## **IRPL<sup>®</sup> VS IPL** COMPARISON TABLE

	<b>Conventional IPL Devices</b>
Medical certification for the treatment of dry eye.	No certification for the treatment of dry eye, resulting in the practitioner not being covered by insurance in cases of an accident. Practitioner becomes personally responsible.
Sold exclusively to eye care professionals to treat 100% of dry eye cases related to meibomian gland dysfunction (MGD).	Sold primarily to dermatologists who are only able to treat dry eye patients with cutaneous rosacea, which represents only 20% of total dry eye cases.
New lamp technology makes it possible to achieve neurological stimulation.	Old lamp technology has a vascular mechanism of action (linked to skin rosacea) and is incompatible with neurological stimulation.
The flash associated with IRPL <sup>®</sup> technology is regulated and divided into sub-pulses, with each of the sub-pulses being managed separately with different durations and light intensities.	Traditional type flash is divided into sub-pulses all having the same duration and light intensities.
20-25% more effective than conventional IPLs after initial treatment, with an 87% satisfaction rate amongst patients.	Lower efficacy rate due to older technology.
Patented air-cooling system allows for no yearly maintenance fees.	Water-cooling traditional system requires yearly maintenance fees.
Air-cooling system allows for more infrared light to be used, making it more effective at gland regeneration.	Water-cooling system doesn't allow for all the infrared light to reach the patient, resulting in a thermal effect only, with no gland regeneration.
Unit is small and portable.	Cannot transport this unit without first draining the device.
Activation card system allows for the unit to be used by multiple practitioners within a practice. Each practitioner can manage his/her use of the machine separately, along with their consumables.	Single user-mode only
Lower cost per unit	Higher cost per unit