Vetrix® EyeQ
Amniotic Ocular Disc
CLINICAL PROTOCOL

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician or properly licensed practitioner. This product is not for human use. These recommendations are designed to serve only as a general guideline. They are not intended to supersede institutional protocols or professional clinical judgment concerning patient care. Always read product IFU before use.

DEVICE DESCRIPTION

Vetrix® EyeQ is derived from bovine amnion membrane. Vetrix® EyeQ amniotic membrane supports native tissue repair by providing an interim bioscaffold, enabling cell in growth and natural tissue remodeling.

This product comes as a 15mm diameter ocular disc. Multiple thickness options are available to accomodate a surgeon's preference.

INDICATIONS

Vetrix® EyeQ Ocular Discs are intended, but not limited, to repair and promote healing for patients with corneal ulcers, corneal lacerations, smaller area wound management, organ punctures, and gastro-intestinal suture line reinforcement.

SITE PREPARATION

1. If feasible, discontinue the use of all topical medications at the wound site 48 hours prior to the application of the Vetrix® EyeQ Amniotic Ocular Disc.

2. Clean the wound bed. Remove all necrotic and/or scar tissue, and gently remove or irrigate any exudates. Obtain fresh tissue edges by delicately swabbing the corneal surface with a swab.

DEVICE APPLICATION

1. Remove the Vetrix® EyeQ Amniotic Ocular Disc from the sterile packaging using standard asceptic/sterile technique. The device can be cut or sized at this time (it is recommended that the graft be slightly larger than the area to be covered).

2. Vetrix® EyeQ should be rehydrated for use. This may be done using the wound site to "self-hydrate" the Vetrix® EyeQ membrane, or by soaking in sterile saline for 60 to 90 seconds prior to placement.

3. Using standard surgical technique, suture Vetrix® EyeQ into place avoiding excessive tension along the suture line. Vetrix® EyeQ Amniotic Ocular Discs are to be sutured intermittenly with absorbable suture while maintaining intimate contact with the wound bed.

FOLLOW UP

The wound should be re-examined one week after placement. If infection is displayed, culture for bacteria and fungus. Another disc application should be considered.

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