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RESEARCH

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1935'DEN BERİ...



1935

SIFI, Sicilya'da oftalmoloji firması olarak kuruldu.



1949

İlk antienfektif göz pomadı olan Pensulvit pazara verildi.



1989

Dünyanın hiyalüronik asit içeren ilk göz damlası Hyalistil pazara verildi.



1993

Göze spesifik ilk besin takviyesi Adrusen pazara verildi.



2002

Distribütör ile Türkiye pazarına giriş yapıldı.



2008

Sicilya'da göz içi lens üretimine başlandı.



2019

Avrupa'ya açılım stratejisi çerçevesinde SIFI markası ile SIFI ilaç kuruldu.

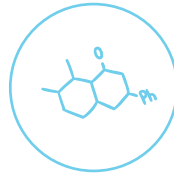
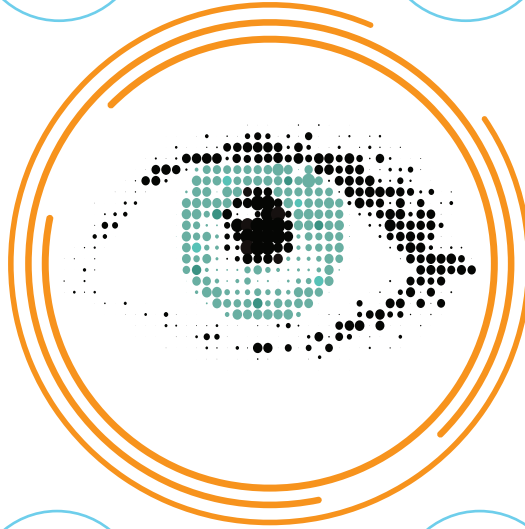


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Yüksek oksijen geçirgenliği³

Etkili UV koruması^{6*}

Kolay kullanım²

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UV-absorblayan kontakt lensler, tamamen göz ve çevresini örtmediğinden UV emici gözlük veya güneş gözlüğü gibi koruyucu UV-absorblayan gözlüklerin yerine DEĞİLDİR. UV ışığına maruz kalma ile ilişkili oküler rahatsızlıkların görülme sıklığını önlemek veya azaltmak için UV absorblayan kontakt lenslerin etkinliği şu anda kanıtlanmamıştır. UV-absorblayan gözlüklerinizi belirtildiği gibi kullanmaya devam etmelisiniz. NOT: UV-ışınlarına uzun süreli maruz kalmak katarakt ile ilişkili risk faktörlerinden biridir. Maruziyet, çevresel koşullar (rakim, coğrafya, bulutlanma) ve kişisel faktörler (dışındaki aktivitelerin yayınlığı ve tipi) gibi çeşitli faktörlere bağlıdır. UV-bloke eden kontakt lensler zararlı UV ışınlarına karşı korumaya yardımcı eder. Ancak UV-bloke eden kontakt lenslerin katarakt veya diğer göz rahatsızlıklarının gelişme riskini gösteren klinik çalışmalar yapılmamıştır.

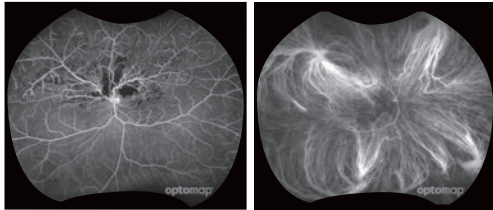
Referanslar: 1. Schafer, J. Steffen, R. Reindel, W. A clinical assessment of dehydration resistance for a novel silicone hydrogel lens and six silicone hydrogel daily disposable lenses. Poster presented at AAO, October 2020. 2. Data on File. Product Performance Evaluation of a Novel Silicone Hydrogel Contact Lens: kalifilcon A Daily Disposable Contact Lenses - Summary of kalifilcon A Patient Comfort and Vision Outcomes. Bausch & Lomb Incorporated, Rochester, NY, 2021. 3. Rah M. Ocular surface homeostasis and contact lens design. February 2021. 4. Jerome Ozkan; Mark D. Willcox. The Effect of Lens Modulus on Insertion Comfort with Silicone Hydrogel Lenses. ARVO Annual Meeting Abstract | April 2011. 5. Alcon DAILIES TOTAL1™ Contact Lens Parameters <https://professional.mylcon.com/contact-lenses/daily/dailies-total-1/> (Erişim Tarihi: 02.01.2023). 6. U.S. Food & Drug Administration 510(k) Summary K200528; Bausch + Lomb (kalifilcon A) Soft (hydrophilic) Contact Lens. May 2020.

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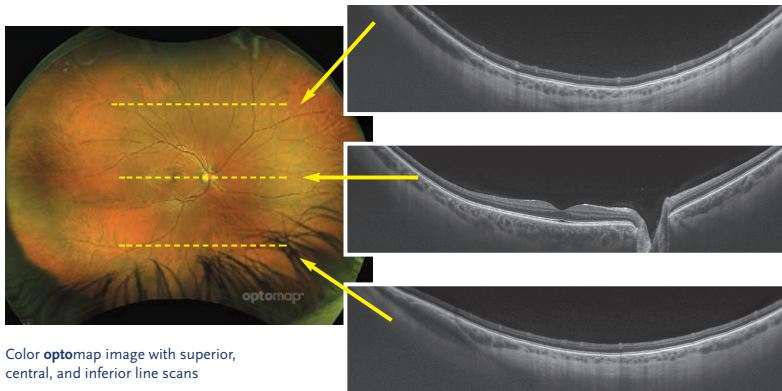


optomap fa

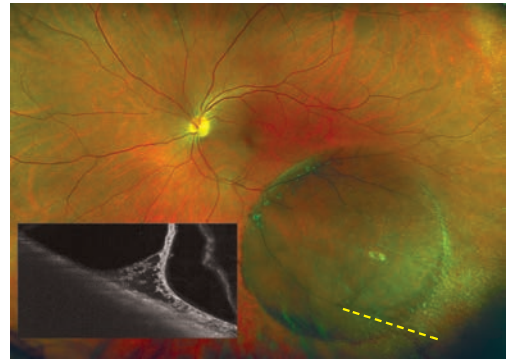
optomap icg

Courtesy of Prof Paulo Stanga

Courtesy of Srimivas Satta, MD



Color optomap image with superior, central, and inferior line scans



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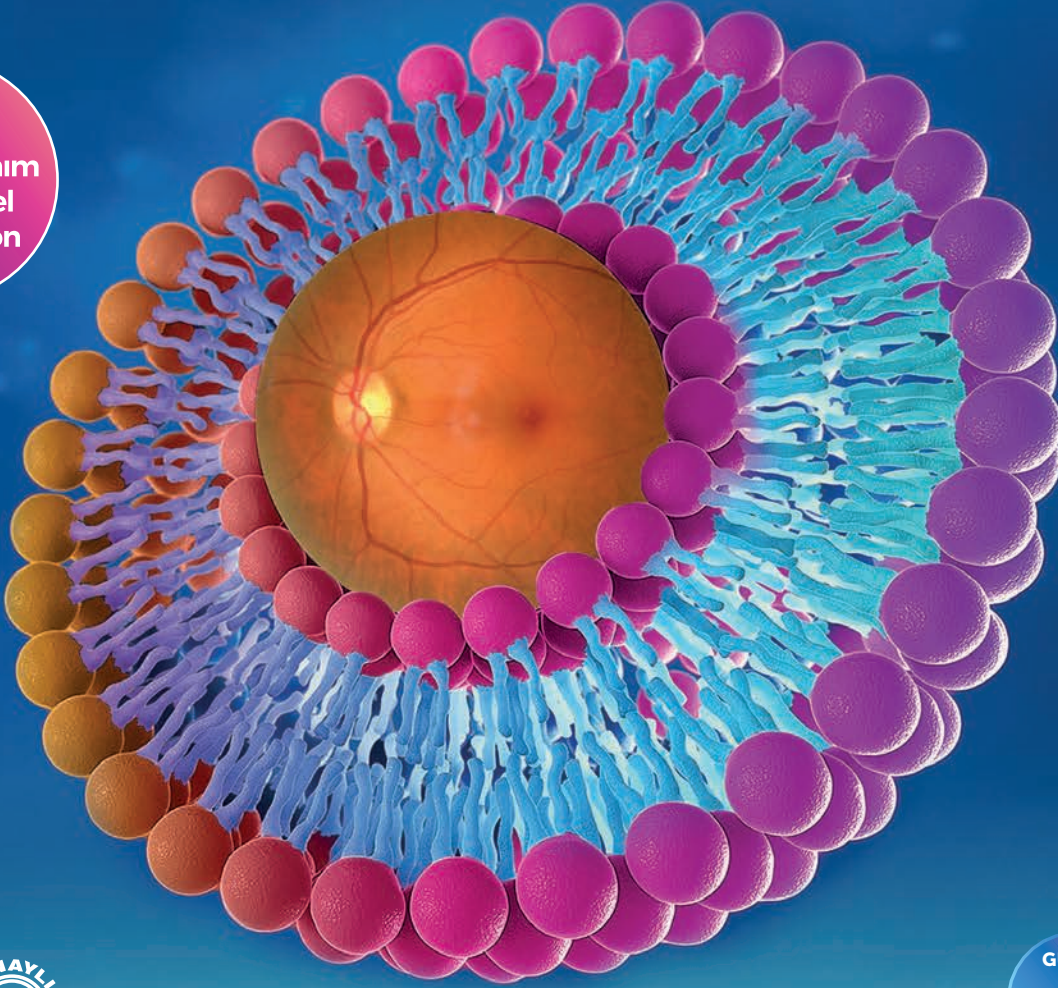
LUCENTIS® 10 mg/ml Enjeksiyonluk Çözelti İçeren Kullanım Hazır Enjektör
Sunum: Ranibizumab. Bir kullanıma hazır enjektör, 1,65 mg ranibizumaba eşdeğer 0,165 ml içerir. **Endikasyon:** LUCENTIS®: neovasküler (yası tipi) yaşa bağlı makula dejenerasyonunun (YBMD), diyabetik maküler ödemden (DMÖ) kaynaklanan görme bozukluğunun, retinal ven tıkanıklığına (RVT) bağlı maküler ödemden kaynaklanan görme bozukluğunun ve patolojik miyopiye (PM) bağlı koroidal neovaskülarizasyonun (KNV) kaynaklanan görme bozukluğunun tedavisinde endikedir. **Kullanım şekli ve dozu:** Tek kullanımlık kullanıma hazır enjektör sadece intravitreal kullanımı içindir. LUCENTIS®, bir "göz hastalıkları uzmanı" tarafından uygulanmalıdır. LUCENTIS® için önerilen doz 0,5 mg'dır (0,05 mL'de). Kullanıma hazır enjektörün ekstrakte edilebilir hacmi (0,1ml), kullanıma hazır enjektörün ekstrakte edilebilir hacmi (0,1ml), toplamda kullanılacak hacim değildir. Fazla hacim enjeksiyondan önce boşaltılmalıdır ve hastaya 0,05 ml uygulanmalıdır. Enjeksiyondan önce yeterli anestezi uygulanmalı ve steril ortam sağlanmalıdır. **Uygulama sıklığı ve süresi:** Tedaviye ayda bir uygulamaya ile başlanmalı ve maksimum görme keskinliğine ulaşılan ve/veya hastalık aktivitesi belirtileri görülmeyene yani, devam eden tedavi altında görme keskinliğinde ve diğer hastalık belirtisi ve semptomlarında bir değişiklik olmayana kadar devam edilir. Yası tipi YBMD, DMÖ ve RVT'de hastalarda başlangıçta üç veya daha fazla ardışık aylık enjeksiyon gerekebilir. Sonrasında, izlem ve tedavi aralıkları hekim tarafından, görme keskinliği ve/veya anatomik parametrelere göre değerlendirilerek hastalık aktivitesine göre belirlenmelidir. Hastalar, tedavi-et-uzat rejimine göre tedavi edilebilir. Eğer hekimin görüşüne göre görme ile ilgili ve anatomik parametreler hastanın devam eden tedaviden fayda sağlamadığını gösterirse, LUCENTIS® tedavisi kesilmelidir. Hastalık aktivitesi izlenmi klinik muayene, fonksiyonel test veya görüntüleme tekniklerini (optik koherens tomografi, fluoresan anjiyografi veya indosiyografi) gerektirir. Hastalık aktivitesi nüksedirse tedavi aralığı uygun şekilde kısaltilmelidir. PM'ye bağlı KNV'den kaynaklanan görme keskinliğinin tedavisinde birçok hasta ilk yıl sırasında sadece bir ya da iki enjeksiyona ihtiyaç duyarken bazı hastalar daha sık tedaviye ihtiyaç duyabilir. DMÖ'de ve Dal RVT'de LUCENTIS® ve laser fotokoagülasyon. LUCENTIS® klinik çalışmalarda laser fotokoagülasyonla eş zamanlı olarak uygulanmıştır. Aynı gün verilmesi durumunda LUCENTIS® laser fotokoagülasyondan en az 30 dakika sonra uygulanmalıdır. LUCENTIS® önceden laser fotokoagülasyonu yapılmış olan hastalara uygulanabilir. **Kontraindikasyonlar:** Etkin maddeye ya da herhangi bir yardımcı maddeye karşı aşırı duyarlılık, aktif ya da şüpheli oküler ya da periorbital enfeksiyonlu hastalar, aktif şiddetli göz içi inflamasyonu hastalarda kullanımı kontraindikedir. **Uyarılar/önlemler:** LUCENTIS® tedavisi sadece intravitreal enjeksiyon ile yapılır. LUCENTIS® ile olanları da içeren intravitreal enjeksiyonlar endoftalmi, göz içi inflamasyonu, regmatojen retina dekolmanı, retina yırtılması ve iyatrojenik travmatik katarakt ile ilişkili olmuştur. LUCENTIS® uygulanırken her zaman uygun steril enjeksiyon teknikleri kullanılmalıdır. Ayrıca, bir enjeksiyon oluştuktan sonra erken tedaviye olanak sağlamak için hastalar enjeksiyonu takip eden hafta sırasında izlenmelidir. Enjeksiyon uygulaması sonrası göz içi basıncı ve optik sinir başı perfüzyonu izlenmelidir. Tedavi amacıyla kullanılan tüm terapötik proteinlerde olduğu gibi, LUCENTIS® için de potansiyel bir immünojenite söz konusu olabilir. LUCENTIS® gereklili olmadıkça gebelik döneminde kullanılmamalıdır. Çocuk doğurma potansiyeli olan kadınlar tedavi süresince etkili bir doğum kontrol yöntemi kullanmalıdır. Tedavi sırasında emzirme önerilmemektedir. LUCENTIS® tedavi prosedürü aracı ya da makine kullanmayi etkileyebilecek geçici görme bozukluklarını içerebilir. Bu belirtiler geçene kadar aracı ya da makine kullanılmamalıdır. **İlaç etkileşimleri:** İlaç etkileşimleri çalışması bulunmamaktadır. **Advers reaksiyonlar:** Çok yaygın görülen advers olaylar: Göz ağrısı, göz iritasyonu, gözlerde yabancı cisim hissi, göz kanlanması, konjunktiva kanaması, blefarit, göz kuruluğu, görme bozukluğu, vitreusta ucusan noktalar, göz içi inflamasyonu, vitreus dekolmanı, vitritis, retina kanaması, gözyaşı artması, göz kasıtları, intraoküler basıncı artışı, nazofarenjit, eklem ağrısı ve baş ağrısı sayılabilir. **Yaygın görülen advers olaylar:** Gözde rahatsızlık, konjunktiva hiperemisi, konjunktiviti, allerjik konjunktiviti, arka kapsülde opaklaşma, retina pigment epitel dekolmanı, retina pigment epitelinin yırtılması, retina dejenerasyonu, retina dekolmanı, retina yırtığı, retinal bozukluklar, görme keskinliğinde azalma, vitreal kanama, vitreal bozukluklar, uveit, iritis, iridosikliti, katarakt, subkapsül katarakt, punkta keratiti, kornea abrazyonu, ön kamara da flare, bulanık görme, enjeksiyon yerinde kanama, göz kanaması, göz akıntısı, fotopsi, fotofobi, göz kapağı ödemi, göz kapağı delme, göz kapağına da ağrı, idrar yolu enfeksiyonu (sadece DMÖ hastalarında), anemi, anksiyete, öksürük, tıdanti, allerjik reaksiyonlar, influenza, **Doz aşımı ve tedavi:** Önerilen 0,05 mL'den yüksek hacimlerin enjeksiyonuyla kayıpla ortaya çıkan doz aşımı vakaları bildirilmiştir. Eğer bir doz aşımı olursa, ilgili hekim tarafından gerekli görülmesi durumunda intraoküler basıncı takip edilme ve tedavi edilmelidir. Klinik çalışmalarda 0,05 mL ile 0,10 mL'lik bir enjeksiyon hacminde 2 mg'a kadar ranibizumab dozları uygulandığında, advers olayların tipi ve sıklığı 0,5 mg (0,05 mL'de) LUCENTIS® dozu için bildirilen doz ile tutarlıdır. **Saklamaya yönelik özel tedbirler:** Buzdolabında (2°C - 8°C) saklayınız. Kullanıma hazır enjektörün içeren açılmamış blister ambalaj, kullanımdan önce oda sıcaklığında (25°C) 24 saate kadar saklanabilir. **Ticari takdim şekli ve KDV Dahil Perakende Satış Fiyatı:** Bir Luer kilit adaptörü dahil, gri bromobütill kauçuk uç kapağı ile beyaz, emniyet-belirtici sert contadan oluşan bir enjektör kapağı ve bromobütill kauçuk piston tapasına sahip kullanıma hazır dolu enjektörde (tip I cam) 0,165 ml steril çözelti. Kullanıma hazır enjektörler sadece tek kullanımlıdır. 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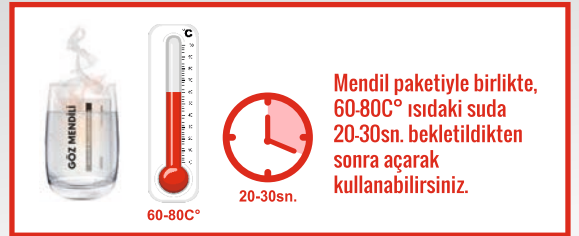
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Epub ahead-of-print article: Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. *Diagn Interv Radiol* 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead-of-print].

Manuscript published in electronic format: Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: <http://www.cdc.gov/ncidod/EID/cid.htm>.

Book section: Suh KN, Keystone JS. Malaria and babesiosis. Gorbach SL, Barlett JG, Blacklow NR, editors. *Infectious Diseases*. Philadelphia: Lippincott Williams; 2004.p.2290-308.

Books with a single author: Sweetman SC. Martindale the Complete Drug Reference. 34th ed. London: Pharmaceutical Press; 2005.

Editor(s) as author: Huizing EH, de Groot JAM, editors. Functional reconstructive nasal surgery. Stuttgart-New York: Thieme; 2003.

Conference proceedings: Bengisson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

Scientific or technical report: Cusick M, Chew EY, Hoogwerf B, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study Kidney Int: 2004. Report No: 26.

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