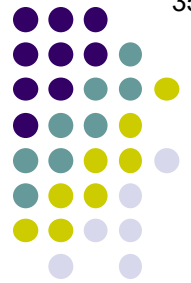
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Reduce the size of the area to which the laser is being applied; ie, concentrate/focus the laser energy on a smaller area

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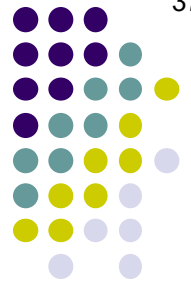
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Fluence = energy/area. (We will soon see that one laser procedure is known for being 'low fluence.')

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What is the essence of laser-tissue interaction?



A

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What is the essence of laser-tissue interaction?

It boils down to transferring the energy emitted by the laser to the target tissue



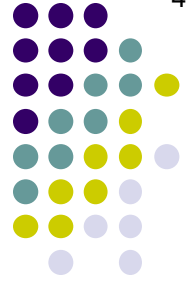
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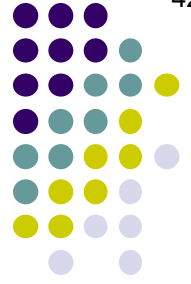
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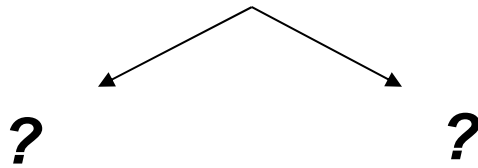
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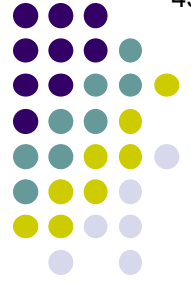
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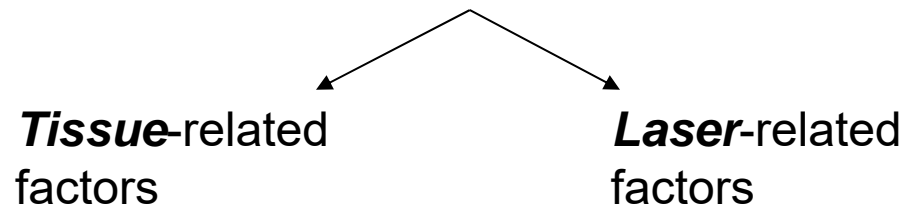
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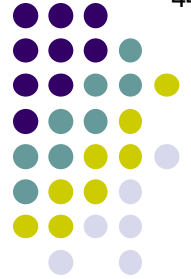
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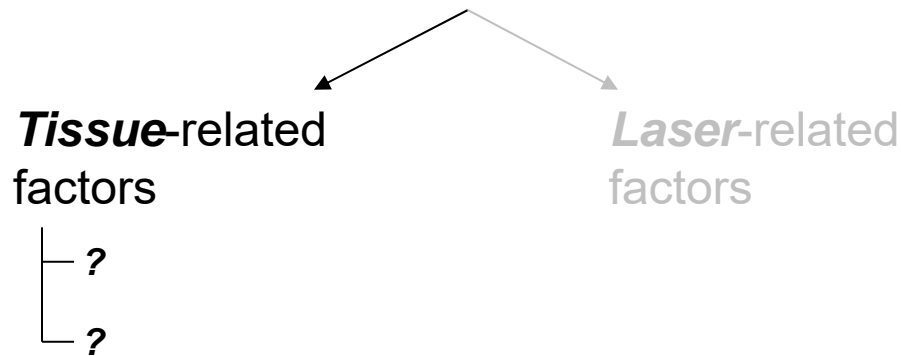
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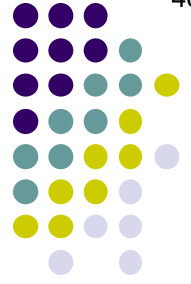
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Tissue-related
factors

— Composition

— Chromophores

Laser-related
factors



Q

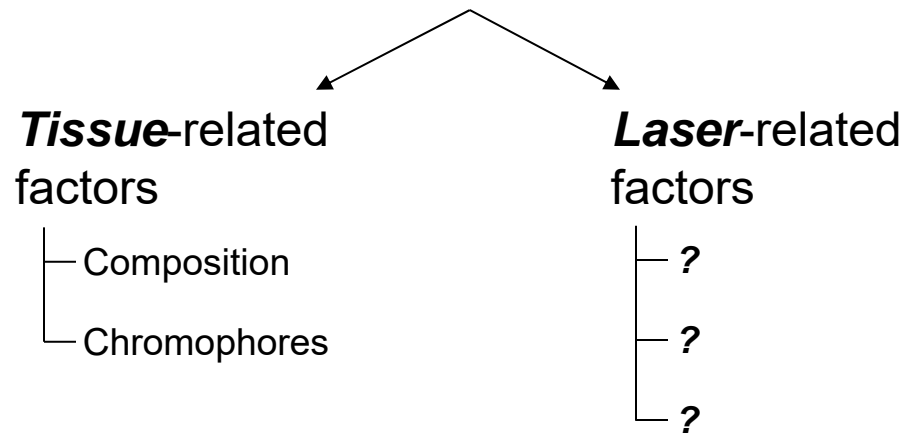
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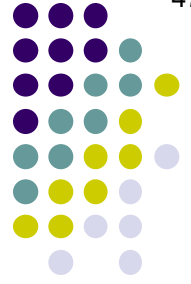
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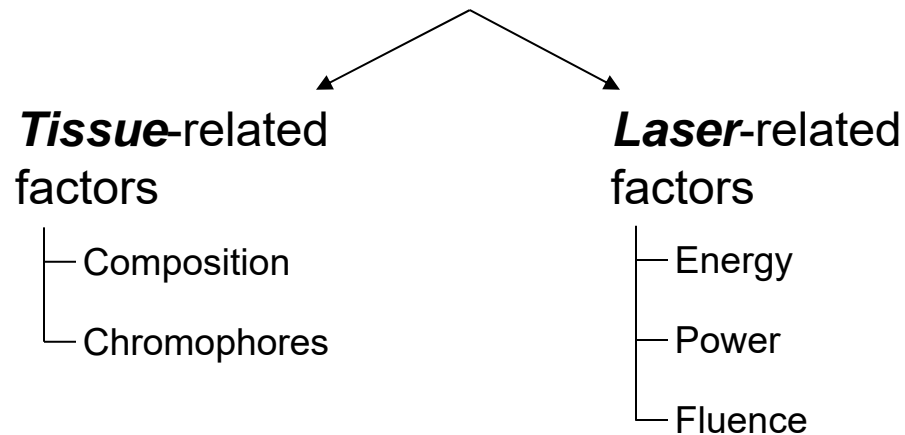
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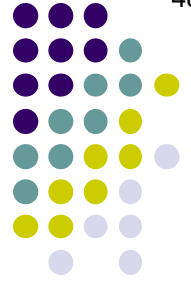
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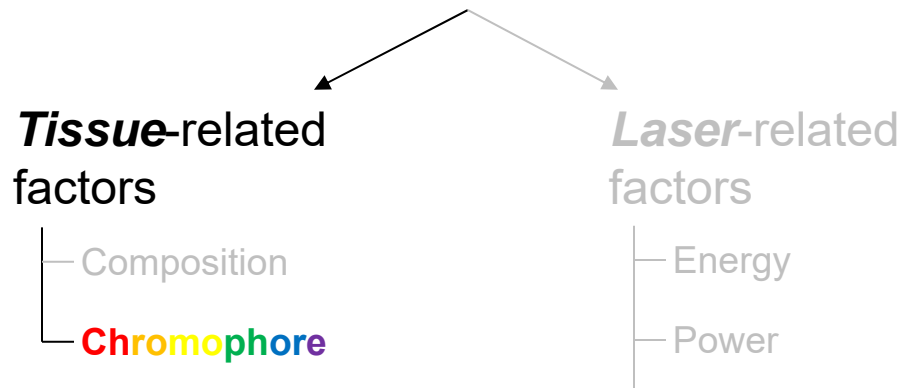
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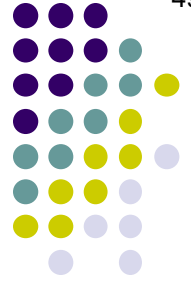
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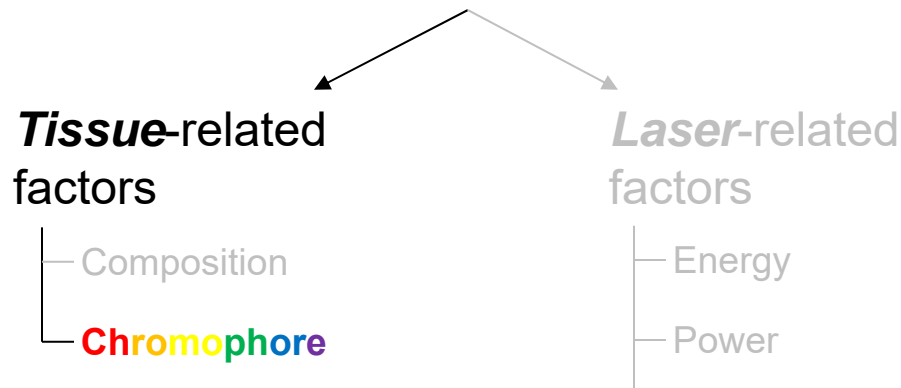
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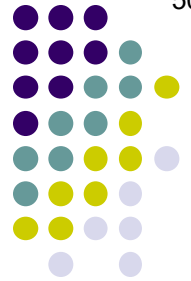
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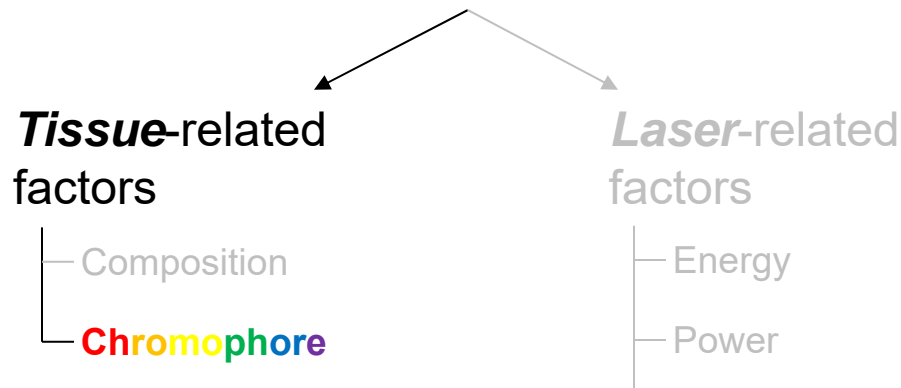
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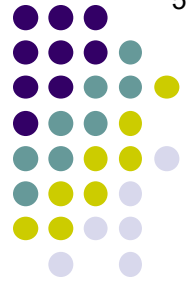
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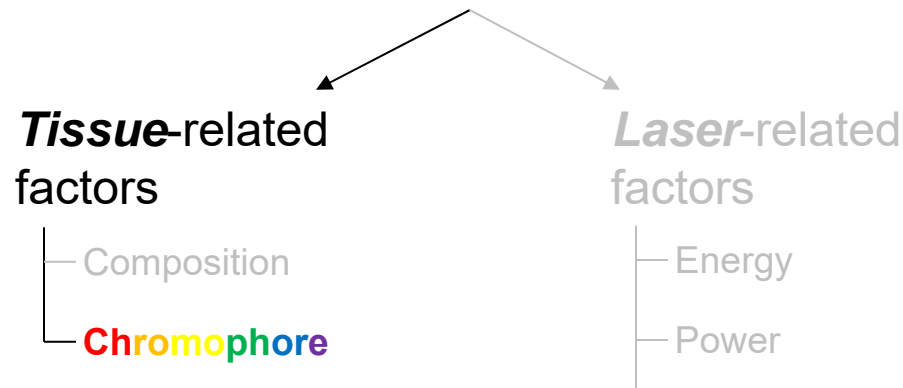
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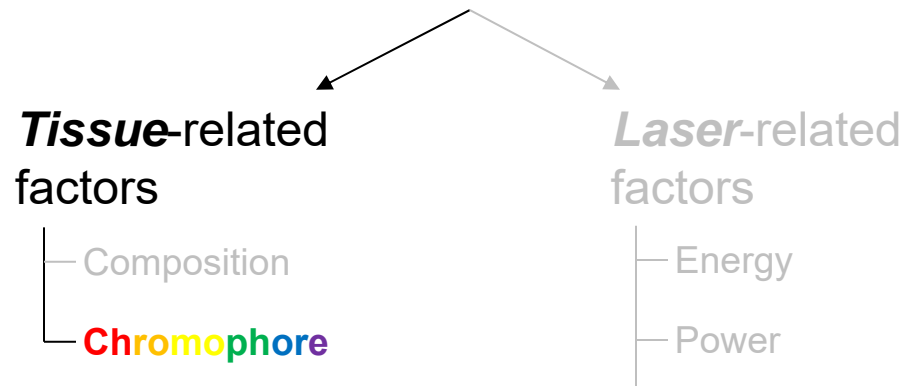
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There is another chromophore, found only in the macula, we should mention. What is it?



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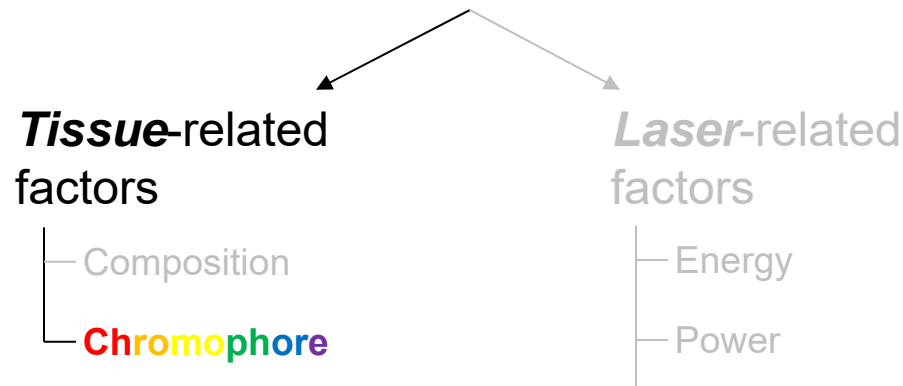
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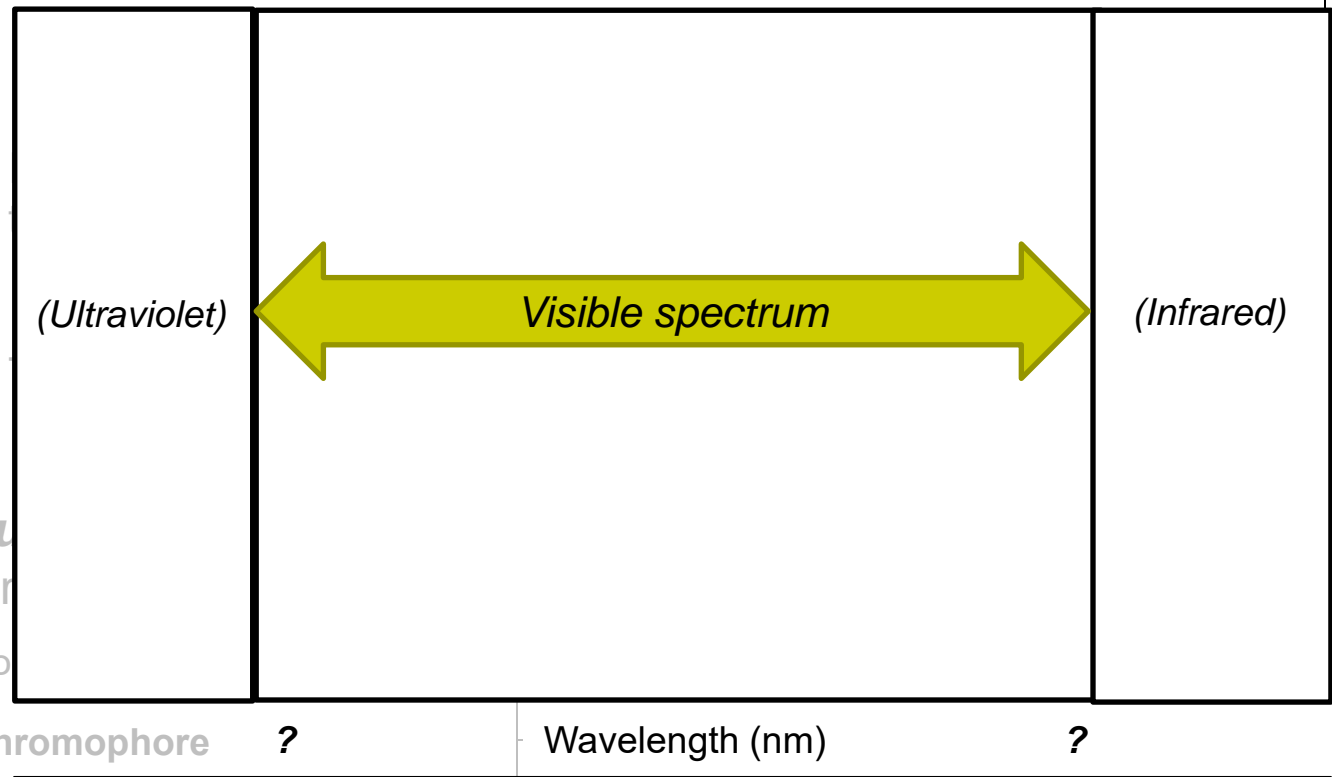
Xanthophyll

(Note: The latest iteration of the *Retina* book also refers to xanthophyll as “oxygenated carotenoids, in particular lutein and zeaxanthin”)



Q

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Tissue factor

Co Chromophore ?

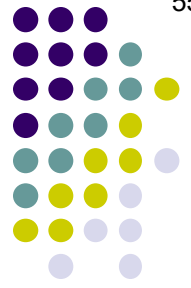
What is a chromophore?
 A molecule that absorbs light in a manner that results in a photochemical reaction.

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With regard to wavelength: The visible spectrum runs from what to what?

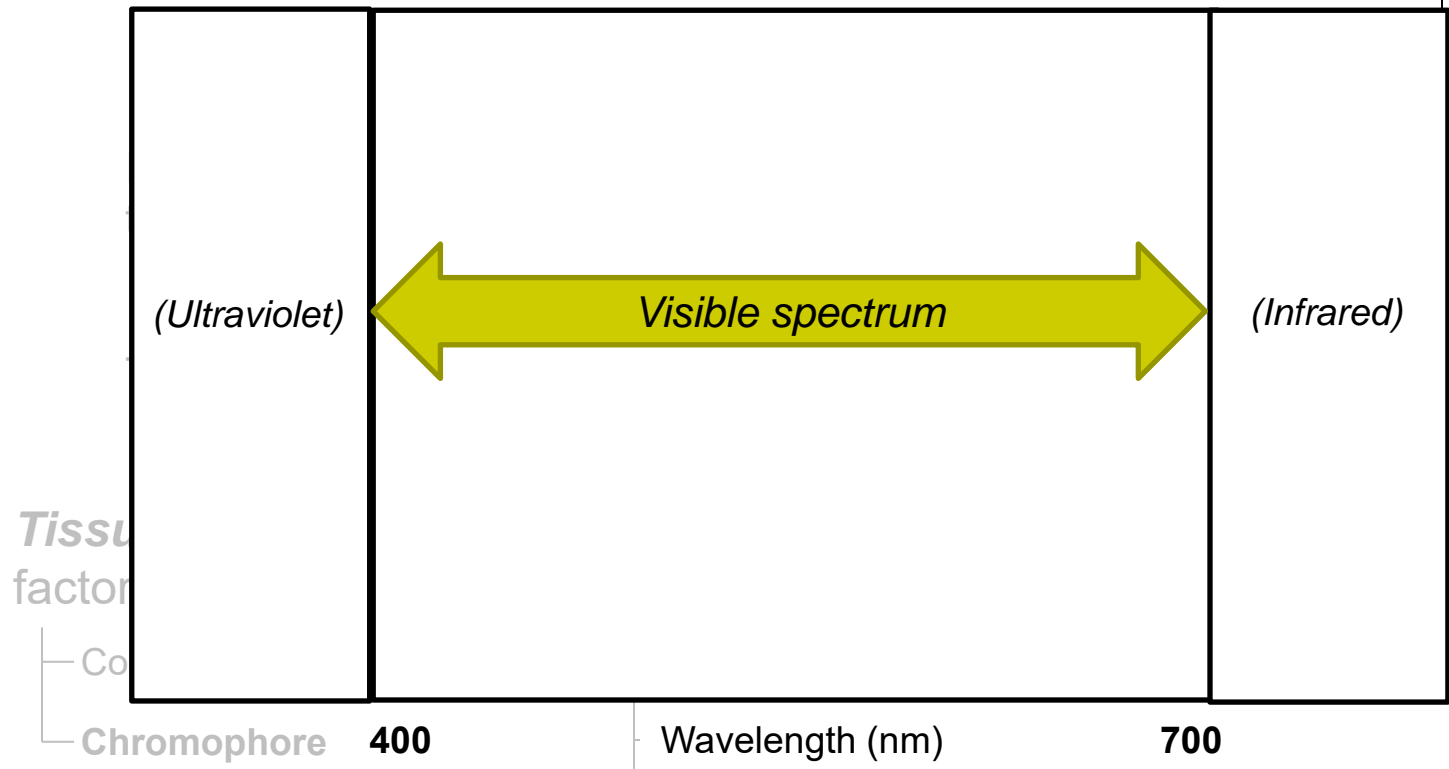
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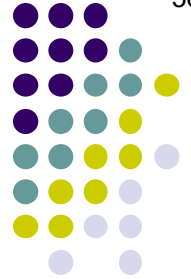
What is a chromophore?
 A molecule that absorbs light in a manner that releases energy.

What two naturally-occurring chromophores in the eye are exploited in ophthalmology?
Hemoglobin and melanin

With regard to wavelength: The visible spectrum runs from what to what?
About 400 to 700 nm

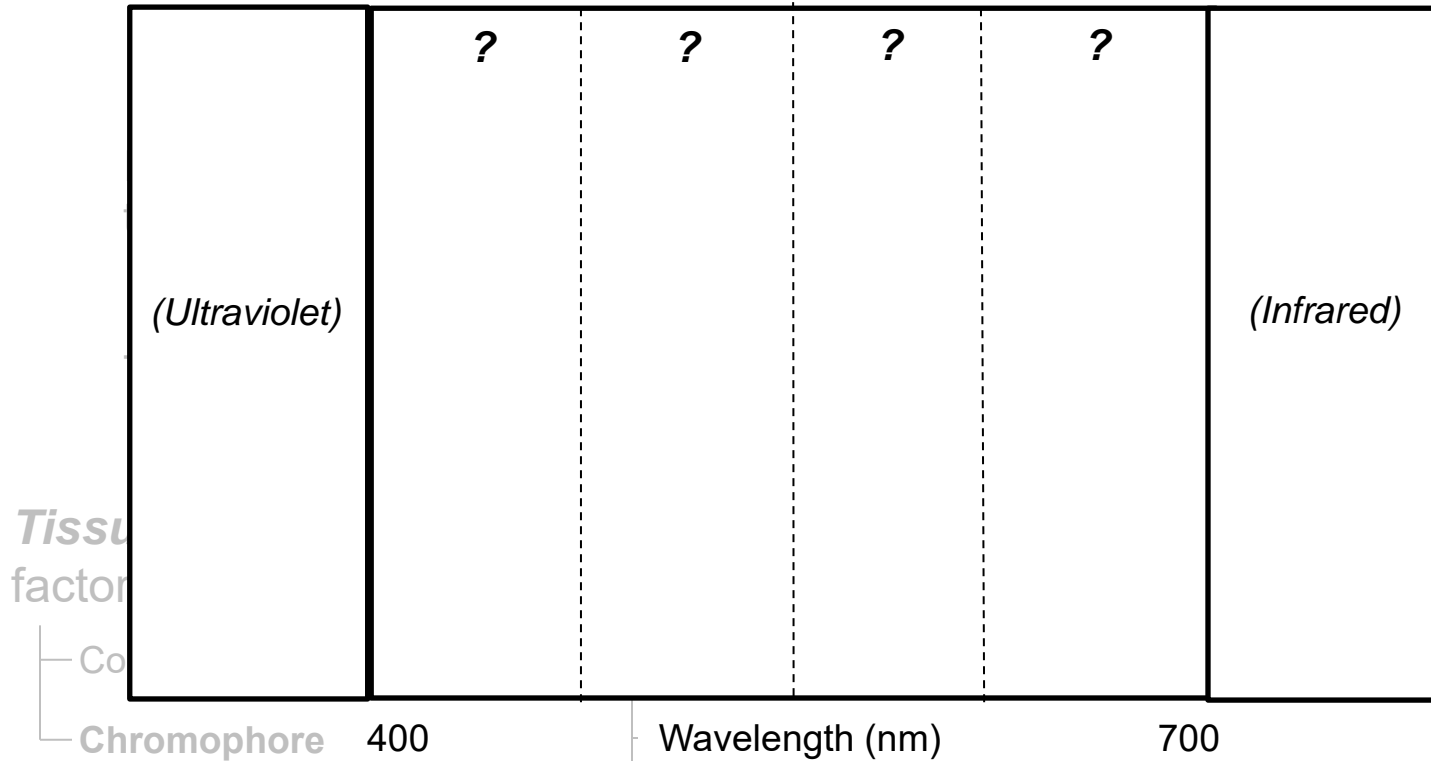
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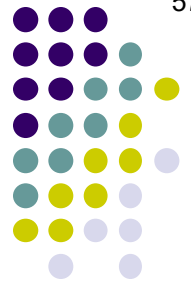
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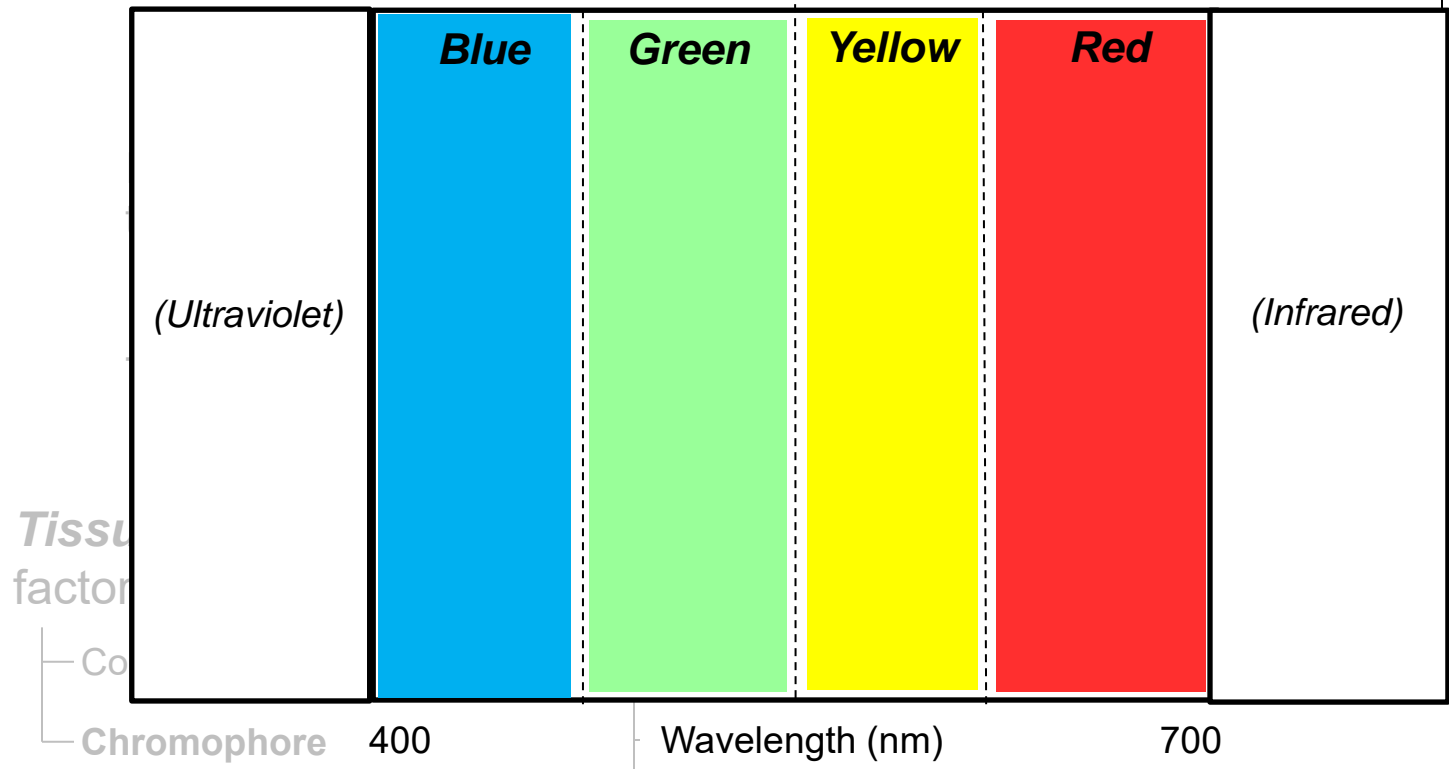
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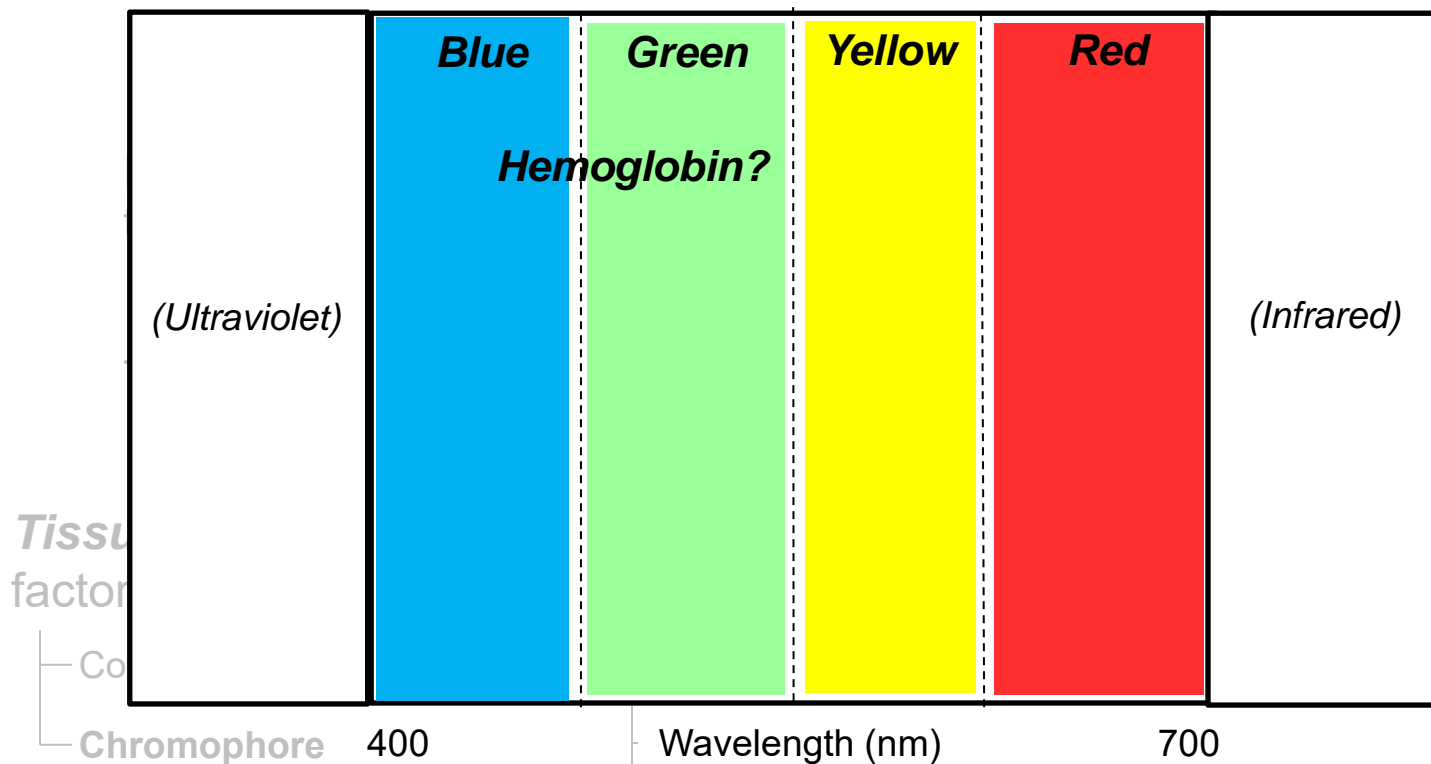
What is a chromophore? For purposes of understanding lasers, we can divide the visible spectrum into four color segments. What are they?
 A molecule that absorbs light in a manner that releases energy.
Blue, green, yellow, red

What two naturally-occurring chromophores in the eye are exploited in ophthalmic lasers?
Hemoglobin and melanin
Xanthophyll
 (Note: The latest iteration of the *Retina* book also refers to xanthophyll as "oxygenated carotenoids, in particular lutein and zeaxanthin")



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Tissue factor

Co

Chromophore

400

Wavelength (nm)

700

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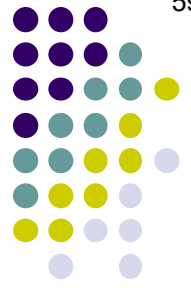
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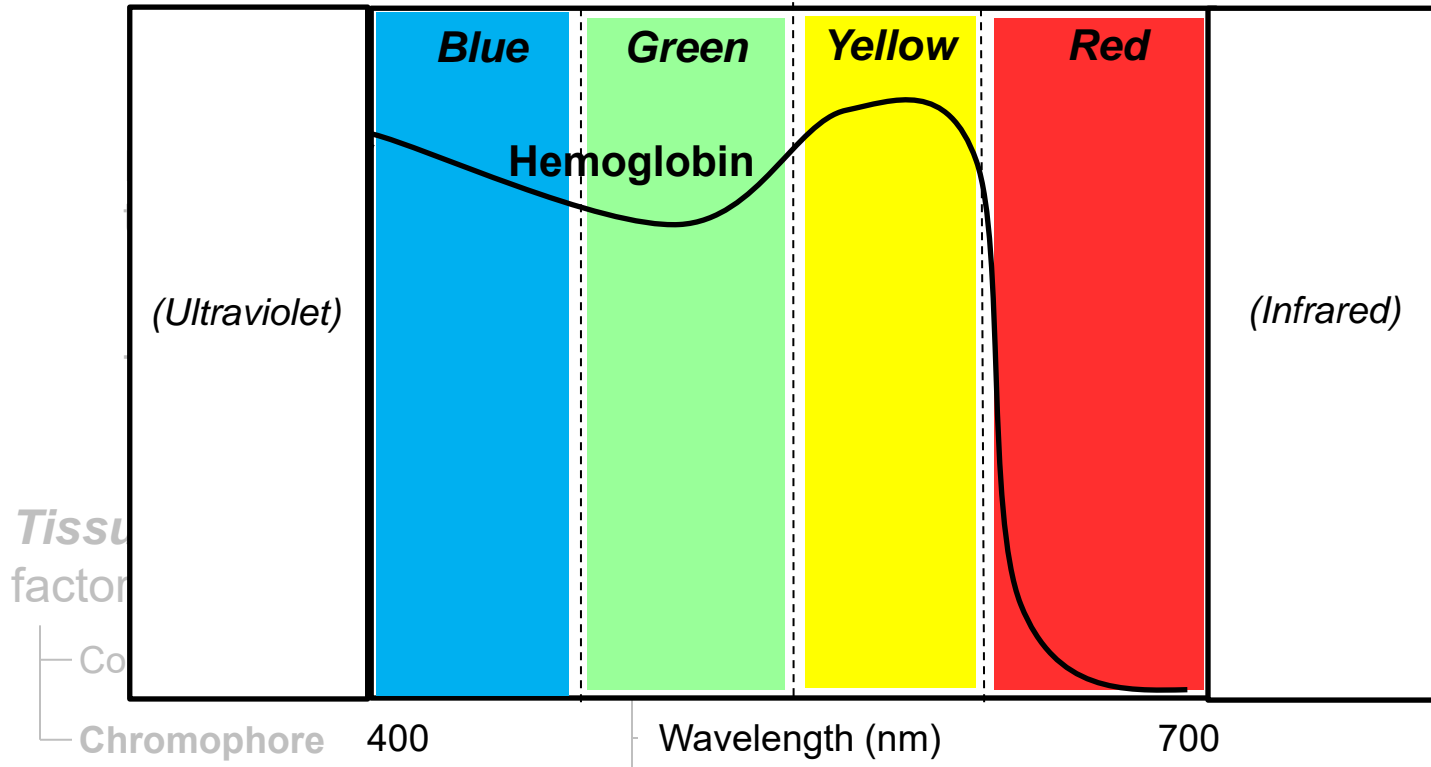
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Which portion of the visible spectrum is well absorbed by: **Hemoglobin**? Everything but red

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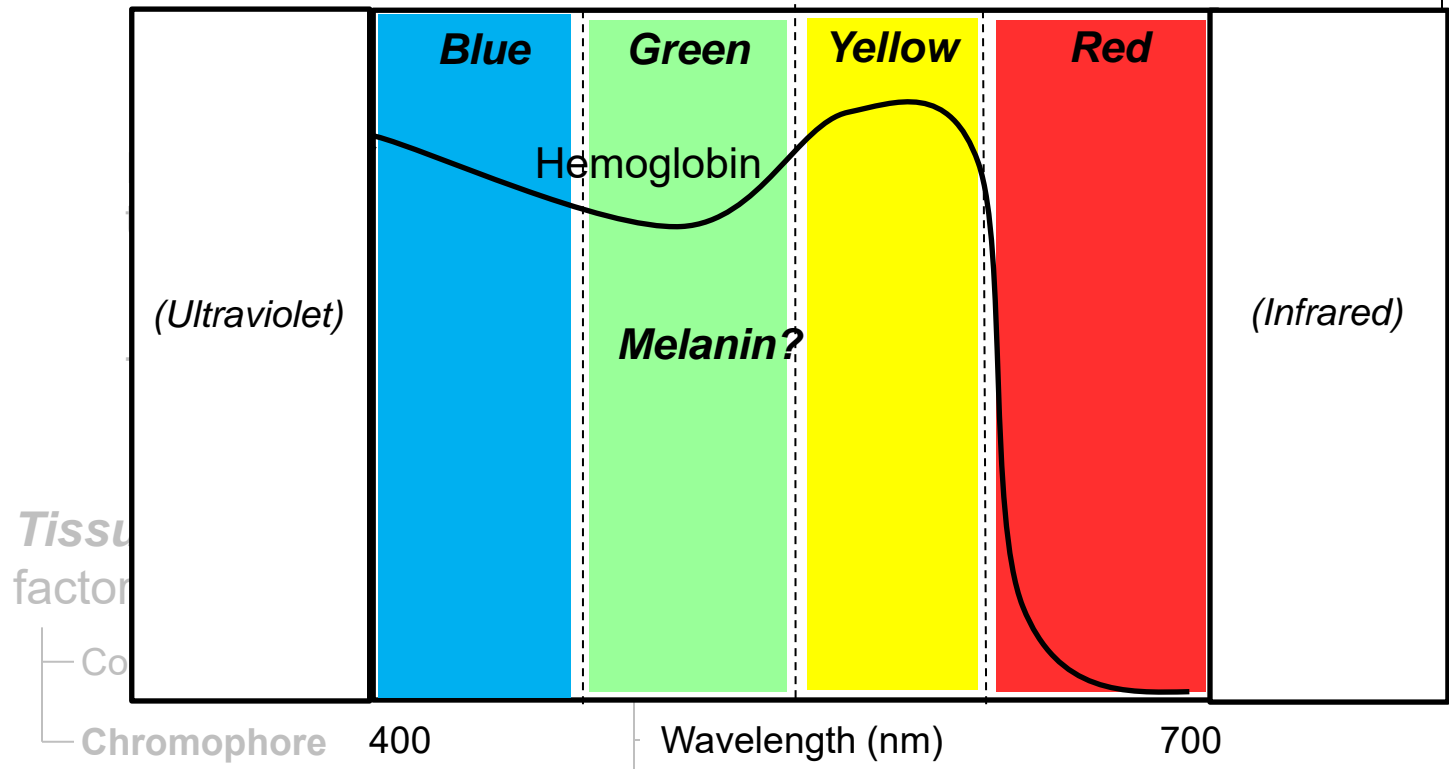
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(Note: The latest iteration of the *Retina* book also refers to xanthophyll as "oxygenated carotenoids, in particular lutein and zeaxanthin")



Q

Lasers: Pew! Pew!



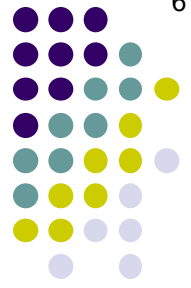
What is a chromophore? A molecule that absorbs light in a manner that results in a biological effect.

Which portion of the visible spectrum is well absorbed by: **Melanin?**

What two naturally-occurring chromophores in the eye are exploited in ophthalmic lasers?
Hemoglobin and melanin

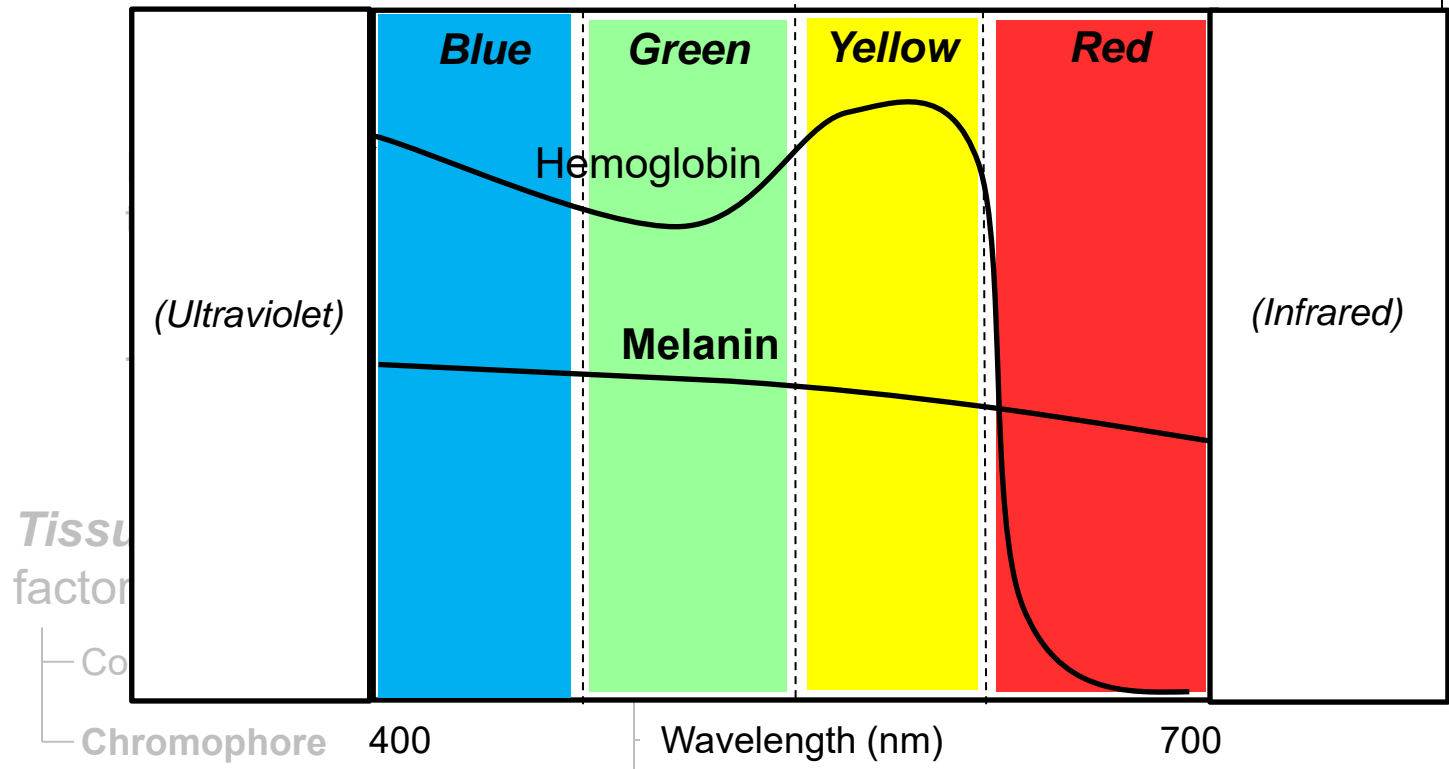
There is another chromophore, found only in the macula, we should mention. What is it?
Xanthophyll

(Note: The latest iteration of the *Retina* book also refers to xanthophyll as "oxygenated carotenoids, in particular lutein and zeaxanthin")



A

Lasers: Pew! Pew!



Tissue factor
Co
Chromophore

What is a chromophore?
A molecule that absorbs light in a manner that results in a biological effect.
What two naturally-occurring chromophores in the eye are exploited in ophthalmology?
Hemoglobin and melanin

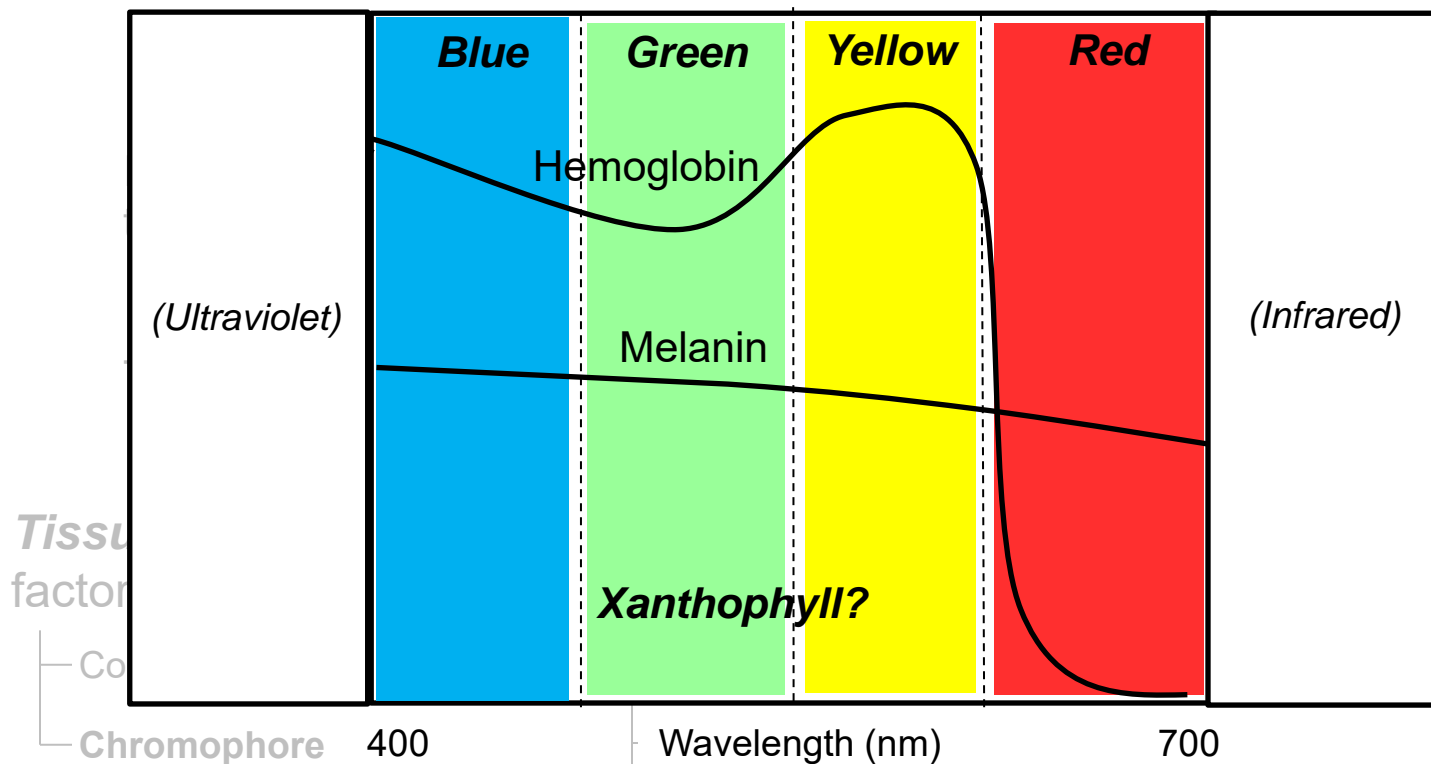
Which portion of the visible spectrum is well absorbed by: **Melanin**? **Everything is absorbed fairly well**

There is another chromophore, found only in the macula, we should mention. What is it?
Xanthophyll
(Note: The latest iteration of the *Retina* book also refers to xanthophyll as "oxygenated carotenoids, in particular lutein and zeaxanthin")



Q

Lasers: Pew! Pew!



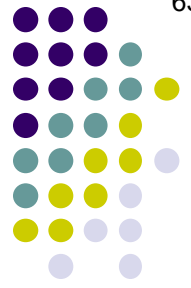
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 A molecule that absorbs light in a manner that results in a biological effect.

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Hemoglobin and melanin

Which portion of the visible spectrum is well absorbed by: **Xanthophyll**?

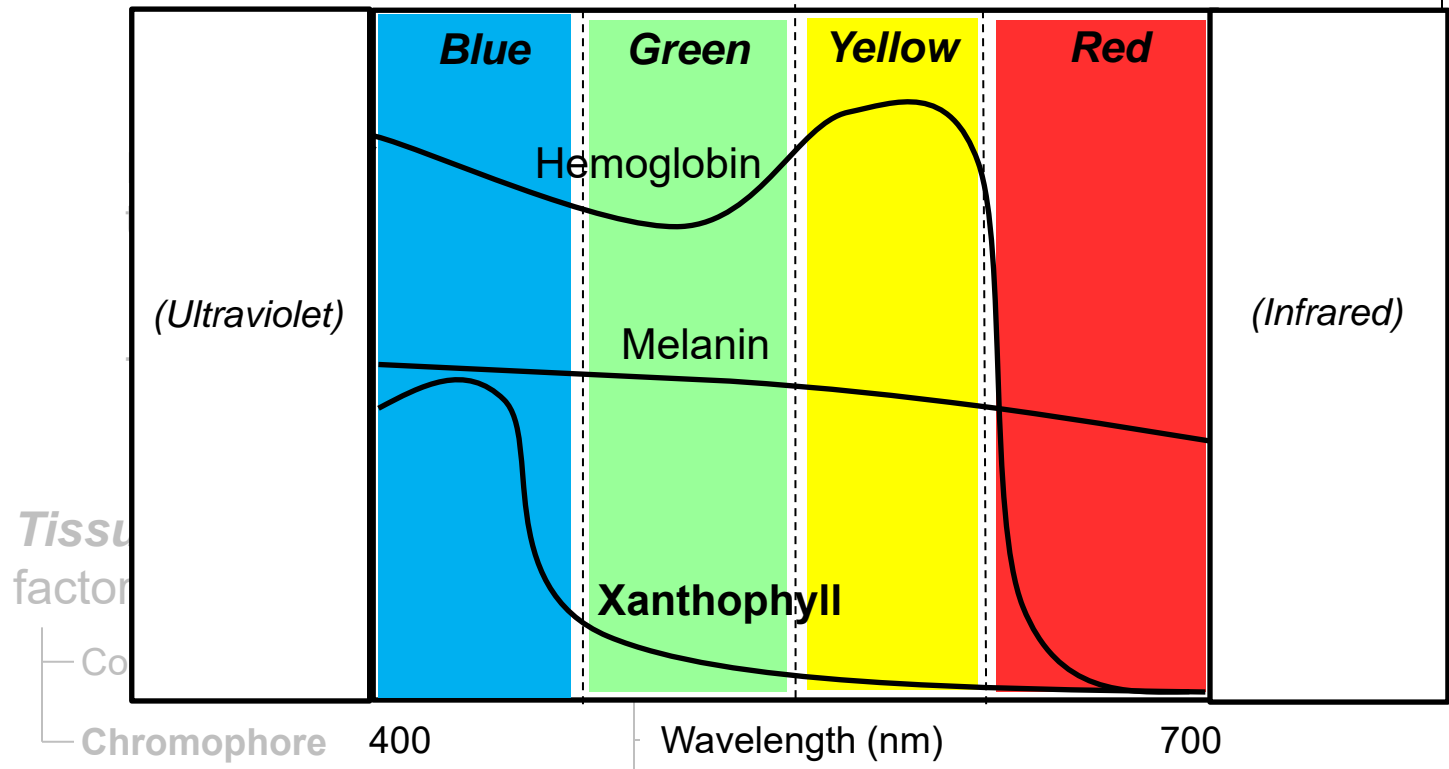
There is another chromophore, found only in the macula, we should mention. What is it?
Xanthophyll

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A

Lasers: Pew! Pew!



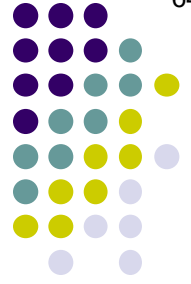
What is a chromophore?
 A molecule that absorbs light in a manner that results in a biological effect.

What two naturally-occurring chromophores in the eye are exploited in ophthalmology?
 Hemoglobin and melanin

Which portion of the visible spectrum is well absorbed by: **Xanthophyll**? Only **blue**

There is another chromophore, found only in the macula, we should mention. What is it?
Xanthophyll

(Note: The latest iteration of the *Retina* book also refers to xanthophyll as "oxygenated carotenoids, in particular lutein and zeaxanthin")



Q

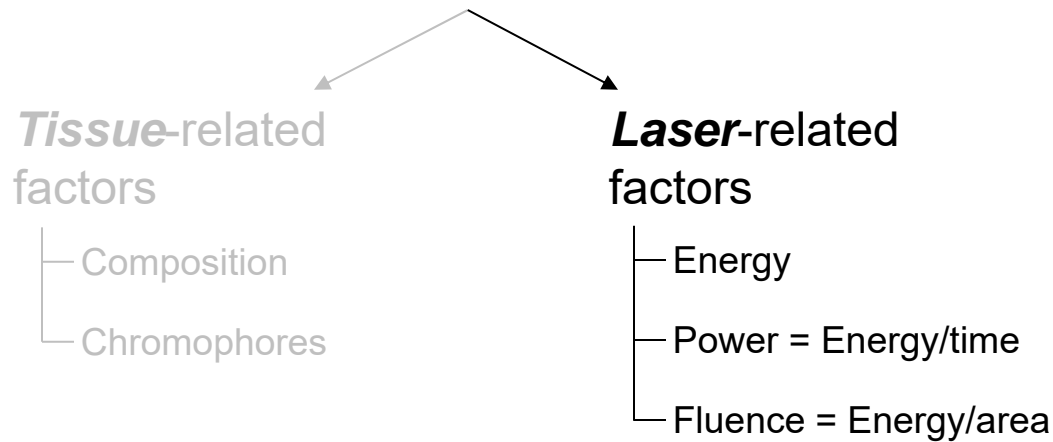
Lasers: Pew! Pew!

What is the essence of laser-tissue interaction?

It boils down to transferring the energy emitted by the laser to the target tissue

What factors influence the transference of energy?

There are **two categories** of factors affecting laser-energy transfer:



We've seen that power is energy per unit time, and fluence is energy per unit area. Is there any way to put this all together as a single factor?



Q/A

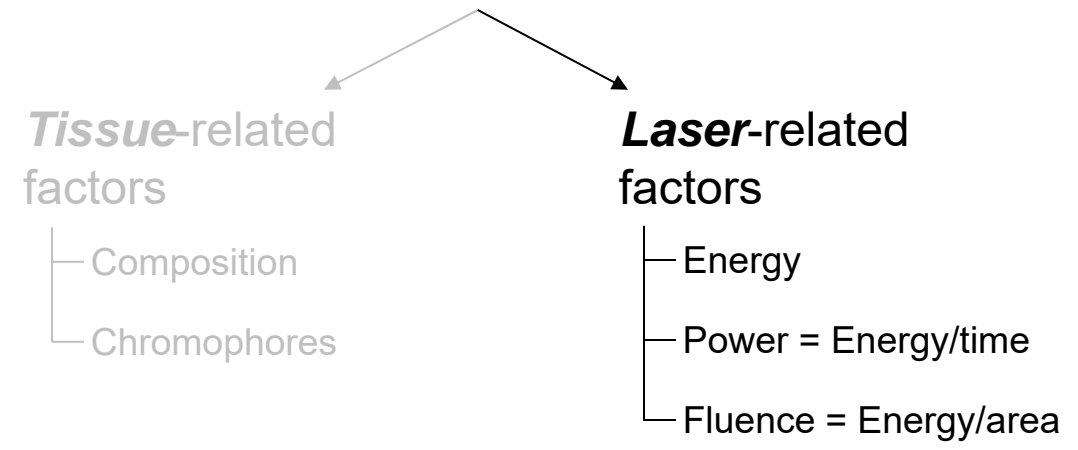
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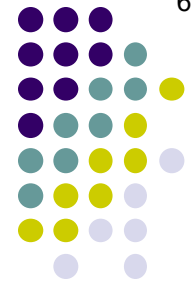
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A

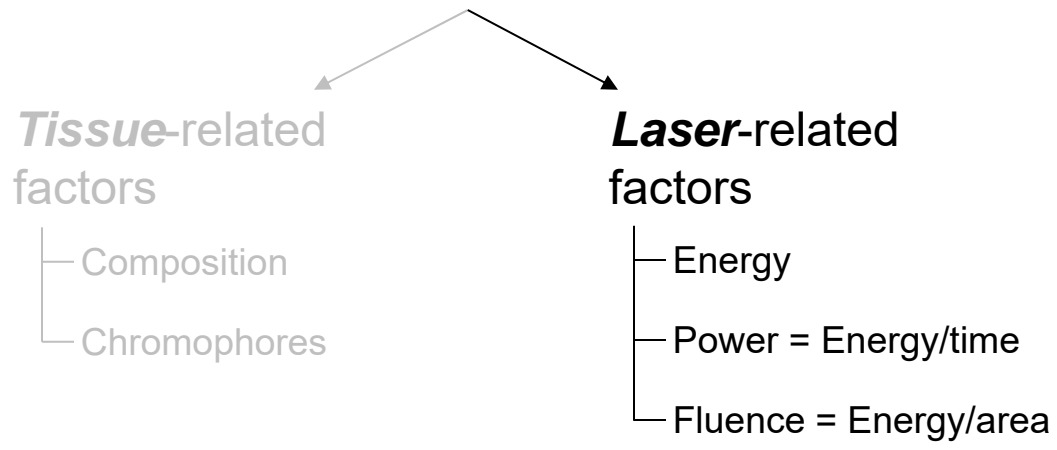
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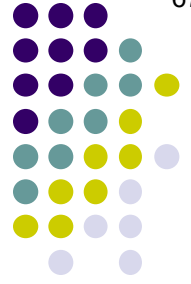
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Q

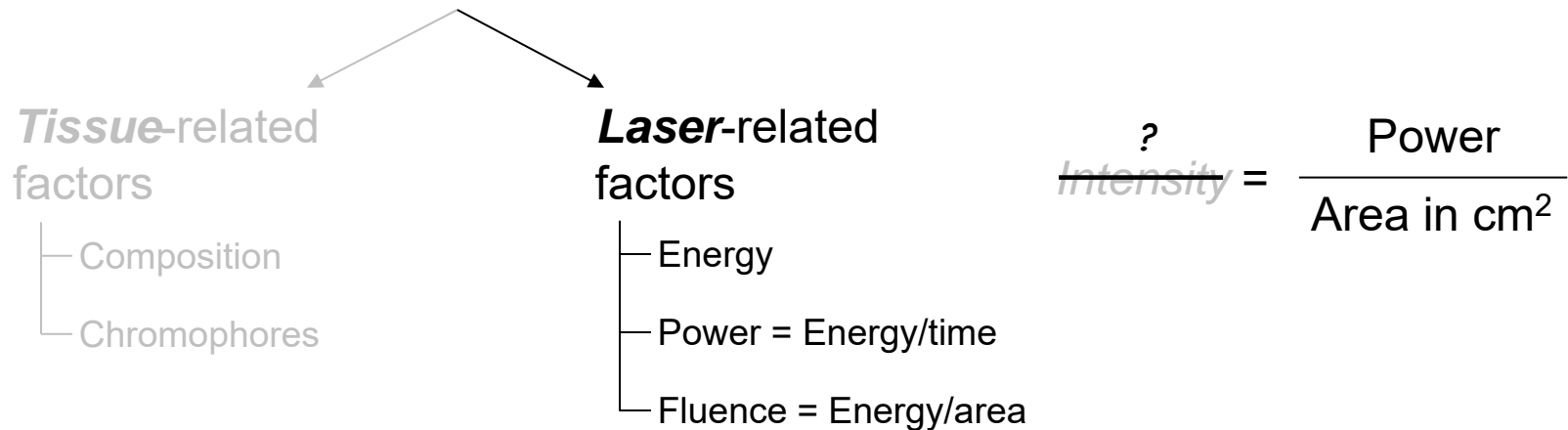
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FYI, another name for 'intensity' is

two words



A

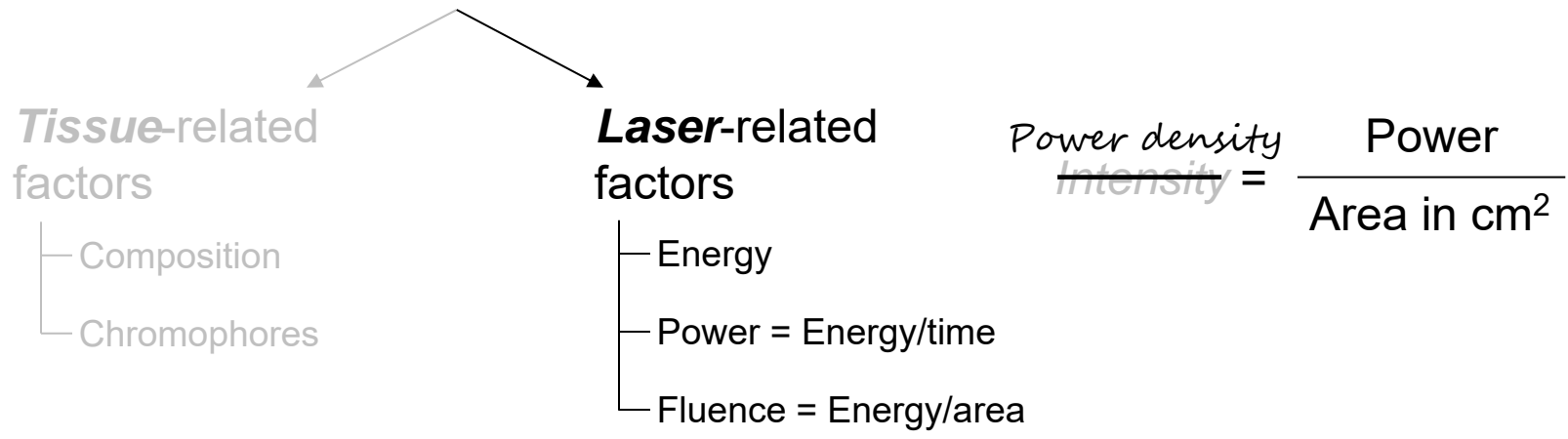
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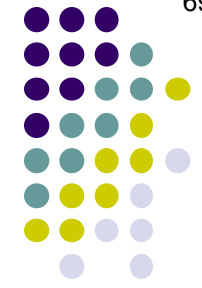
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FYI, another name for 'intensity' is *power density*



A

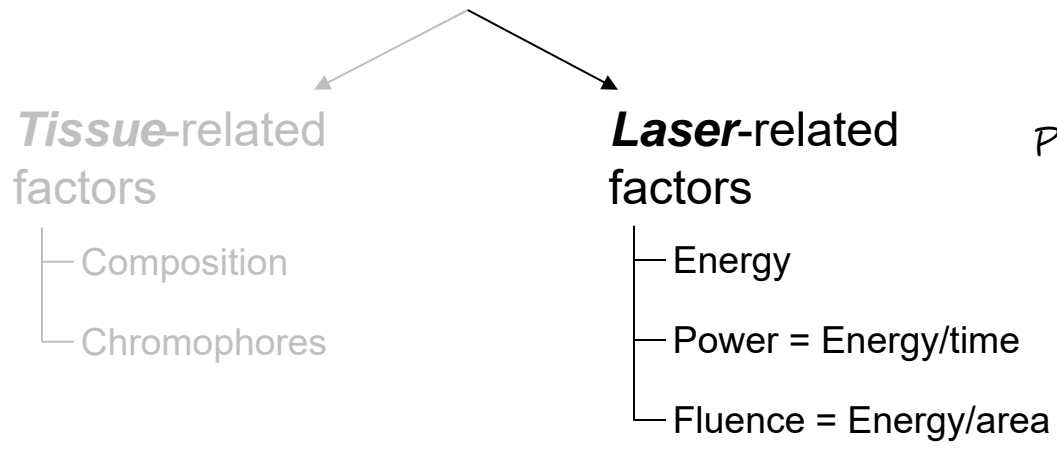
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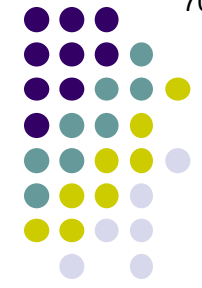
$$\text{Power density} = \frac{\text{Power}}{\text{Area in cm}^2}$$

Intensity

We've seen that power is energy per unit time, and fluence is energy per unit area. Is there any way to put this all together as a single factor?

Indeed there is. A laser's **intensity** is defined as its **power per unit area** (usually in cm²)

FYI, another name for 'intensity' is *power density* (which makes sense, as the factor is 'power per something')



Q

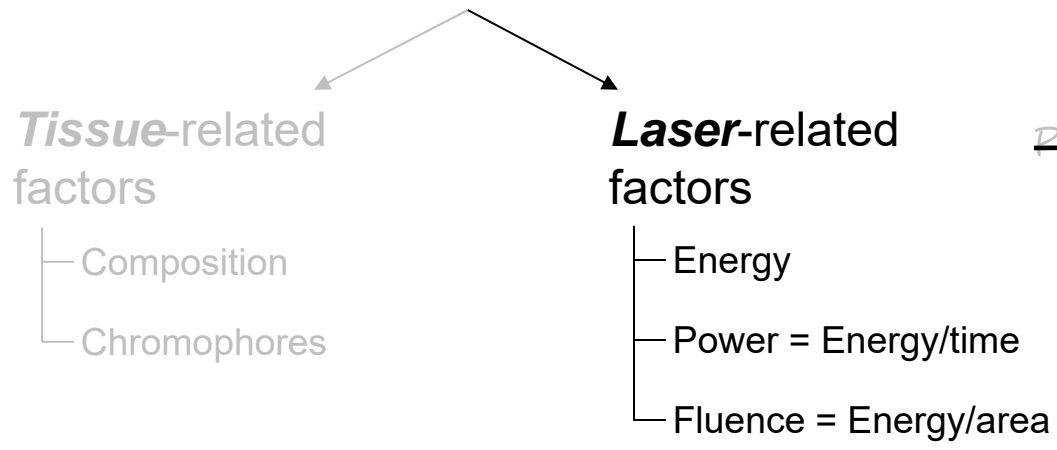
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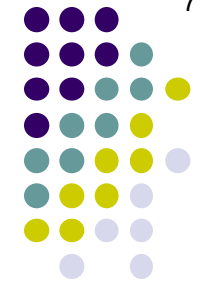


$$\begin{matrix}
 ? \\
 \text{Power density} \\
 \text{Intensity} = \frac{\text{Power}}{\text{Area in cm}^2}
 \end{matrix}$$

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Indeed there is. A laser's **intensity** is defined as its **power per unit area** (usually in cm²)

A final FYI on the same subject: Still another name for 'intensity' and 'power density' is one word



A

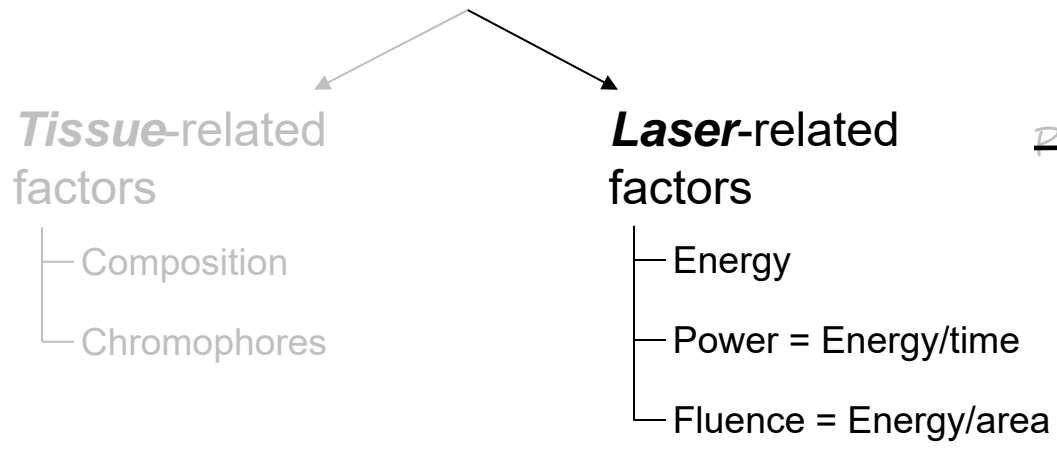
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What factors influence the transference of energy?

There are **two categories** of factors affecting laser-energy transfer:



$$\text{Irradiance} = \frac{\text{Power}}{\text{Area in cm}^2}$$

Power density
~~Intensity~~

We've seen that power is energy per unit time, and fluence is energy per unit area. Is there any way to put this all together as a single factor?

Indeed there is. A laser's **intensity** is defined as its **power per unit area** (usually in cm²)

A final FYI on the same subject: Still another name for 'intensity' and 'power density' is *irradiance*



A

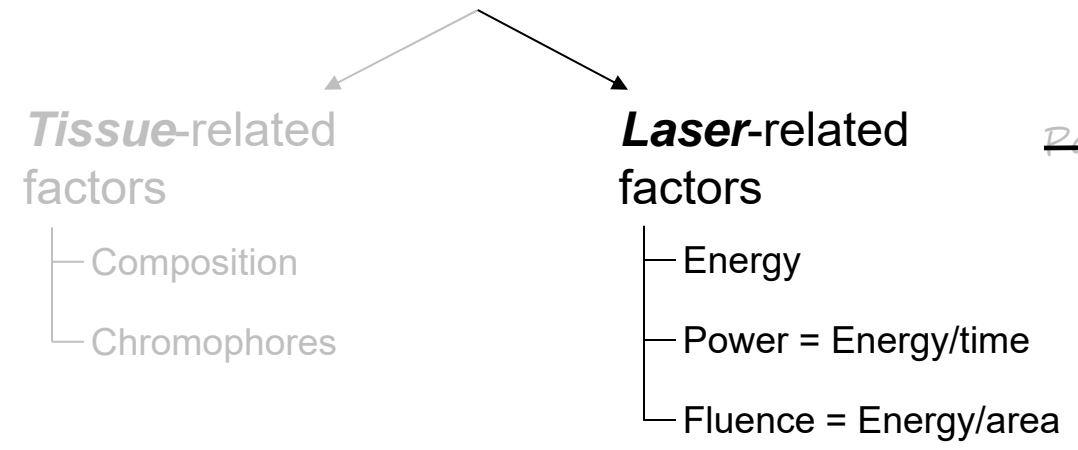
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$$\text{Irradiance} = \frac{\text{Power}}{\text{Area in m}^2}$$

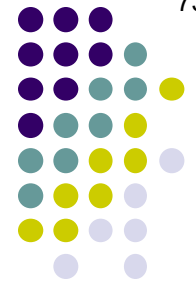
Power density
~~Intensity~~

We've seen that power is energy per unit time, and fluence is energy per unit area. Is there any way to put this all together as a single factor?

Indeed there is. A laser's **intensity** is defined as its **power per unit area** (usually in cm²)

A final FYI on the same subject: Still another name for 'intensity' and 'power density' is *irradiance* (with the stipulation that irradiance employs area in m², not cm²)

Lasers: Pew! Pew!

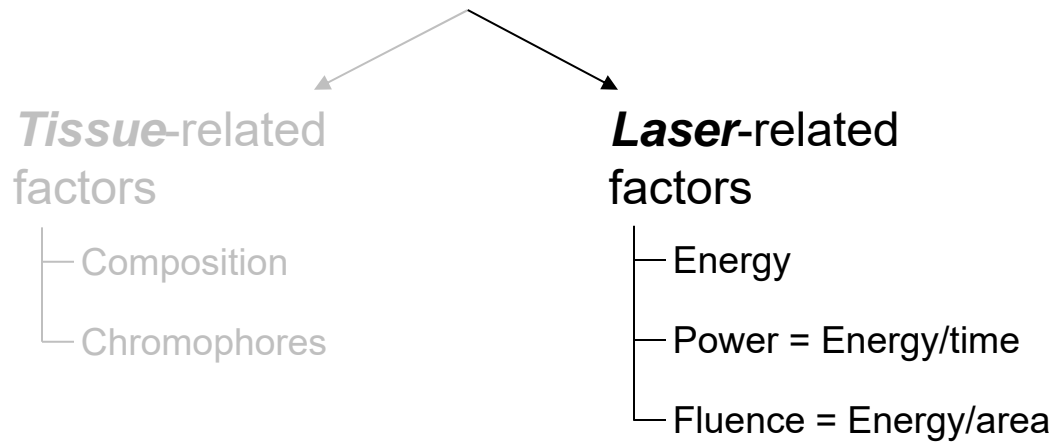


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Note that because power = energy/time, *intensity* can be written thusly:

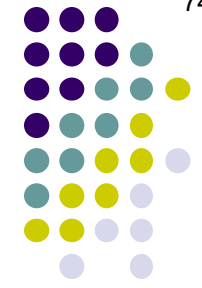
Indeed there is. A laser's **intensity** is defined as energy/time/area (usually in cm²)

$$Intensity = \frac{Power}{Area \text{ in } cm^2}$$



$$Intensity = \frac{Energy}{Time \cdot Area \text{ in } cm^2}$$

Lasers: Pew! Pew!

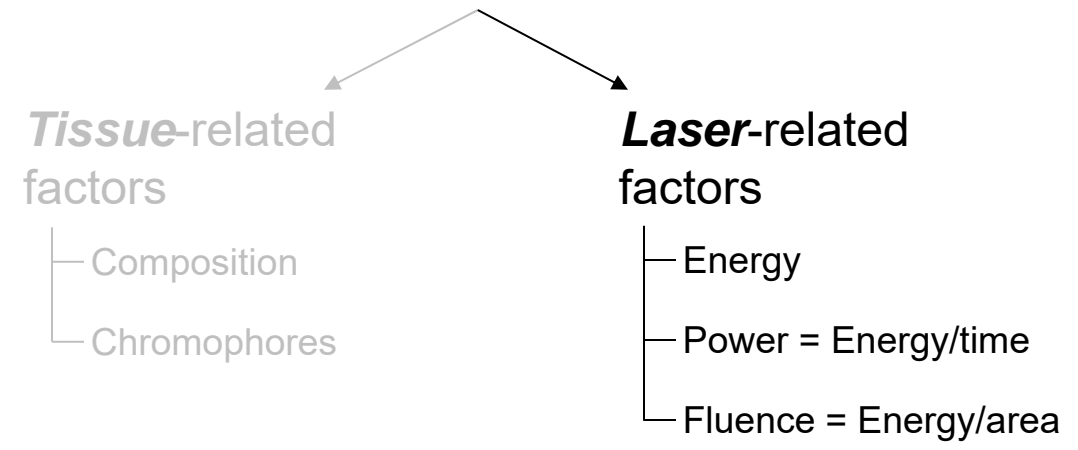


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Note that because power = energy/time, *intensity* can be written thusly:

Indeed there is. A laser's *intensity* is defined as energy/time/area (usually in cm²)

Which can be rewritten as:

$$Intensity = \frac{Power}{Area \text{ in } cm^2}$$



$$Intensity = \frac{\frac{Energy}{Time}}{Area \text{ in } cm^2}$$



$$Intensity = \frac{Energy}{Time \times area}$$



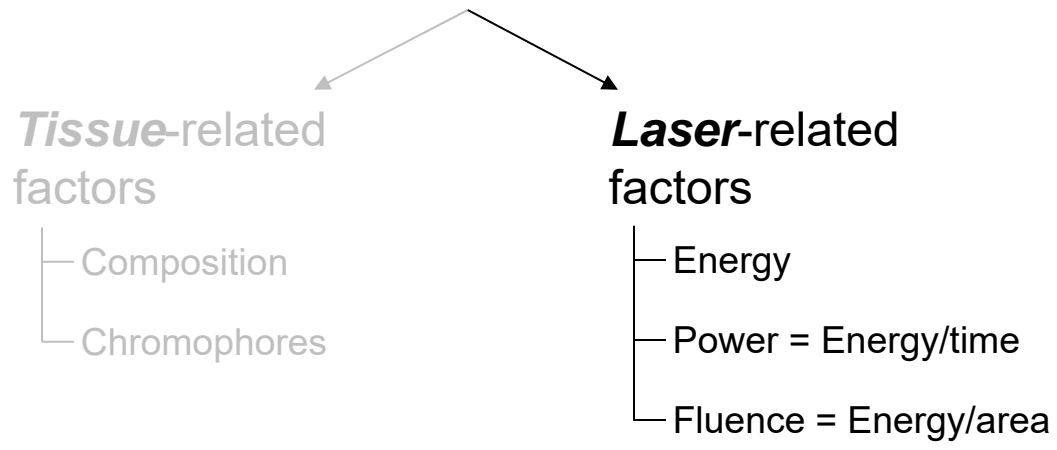
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$$Intensity = \frac{Power}{Area \text{ in } cm^2}$$



$$Intensity = \frac{\frac{Energy}{Time}}{Area \text{ in } cm^2}$$



$$Intensity = \frac{Energy}{Time \times area}$$

Note that Intensity (usually) can be increased by:

This formulation neatly illustrates how intensity can be increased by:

- Increasing pulse **energy**, or
- decreasing pulse **time**, or
- decreasing pulse **area**



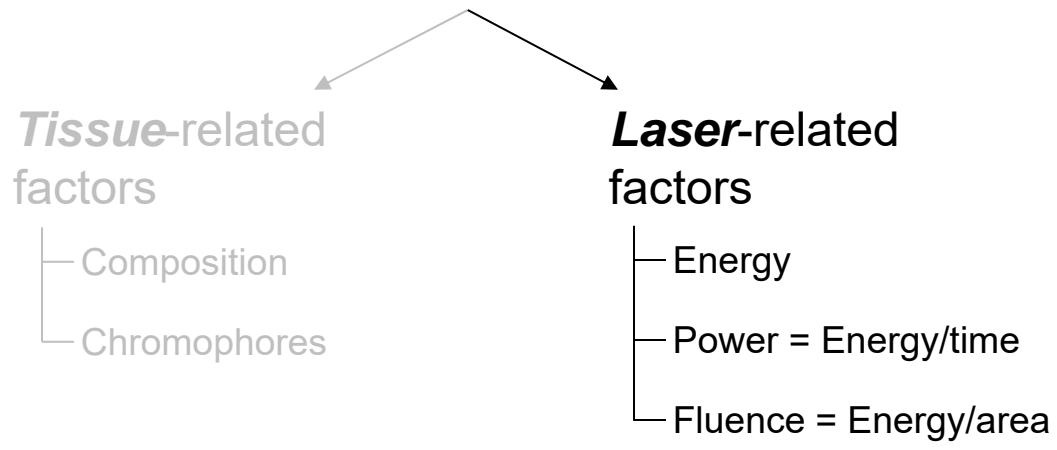
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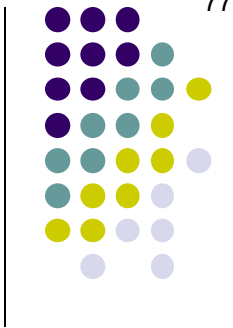
$$Intensity = \frac{Energy}{Time \times area}$$

Note that Intensity (usually) is defined as:

This formulation neatly illustrates how intensity can be increased by:

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So commit this to memory!

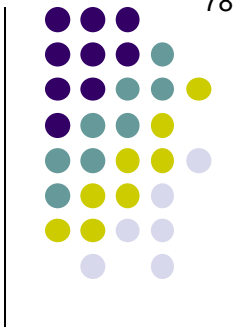


Q

Lasers: Pew! Pew!

What are the five modes of laser-tissue interaction?

- ?
- ?
- ?
- ?
- ?
- ?



A

Lasers: Pew! Pew!

What are the five modes of laser-tissue interaction?

Photo-chemical

aka photoactivation

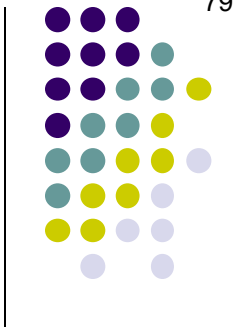
Thermal

Photo-ablation

Plasma-induced ablation

Photo-disruption

aka plasma-induced disruption



Q

Lasers: Pew! Pew!

What are the five modes of laser-tissue interaction?

Photo-chemical
aka *photoactivation*

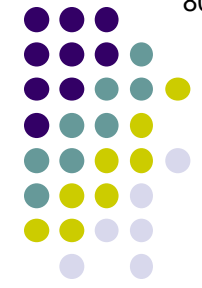
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Photo-ablation

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Photo-disruption
aka *plasma-induced disruption*

Are these thrown up here rando, or are they in an order of some sort?

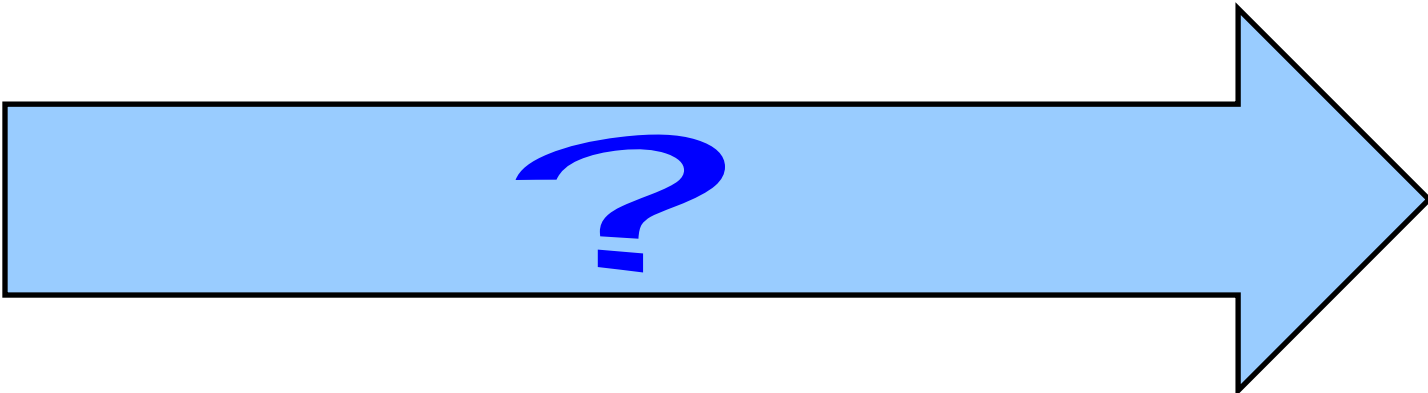


Q/A

Lasers: Pew! Pew!

What are the five modes of laser-tissue interaction?

- Photo-chemical
aka photoactivation
- Thermal
- Photo-ablation
- Plasma-induced ablation
- Photo-disruption
aka plasma-induced disruption



Are these thrown up here *rando*, or are they in an order of some sort?
 Not *rando*. Although there is some overlap (especially between *plasma-induced ablation* and *photodisruption*), overall these are listed in order of increasing .

A

Lasers: Pew! Pew!

What are the five modes of laser-tissue interaction?



Photo-
chemical
aka *photoactivation*

Thermal

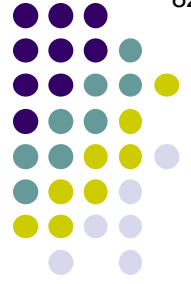
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ablation

Plasma-induced
ablation

Photo-
disruption
aka *plasma-
induced disruption*



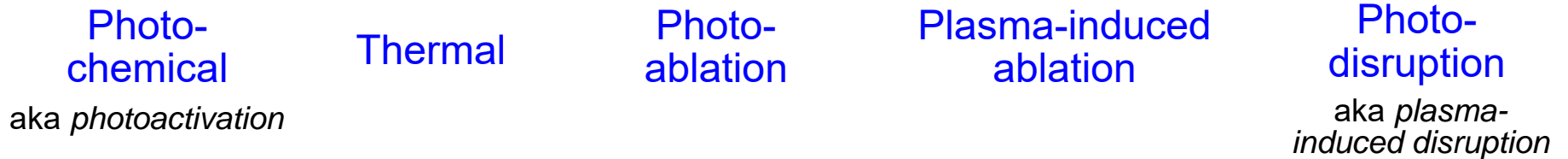
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Q

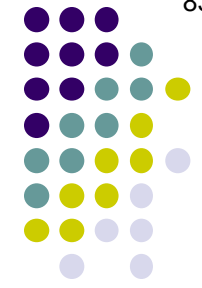
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How is intensity ramped up from one mode to the next?



Q/A

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How is intensity ramped up from one mode to the next?
 All three variables are manipulated to some extent, but probably account for the lion's share of the differences

A

Lasers: Pew! Pew!

What are the five modes of laser-tissue interaction?



Photo-chemical
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Not *rando*. Although there is some overlap (especially between *plasma-induced ablation* and *photodisruption*), overall these are listed in order of increasing **intensity**.

How is *intensity* ramped up from one mode to the next?

All three variables are manipulated to some extent, but *pulse time* probably account for the lion's share of the differences

Q

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

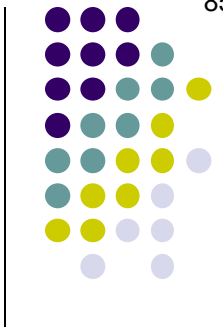


Photo-chemical
aka photoactivation

Thermal

Photo-ablation

Plasma-induced ablation

Photo-disruption
aka plasma-induced disruption

Briefly, what steps are involved in a photochemical laser procedure?

- 1)
- 2)
- 3)
- 4)

Q/A

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

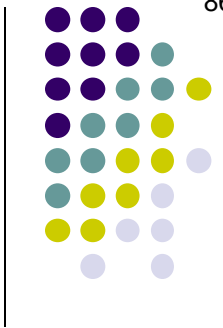


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Plasma-induced ablation

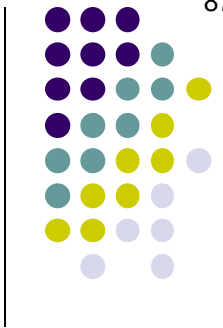
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aka *plasma-induced disruption*

Briefly, what steps are involved in a photochemical laser procedure?

- 1) A photosensitizing dye is injected intravenously, and time sufficient to allow concentration of the dye in the target lesion is allowed to pass
- 2)
- 3)
- 4)

Q/A

Lasers: Pew! Pew!



The five modes of laser-tissue interaction:

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- 1) A photosensitizing dye is injected intravenously, and time sufficient to allow concentration of the dye in the target lesion is allowed to pass
- 2) The laser is then used to 'light up' the lesion with light of a wavelength that will activate the dye
- 3)
- 4)



Q/A

Lasers: Pew! Pew!

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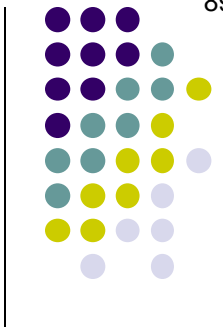
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- 3) The activated dye reacts with element to create three words which cause local two words
- 4)

Q/A

Lasers: Pew! Pew!



The five modes of laser-tissue interaction:

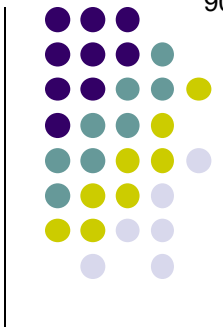
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- 2) The laser is then used to 'light up' the lesion with light of a wavelength that will activate the dye
- 3) The activated dye reacts with oxygen to create free radical species which cause local platelet activation
- 4)

Q/A

Lasers: Pew! Pew!



The five modes of laser-tissue interaction:

Photo-chemical
aka *photoactivation*

Thermal

Photo-ablation

Plasma-induced ablation

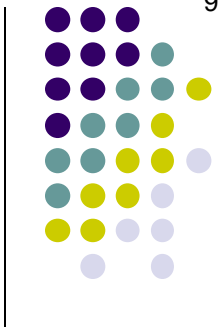
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- 1) A photosensitizing dye is injected intravenously, and time sufficient to allow concentration of the dye in the target lesion is allowed to pass
- 2) The laser is then used to 'light up' the lesion with light of a wavelength that will activate the dye
- 3) The activated dye reacts with oxygen to create free radical species which cause local platelet activation
- 4) Platelet activation produces one word of the lesion's vasculature.

A

Lasers: Pew! Pew!



The five modes of laser-tissue interaction:

Photo-chemical
 aka *photoactivation*

Thermal

Photo-ablation

Plasma-induced ablation

Photo-disruption
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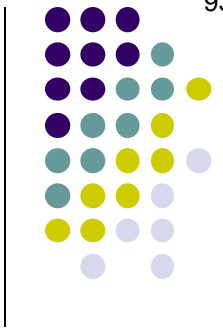
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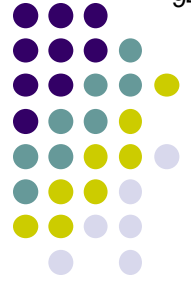
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Photodynamic therapy (PDT)



Q

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What is PDT used to treat?



Q/A

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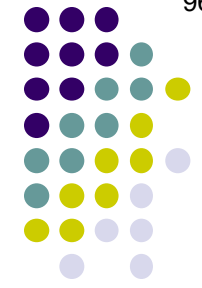
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Verteporfin

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How much time is allowed to pass?
10 minutes

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For how long is the laser light applied to the lesion?

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For how long is the laser light applied to the lesion?

83 seconds

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Q

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Before the next PDT question... What does PRP stand for in this context?

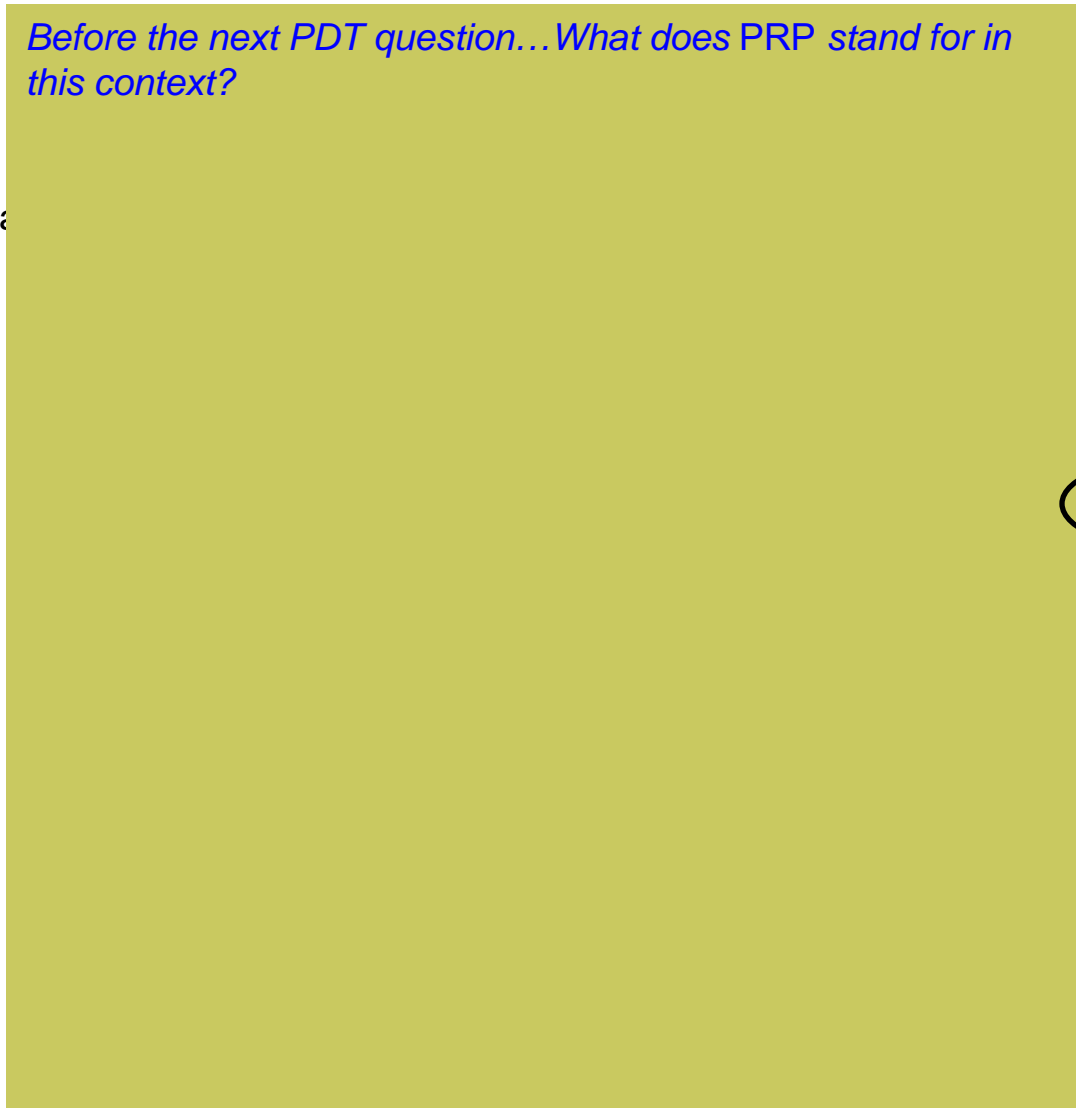
Plasma-induced ablation

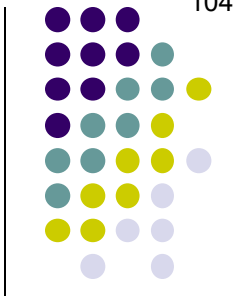
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...usly, and time sufficient to
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PRP laser





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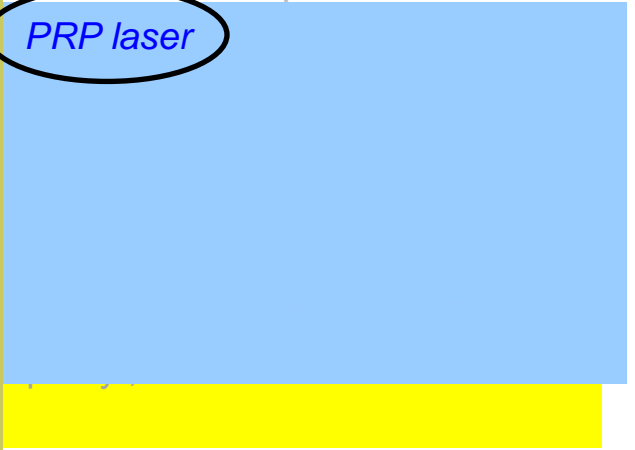
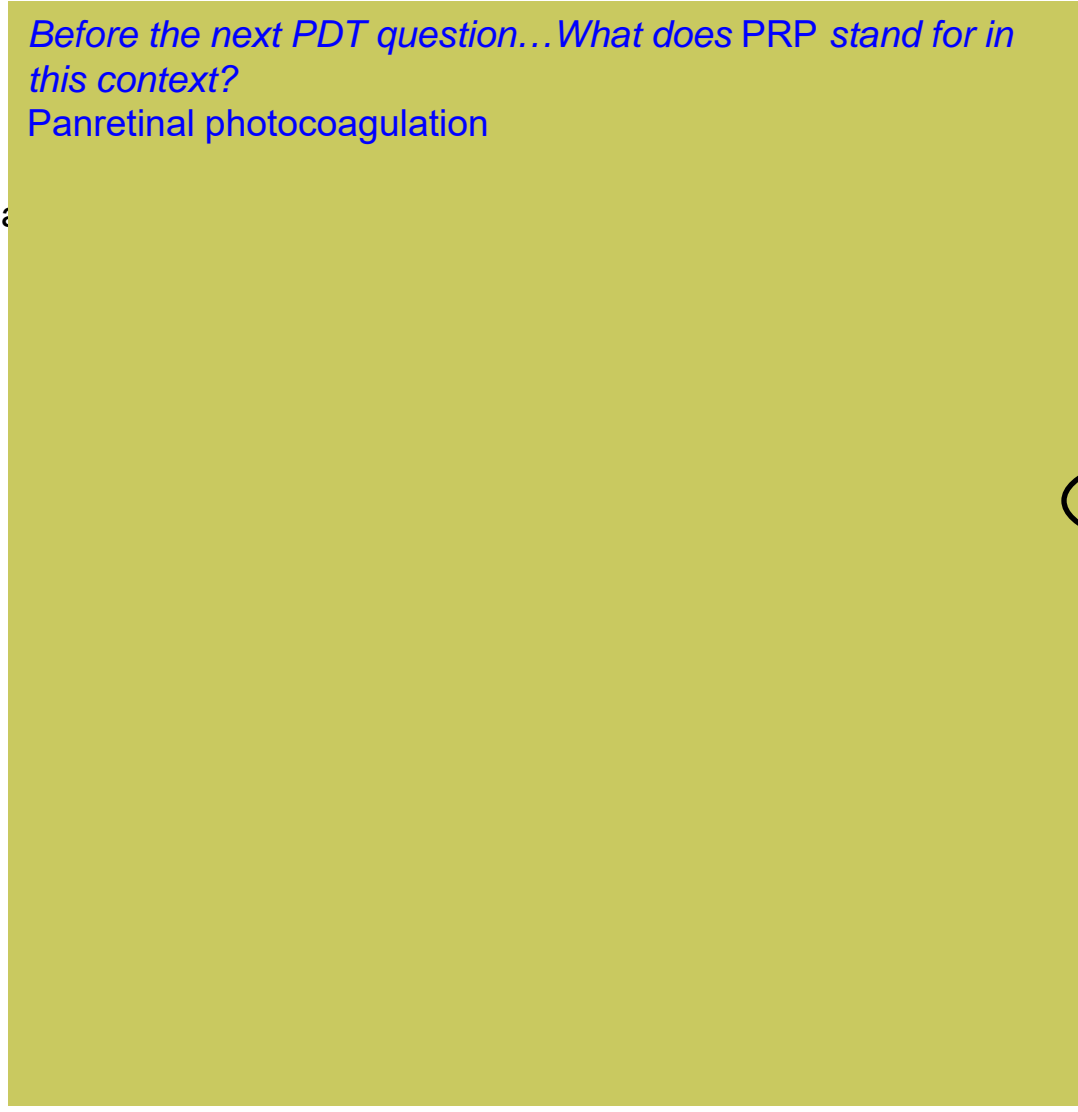
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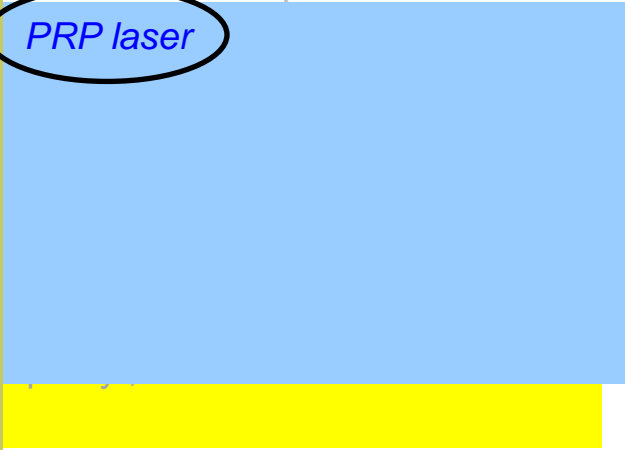
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Panretinal photocoagulation

In the briefest of manners, describe the PRP procedure.

Several thousand laser burns are placed throughout the retinal periphery

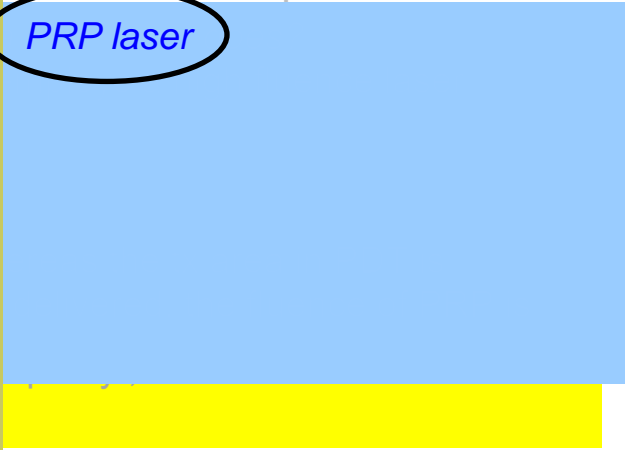
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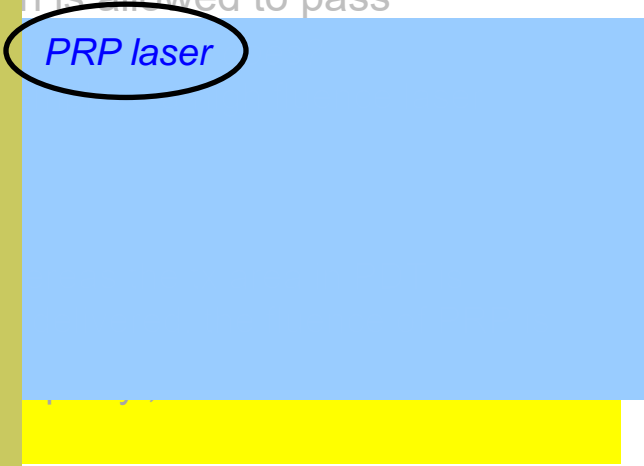
Proliferative diabetic retinopathy (PDR) or severe nonproliferative dz (severe NPDR)

Plasma-induced ablation

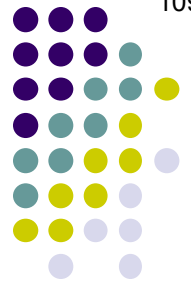
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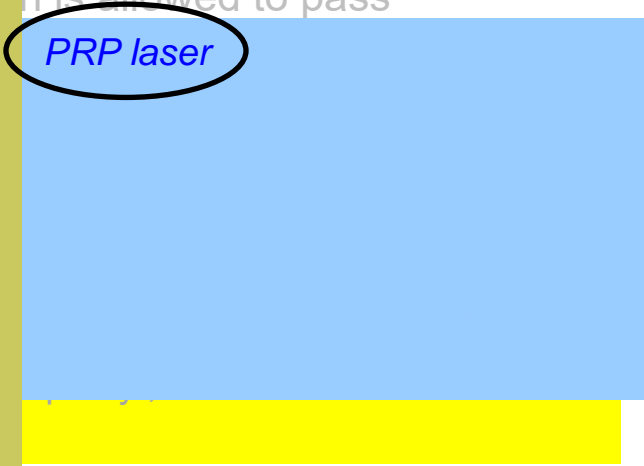
The goal is to kill most of the cells in the peripheral retina

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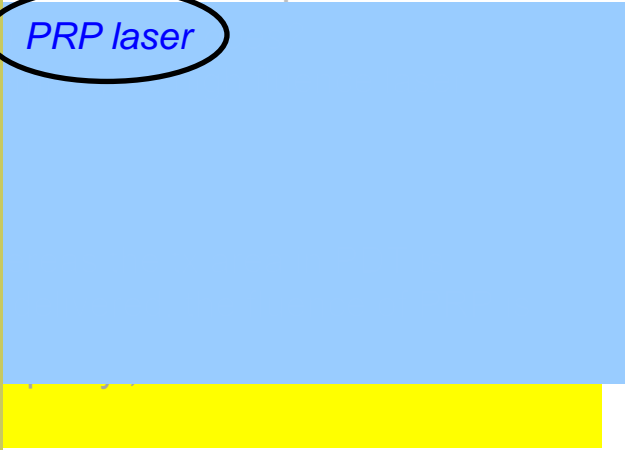
Finally (and also briefly): What is the therapeutic rationale? Why kill the peripheral retina?

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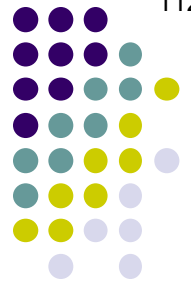
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Q/A

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Finally (and also briefly): What is the therapeutic rationale?

Why kill the peripheral retina?

DM retinopathy renders the peripheral retina hypoxic. Hypoxic cells release abb., which leads to the development of PDR, which leads to severe vision loss (SVL).

Plasma-induced ablation

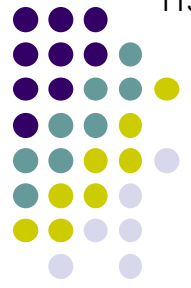
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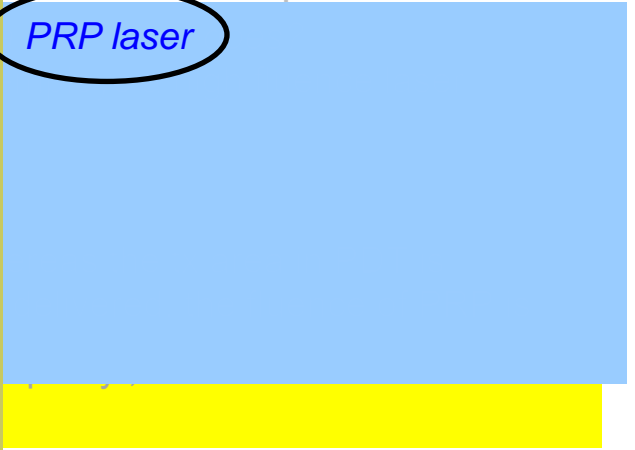
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DM retinopathy renders the peripheral retina hypoxic. Hypoxic cells release VEGF, which leads to the development of PDR, which leads to severe vision loss (SVL). On the other hand,, dead cells do **not** release VEGF, so by euthanizing the hypoxic retina, the intraocular VEGF burden is reduced, neovascularization is halted, and SVL is avoided.

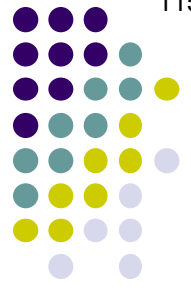
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VEGF

What does VEGF stand for in this context?

Plasma-induced ablation

Photo-disruption aka plasma-induced disruption

What is the typical laser procedure?

usually, and time sufficient to allow the laser energy to pass

PRP laser



A

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What does VEGF stand for in this context?
Vascular endothelial growth factor

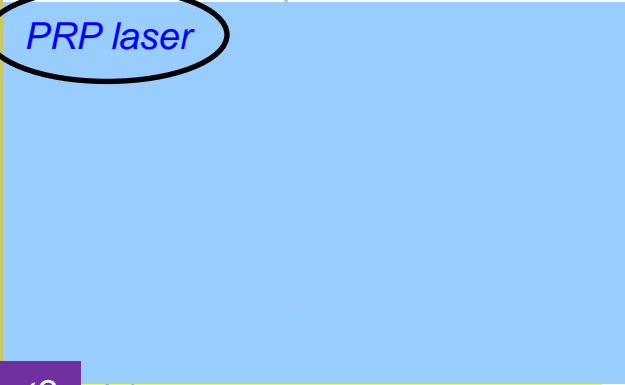
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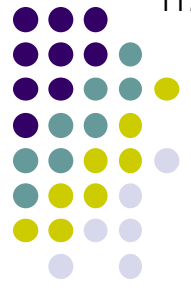
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1) A **photosensitizing dye** is injected intravenously, and time sufficient to allow concentration of the dye in the target lesion is allowed to pass

Why doesn't the PDT laser cause thermal damage like, say, a PRP laser does?

intraocular tumors.

A

Lasers: Pew! Pew!

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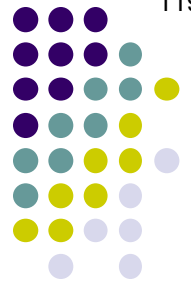
1) A **photosensitizing dye** is injected intravenously, and time sufficient to allow concentration of the dye in the target lesion is allowed to pass

Why doesn't the PDT laser cause thermal damage like, say, a PRP laser does?

Because the PDT laser is a low fluence laser, whereas PRP employs a high fluence laser.

$$\text{Fluence} = \text{Energy/area}$$

intraocular tumors.



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Lasers: Pew! Pew!

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Why doesn't the PDT laser cause thermal damage like, say, a PRP laser does?

Because the PDT laser is a low fluence laser, whereas PRP employs a high fluence laser.

Fluence = Energy/area

The tx area (ie, spot size) in PRP is measured in microns, whereas the tx area in PDT is measured in centimeters. Thus, for a given amount of energy delivered, the fluence of PRP is orders of magnitude higher than the fluence of PDT.

intraocular tumors.



Lasers: Pew! Pew!

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Briefly, what steps are involved in a photochemical laser procedure?

1) A **photosensitizing dye** is injected intravenously, and time sufficient to allow concentration of the dye in the target lesion is allowed to pass

*Of course, another reason PDT doesn't produce thermal effects like PRP is because the PDT laser is a low **power** laser, whereas PRP employs a high **power** laser.*

$$\text{Power} = \frac{\text{Energy}}{\text{time}}$$

The tx *time* in PRP is measured in *ms*, whereas the tx *time* in PDT is measured in *seconds*. Thus, for a given amount of energy delivered, the *power* of PRP is orders of magnitude higher than the *power* of PDT.

intraocular tumors.



Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-chemical
aka *photoactivation*

Thermal

Photo-ablation

Plasma-induced ablation

Photo-disruption
aka *plasma-induced disruption*

Note: All PDT is of low fluence compared to most other laser procedures. However, there is a PDT variant called *low- or half-fluence PDT* in which the amount of energy delivered is half of the standard PDT dose (there is some evidence that half-fluence PDT is more effective than full-fluence)

$$\text{half - Fluence} = \frac{\text{Energy/area}}{2}$$

The tx area (ie, spot size) in PRP is measured in microns, whereas the tx area in PDT is measured in centimeters. Thus, for a given amount of energy delivered, the fluence of PRP is orders of magnitude higher than the fluence of PDT.

intraocular tumors.



Q

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

- Photo-chemical**
aka *photoactivation*
- Thermal
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$$\text{half - Fluence} = \text{Energy/area} \times 2$$

The tx area (ie, s measured in cent orders of magnit

Couldn't you produce half-fluence by doubling the denominator instead of halving the numerator?

intraocular



A

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-chemical
aka *photoactivation*

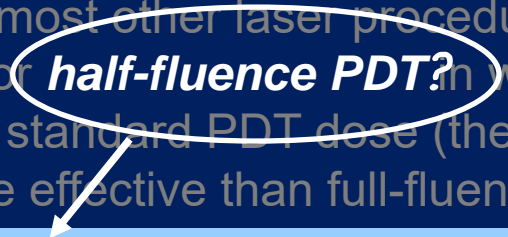
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half - Fluence = Energy/area x 2

The tx area (ie, s measured in cent orders of magnit

intraocular

Couldn't you produce half-fluence by doubling the denominator instead of halving the numerator?
Well, you *could*, but doing so wouldn't be prudent. In PDT, we're treating a lesion of a certain size/extent. It would make no therapeutic sense to reduce fluence by doubling the treatment area, because this would entail 'treating' the healthy tissue surrounding the lesion.

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

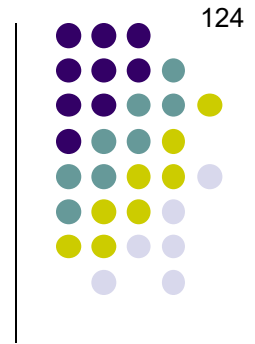


Photo-chemical
aka *photoactivation*

Thermal

Photo-
ablation

Plasma-induced
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Photo-
disruption
aka *plasma-
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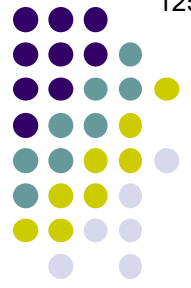
Very-low-power
laser energy
causes a
photosensitive
dye to undergo
chemical rxn

PDT

No question—proceed when ready

Q

Lasers: Pew! Pew!



The five modes of laser-tissue interaction:

Photo-chemical

aka photoactivation

Thermal

Photo-ablation

Plasma-induced ablation

Photo-disruption

aka plasma-induced disruption

Thermal effects on tissue exist on a continuum. What are the five degrees (see what I did there?) of tissue effects?

Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn

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PDT

A

Lasers: Pew! Pew!



The five modes of laser-tissue interaction:

Photo-chemical

aka photoactivation

Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn

PDT

Thermal

Thermal effects on tissue exist on a continuum. What are the five degrees (see what I did there?) of tissue effects?

- Hyperthermia
- Coagulation
- Vaporization
- Carbonization
- Melting

Photo-ablation

Plasma-induced ablation

Photo-disruption

aka plasma-induced disruption

Q

Lasers: Pew! Pew!

127



The five modes of laser-tissue interaction:

Photo-chemical

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Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn

PDT

Thermal

Photo-ablation

Plasma-induced ablation

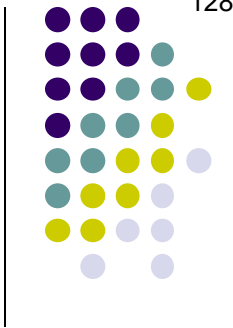
Photo-disruption

aka *plasma-induced disruption*

Thermal effects on tissue exist on a continuum. What are the five degrees (see what I did there?) of tissue effects?

- Hyperthermia?
- Coagulation?
- Vaporization?
- Carbonization?
- Melting?

Which thermal effect is employed most frequently?



A

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

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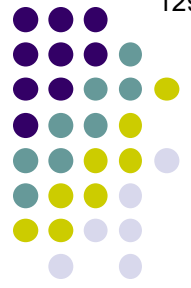
Which thermal effect is employed most frequently?

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Q

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Which thermal Coagulation

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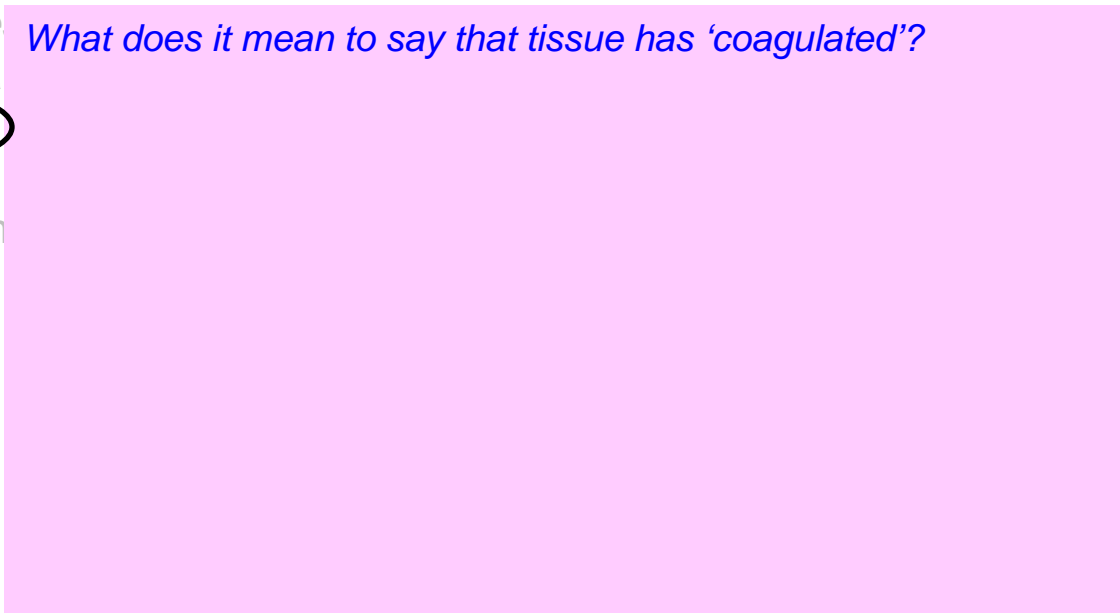
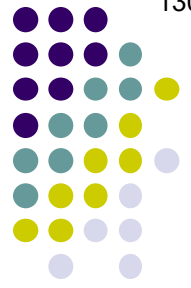


Photo-ablation

Plasma-induced ablation

Photo-disruption
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A

Lasers: Pew! Pew!

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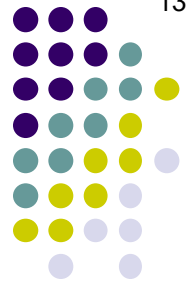
Which thermal Coagulation

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What does it mean to say that tissue has 'coagulated'?
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OK, what does it mean to say a protein has been 'denatured'?



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Coagulation

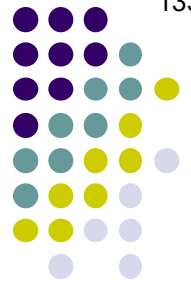
Photo-ablation

Plasma-induced ablation

Photo-disruption
aka plasma-induced disruption

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OK, what does it mean to say a protein has been 'denatured'?
It means the protein has been forced out of its native conformation by some sort of applied stress (in this case, heat). Because a protein's function is inextricably tied to its shape, denatured proteins do not behave as they do in their native form.



Q

Lasers: Pew! Pew!

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Can you give an example of protein denaturation?



A

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Photo-ablation

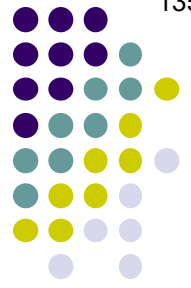
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Can you give an example of protein denaturation?
Consider egg albumin. In its native state, it's a clear liquid. But if sufficient heat is applied, it becomes a white solid. (And if sufficient salsa is applied to the white solid, it becomes delish.)



Q

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-chemical
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Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn

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Thermal effects on tissue exist on a continuum. What are the five degrees?

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Which thermal effects are used in PDT?
Coagulation

Photo-ablation

Plasma-induced ablation

Photo-disruption
aka plasma-induced disruption

What does it mean to say that tissue has 'coagulated'?
It means the proteins have been denatured

OK, what does it mean to say a protein has been 'denatured'?

At what temperature does retinal tissue start to coagulate?

It means the protein has lost its native conformation (shape, heat). Because a denatured protein has lost its shape, denatured proteins do not behave as they do in their native form.

Can you give an example of protein denaturation?

Consider egg albumin. In its native state, it's a clear liquid. But if sufficient heat is applied, it becomes a white solid. (And if sufficient salsa is applied to the white solid, it becomes delish.)



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What does it mean to say that tissue has 'coagulated'?
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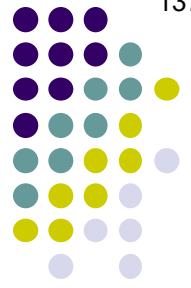
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It means the protein has lost its native conformation (shape, heat).
Because a protein's function depends on its shape, denatured proteins do not behave as they do in their native form.

At what temperature does retinal tissue start to coagulate?
65°C

Can you give an example of protein denaturation?

Consider egg albumin. In its native state, it's a clear liquid. But if sufficient heat is applied, it becomes a white solid. (And if sufficient salsa is applied to the white solid, it becomes delish.)



Q

Lasers: Pew! Pew!

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Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn

PDT

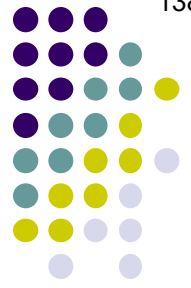
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What does it mean to say that tissue has 'coagulated'?
It means the proteins have been denatured

OK, what does it mean to say that tissue has 'denatured'?
At what temperature does retinal tissue denature?

What retinal procedure should come to mind when thinking about thermal laser-tissue interactions that rely on coagulation to produce the desired therapeutic outcome?



A

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-chemical
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Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn

PDT

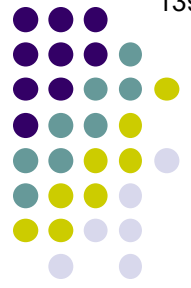
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PRP



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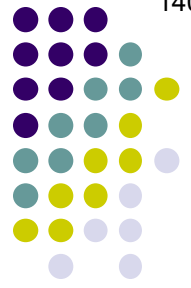
Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn

PDT

What retinal procedure should come to mind when thinking about thermal laser-tissue interactions that rely on coagulation to produce the desired therapeutic outcome?
PRP

That's convenient, because we already know a little about PRP after comparing and contrasting it with PDT; eg, we know PRP achieves much higher intensity (aka power density, aka irradiance) by employing vastly shorter pulse times and vastly smaller target areas.

(No question yet—proceed when ready)



Q

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-chemical
aka photoactivation

Thermal

Photo-ablation

Plasma-induced ablation

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Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn

Thermal effects on tissue exist on a continuum. What are the five degrees?

- Hyperthermia
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What does it mean to say that tissue has 'coagulated'? It means the proteins have been denatured

OK, what does 'denatured' mean? At what temperature does retinal tissue become denatured?

What retinal procedure should come to mind when thinking about thermal laser-tissue interactions that rely on coagulation to produce the desired therapeutic outcome? PRP

PDT

That's convenient, because we already know a little about PRP after comparing and contrasting it with PDT; eg, we know PRP achieves much higher intensity (aka power density, aka irradiance) by employing vastly shorter pulse times and vastly smaller target areas. However, with regard to another laser-tissue interaction factor, PRP and PDT are on the same wavelength (so to speak). What is that factor?



A

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-chemical
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Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn

Thermal effects on tissue exist on a continuum. What are the five degrees?

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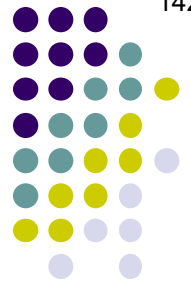
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Both procedures employ a dye of sorts to produce the desired therapeutic effect



Q

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-chemical
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Photo-disruption
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Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn

Thermal effects on tissue exist on a continuum. What are the five degrees?

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What does it mean to say that tissue has 'coagulated'? It means the proteins have been denatured

OK, what

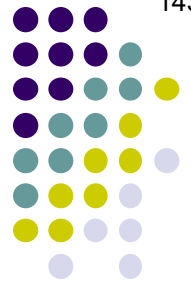
Huh? I've seen/performed PRP, and no dye was employed. What are you talking about?

What retinal procedure should be used for interactions that rely on coagulation? PRP

PDT

That's convenient, because we can contrast it with PDT; eg, we can vary the density, aka irradiance) by employing different target areas. However, with regard to PDT are on the same wavelength (so to speak). What is that factor?

Both procedures employ a **dye** of sorts to produce the desired therapeutic effect



A

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-chemical

Thermal

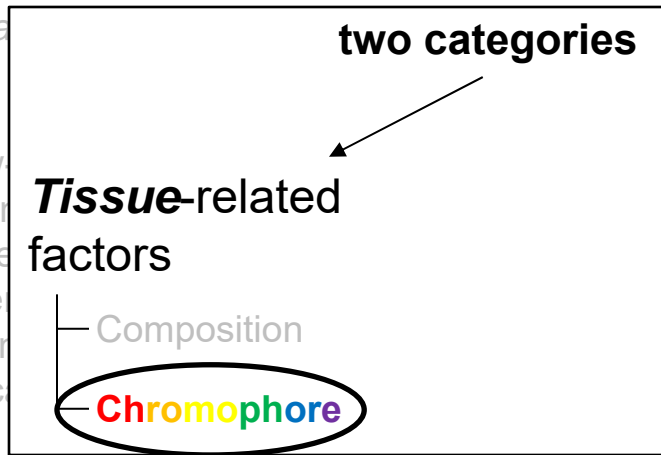
Photo-ablation

Plasma-induced ablation

Photo-disruption

aka plasma-induced disruption

aka photochemical



Very-low laser energy cause photochemical dye to undergo chemical

... exist on a continuum. What are

... it mean to say that tissue has 'coagulated'? ... the proteins have been denatured

Huh? I've seen/performed PRP, and no dye was employed. What are you talking about?

Recall an earlier slide on which it was pointed out that **chromophores** can serve as 'natural dyes.'

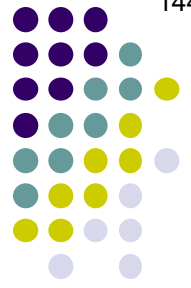
That is, if the incoming light is of the right wavelength, **chromophores** will absorb the energy and convert it into heat.

What is a **chromophore** in this context?

A molecule that absorbs light of a certain wavelength in a manner that results in the generation of heat (ie **a dye**)

... wavelength (so to speak). What is that factor?

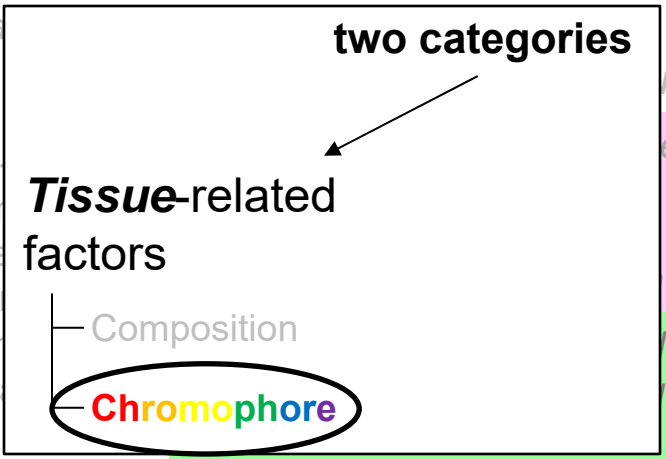
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A

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:



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... the proteins have been denatured

Huh? I've seen/performed PRP, and no dye was employed. What are you talking about?

Recall an earlier slide on which it was pointed out that **chromophores** can serve as 'natural dyes.'

That is, if the incoming light is of the right wavelength, **chromophores** will absorb the energy and convert it into heat. Recall also that the eye contains two **chromophores** in abundance—**hemoglobin** and **melanin**.

What is a **chromophore** in this context?

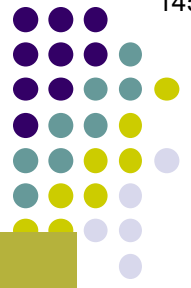
A molecule that absorbs light of a certain wavelength in a manner that results in the generation of heat (ie **a dye**)

What two naturally-occurring **chromophores** found in the eye are exploited in ophthalmic laser procedures?

Hemoglobin and **melanin**

... wavelength (so to speak). What is that factor?

... **dye** of sorts to produce the desired therapeutic effect



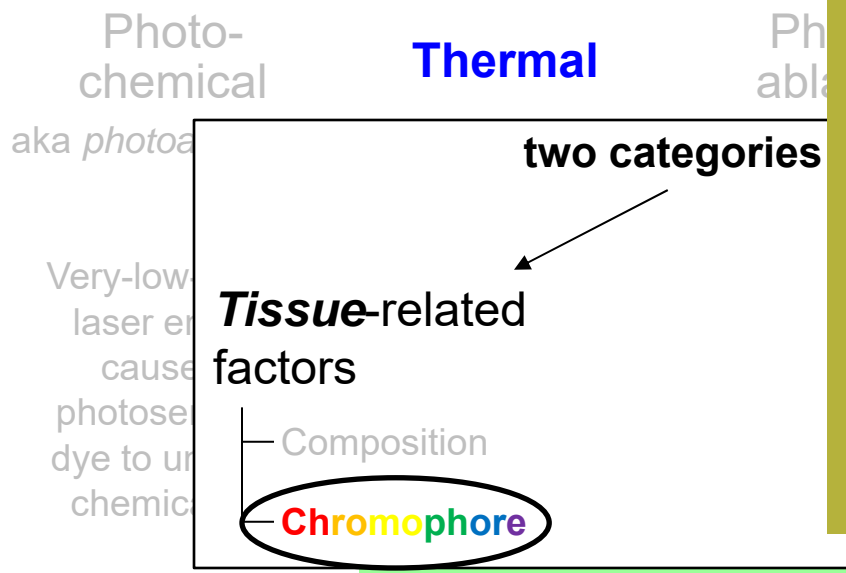
Q

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

(As noted earlier in the slide-set)

What wavelength of light is readily absorbed by **hemoglobin** and **melanin**? (It's a range, BTW.)



Chromophores can serve as natural dyes. That is, if the incoming light is of the right wavelength, chromophores will absorb the energy and convert it into heat. Recall also that the eye contains two chromophores in abundance—hemoglobin and melanin.

What is a **chromophore** in this context?
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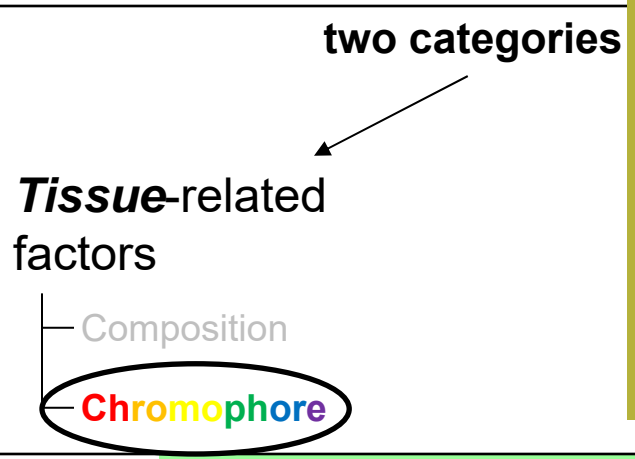
Q/A

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

What wavelength of light is readily absorbed by **hemoglobin** and **melanin**? (It's a range, BTW.) From 400 to 580 nm. However, wavelengths below 400 nm are avoided, as they are too-readily absorbed by the **macula** pigment found in the macula.

Thermal



What is a **chromophore** in this context?
 A molecule that absorbs light of a certain wavelength in a manner that results in the generation of heat (i.e. **a dye**)

What two naturally-occurring **chromophores** found in the eye are exploited in ophthalmic laser procedures?
Hemoglobin and **melanin**

if the incoming light is of the right wavelength, **chromophores** will absorb the energy and convert it into heat. Recall also that the eye contains two **chromophores** in abundance—**hemoglobin** and **melanin**.

What is that factor?
dye of sorts to produce the desired therapeutic effect



A

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

What wavelength of light is readily absorbed by **hemoglobin** and **melanin**? (It's a range, BTW.) From 400 to 580 nm. However, wavelengths below 500 are avoided, as they are too-readily absorbed by the **xanthophyll** pigment found in the macula

Thermal

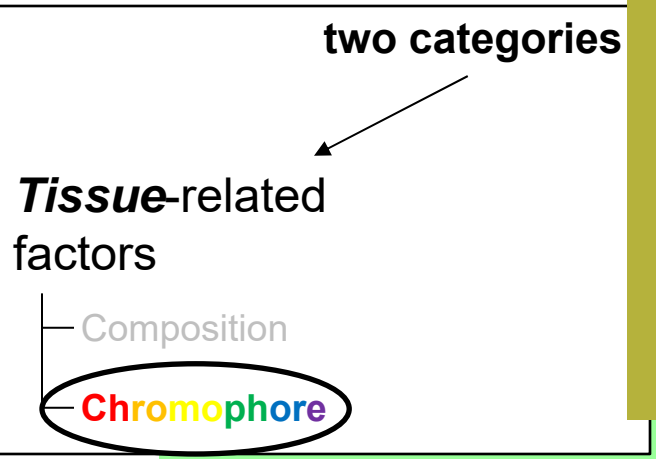
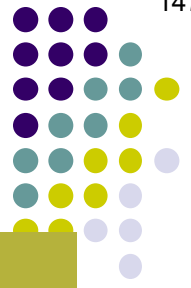


Photo-chemical
aka photoa
Very-low
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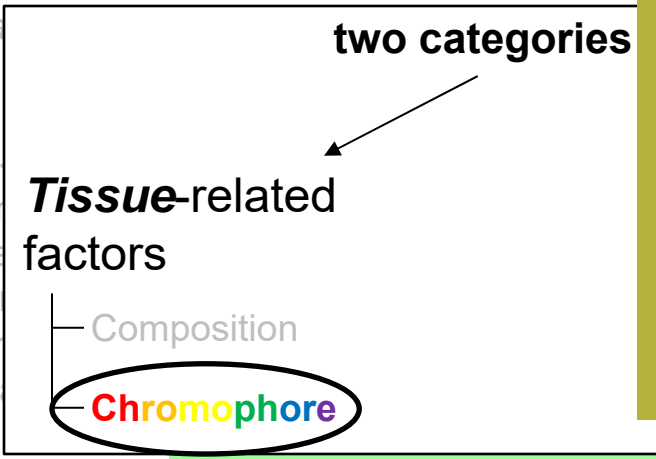
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At one time, only one substance was used as the active medium to produce light in the 500-580 range. (Other substances are now available.) What was that original substance?

Thermal



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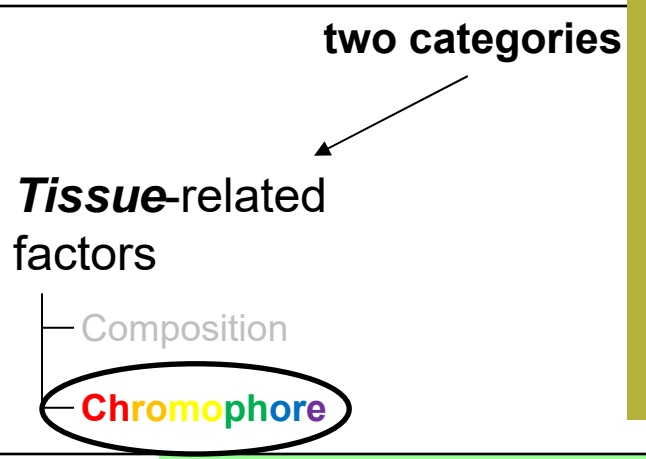


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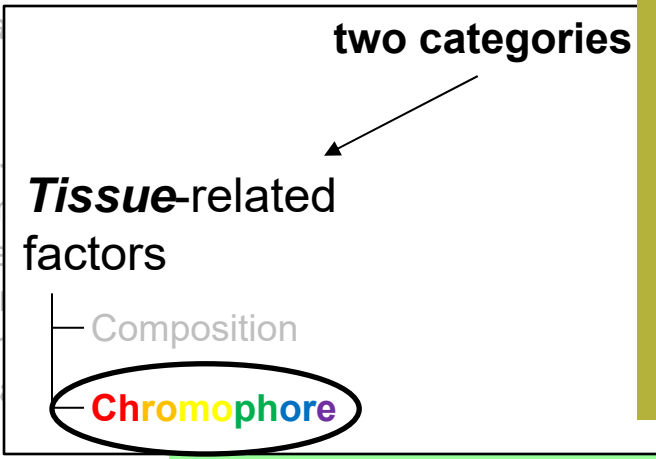
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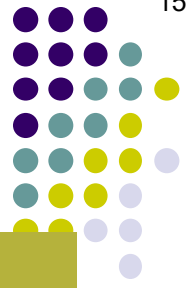
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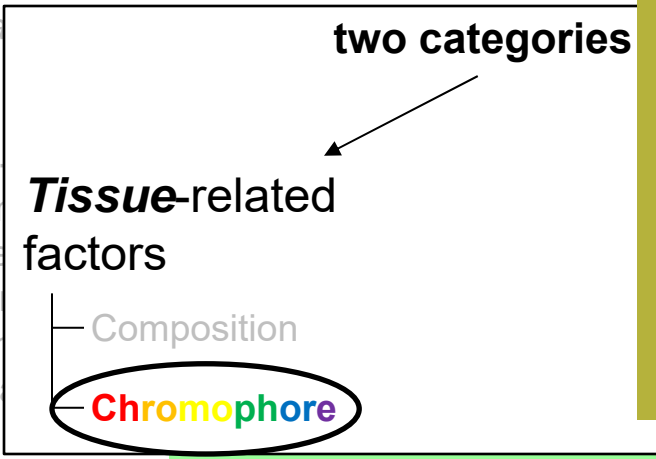


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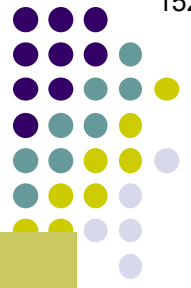
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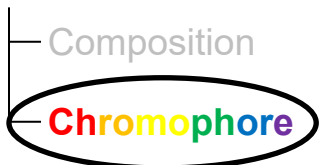
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Tissue-related factors



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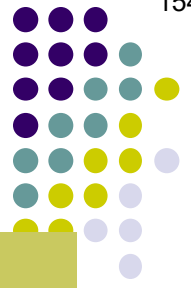
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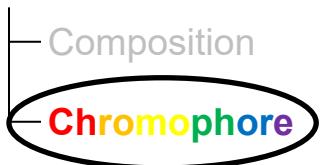
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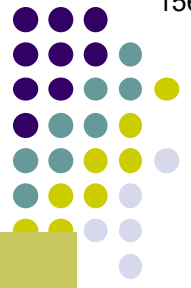
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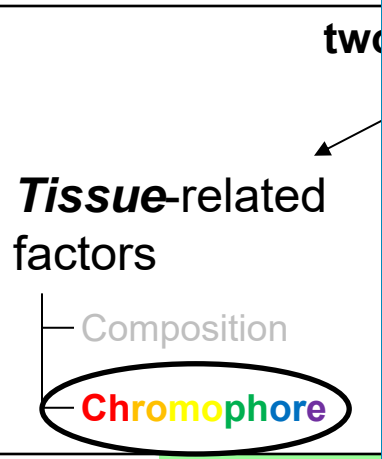
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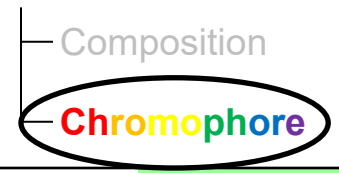
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The laser's wavelength is set so as to be absorbed by melanin, which isn't encountered until the energy has passed through the conj/sclera and reached the pigmented epithelium of the CB

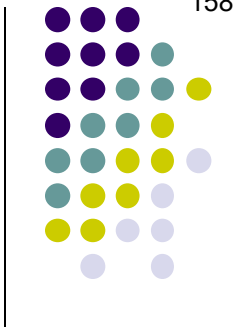
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The five modes of laser-tissue interaction:

Photo-chemical
aka photoactivation

Thermal

Photo-ablation

Plasma-induced ablation

Photo-disruption
aka plasma-induced disruption

Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn

Laser energy is absorbed → transforms into heat → local thermal damage

PDT

Argon, diode

No question—proceed when ready



Q

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Are the laser intensities (power densities; irradiances) employed during photoablation greater than those employed during thermal laser?

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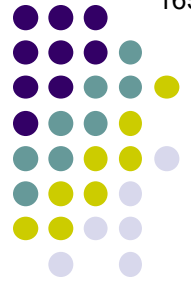
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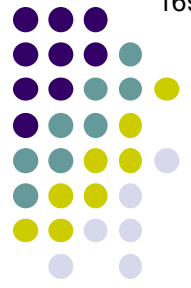
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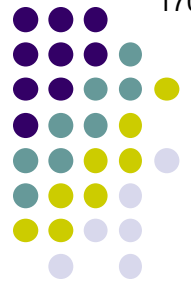
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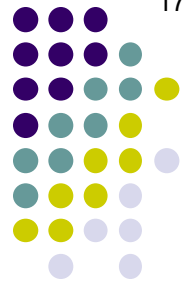
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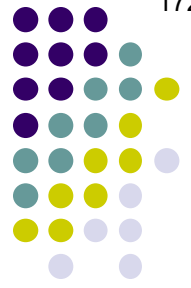
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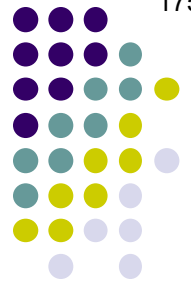
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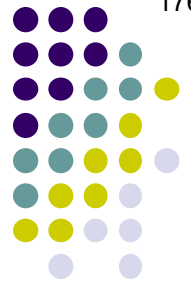
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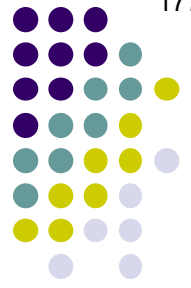
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The active medium in an excimer consists of a diatomic combination of two elemental gases

Which gas combo is most commonly used in ophthalmic excimer lasers?
Argon-fluoride

What therapy is the classic example of photoablation?
Photoablative keratorefractive surgery (eg, LASIK)



Q

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-chemical

Thermal

Photo-ablation

Plasma-induced ablation

Photo-disruption

What sort of laser is used to ablate the corneal tissue?
An **excimer** laser

What is the origin of the word excimer?
It is a portmanteau of the term '**exci**-ted di-**mer**'

What is the wavelength of light employed?

(wavelengths) employed during photoablation?

Must cause even greater heat-mediated damage?

Essentially no energy transfer in the

Less thermal damage?

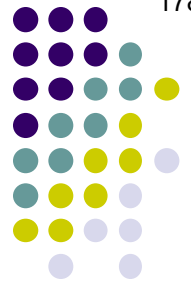
Molecular motion (which is what heat is)

How does it alter tissue?

Breaks carbon-nitrogen bonds

What therapy is the classic example of photoablation?

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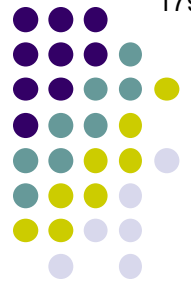
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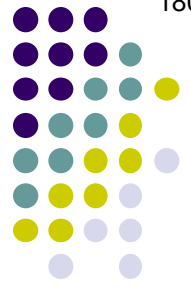
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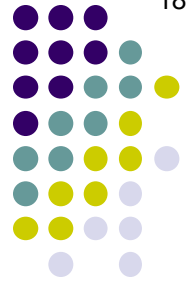
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to avoid thermal damage?

increased molecular motion (which is what heat is)

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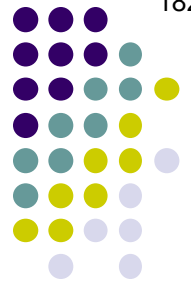
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Hardly at all (which makes it perfect for *surface* ablation)

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(wavelengths) employed during photoablation?

Must cause even greater heat-mediated damage?

Essentially no energy transfer in the

Less thermal damage?

Molecular motion (which is what heat is)

Can alter tissue?

Carbon-nitrogen bonds



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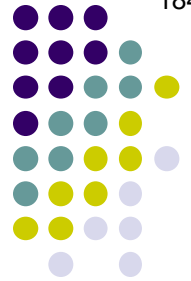
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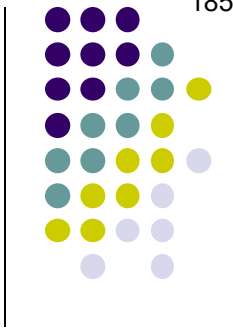
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Does it cause thermal damage?

Molecular motion (which is what heat is)

Does it alter tissue?

Carbon-nitrogen bonds



Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-chemical
aka photoactivation

Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn

PDT

Thermal

Laser energy is absorbed → transforms into heat → local thermal damage

Argon, diode

Photo-ablation

Laser energy disrupts covalent bonds

Excimer

Plasma-induced ablation

Photo-disruption
aka plasma-induced disruption

No question—proceed when ready



Q

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-chemical

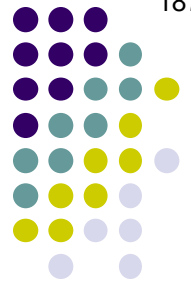
Thermal

Photo-ablation

Plasma-induced ablation

Photo-disruption

Are the laser intensities (power densities; irradiances) employed during plasma-induced ablation greater than those employed during 'regular' photoablation?



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**Plasma-induced
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Photo-
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Are the pulse durations short enough to preclude thermal effects?



A

Lasers: Pew! Pew!

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Thermal

Photo-ablation

Plasma-induced ablation

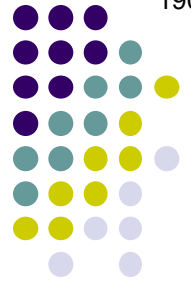
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Yes (in fact, the durations are significantly shorter than are those of photoablation)

**Q**

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How does plasma-induced ablation alter tissue?



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Indeed they are

Are the pulse durations short enough to preclude thermal effects?

Yes (in fact, the durations are significantly shorter than are those of photoablation)

How does plasma-induced ablation alter tissue?

In addition to breaking covalent bonds, the laser 'strips' electrons from molecules (thereby transforming the molecules into ions) and accelerates them. The accelerated electrons fly off and smash into other molecules, in turn ionizing them and accelerating **their** electrons.

A

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

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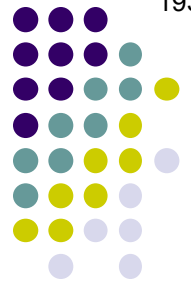
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In addition to breaking covalent bonds, the laser 'strips' electrons from molecules (thereby transforming the molecules into ions) and accelerates them. The accelerated electrons fly off and smash into other molecules, in turn ionizing them and accelerating **their** electrons. This *cascade ionization* process results in the transformation of tissue into plasma (a gas composed of ions and free electrons). In this manner, the tissue sort of 'goes away.'



Q

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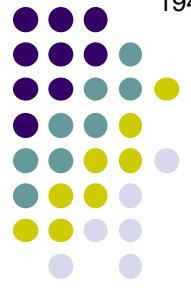
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What therapy is the classic example of plasma-induced ablation?



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What therapy is the classic example of plasma-induced ablation?

The femtosecond laser



Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-
chemical
aka photoactivation

Very-low-power
laser energy
causes a
photosensitive
dye to undergo
chemical rxn

PDT

Thermal

Laser energy
is absorbed →
transforms
into heat →
local thermal
damage

Argon,
diode

Photo-
ablation

Laser energy
disrupts
covalent bonds

Excimer

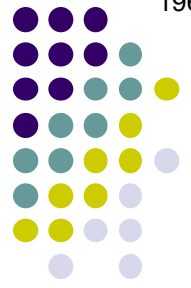
**Plasma-induced
ablation**

Laser energy
produces minute
amount of plasma,
causing local
vaporization of tissue

Femtosecond

Photo-
disruption
*aka plasma-
induced disruption*

No question—proceed when ready



Q

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-

Thermal

Photo-

Plasma-induced

aka

Like plasma-induced ablation, photodisruption involves the creation of plasma. How do they differ in that regard?

Photo-disruption

aka plasma-induced disruption

V

p

c



A

Lasers: Pew! Pew!

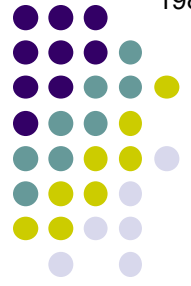
The five modes of laser-tissue interaction:

Photo- Thermal Photo- Plasma-induced

Like plasma-induced ablation, photodisruption involves the creation of plasma. How do they differ in that regard?
In plasma-induced ablation, a modest amount of energy is used, resulting in the production of a relatively small amount of plasma. In contrast, photodisruption employs much more energy, resulting in the creation of a great deal more plasma.

Photo-disruption

aka plasma-induced disruption



Q

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

Photo-

Thermal

Photo-

Plasma-induced

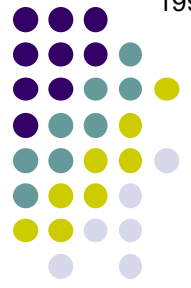
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OK, so photodisruption involves substantially more plasma. Why does this justify classifying it as a separate mode of laser-tissue interaction?

**Photo-
disruption**

*aka plasma-
induced disruption*



A

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Because the increased plasma creation results in the production of mechanical forces (shock waves; acoustic waves) that propagate well beyond the laser spot, causing tissue to be torn apart remote from the area of laser application

**Photo-
disruption**

*aka plasma-
induced disruption*

Q

Lasers: Pew! Pew!

The five modes of laser-tissue interaction:



200

Photo-

Thermal

Photo-

Plasma-induced

**Photo-
disruption**

*aka plasma-
induced disruption*

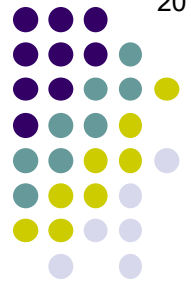
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What therapy is the classic example of photodisruption?



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What therapy is the classic example of photodisruption?

YAG capsulotomy

**Photo-
disruption**

*aka plasma-
induced disruption*



Lasers: Pew! Pew!

The five modes of laser-tissue interaction:

| | | | | |
|--|---|---|--|--|
| <p>Photo-chemical <i>aka photoactivation</i></p> | <p>Thermal</p> | <p>Photo-ablation</p> | <p>Plasma-induced ablation</p> | <p>Photo-disruption <i>aka plasma-induced disruption</i></p> |
| <p>Very-low-power laser energy causes a photosensitive dye to undergo chemical rxn</p> | <p>Laser energy is absorbed → transforms into heat → local thermal damage</p> | <p>Laser energy disrupts covalent bonds</p> | <p>Laser energy produces minute amount of plasma, causing local vaporization of tissue</p> | <p>Laser energy produces large amount of plasma, causing mechanical disruption of tissue</p> |
| <p>PDT</p> | <p>Argon, diode</p> | <p>Excimer</p> | <p>Femtosecond</p> | <p>YAG cap</p> |

No question—review slide