

One Giant Leap for Vitreous Surgery



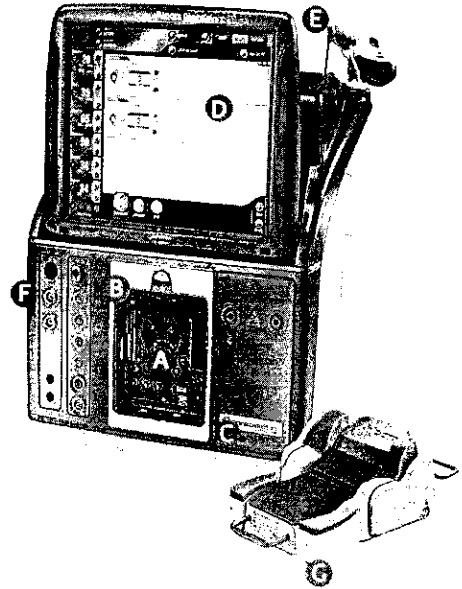
Constellation[®] TABLETOP

- DE TRAVIT[™] 7500 GPM Vitrectomy Probe with Duty Cycle Control
- Integrated Pressurized Infusion & IOP Control
- Advanced Xenon Illumination
- With *VLOCITY*[®] Efficiency Components

alconretina.com



constellation[®] TABLE TOP



A Fluidics Module:

- Vacuum Control to 650 mmHg
- Flow Control
- IOP Compensation
- Fluid/Air Exchange

B Pneumatics:

- ULTRAVIT[®] 7500 CPM Probe
- VFC Injection/Extrusion
- Pneumatic Scissors/Forceps
- Auto Gas Fill

C Advanced Xenon Illuminator

D Display:

- 17" Touch Panel
- Advanced GUI with Video DFUs

E Barcode Scanner

F Ultrasonics/Diathermy

G Multi-Function Footswitch

ULTRAVIT[®] High Speed Vitrectomy Probe

Surgeon Controlled Duty Cycle

- Port Biased Open, 50/50, Port Biased Closed

Integrated Pressurized Infusion

- IOP Control

Dual Aspiration Modalities

Advanced Xenon Illuminator

V-LOCITY[®] Efficiency Components

- ENGAUGE[®] Radio Frequency Identification Device

Auto Infusion Valve

Proportional Diathermy and Reflux

Auto Gas Fill

Pneumatic Scissors & Forceps

Barcode Scanner

17" Articulating Display

- 7500 CPM
- Port optimization
- Ergonomic design with soft grip surface
- Available in 27, 25, 23 and 20 gauge
- Introduces a new variable to more precisely control flow
- Ability to select 3 different duty cycle options at any given cut rate
- System constantly monitors infusion pressure
- IOP compensates & provides control of infusion pressure which results in more stable IOP within +/- 2 mmHg
- Venturi based vacuum up to 650 mmHg
- Flow control option for anterior and posterior procedures
- State of the art illuminator for visualizing tissues
- Designed to optimize OR set-up, enhance the surgical experience and increase OR productivity
- Surgeon control of the fluid/air exchange without relying on the circulator
- Additional surgeon control from the footswitch
- Single-person sterile process
- Automatic purge and fill of syringe with undiluted C₃F₈ and SF₆ gases
- Footswitch control of scissors and forceps
- Single footswitch control for bimanual surgery
- Assists in the case set-up process
- Automatically programs the machine with the pak content
- Tracks disposable inventory usage during the procedure
- Facilitates easy access for standing or seated procedures
- Easily accessed by the circulator

Alcon

alconretina.com



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CIN No. : U33119KA1999FTC025496

Date: 27th January, 2016

Proprietary Article Certificate

This is to certify that Constellation Table Top System having the product code 8065751550 is a proprietary product manufactured by Alcon Research Limited, Irvine, USA having the salient features as per the product specifications. Alcon Laboratories (India) Pvt. Limited is supplying this product in India.

For Alcon Laboratories India Pvt. Limited,



Kamlakar Sharma
Head- Regulatory Affairs





Date: 15th March' 2016

Alcon Laboratories (India) Pvt. Ltd.
Plot No 210, Ground Floor,
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Near HDFC Bank , New Delhi -110020.
Ph : +91-11- 47494600
E-mail : alcon.delhi@alcon.com
CIN No. U33119KA1999FTC025496

To
Prof. Suchitra Devi
HOD, Ophthalmology Department
Regional Institute of Medical Science, Imphal

Sub: Authorization Letter

Dear Madam,

We have the most pleasure to introduce ourselves as Alcon Laboratories India Pvt. Ltd., a world leader in ophthalmology providing latest, state of art and patented technologies in the field on ophthalmology for the better patient outcome.

We are also glad to inform you that we have a very strong network of Sales and Service team in India and throughout the globe.

We hereby authorize **JOJA SURGICAL PVT. LTD.** whose address is mentioned below who will invoice, supply and collect the payment on our behalf for Constellation Table Top and it's accessories in Regional Institute of Medical Science, Imphal.

JOJA SURGICAL PVT. LTD.

Regd. Office: 83C/1D, Chetla Road, Kolkata – 700 027.

However all Techno – Commercial discussion will be done by Alcon personnel directly.

This Authorized Letter is valid for mentioned purpose only.

Thanking You,
Yours truly

For Alcon Laboratories (India) Private Limited

Rocky Noronha
General Manager (Sales) – North

CONSTELLATION Table Top

PROFORMA INVOICE			
SI No	Description	Product Code	Qty
	CONSTELLATION Table Top		
1	-CONSTELLATION Table Top Console	8065751150	1
2	-CONSTELLATION Vitrectomy TOTAL PLUS Pak 23G	8065751058	3
3	-CONSTELLATION Vitrectomy TOTAL PLUS Pak 20G	8065751063	2
4	-CONSTELLATION Vitrectomy TOTAL PLUS Pak 25 +	8065751462	1
5	-CONSTELLATION VFC Pak	8065750957	6
6	Diathermy Probe,25g	339.21	3
7	-BIPOLAR CABLE 12 FT SILICONE	8065128402	1
8	-Pneumatic Pressure Hose	999999	1
9	-Nitrogen Gas Regulator	999999	1
10	-CONSTELLATION Fragmentation Hand Piece	8065750888	1
11	-CONSTELLATION Fragmentation Pak	8065750958	3
FOR, Destination			

PROFORMA INVOICE

JOJA SURGICAL PVT LTD 83C/1D CHETLA ROAD KOLKATA- 700 027 PHONE NO :- 033-24498498 FAX :- 033-24498498 Email : jojasurgical@gmail.com		Invoice No. & Date JSPL/PI/15-16/101 17/03/2016	Exporter's ref IEC No. 0207027391 BANKERS AD CODE:- 6360005.	
Consignee THE DIRECTOR REGIONAL INSTITUTE OF MEDICAL SCIENCES IMPHAL – 795004 MANIPUR. INDIA.		Buyers Ref No. & Date Tender No – 87-RIMS-OPH-E-15, Dated – 26/06/2015	Country origin of Goods INDIA	Final Destination IMPHAL, MANIPUR
Carriage by BY AIR	Place of receipt by pre- carrier KOLKATA , INDIA Port of Loading DUMDUM , KOLKATA	Terms & Condition : Against Tender for Supply of Equipments for Ophthalmology Department. Tender No – 87-RIMS-OPH-E-15, Dated – 26/06/2015.		
Port of Discharge DUMDUM , KOLKATA	Final Destination IMPHAL, MANIPUR			

Constellation Table Top(CVSTT)
Mfg By - Alcon.

SI No	Description	Product Code	Qty	Price
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5	-CONSTELLATION VFC Pak	8065750957	6	
6	-25 g Brush	339.21	3	
7	-BIPOLAR CABLE 12 FT SILICONE	8065128402	1	
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Price in Indian Rupees (For Five year extended warranty) 54,94,000.00

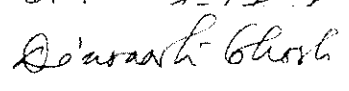
Add :- Sales tax CST @ 5 % 2,74,700.000

Total Price in Indian Rupees 57,68,700.00

Rupees in Words: - Fifty Seven Lakhs Sixty Eight Thousand Seven Hundred Only.

VAT TIN NO – 19603323059
 CST TIN NO – 19603323253

Declaration :
 We declare that this Proforma Invoice shows the actual price of the goods described and that all the particulars are true and correct.

Signature & Date


Advanced Technology Expands the Role of Microincisional Vitrectomy Surgery

By Manish Nagpal, MS, DO, FRCS(UK)



There are several components to successful vitreoretinal surgery, and of course, surgeon skill is at the top of that list. Having the best surgical tools and technology, however, enhances any surgical technique, and the newer generation of vitrectomy equipment has raised the bar for surgical outcomes. I use the CONSTELLATION® Vision System (Alcon Laboratories, Inc.) with microincisional instrumentation for my vitreoretinal procedures and have experience with some of the latest technological advances with this system.

ULTRA HIGH-SPEED CUTTING RATES

Ultra high-speed cut rates (5000 and 7500 cpm) create smaller bites and reduced resistance to flow which results in less pulsatile traction on the retina.^{1,2} This reduced amount of pull on the vitreous can increase safety at any given point in surgery, because the area of influence at the port is localized to a much smaller zone, reducing the risk of inadvertent traction.

The reduced risk of traction with ultra high-speed cut rates is particularly important when operating on a mobile retina, retinal detachment, proliferative vitreoretinopathy, and giant retinal tear, as the high speed reduces the risk of iatrogenic breaks.³ Having 7500 cpm capability raises the already high benchmark that was previously set by 5000 cpm rates. The 7500 cpm ULTRAVIT® probe provides the benefit of faster cutting and smaller vitreous bites without fluidic compromise.^{1,2}

One of the most important features with the CONSTELLATION® Vision System has been its variable duty cycle. With any speed of cutting, the surgeon has the options of core (longer port-open time) and shave modes (shorter port-open time). The duty cycle curves

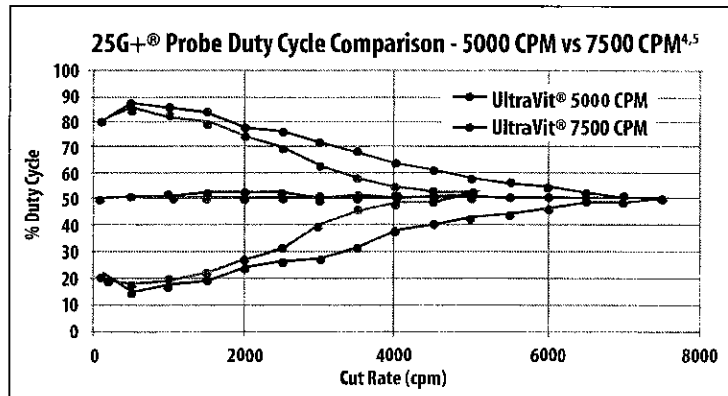


Figure 1. Dual pneumatic drive probe provides efficient cutting up to 7500 cpm and is designed for reduced pulsatile traction without fluidic compromise. The 7500 cpm ULTRAVIT® probes do not compromise flow and maintain efficient vitreous aspiration compared to 5000 cpm probes.

The reduced risk of traction with ultra high-speed cut rates is particularly important when operating on a mobile retina, retinal detachment, proliferative vitreoretinopathy, and giant retinal tear.

for 7500 cpm have been widened (Figure 1), allowing more flexibility and options to use the probe as a multifunctional tool. Studies have shown the relationship between faster cutting, smaller bites, and less traction,^{1,2} and many surgeons prefer to use the probe at the fastest available speed. When I am using 7500 cpm, I complete core vitrectomy at this speed and then switch to

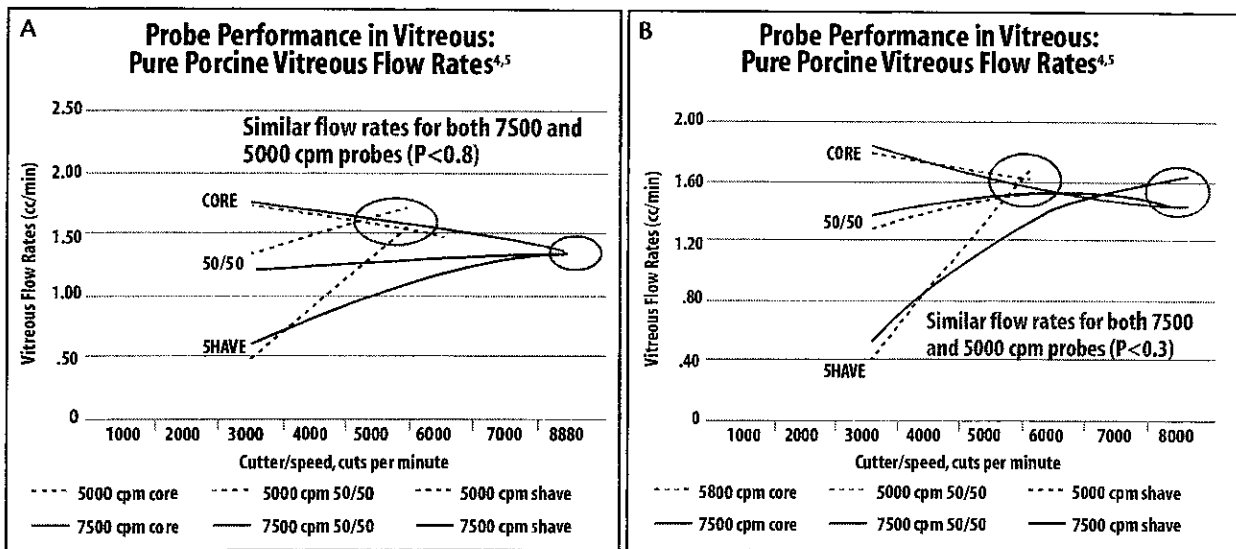


Figure 2. At maximum cut rate, 7500 cpm probes do not compromise flow and maintain efficient vitreous removal. Vitreous flow comparison for 23-gauge probes (A) and 25-gauge probes (B).

shave mode for the rest of peripheral clean up, making the procedure very efficient. The flow rates are basically the same for 5000 and 7500 cpm, so the efficiency of vitreous removal (Figure 2) is not degraded. This capability, I believe, will bring about a paradigm shift in the way that surgeons have interacted with this new technology since its inception.

27-GAUGE TECHNOLOGY

The availability of 27-gauge technology, in my opinion, will have the greatest impact on macula-specific cases, such as macular holes, puckers, cases of vitreomacular traction, and floaterectomies, as these cases could be easily transitioned to 27 gauge. As this technology is more widely adopted, however, the indications will expand based on the behavior of the overall fluid dynamics with this smaller gauge, similar to what we experienced in the transition from 20 gauge to 23- and 25-gauge surgery.

Once a surgeon has been routinely performing 23- and/or 25-gauge surgery, there should not be any specific hurdles to the conversion to 27-gauge surgery because all the parameters are the same apart from the smaller gauge. In my experience, as incisions become smaller, wound integrities become stronger.

Also, there will be a complete 27-gauge portfolio to support many different types of pathologies. (Figure 3).

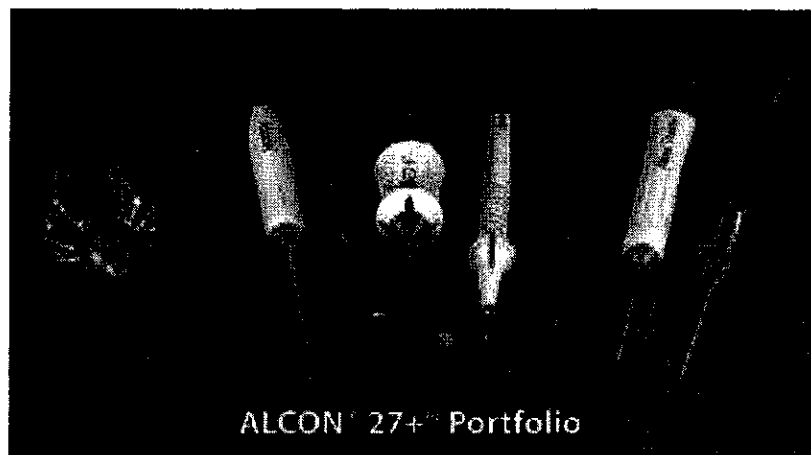


Figure 3. The 27+ product portfolio.

GRIESHABER® DSP INSTRUMENTATION

I routinely use GRIESHABER® DSP internal limiting membrane (ILM) forceps. Disposable instruments have the obvious advantage of not requiring expensive sterilization that can also result in damage to the delicate surgical tools. They are relatively inexpensive and the overall burden to the staff and faster OR turnover times are more desirable.

The precision and consistency in craftsmanship of disposable instrumentation are the most important characteristics that retina surgeons look for. Vitrectomy involves very fine intraoperative maneuvers and surgeons constantly need to make quick decisions to

For Important Safety Information about the Alcon products described in this article, please refer to page 89.

approach different surgical scenarios. Predictability in our surgical instrumentation is critical to improving our procedures. We want to be able to always presume that an instrument will be consistent and present no surprises. Further, our surgical instruments should be precise in their functioning and I believe that the GRIESHABER® DSPs offer all of these qualities.

VALVED CANNULAS

The intraocular pressure (IOP) control feature on the CONSTELLATION® Vision System is designed to provide a constant and instant compensation of infusion fluid at any given point of the surgery. This means that if the surgeon is using higher vacuum, the machine compensates by pushing more fluid in proportion to maintain a con-

Vitrectomy for Giant Retinal Tear Using Ultra High-speed Cutting

By Manish Nagpal, MS, DO, FRCS(UK)

For this case of giant retinal tear, 23-gauge valved cannulas are inserted along with a 25-gauge chandelier light source (Figure 1). The cut rate on the 23-gauge ULTRAVIT® cutter is at 7500 cpm at the core mode of duty cycle, which means that the port open time is longer is useful for clearing up the core vitreous (Figure 2). After clearing the core vitreous, the duty cycle is changed to shave mode, which means that the port open time of the cutter is relatively shorter, allowing the ability to work close to the retina, especially mobile retina. Very low turbulence is noted while using the small-gauge cutter. The chandelier lighting enhances the visualization of the vitreous base and allows the surgeon to indent the periphery and shave the vitreous comfortably (Figure 3). Once the vitreous is removed, perfluorocarbon heavy liquid is injected to invert the flap of the giant retinal tear and flatten the retina. Endolaser is carried out posterior to the edges of the giant retinal tear. After this air-fluid exchange is carried out, the edges of the tear are kept dry by aspirating the fluid. A vent is placed

into the valved cannula before injecting silicone oil to avoid inadvertent pressure rise. The residual air seal is gently aspirated under the silicone oil.

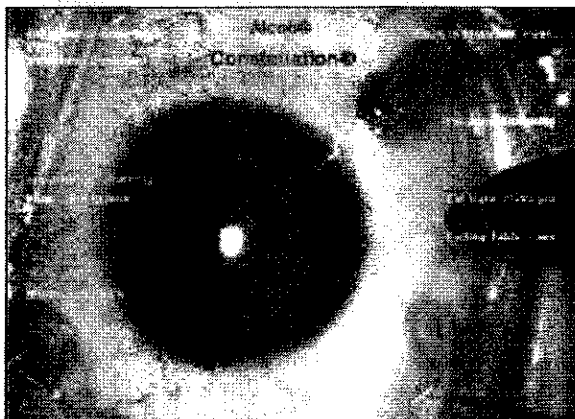


Figure 1. External view of valved cannulas along with chandelier light insertion.

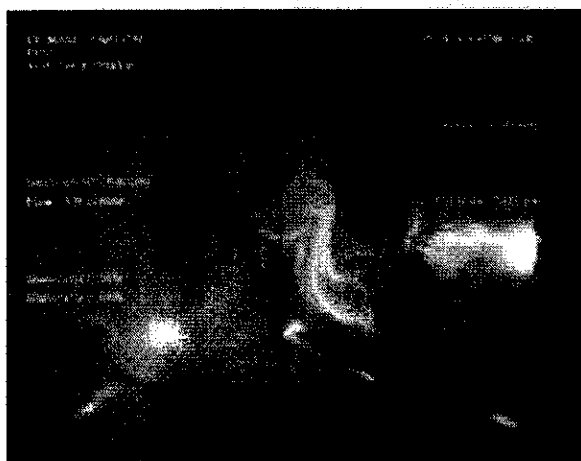


Figure 2. View of the core mode setting in case of a giant retinal tear with chandelier light illumination.

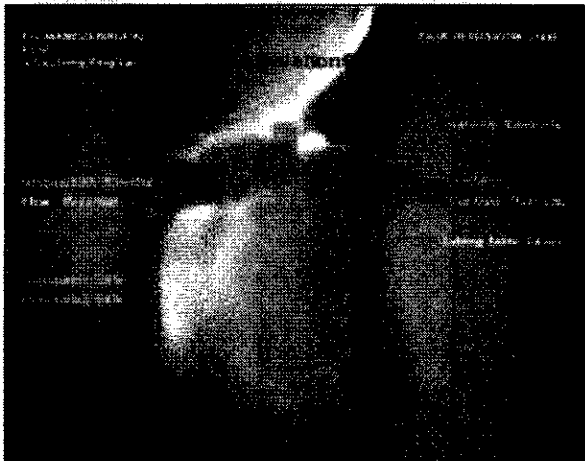


Figure 3. View of the shave mode setting working close to vitreous base with external indentation.

stant IOP during surgery. With non-valved cannulas, the fluid egress is much higher when any instrument comes out of the eye, increasing the IOP compensation proportionately, which may cause some turbulence within the eye. This turbulence may lead to movement of mobile retina and bubbling of perfluorocarbon liquid. Valved cannulas, on the other hand, are designed to offer true closed chamber surgery with accurate preset pressure maintenance in the eye during surgery for both 5000 and 7500 cpm vitrectomy probes.

My insertion technique with the valved cannulas is as follows:

- **Pre-incision:** Prior to making the incisions, I instill povidone-iodine to address any conjunctival flora.
- **Wound construction:** The conjunctiva can be retracted with forceps prior to the creation of a biplanar incision. The valved cannulas remain stable on their own when the trocars are pulled out instead of requiring an additional plate or forceps to hold them, one simply can pull out the trocar without the need for a secondary instrument, saving instrument exchanges.
- Initially, the trocar blade is inserted obliquely into the sclera at an angle of approximately 45° to the sclera up to the tip of the cannula, and the blade is angled perpendicular to the sclera for insertion into the vitreous cavity. The biplanar incision not only holds the cannula in place but also prevents egress of fluid in the postoperative period. I use a biplanar incision for both 23- and 25-gauge procedures, as this type of incision reduces the chance of inadvertent slippage of cannula during instrument withdrawal.
- **Use of vents:** The vents on the valved cannulas are very useful when injecting silicone oil at the end of a case. Because the valved cannulas maintain a closed chamber, air cannot passively escape as the oil is injected, and so to avoid an inadvertent pressure rise, air is allowed to vent during the injection.
- **Cannula removal:** After the vitrectomy, I remove the valved cannulas by holding them with plain forceps. After cannula removal, I massage the wound area with a blunt tip applicator for few seconds so that the stretched scleral fibers regain elasticity, but I have found that by using the new EDGEPLUS® blades, I do not need to massage the wound as long. After the cannulas are removed, I instill a drop of povidone-iodine.
- **End of procedure antibiotic:** At the end of the

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procedure, I administer subconjunctival antibiotic in the inferonasal quadrant to prevent any accidental entry of antibiotics into vitreous cavity leading to retinal toxicity. The next day, the incision sites are also examined for any leakage.

SUMMARY

In vitreoretinal surgery, we have the ability to cut tissue at rates that are higher than ever before and operate with the smallest, most reliable equipment, all of which makes for more consistent, and efficient surgery. The patient benefits with small gauge are significant with faster visual recovery and improved patient comfort.⁶ As I stated earlier, precision and consistency are the most important factors in surgical instrumentation, and I believe that the CONSTELLATION® Vision System with valved cannulas, ultra high speed cut rates at 7500 cpm, and GRIESHABER® DSP instrumentation delivers these qualities.

Manish Nagpal, MS, DO, FRCS(UK), is Senior Consultant, Retina & Vitreous Services, at the Retina Foundation & Eye Research Centre in Gujarat, India. He is a Retina Today Editorial Board Member. Dr. Nagpal states that he has served as an advisor to Alcon Laboratories, Inc. He may be reached at +91 79 22865537; or via e-mail at drmanishnagpal@yahoo.com.

1. Hubschman JP, Gupta A, Bourla DH, Cuijat M, Yu F, Schwartz SO. 20- and 25-gauge vitreous cutters performance and characteristics evaluation. *Retina*. 2008;28(2):249-257.

2. Teixeira A, Chong L, Matsuoka N, et al. An experimental protocol of the model to quantify traction applied to the retina by vitreous cutters. *Invest Ophthalmol Vis Sci*. 2010;51(8):4181-4186.

3. Rizzo S, Genovesi-Ebert F, Belting C. Comparative study between a standard 25-gauge vitrectomy system and a new ultrahigh-speed 25-gauge system with duty cycle control in the treatment of various vitreoretinal diseases. *Retina*. 2011;31(10):2007-2013.

4. Novack R, Zhou J, Abulon D, Buboltz D. Relationship of duty cycle vs. cut rates for two commercially available vitrectomy systems. Poster presented at the American Society of Retina Specialists Annual Meeting; August 2010; Vancouver, BC.

5. Alcon Data on File TP 954-8120-060. Forthcoming manuscript in Dec. 2012.

6. Nagpal M, Wartikar S, Nagpal K. Comparison of clinical outcomes and wound dynamics of 20, 23, and 25 gauge vitrectomy. *Retina*. 2009;29(2):225-231.

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Manish Nagpal, MS, DO, FRCS(UK), is Senior Consultant, Retina & Vitreous Services, at the Retina Foundation & Eye Research Centre in Gujarat, India. He is a Retina Today Editorial Board Member. Dr. Nagpal states that he has served as an advisor to Alcon Laboratories, Inc. He may be reached at +91 79 22865537; or via e-mail at drmanishnagpal@yahoo.com.

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MIVS Important Safety Information

Caution: Federal law restricts this device to sale by, or on the order of, a physician.

Indications for Use: The CONSTELLATION® Vision System is an ophthalmic microsurgical system that is indicated for both anterior segment (i.e., phacoemulsification and removal of cataracts) and posterior segment (i.e., vitreoretinal) ophthalmic surgery.

The ULTRAVIT® Vitrectomy Probe is indicated for vitreous cutting and aspiration, membrane cutting and aspiration, dissection of tissue and lens removal. The valved entry system is indicated for scleral incision, cannulae for posterior instrument access and venting of valved cannulae. The infusion cannula is indicated for posterior segment infusion of liquid or gas.

Warnings and Precautions:

- The infusion cannula is contraindicated for use of oil infusion.
- Attach only Alcon supplied products to console and cassette luer fittings. Improper usage or assembly could result in a potentially hazardous condition for the patient. Mismatch of surgical components and use of settings not specifically adjusted for a particular combination of surgical components may affect system performance and create a patient hazard. Do not connect surgical components to the patient's intravenous connections.
- Each surgical equipment/component combination may require specific surgical setting adjustments. Ensure that appropriate system settings are used with each product combination. Prior to initial use, contact your Alcon sales representative for in-service information.
- Care should be taken when inserting sharp instruments through the valve of the Valved Trocar Cannula. Cutting instrument such as vitreous cutters should not be actuated during insertion or removal to avoid cutting the valve membrane. Use the Valved Cannula Vent to vent fluids or gases as needed during injection of viscous oils or heavy liquids.
- Visually confirm that adequate air and liquid infusion flow occurs prior to attachment of infusion cannula to the eye.
- Ensure proper placement of trocar cannulas to prevent sub-retinal infusion.
- Leaking sclerotomies may lead to post operative hypotony.
- Vitreous traction has been known to create retinal tears and retinal detachments.
- Minimize light intensity and duration of exposure to the retina to reduce the risk of retinal photic injury.

ATTENTION: Please refer to the CONSTELLATION® Vision System Operators Manual for a complete listing of indications, warnings and precautions.

GRIESHABER® DSP Instrumentation Important Safety Information

Indications for Use: GRIESHABER® DSP instruments are a line of single-use vitreoretinal micro-instruments which are used in ophthalmic surgery, for cases either in the anterior or the posterior segment.

Caution: Federal (USA) law restricts this device to sale by, or on the order of, a physician.

Warnings and Precautions:

- Verify correct tip attachment, function and tip actuation before placing it into the eye for surgery.
- For light fiber instruments: Minimize light intensity and duration of exposure to the retina to reduce risk of retinal photic injury. The light fiber instruments are designed for use with an ALCON® Illumination source.
- Potential risk from reuse or reprocessing include reduced cutting or grasping performance and foreign particle introduction into the eye.

Attention: Reference the Directions for Use for a complete listing of indications, warnings, and precautions.

CONSTELLATION® System with PUREPOINT® Important Safety Information

Caution: Federal law restricts this device to sale by, or on the order of, a physician.

Indications for Use: The CONSTELLATION® Vision System is an ophthalmic microsurgical system that is indicated for both anterior segment (i.e., phacoemulsification and removal of cataracts) and posterior segment (i.e., vitreoretinal) ophthalmic surgery.

The ULTRAVIT® Vitrectomy Probe is indicated for vitreous cutting and aspiration, membrane cutting and aspiration, dissection of tissue and lens removal. The valved entry system is indicated for scleral incision, cannulae for posterior instrument access and venting of valved cannulae. The infusion cannula is indicated for posterior segment infusion of liquid or gas.

The PUREPOINT® Laser is indicated for use in photocoagulation of both anterior and posterior segments of the eye including:

- Retinal photocoagulation, panretinal photocoagulation and intravitreal endophotocoagulation of vascular and structural abnormalities of the retina and choroid including: Proliferative and nonproliferative retinopathy (including diabetic); choroidal neovascularization secondary to age-related macular degeneration; retinal tears and detachments; macular edema, retinopathy of prematurity; choroidal neovascularization; leaking microaneurysms.
- Iridotomy/Iridectomy for treatment of chronic/primary open angle glaucoma, acute angle closure glaucoma and refractory glaucoma.
- Trabeculoplasty for treatment of chronic/primary open angle glaucoma and refractory glaucoma.
- And other laser treatments including: internal sclerostomy; lattice degeneration; central and branch retinal vein occlusion; suturelysis; vascular and pigment skin lesions.

The FlexTip laser probe is intended to be used with Alcon S32nm laser systems.

Contraindications:

- Patients with a condition that prevents visualization of target tissue (cloudy cornea, or extreme haze of the aqueous humor of the anterior chamber of vitreous humor) are poor candidates for LID delivered laser treatments.
- The infusion cannula is contraindicated for use of oil infusion.

Complications: Corneal burns, inflammation, loss of best-corrected visual acuity, loss of visual field and transient elevations in intraocular pressure can occur as a result of ophthalmic laser treatment.

Unintentional retinal burns can occur if excessive treatment beam power or duration is used.

Warnings and Precautions:

- The disposables used in conjunction with Alcon instrument products constitute a complete surgical system. Use of disposables and handpieces other than those manufactured by Alcon may affect system performance and create potential hazards.
- Attach only Alcon supplied consumables to console and cassette luer fittings. Do not connect consumables to the patient's intravenous connections.
- Mismatch of consumable components and use of settings not specifically adjusted for a particular combination of consumable components may create a patient hazard.
- Vitreous traction has been known to create retinal tears and retinal detachments.
- The closed loop system of the CONSTELLATION® Vision System that adjusts IDP cannot replace the standard of care in judging IOP intraoperatively. If the surgeon believes that the IDP is not responding to the system settings and is dangerously high or low, this may represent a system failure. Note: To ensure proper IDP Compensation calibration, place infusion tubing and infusion cannula on a sterile draped tray at mid-cassette level during the priming cycle.
- Leaking sclerotomy may lead to post operative hypotony.
- Back scattered radiation is of low intensity and is not harmful when viewed through a protective filter. All personnel in the treatment room must wear protective eyewear, OD4 or above at 532nm, when the system is in Standby/Ready mode as well as during treatment. The doctor protection filter is an OD greater than 4 at 532nm.

Attention: Please refer to the CONSTELLATION® Vision System Operators Manual for a complete listing of indications, warnings, and precautions.

Alcon Constellation Installation List

Sl No.	Namer of the Institute	Place
1	AIIMS	Delhi
2	Regional Institute Of Ophthalmology	Thiruvananthapuram
3	Arvind Eye Hospital	Madurai
4	Arvind Eye Hospital All India	Coimbatore
5	Post Graduate Institute Of Medical Education	Chandigarh
6	Sanjay Gandhi Post Graduate Institute of Medical Sciences	Lucknow
7	Shroff Eye Centre	Delhi
8	Dr P.N.NAGPAL	Ahmedabad
9	LVPEI	Hyderabad
10	SankarNetralaya	Chennai
11	Aditya Jyoti	Mumbai
12	Shroff Eye Centre	New Delhi
13	Centre for sight	New Delhi
14	Vasan	Chennai
15	Vasan	Bangalore
16	Vasan	Ahmedabad
17	Vasan	Coimbatore
18	Vasan	Vashi
19	Puspagiri	Secunderabad
20	ST John's Medical college	Bangalore
21	Narayan Netralaya	Bangalore
22	Retina Institute of Karnataka	Bangalore
23	Drishtidhana Hospitals Pvt Ltd	Bangalore
24	Devi Superspeciality Eye Hospital (P) Ltd	Bangalore
25	M.M.Joshi Associates	Hubli
26	Lotus Eye Care	Kochi
27	Lotus Eye Care	Coimbatore
28	Joseph Eye Hospital	Trichy
29	Little Flower	Angamaly

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Alcon Constellation Installation List- EAST

Sl No.	Namer of the Institute	Place	State
1	DISHA	Barrackpore	WB
2	DISHA	Seoraphully	WB
3	SUSRUT	KOLKATA	WB
4	SUSRUT	KOLKATA	WB
5	B.B.EYE	KOLKATA	WB
6	SANKARNETRALAYA	KOLKATA	WB
7	APOLLO	KOLKATA	WB
8	AMRI	KOLKATA	WB
9	SECOND SIGHT	KOLKATA	WB
10	VASAN salt lake	KOLKATA	WB
11	ROTARY NARAYAN	KOLKATA	WB
12	SPECTRA	KOLKATA	WB
13	CURRAE	KOLKATA	WB
14	RENUKA	KOLKATA	WB
15	P.BIRLA	KOLKATA	WB
16	RIO	KOLKATA	WB
17	Dr Jayanto Kulia	TAMLUK	WB
18	Dr Apurba Samanta	MIDNAPORE	WB
19	NETAJI EYE	PURULIA	WB
20	Dr Chinmoy Sarkar	BURDWAN	WB
21	Dr D.B.Sarkar	Coochbehar	WB
22	SRISANKARDEVA	GUWAHATI	Assam
23	BANSARA	SHILLONG	Meghalaya
24	MERCY	DIMAPUR	Nagaland
25	JWNRH	BHUTAN	Bhutan
26	PURNIMA	JAMSHEDPUR	Jharkahand
27		RANCHI	Jharkahand
28	LVPEI	Bhubaneswar	Orissa
29	KIMS	Bhubaneswar	Orissa
30	Dr Asok Nanda	Bhubaneswar	Orissa
31	JPM	Cuttuck	Orissa

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