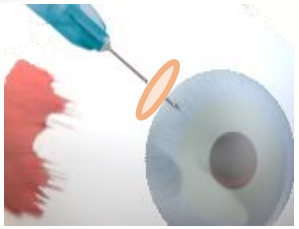
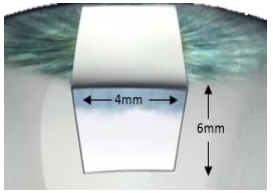


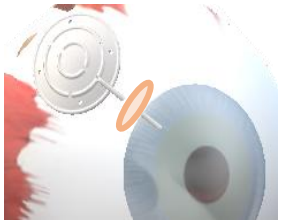
1. Place the **an-GlauDrain** as far as possible from the limbus, in-between tenon's capsule and sclera in a subconjunctival pocket (about 8-10mm away form the limbus) in the lateral cranial quadrant of the globe. It can be sutured if needed using the fixation holes next to the tube.



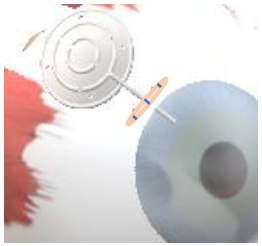
2. Use the included 22G needle to enter the anterior chamber from the pocket. If needed, use viscoelastic to lubricate the pathway for easy insertion of the tube through the 22G needle track.



3. (Optional) Make a limbus based ½ mm thickness scleral flap (4 mm wide by 6 mm long), to cover the shunt tube. Where donor scleral or pericardium is available, cover the tube by 1 cm x 1cm tissue.



4. Insert the tube into the anterior chamber, not more than 2-3 mm inside. Make sure that the tube does not touch the cornea or the iris.



5. Use 8-0 or 9-0 Vicryl or Nylon sutures to close the pocket and to place a ligature around the tube if the lumen is to be temporarily restricted (see recommendations to minimize early postoperative hypotension).



Helpful Tip:
If the **an-GlauDrain** becomes blocked, use a 30G needle to enter the tube of the **an-GlauDrain** through a paracenteses on the opposite side of the entrance into the anterior chamber. After entering the tube, inject TPA.

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an-GlauDrain

Non-valved, easy to implant drainage device for refractory glaucoma cases

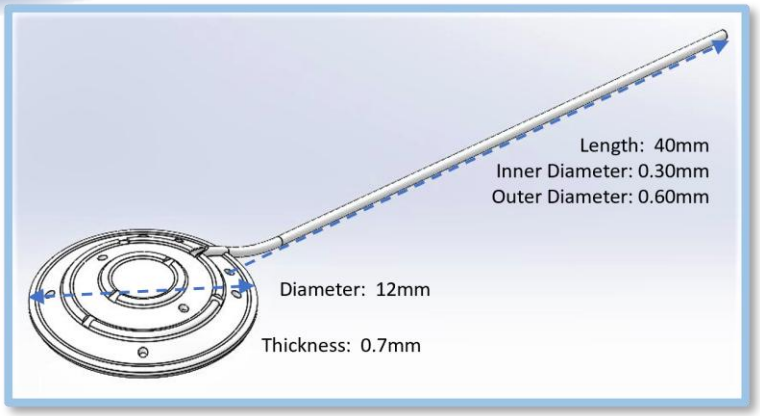


Photo courtesy of Dr. Ingo Hoffmann

- Globe-Shaped Curvature
- Thin & Foldable
- 2-sided interrupted ring structure allows for aqueous circulation
- Non-valved
- High Biocompatibility



Valveless - Foldable - Soft



Options to Minimize Early Postoperative Hypotension:

External Ligation of Tube: Resorbable 7/0 or 8/0 Vicryl or PGA may be tied around the tube. Typically dissolves in 4-8 weeks. Sometimes it may be combined with fenestration of the tube.

Intraluminal Suture Obstruction: a 5/0 or 6/0 polypropylene or nylon 'ripcord' is inserted into the tube that can later be removed depending on the patient's IOP and individual factors.

Note: It is possible combine the external ligation with the stenting of the tube, if necessary.

Material Composition:

Base Plate: Hydrophobic Acrylate (for long-term implantation)
Tube: Medical Grade Silicone (for long-term implantation)

an-vision

an-GlauDrain

The **an-GlauDrain** is specifically designed for use in veterinary ophthalmology with a soft and thin base plate, contoured to fit the shape of the globe, and flexible enough to adjust to varying globe sizes.

The **an-GlauDrain** is also foldable, which allows for comfortable placement in the subconjunctival pocket through a smaller incision

The baseplate is made of a highly bio-compatible hydrophobic acrylate, with a tube made of medical silicone, certified for long-term implantation.

Additional Features

- Thin, foldable, and excellent biocompatibility
- Two suture holes next to the tube allow for fixation of the **an-GlauDrain**
- Steam sterilized in BSS and delivered in a vial
- Rasied ring structure on both sides of the base plate prevents tissue from lying flat and adhearing to the base plate
- Interrurpted ring structure facilitate the outflow of aqueous humor

Scan to view video presentation of **an-GlauDrain** implantation

