



PHACO & ISTENT BY THE BOOK

IS THERE A BOOK?



We train our surgeons according to our tried and tested training program

This provides consistency for every surgeon

It also gives us the ability to assist each other when things become hectic knowing where each surgeon is according to the program



iStent® *inject* Surgeon Training Program

Four components of the iStent *inject* Training Program

- **Stage I** – On Demand Training Modules
- **Stage II** – Practice Integration Tools
- **Stage III** – Wet Lab Didactic Session
- **Stage IV** – Glaukos-Observed iStent *inject* Surgery Cases

Stage I – On Demand Training Modules

(Obtain username & password from Glaukos Senior Regional Business Manager via e-mail)

- Eight modules for surgeon to complete at his/her convenience
- Each module has 3-5 knowledge verification questions at the end of the presentation
- The clinical modules are narrated by an iStent *inject* lead clinical investigator
- The business modules are narrated by leading industry consultants
- **Strongly suggested to visit <http://www.anglesurgery.org> as well as practice in-operative gonioscopes use prior to first surgical day with iStent *inject***

Stage II – Practice Integration Tools

- Introduce and implement our Glaukos Practice System (Integration Tools) to help identify and educate potential iStent *inject* patients by first educating your office staff
- Notify and educate your network of referring doctors and optometrists on the availability of iStent *inject* and the nuances that surround the iStent *inject* procedure

Stage III – Wet Lab Didactic Session with Glaukos Regional Business Manager

- Conducted prior to first iStent *inject* surgery (typically the evening before first cases)
- Glaukos artificial models and iStent *inject* samples
- Practice iStent *inject* insertion
- Review iStent *inject* Instructions for Use and iStent *inject* training videos

Stage IV – Surgery

- Glaukos Senior Regional Business Manager will observe first iStent *inject* surgical cases to ensure that surgeon is comfortable with the procedure
 - Suggest 2-3 cases on first surgery day to facilitate learning curve
- Once this is completed, the surgeon is fully trained

Please contact your Glaukos Regional Business Manager with any questions regarding iStent *inject*.

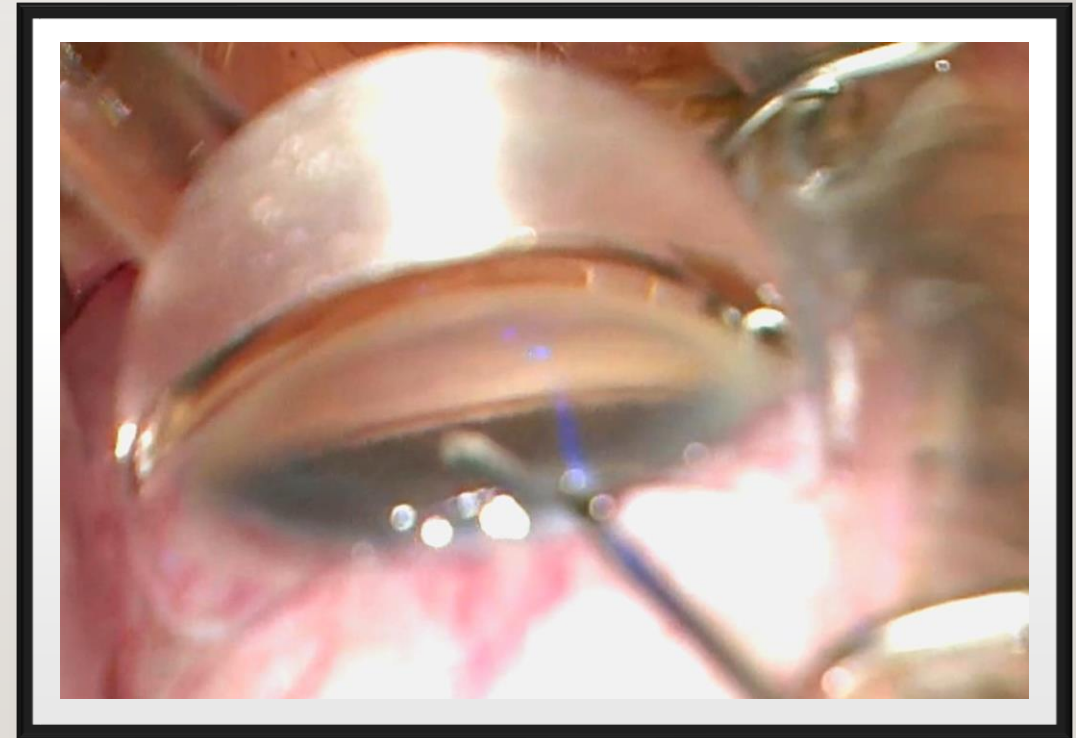
iStent *inject* is intended to reduce intraocular pressure in adult patients diagnosed with mild to moderate primary open-angle glaucoma currently treated with ocular hypotensive medications. The device can be implanted with or without cataract surgery.

- Wet Lab and Surgical Support are the most important parts of our training.
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- We emphasise Visualisation, All the different steps of tilt and optimisation of angles, gonio touch and pressure on eye as well as dimple with injector on TM
- We train and support for the iStent procedure following cataract surgery
- Samuelson et al described this process in 2011 which we have followed ever since

DR BRIAN ANG VIDEO - DEMONSTRATION

- <https://youtu.be/U45VtnwN4Ag>



BY THE BOOK??

Is there a better way?

Should we use the

path less travelled?

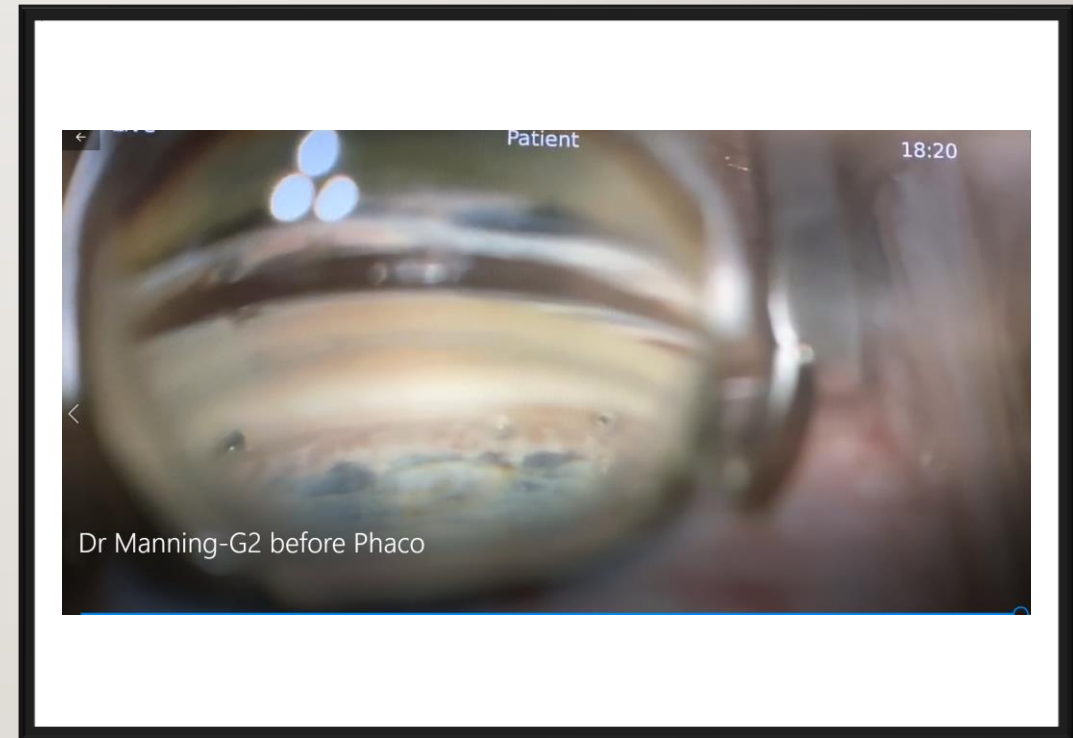
What are the benefits?

Should we try it first?



DR MANNING – BEFORE CATARACT

- <https://youtu.be/OFrrDpU5UHs>



ADVANTAGES OF BEING FIRST – WHAT THE DR'S SAY “IN MY HANDS”

- The eye is firmer with less Viscoelastic being needed
 - The natural lens is very different to a visco fill creating a “Sturdy” eye
- Early Implantation is Safe
- Maximise Corneal Clarity
- Maximise Angle Visualisation
- Avoids Risk of Non-Implantation due to complications

WHAT DO THE PAPERS SAY?

- Samuelson et al first described the process for Stents post cataract surgery 2011
- All papers since run according to what has been the precedent
- Not one published paper can show or explain what “the dr’s say”

EXCLUSIVE – FOR YOUR EYES ONLY

- Dr David Manning et al has a paper that is accepted and waiting to go to print to remedy this:

Efficacy and Safety of iStent Inject Implantation in Manual and Femtosecond Laser-Assisted Cataract Surgery before Lens Extraction

PAPER BREAK DOWN

- Clarity –
 - Epstein paper comparing pre and post angle view. 27.5% of respondents said the clarity was better pre cataract (structures were seen in both instances)
 - Media clarity is optimised using one viscoelastic (post cat can cause a mixture)
- Hyphema –
 - Limited to angle of implantation site initially and no longer present by the end of cataract surgery
 - IOP during cataract surgery gets as high as 60 further tapenading the stent sites
- Complications –
 - Are usually seen with cataract part of the surgery which can effect if stent is implanted

PAPER BREAKDOWN

- Lens Injury -
 - Potential lens injury for phakic eyes with shallower AC
 - No lens injuries were observed in this study, notably if concern is raised on angle and approach delay of the stent implantation can occur post cat component
- Results –
 - 90% of eyes \leq 16mmHg and medication free (6 months)
 - 40% drop IOP
 - No Lenticular injuries and no hyphema post surgery (72% microhyphema at stent placement)

TO STENT OR NOT TO STENT PRE CATARACT SURGERY

- Both offer the doctors a safe operation
- Both have their Pro's and Con's
- Ultimately it may come down to surgeon ability, technique and willingness to address each patient individually to get the best outcomes
- Follow the tried and true path but know for certain patients there are other options.