



NON PENETRATING APPROACH

MINIMAL INVASIVE

INTEGRATED BATTERY POWERED
LED LIGHTSOURCE

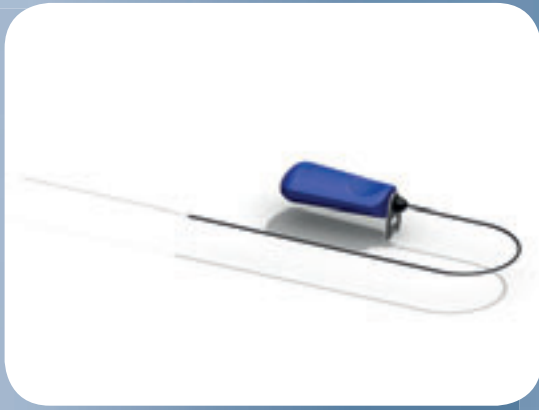
NEW FIBER TECHNOLOGY

NATURAL RESTORATION OF IOP

A **NATURAL APPROACH** TO CANALOPLASTY
FOCUS ON **GLAUCOLIGHT**



D.O.R.C. GLAUCOLIGHT



*3269.SG Scharioth Glaucoma Fiber
(Box/3, sterile). Patent Pending*

The Glaucolight is a surgical ophthalmic canaloplasty device to facilitate the treatment of open angle glaucoma. The Glaucolight facilitates the new stretching-suture technology to re-establish the natural aqueous outflow and reduce the intraocular pressure.

The Glaucolight is a lightfiber based device with an integrated (battery powered) LED source and an atraumatic tip-design for a smooth transfer through the Schlemm's canal. The bright LED illuminated fiber tip helps visualize the position of the fiber during the 360 degree Schlemm's canal passage. The Glaucolight has a 40G/0,15mm micro-diameter for minimally invasive surgery and flexible 360 degree followability of the Schlemm's canal.

A special suture fixation notch at the distal end of the fiber assures a firm fixation of the stretching-suture in combination with minimizing injury effect of the suture knot in the Schlemm's canal.

D O R C

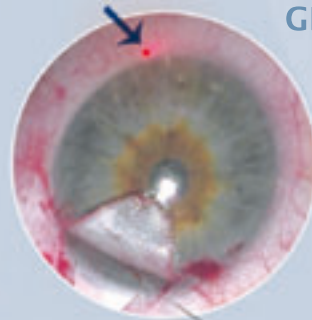
GLAUCOLIGHT CANALOPLASTY DEVICE

NEW FIBER TECHNOLOGY FOR SMOOTH
AND MINIMAL INVASIVE SURGERY

INTEGRATED LED LIGHTSOURCE

NON PENETRATING APPROACH

ECONOMICAL AND EFFECTIVE
ALTERNATIVE FOR CURRENT
GLAUCOMA TREATMENTS



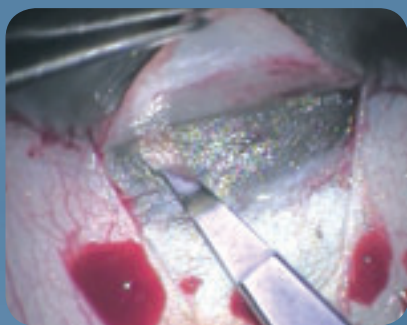
RESTORING THE
NATURAL FUNCTION
OF THE EYE

A NATURAL APPROACH TO CANALOPLASTY FOCUS ON GLAUCOLIGHT

REDUCES THE NEED
FOR GLAUCOMA
MEDICINES

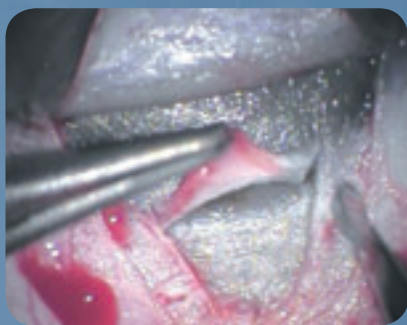


PLASTY
IGHT



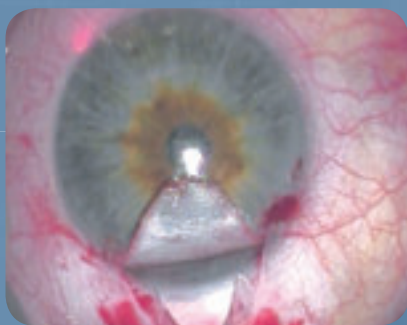
STEP 1

Begin by opening the conjunctiva and tenon marking a parabolic 5x5mm superficial flap with Scharioth's scleral marker. Cut in to one third of the scleral thickness with a paracentesis knife to prepare a superficial scleral flap up to the clear cornea. Use no or minimal diathermy.



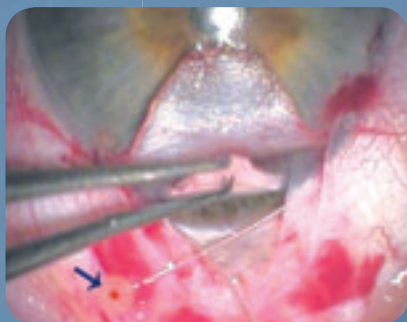
STEP 2

Prepare a deeper scleral flap approximately 3x3mm passing scleral spur opening and un-roofing the Schlemm's canal. Preparation of Descemet window cutting sharp at the edges with blunt preparation in the center. At this stage, a paracentesis incision whilst lowering the IOP reduces the risk of perforation.



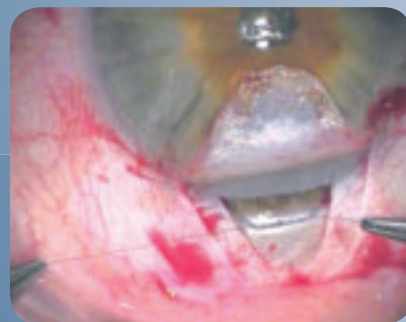
STEP 3

Introduce Glaucolight into the surgical ostia of Schlemm's canal using Scharioth's Glaucolight forceps for easier manipulation. Use methyl cellulose for lubrication of the Glaucolight fiber to facilitate easier catheterization. Advance the Glaucolight 360° through Schlemm's canal. If blockage occurs, retry in opposite direction through Schlemm's. Bending the tip may help slightly.



STEP 4

Tie a 10.0 suture at the distal end of the Glaucolight fiber. Then withdraw the Glaucolight implanting the suture. Cut the deep scleral flap at its base (deep sclerotomy), tighten the 10.0 suture and knot it so that the Descemet's window is visibly pulled inwards.



STEP 5

Check perfusion of aqueous humor at the surgical site. If this is inadequate, peel the juxtacanalicular trabecular meshwork and inject high viscous Hyaluronic Acid in to both Ostia of the Schlemm's canal. Close the superficial scleral flap (watertight) using 5-7 10.0 monofil absorbable sutures. Inject high viscous Hyaluronic Acid under the superficial flap to form a scleral lake preventing collapse. Close the conjunctiva with 10.0 monofil absorbable sutures.

FOCUS ON KNOWLEDGE

FOCUS ON DESIGN



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