

TRUE PIONEERS DESERVE A BETTER VIEW.

CHALLENGES OF THE CURRENT TECHNOLOGY

Shallow depth of field

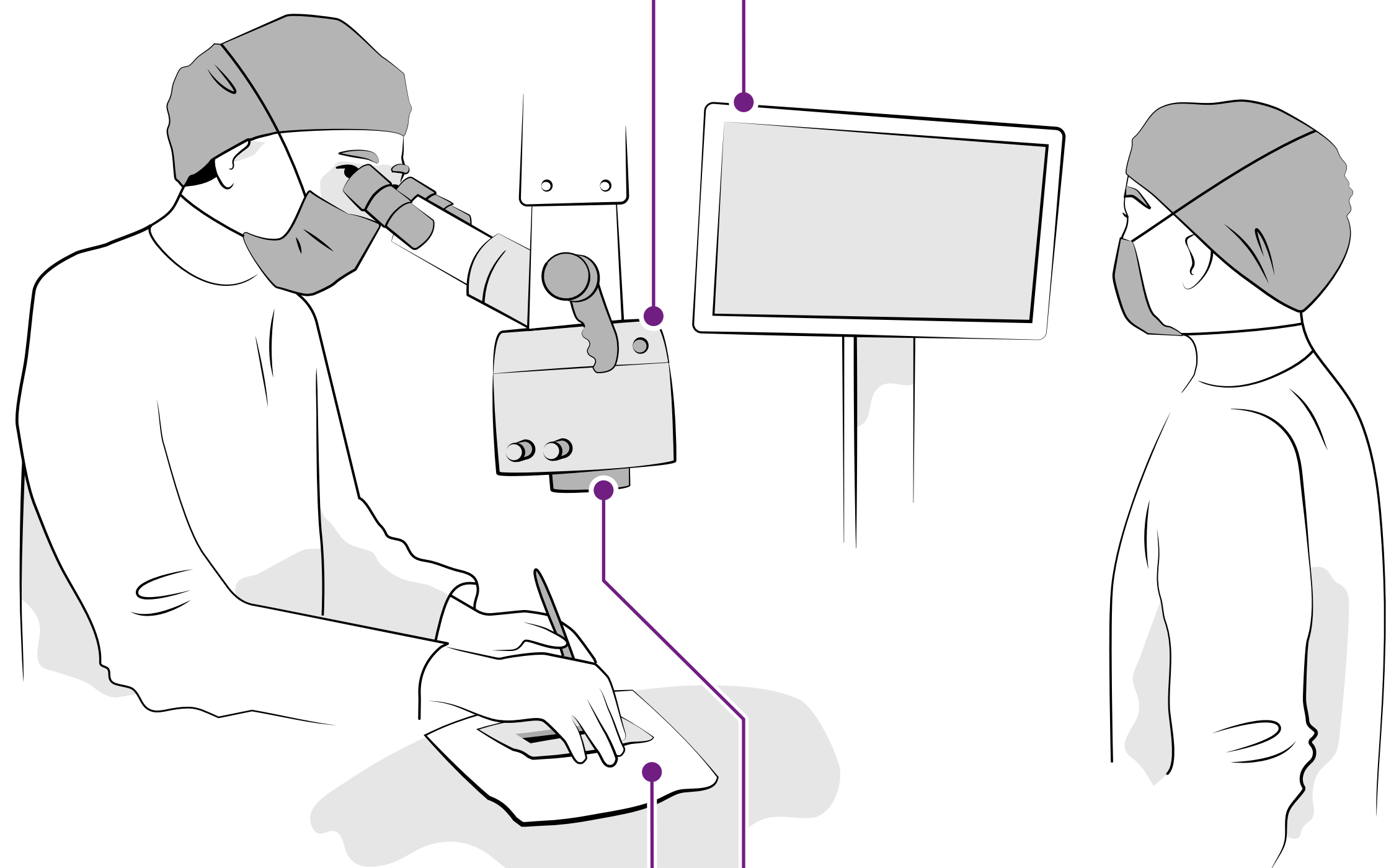
Surgeons spend up to 10% of surgery time on microscope adjustments and work an average of 9 times per operation under a non-focused view (1).

Additional time, difficulty and risks

Limited field of view

On average, surgeons work on the edge of the view field 11 times per operation (1). The edges of the field of view are not visible on the monitor, which is used by the team.

Barriers to teamwork and teaching



Poor illumination

The visual axis and light source of optical microscopes are 3–6° apart (2).

Illumination challenges in deep and narrow cavities

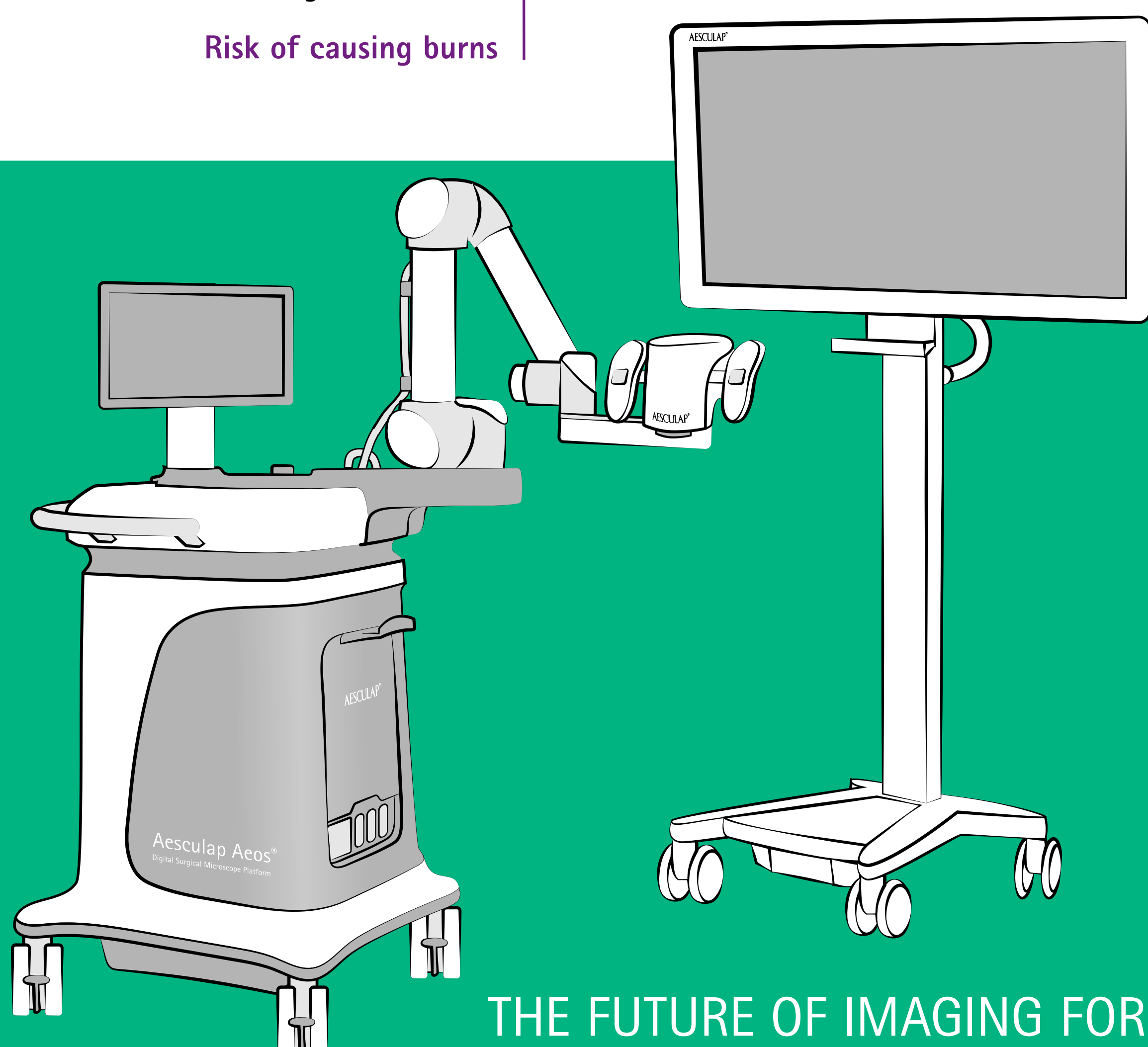
Surgeons often use XENON lights with high light intensity and at short working distances (3).

Risk of causing burns

Inconvenient use of fluorescence imaging

Usually, either fluorescence image or white light image can be visualized, but not both at the same time. ICG fluorescence is visualized in 2D only.

Compromising on vision

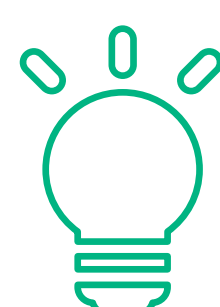


THE FUTURE OF IMAGING FOR NEUROSURGERY IS DIGITAL.

The Aesculap Aeos® can help to overcome the limitations of conventional optical microscopes and sets the bar for visualization in digital microscopy.



**SUPERIOR DEPTH
OF FIELD**

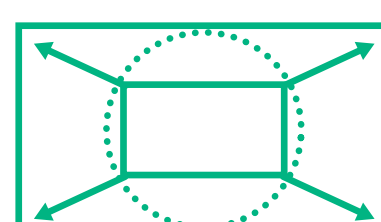


EFFECTIVE ILLUMINATION
coaxial, LED, HDR, software optimized

BENEFITS



16:9 FIELD OF VIEW
for the whole team



2x MORE INFORMATION
compared to conventional eyepiece view



FLUORESCENCE MODE
with more information thanks to
white backlight



WHITE LIGHT MODE
with fluorescence information as
overlay

i For more information on how to gain a better view in neurosurgery, visit www.bbraun.com/aesculapaeos-seemore

(1) Eivazi S, Afkari H, Bednarik R, Leinonen V, Tukiainen M, E Jääskeläinen J: Analysis of disruptive events and precarious situations caused by interaction with neurosurgical microscope. Acta neurochirurgica. 2015; 157:1147–1154. | (2) Kalani MY, Yagmurlu K, Martirosyan N, Cavalcanti D, Spetzler R: Approach selection for intrinsic brainstem pathologies. Journal of Neurosurgery. 2016; 125:1–12 | (3) Schutt CA, Redding B, Cao H, Michaelides E: The illumination characteristics of operative microscopes, Am J Otolaryngol. 2015; 36(3):356–60.