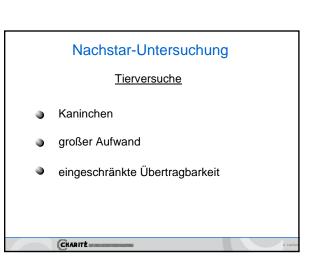
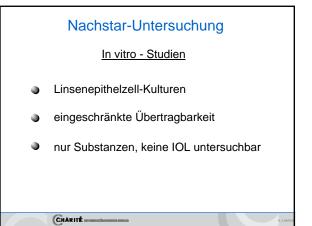
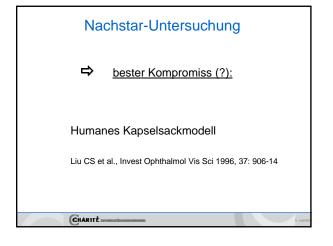
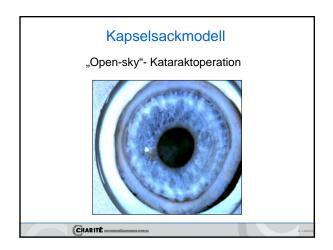


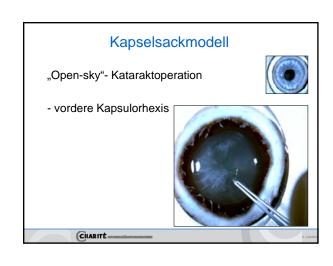
Nachstar-Untersuchung post mortem - Studien retrospektiv große Patientenzahlen keine Details des Zellwachstums limitierter Zugang für neue Substanzen/ nicht zugelassene Intraokularlinsen

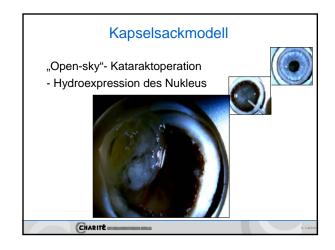


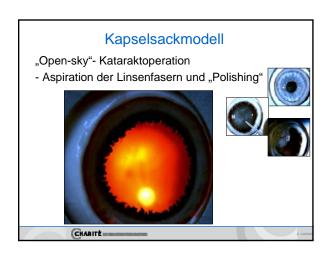


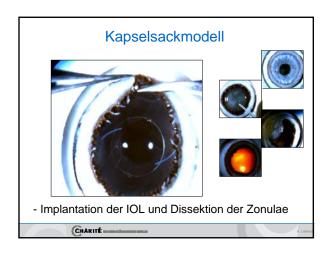


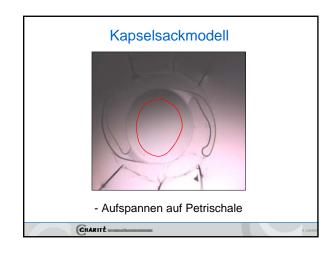


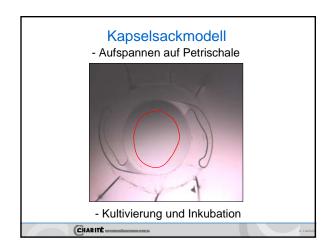


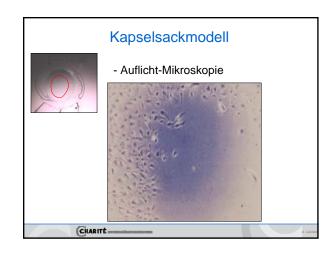


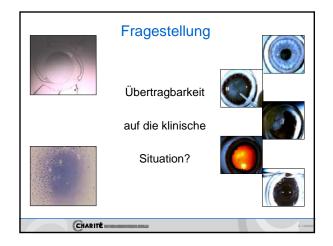


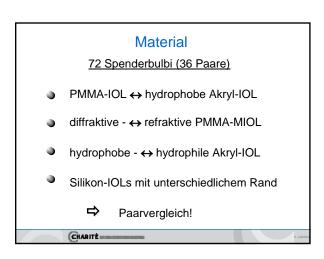


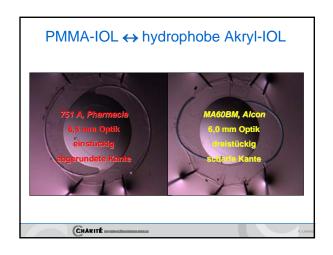


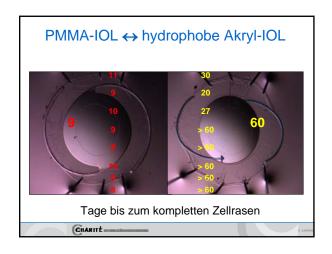


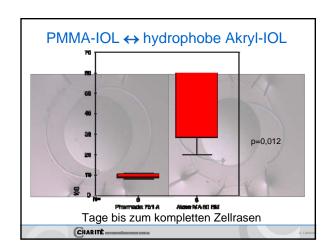


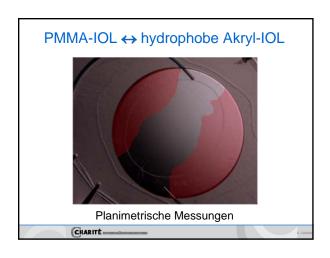


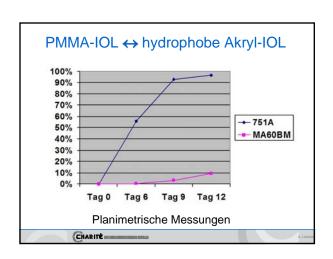


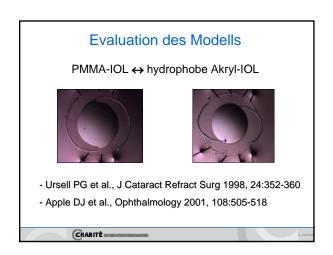


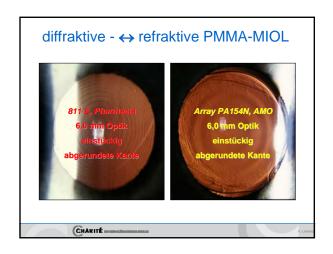


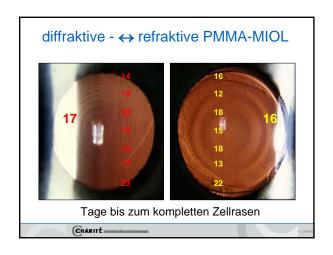


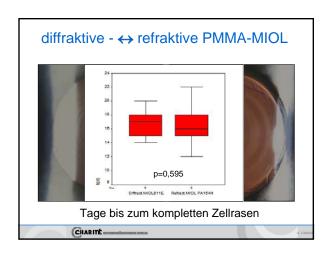


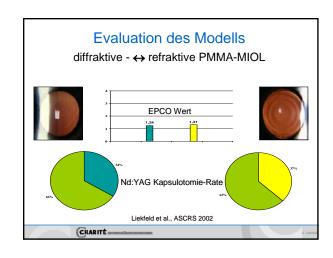


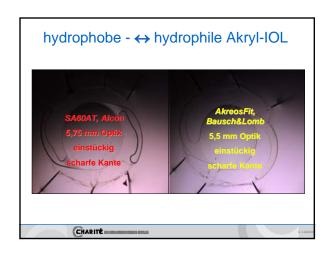


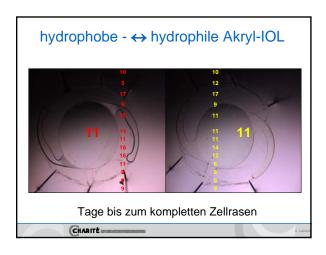


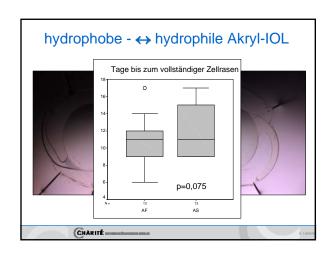


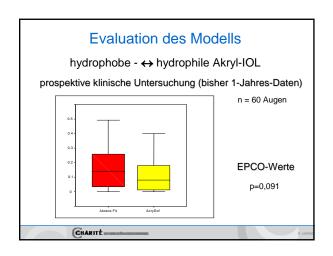




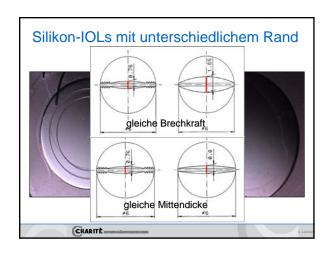


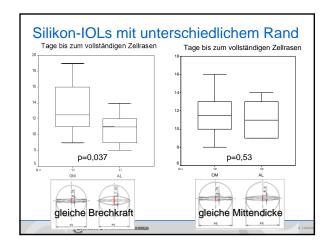






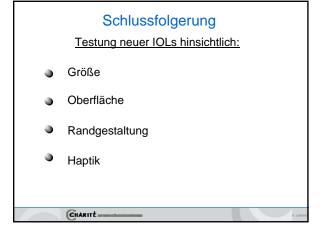








Schlussfolgerung Vorteile des Kapselsackmodells Korrelation mit klinischen Ergebnissen Zeitraffer Untersuchung von Versuchs-IOLs Präklinische Testung



Ausblick

➡ Standard für jede neue IOL?