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an-GlauDrain

Gonio Implant Loading Instructions



A newly designed foldable Gonio implant

The ring structure on the base plate of the Gonio implant prevents the tissue from lying flat on the base plate. The breaks found intermittently in the rings facilitate the outflow of aqueous humor in patients with glaucoma.

This innovative design allows the aqueous humor to percolate out of the eye underneath the conjunctiva which lowers the intraocular pressure.





Key Features of the an-GlauDrain:

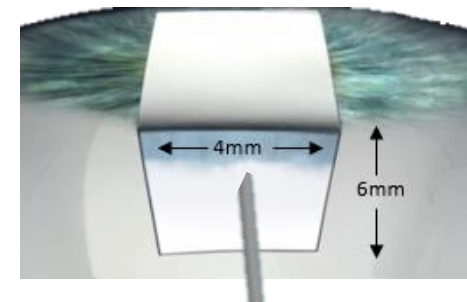
- Functional drainage system
- foldability allows implantation through smaller incision
- Base is made of Hydrophobic acrylate



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 from the limbus) in the lateral cranial quadrant of the globe. It can be sutured if needed using the fixation holes next to the tube.



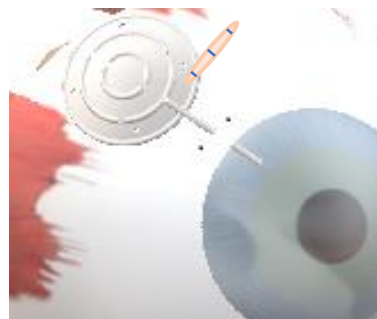
2. Use a 23G needle to enter the anterior chamber from the pocket. If needed, use viscoelastic to lubricate the pathway for easy insertion of the tube through the 23G needle track.



3. (Optional step) Make a limbus based $\frac{1}{2}$ 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.



Helpful Tips:

If the an-GlauDrain is blocked, use a 27G needle to enter the tube of the an-GlauDrain through the paracenteses on the opposite side of the entrance in the anterior chamber. After entering the tube inject TPA.



Scan to view implantation presentation with video demonstrations



an-GlauDrain is:

- Easy to handle
- Steam sterilized in BSS