

Henson

Leading the field



Optimized perimetry for
practitioners and patients



THE HENSON STORY

Over 30 years of
innovation



*Professor David Henson, innovating in
the field of perimetry since 1986.*

The Henson brand is driven by three clear principles: innovation, improving operator efficiency and ensuring patient usability. These have motivated us since the launch of our first screener in 1986 and continue to do so to this day with the Henson 9000 Perimeter.

When Professor Henson invented the CFS 2000 it was the world's first computerized, multiple-stimulus, supra-threshold perimeter. Its release revolutionized the way in which visual field tests were performed. It produced a standard printout and allowed the electronic storage of results for future recall or transfer to other computers. By introducing the concept of extending tests the CFS 2000 also made life easier for patients, by shortening tests for those who were at low risk of glaucoma, thereby speeding up practice workflow, too.

Our desire to constantly improve our products is driven both by Professor Henson's expertise as a respected academic and his close understanding of practitioner needs, first from his time as a practising optometrist and then as a clinical academic at Cardiff University, Manchester University and Manchester Royal Eye Hospital. This has also allowed the Henson range to claim some notable firsts. In 1993 the Henson CFA 4000 became the first perimeter to allow operators to retest and/or add points during a visual field test for improved specificity. In 2009, ZATA was the first threshold test to use prior test data for threshold tests, reducing test times, increasing accuracy and making tests more manageable for patients.

And now, in 2018, Smart Supra becomes the first supra-threshold test to incorporate both 24-2 and 10-2 test locations in its program to improve sensitivity to small central defects often missed by 24-2 tests¹. Another innovation, the Smart Supra algorithm uses supra-threshold increments based upon probability limits, thus providing pattern and total deviation probability map outputs similar to those seen in threshold tests, but with a combined 24-2 and 10-2 test that can be completed in ~3.5 minutes*. (Performing consecutive 24-2 and 10-2 threshold tests would normally take over 10 minutes.)

Today, the Henson 9000 is the first choice of UK optometrists and has a growing install base within optometry and ophthalmology worldwide.

When you choose Henson you
choose ground-breaking innovation
that will benefit you and your patients

*Test times are approximations only and will differ according to patient response time and level of loss.



With innovative tests for glaucoma detection and management, a full suite of analytical tools (including progression analysis), networking capabilities and a compact, modern, low maintenance design, the Henson 9000 offers a lot to practitioners.

HENSON 9000 PERIMETER

All you would expect from your field analyzer, and more

Our commitment to innovation ensures that we can respond to the latest research to provide a perimeter that always benefits you and your patients.

Smart Supra

A unique development in field testing, responding to recent research indicating that 24-2 test patterns miss a large number of early field defects¹, Smart Supra can combine 24-2 and 10-2 patterns in a 3.5 minute test, improving sensitivity to central defects. Its standard 26 point screening test can be completed in less than 1 minute*.

ZATA

Our intelligent alternative to SITA, ZATA can start a threshold test from prior patient data. It uses smart threshold-related terminating criteria to optimize test performance and includes powerful tools for analyzing progression. Tests (24-2) can typically be completed in as little as 2.5 minutes per eye*, providing clear benefits to operator and patient alike.

*Test times are approximations only and will differ according to patient response time and level of loss.

Supporting operator efficiency

Our intuitive user interfaces with context-sensitive help support ease-of-use for all staff and reduce training requirements. Operators also benefit from fast, easy, single-click access to the Henson Windows-based database.

Improving patient experience

The unique facility to re-test locations, add new locations or extend tests, without having to start from scratch, not only supports operator efficiency but improves specificity and reduces false positive test outcomes.

Compact design

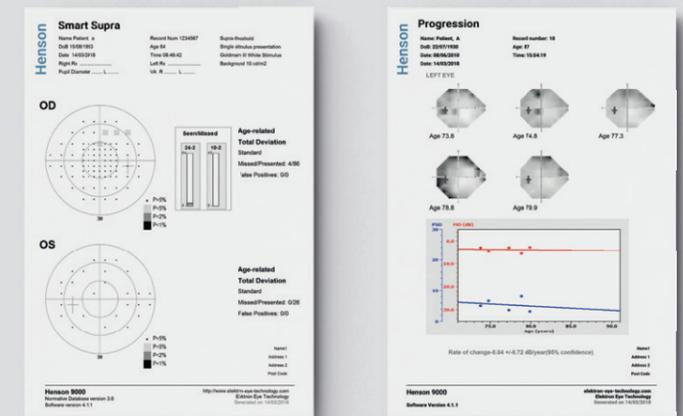
The ergonomic, relatively small size of the Henson 9000 is ideal for space-constrained environments and allows for flexible positioning across any consulting room.

More as standard

Full facilities for networking, linking to practice management systems, exporting and importing historic patient data all available as standard.

Commitment to innovation

From designing the first computerized, multiple stimulus, supra-threshold perimeter in 1986 to pioneering a new visual field test in 2018, we have always been committed to innovation for the benefit of practitioners and their patients.



Smart Supra printout

ZATA Progression printout



Context-sensitive help supports operator efficiency



Full facilities for networking available as standard

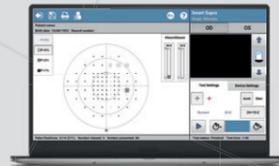
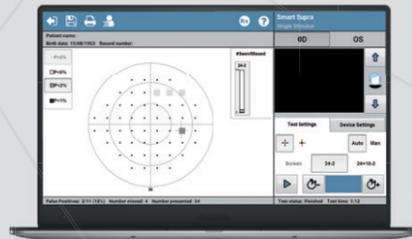
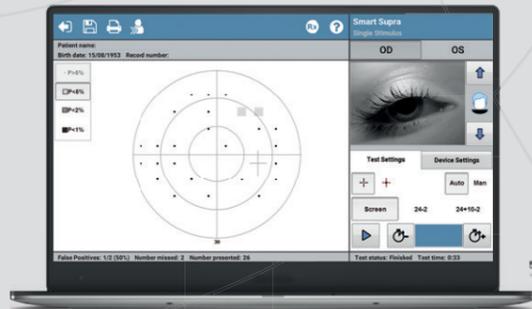


The ability to add/re-test points during Smart Supra tests reduces false positives and improves spatial mapping

step 1

step 2

step 3



Henson Smart Supra can be auto-extended from 26 points (Screen), to 54 (24-2) and 86 (24-2 plus 10-2), as above, whilst ZATA can extend from the 24-2 to 30-2 test pattern in-test



ZATA uniquely starts threshold tests for existing patients using values from the most recent test in the Henson 9000 database

LEADING THE FIELD

Innovating to improve workflow and patient experience

Drawing on the core principles of the Henson brand, our suite of visual field tests – for both detecting and managing loss – use a number of unique innovations to deliver an intuitive and efficient user experience for operators, whilst ensuring ease-of-use for patients too.

Flexibility for operator and patient

Minimizing confusion and response errors for older patients, whilst offering enhanced test speed for low risk ones, multiple stimulus is often a patient's preferred choice and can be completed as quickly as 30 seconds; single stimulus is also available for fully-automated testing.

Unique use of prior data

Operators can load prior data from existing patient records, enabling tests to start nearer threshold. This helps negate false positive (unseen) responses in the early stages of a test by patients with established loss thereby reducing anxiety, too. It can also speed up test times, benefiting patients and enhancing workflow.

Enhanced sensitivity and specificity

Henson Smart Supra uses points from the 24-2 and 10-2 test patterns to improve compatibility and sensitivity to early central field loss. It also allows operators to retest or add points during any test, reducing false positives and improving spatial mapping.

Responding to the latest developments

Our connections with current practitioners and the latest research on glaucoma allow us to deliver innovative solutions fast for the benefit of practitioners and patients.

Convenience of auto-extending tests

Saving valuable time for operators and patients, Smart Supra can auto-extend, as required, from 26 points (Screen) to 54 (24-2) and from 54 points to 86 (24-2 plus 10-2).

SMART SUPRA: THE BEST OF SUPRA-THRESHOLD AND THRESHOLD PERIMETRY COMBINED

Probability-based supra-threshold increments with increased sampling in the central 10 degrees

The Henson 9000 now includes a unique supra-threshold algorithm designed to provide a solution to the three main problems affecting visual field tests for glaucoma today (see below).

Smart Supra increases sensitivity to shallow defects in the central field by using probability-based supra-threshold increments, as opposed to the fixed ones used in standard supra-threshold tests. The use of probability-based increments means that the supra-threshold increment increases with eccentricity, accounting for the known issue of increased variability at eccentric locations. Including test points from both 24-2 and 10-2 test patterns further increases the likelihood of detecting small central defects that can be missed with the 24-2 test pattern when used in isolation¹.

As a result, Smart Supra is fast. Its 26 point initial phase (sufficient to screen low risk patients) can be completed in under a minute, whilst the 24-2 plus 10-2 test pattern (86 points) takes around 3.5 minutes*.

The three main problems with current visual field tests for glaucoma

- High variability at moderate to severely damaged test locations (<20 dB)^{2,3}
- Poor sensitivity to small central defects when testing with the 24-2 test pattern
- Long test times only get longer with the inclusion of more test locations

The three solutions from Smart Supra

Smart Supra replaces the need to test at locations below 20 dB where variability is so high that meaningful measures of threshold are not attainable [Fig.1]. It does so by setting the threshold increment according to the normal variability found at each location** allowing it to test at levels which have a 95, 98 and 99% probability of being seen [Fig.2].

Smart Supra uniquely incorporates a 10-2 test pattern in response to recent research showing that small central defects can be missed by 24-2 field tests¹.

Smart Supra is fast even with three levels of testing. Its easy, in-test extension from 26 points (~1 min.), to 24-2, then 24-2 plus 10-2 (3.5 mins.), as required, allows Smart Supra to test more points in less time.

The three key benefits of Smart Supra

Smart Supra improves clinic workflow – fast test times increase patient throughput enabling more efficient day-to-day practice management.

Smart Supra identifies more glaucoma – the addition of the 10-2 test pattern and probability-based increments increases sensitivity in the previously under-sampled central 10 degrees.

Smart Supra generates globally accepted data – printouts include pattern deviation and total deviation probability maps similar to those produced by threshold testing using the 24-2 and 10-2 test locations.

*Test times are approximations only and will differ according to patient response time and level of loss.
**Derived from an age-normative database within the Henson software.

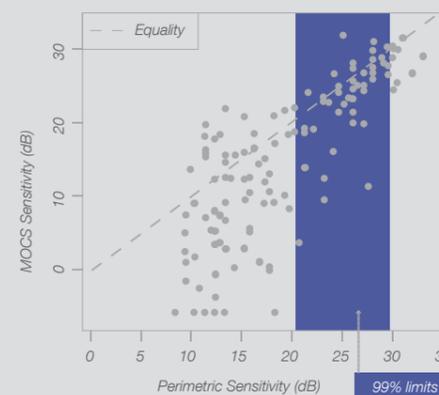


Figure 1: Test re-test variability at different levels of loss, redrawn from Gardiner³.

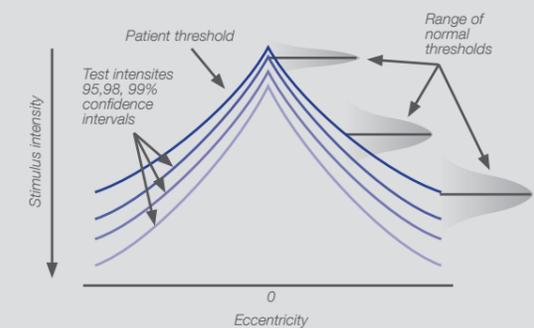
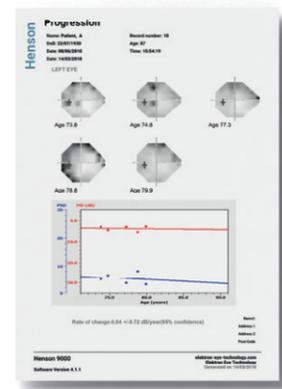
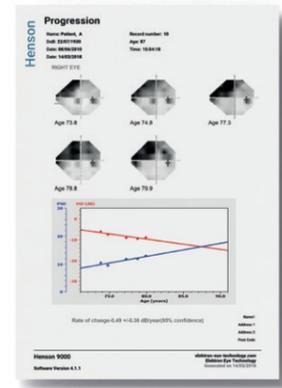
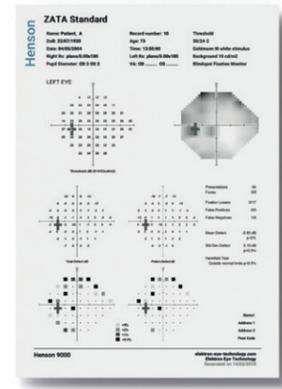
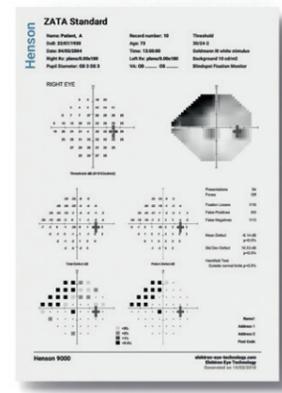


Figure 2: Test levels based on 95, 98 and 99% probability of being seen by an age-matched eye with no visual field loss.



MANAGEMENT WITH ZATA THRESHOLD TESTING

5 reasons to choose ZATA

ZATA speeds up threshold testing through better use of prior test data

ZATA does not just use single terminating criteria

ZATA uses looser terminating criteria in severely damaged locations (<10 dB)

ZATA allows both 24-2 and 30-2 stimulus patterns in a single test

ZATA uses the standard printout for universal compatibility

Further to the advantages of Henson Smart Supra, the Henson 9000 also offers a threshold test for the detection and monitoring of glaucoma.

The Zippy Adaptive Threshold Algorithm (ZATA) developed by Professor David Henson uses the more efficient Bayesian method to derive threshold values. Bayesian methods were first introduced into perimeters in the SITA algorithm of the Humphrey Field Analyzer. ZATA further developed this method with reference to research demonstrating enhanced variability at test locations with depressed sensitivity^{3,4}. As a result, the ZATA algorithm enables a faster yet equally sensitive test, which can typically be completed in as little as 2.5 minutes per eye*. The fast test speeds are also due to the unique way in which ZATA uses prior patient data.

In instances where patients have been tested previously, ZATA will build on this prior data for subsequent tests, rather than starting a new test from age normative data, as is common in other perimeters. This helps negate false positive responses early in a test by patients with established loss and serves to reduce patient anxiety, too, by reducing the number of unseen presentations. It can also speed up test times – benefiting patients and enhancing practice workflow.

ZATA varies the terminating criteria to give more accurate thresholds at damaged and neighbouring locations. This reduces test times, both for patients with advanced visual field loss and for those with no loss at all.

ZATA does not attempt an accurate measurement of thresholds below 10 dB where variability is high and attempts at accurate measures do not yield any useful additional data.

Via a simple 'extend' facility operators can extend the 24-2 test pattern to a 30-2 test pattern during or at the end of each test so avoiding the need to retest the 24-2 locations if later opting for a 30-2 test.

The standard print format is used to aid interpretation and comparison with data from other perimeters. The Henson 9000 software also allows users to switch between multiple views – threshold, grayscale, or defect values – at the end of each test.

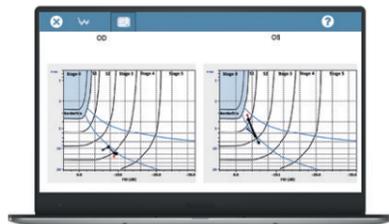
*Test times are approximations only and will differ according to patient response time and level of loss.

PUTTING IT INTO PRACTICE

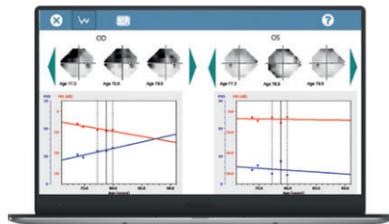
We understand that our equipment must fit seamlessly into your practice and processes. We have designed a low maintenance, compact perimeter for flexible positioning with networking facilities available as standard. Our suite of tests and associated analytical techniques give you all the information you need to support the best patient outcomes.



Henson 9000 Home screen



Progression GSS2 user interface



ZATA Progression line plot user interface

Small footprint allows for flexibility of positioning – the Henson has a compact footprint (W 440 x D 400 x H 452 mm) and sits easily on a standard instrument stand. The software runs on a separate device (touch screen, desktop or laptop), giving you more placement flexibility than is available from perimeters with fixed operator display screens.

Full networking support – the Henson 9000 application can make full use of the networking facilities within Windows as standard. There is no need to purchase additional software to enable this. The Henson software can utilize the network for printing or to allow storage of the database, backup or output files on a network drive, allowing the sharing of test data between units. Networking also allows remote practice management systems to pass details to the Henson tests. The results of the tests can be stored in multiple locations as JPEG, PDF or DICOM images.

Fast, intuitive, multi-lingual software means minimal training time – our software has been designed to be fast and easy to use. There are no extended start-up times with single touch operations for most actions. We also offer context-sensitive help in multiple languages.

All the visual field tests and analytical tools you need

You have all the tools you need to detect and monitor functional loss with our range of supra-threshold and threshold tests, as well as monitoring the whole visual field with the Esterman binocular driving tests (Groups 1 & 2).

Our Smart Supra results are designed to be compatible with threshold results, whilst our ZATA results include all recognized global indices (mean defect, standard deviation defect, hemifield), plus threshold and grayscale, total deviation and pattern deviation values.

Our progression analysis tools display global indices (mean defect and pattern standard deviation) against the age of the patient and the mean defect rate of change displayed with confidence levels.

Data can also be presented on Glaucoma Staging System II. Using both the mean defect and pattern standard deviation is better than using either index in isolation.

Our ZATA threshold test includes foveal threshold measurement facility as standard.

Benefit from low maintenance costs – robust, solid-state electronics with degradation free light sources ensure the maintenance costs for your Henson 9000 are minimal year-on-year.



With the flexibility of using either a touch screen laptop or desktop computer the Henson 9000 is convenient and easy to use.



The Henson 9000 application can make full use of the networking facilities within Windows® as standard with no need for additional software.



Single touch operation for most actions along with context-sensitive help make the Henson 9000 easy to use for operators.



The Henson 9000 software supports 11 different languages.





References

- 1 De Moraes CG, Hood DC, Thenappan A, Girkin CA, Medeiros FA, Weinreb RN, Zangwill LM, Liebmann JM. 24-2 Visual Fields Miss Central Defects Shown on 10-2 Tests in Glaucoma Suspects, Ocular Hypertensives, and Early Glaucoma. *Ophthalmology*. 2017 Oct;124(10):1449-1456. PMID: 28551166
- 2 Henson DB, Chaudry S, Artes PH, Faragher EB, Ansons A. Response variability in the visual field: comparison of optic neuritis, glaucoma, ocular hypertension, and normal eyes. *Invest Ophthalmol Vis Sci*. 2000 Feb;41(2):417-21. PMID: 10670471
- 3 Gardiner SK, Swanson WH, Goren D, Mansberger SL, Demirel S. Assessment of the reliability of standard automated perimetry in regions of glaucomatous damage. *Ophthalmology*. 2014 Jul;121(7):1359-69. PMID: 24629617
- 4 Gardiner SK, Mansberger SL. Effect of Restricting Perimetry Testing Algorithms to Reliable Sensitivities on Test-Retest Variability. *Invest Ophthalmol Vis Sci*. 2016 Oct 1;57(13):5631-5636. PMID: 27784065

Henson 9000 Perimeter: Technical specification

Test specifications

| | |
|-------------------------|--|
| Visual field test range | 60° (monocular) / 160° (binocular) 10,000 ASB 31.5 ASB |
|-------------------------|--|

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|-------------------------------|-------|
| Visual field testing distance | 25 cm |
|-------------------------------|-------|

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|------------------------------|------------|
| Stimulus intensity (maximum) | 10,000 ASB |
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|-------------------------|----------|
| Background illumination | 31.5 ASB |
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|-------------------|--------|
| Stimulus duration | 200 ms |
|-------------------|--------|

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|---------------|--------------|
| Stimulus size | Goldmann III |
|---------------|--------------|

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|---------------------|--|
| Test methods | Standard Automated Perimetry (SAP), white-on-white |
|---------------------|--|

Screening tests/patterns

| | |
|-------------------------------|--|
| Smart Supra - single stimulus | 26, 54 and 86 point tests (incorporating both 24-2 and 10-2 test pattern points) |
|-------------------------------|--|

| | |
|---------------------------------|--|
| Smart Supra - multiple stimulus | 26, 54 and 86 point tests (incorporating both 24-2 and 10-2 test pattern points) |
|---------------------------------|--|

| | |
|--------------------|--|
| Esterman (Driving) | Groups 1 (120 point) and 2 (124 point) (EU standard) |
|--------------------|--|

| | |
|------------------|---|
| Customized tests | Test locations can be manually added to all Smart Supra screening tests |
|------------------|---|

Threshold tests/patterns

| | |
|-----------------------------------|------------------------------------|
| ZATA Standard - threshold central | 10-2; 30/24-2 (extendable in-test) |
|-----------------------------------|------------------------------------|

| | |
|-------------------------------|------------------------------------|
| ZATA Fast - threshold central | 10-2; 30/24-2 (extendable in-test) |
|-------------------------------|------------------------------------|

Average test times*

| | |
|-------------------------------|---|
| Smart Supra - single stimulus | ~1 min (26 points); ~3.5 minutes for fully extended 24-2 plus 10-2 test (86 points) |
|-------------------------------|---|

| | |
|---------------------------------|------------------------------|
| Smart Supra - multiple stimulus | Under 30 seconds (26 points) |
|---------------------------------|------------------------------|

| | |
|------|----------------------|
| ZATA | ~2.5 minutes per eye |
|------|----------------------|

| | |
|-----------|---------------------|
| ZATA Fast | ~ 2 minutes per eye |
|-----------|---------------------|

Fixation control

| | |
|-----------------|---------------------------------------|
| Fixation target | Single or 4-point LED diamond pattern |
|-----------------|---------------------------------------|

| | |
|--------------|------------|
| Heijl-Krakau | Yes (ZATA) |
|--------------|------------|

| | |
|-------------------|-----|
| Video eye monitor | Yes |
|-------------------|-----|

Software features

| | |
|-----------------------------|------------------------------------|
| Patient management database | MS Windows compatible; networkable |
|-----------------------------|------------------------------------|

| | |
|---------------------------------|---|
| Practice management integration | EMR compatibility (parameter passing and text file) |
|---------------------------------|---|

| | |
|-----------|--|
| Languages | English, Chinese, French, German, Italian, Japanese, Norwegian, Portuguese, Brazilian Portuguese, Spanish (Latin America), Spanish (Peninsula) |
|-----------|--|

| | |
|--------------------|-----|
| Hemifield analysis | Yes |
|--------------------|-----|

| | |
|----------------------|-----|
| Progression analysis | Yes |
|----------------------|-----|

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|-----------------|-----|
| HFA data import | Yes |
|-----------------|-----|

Connectivity

| | |
|-------|--------------|
| DICOM | Yes (images) |
|-------|--------------|

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|----------|-----------------------------|
| Ethernet | Yes, via connected computer |
|----------|-----------------------------|

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|-----------------|-------------------------------------|
| Database backup | Removable, network or cloud storage |
|-----------------|-------------------------------------|

Dimensions

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|-------------|------|
| Weight (kg) | 13.5 |
|-------------|------|

| | |
|----------------------|-----------------|
| Size, W x D x H (mm) | 440 x 400 x 452 |
|----------------------|-----------------|

Classification

| | |
|----------------|---------|
| Medical device | Class 1 |
|----------------|---------|

| | |
|--------------|--------|
| Applied part | Type B |
|--------------|--------|

| | |
|----------------|---|
| Control device | External PC / laptop / tablet running MS Windows® Professional, v. 7, and above |
|----------------|---|

| | |
|-----------------------------|--|
| Patient unit inputs/outputs | C13 mains input; Patient Response Button; 2 x USB Type B connector |
|-----------------------------|--|

| | |
|-------------------------|--------------------------------|
| Electrical requirements | 85 – 263 V AC, 50/60 Hz, 60 VA |
|-------------------------|--------------------------------|

| | |
|------------------|--|
| Optional printer | Any compatible with controlling computer |
|------------------|--|

*Test times are approximations only and will differ according to patient response time and level of loss.

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