



Revolutionizing the surgical treatment
of glaucoma

**Informative Brochure
about the eyeWatch
system**

RHEON
MEDICAL

Learn how the eyeWatch system can reduce the complication rates:



Limitation of Hypotony

The eyeWatch can be closed during the first post-operative days, to minimize over-drainage of aqueous humor, avoiding thus hypotony and its related complications. Subsequently, with the development of the fibrotic bleb, the eyeWatch is progressively opened, eliminating the need of re-interventions (suture lysis, stent removal, etc.).



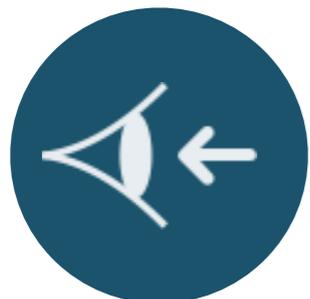
Non-invasive Adjustment

The adjustment of the eyeWatch is performed externally using the eyeWatch Pen. The adjustment is easy to perform, it is a fast procedure (about 1 minute) and is completely atraumatic.



Patient-specific IOP Management

The eyeWatch system allows a very precise tuning of the IOP, which can be adapted according to each patient needs.



No Corneal Touch

The eyeWatch's nozzle is small and rigid. This prevents any contact of the nozzle with the cornea, avoiding thus related complications. The external diameter of the nozzle is only 0.5mm, much smaller than commercially available seton tubes, minimizing corneal endothelium damage.

Features & benefits

The eyeWatch system

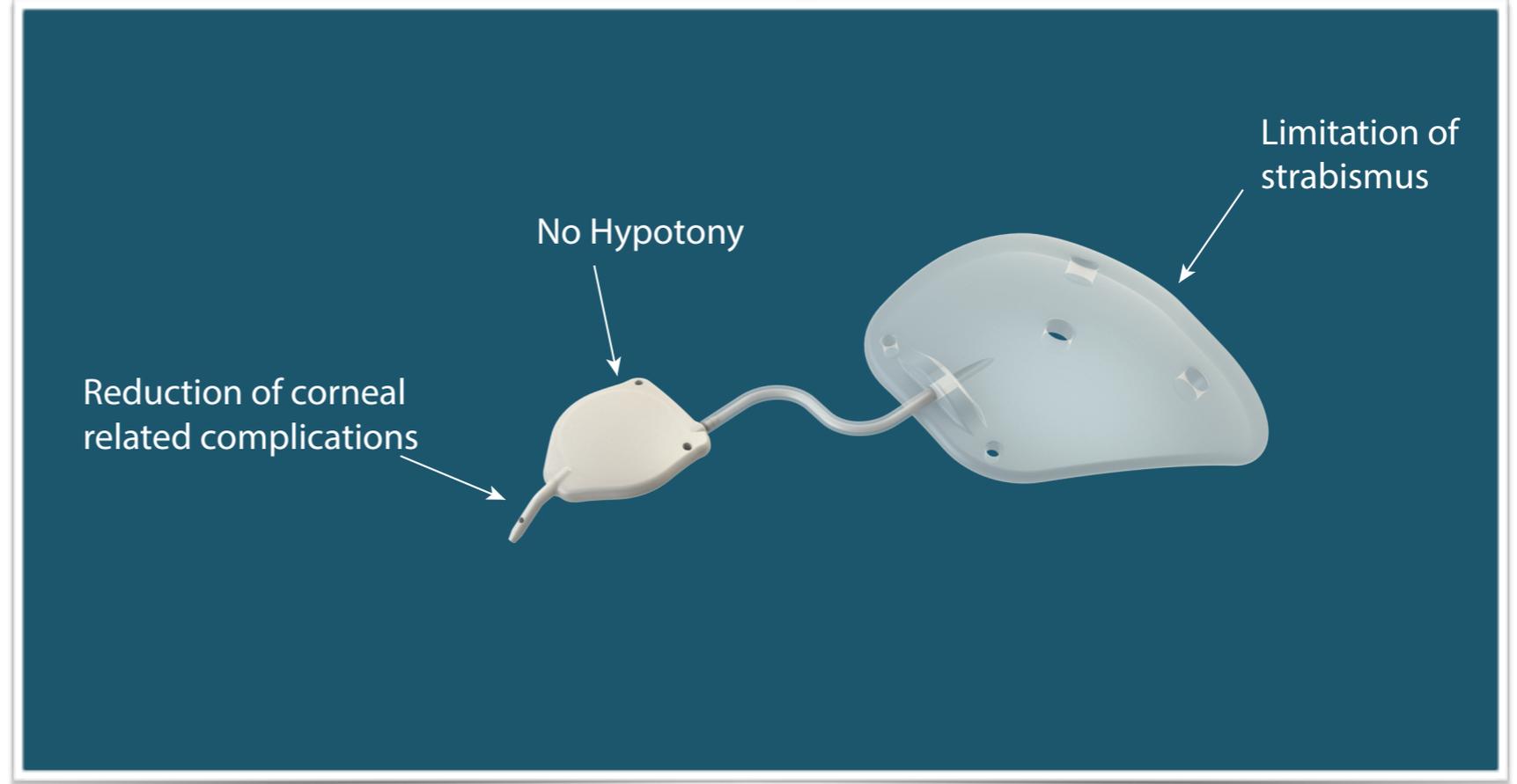
The eyeWatch system is efficient in lowering the IOP, but the system is also able to decrease significantly the complication and the failure rates. Here are some examples on how the eyeWatch system can be safer for your patients:

Efficient reduction of IOP

The IOP is efficiently reduced when using the eyeWatch system. Studies have reported IOP reduction of 51% compared to baseline. The success rates in achieving the target IOP pressure are better than all other commercially available GDDs and comparable to trabeculectomy.

0% Hypotony

The eyeWatch features a drainage tube which opening can be controlled externally. The eyeWatch can be closed in the first post-operative days to avoid hypotony.



Reduction of corneal complications

The eyeWatch is small and rigid, thus reducing corneal damage and avoiding tube motility in the chamber. A 26-gauge needle is used for creating the channel entry into the anterior chamber.

Limitation of strabismus

The eyePlate is designed to be inserted easily right between the rectus muscles thus reducing complications related to diplopia or strabismus.

The eyePlate is available in two sizes : 200 mm² & 300 mm².

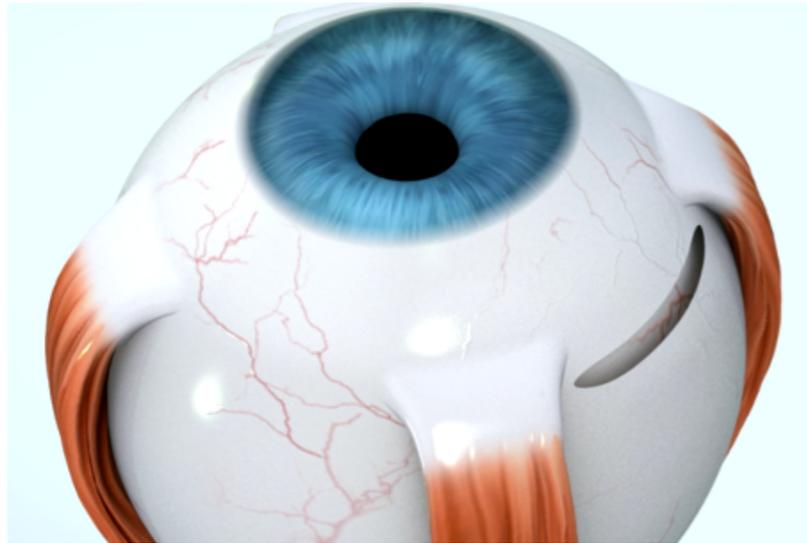
No MMC

The eyeWatch system do not need any adjunction of anti-fibrotic agents such as MMC during the surgical procedure.

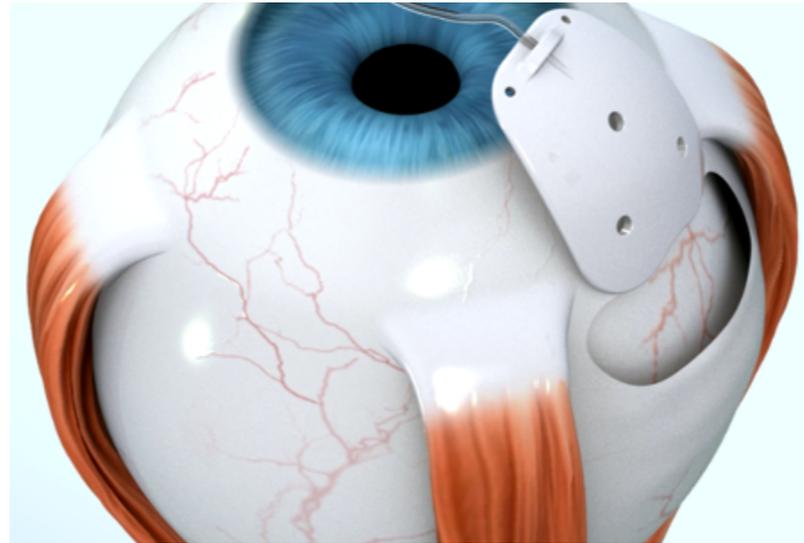
Reduction of complication and failure rates

Due to its unique adjustability, the eyeWatch system can significantly reduce the rate of complications while increasing the success rates.

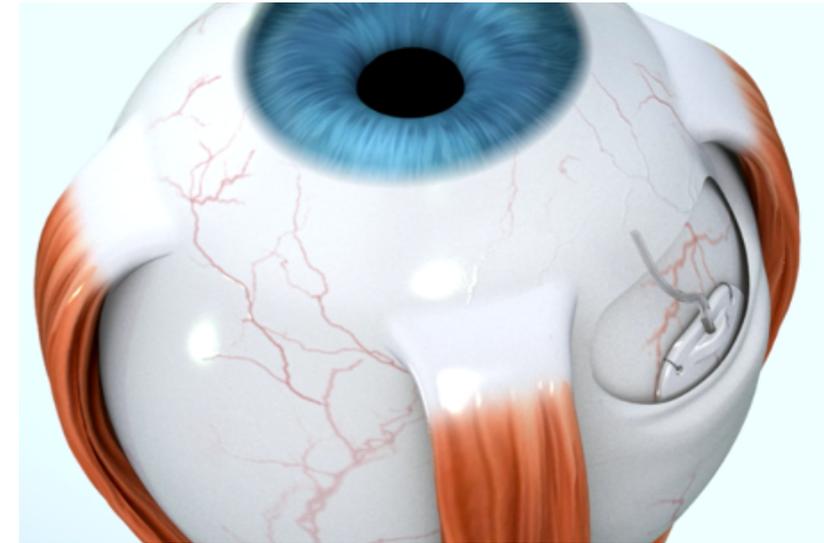
The eyeWatch system surgical procedure (1/2)



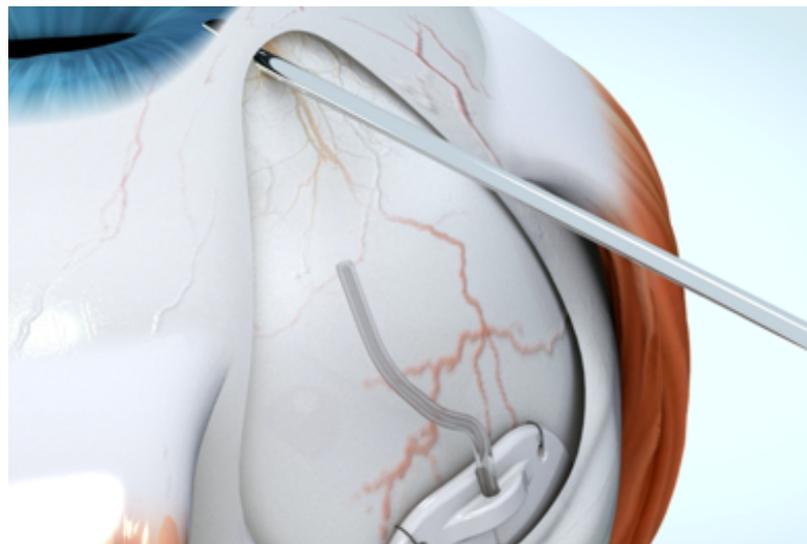
Perform a fornix- or limbus based opening of the conjunctiva at the superior limbus. Dissect the Tenon's capsule to expose the sclera.



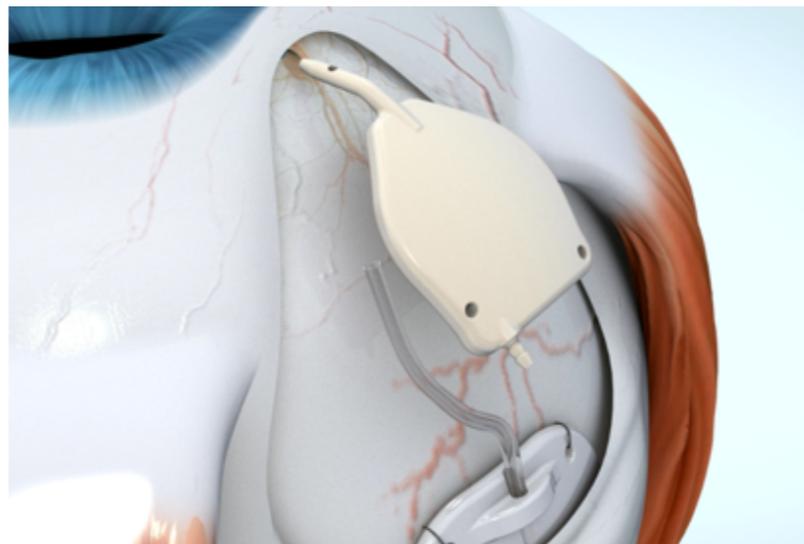
Insert the eyePlate between the rectus muscles. The eyePlate shall be placed at ≥ 12 mm from the limbus.



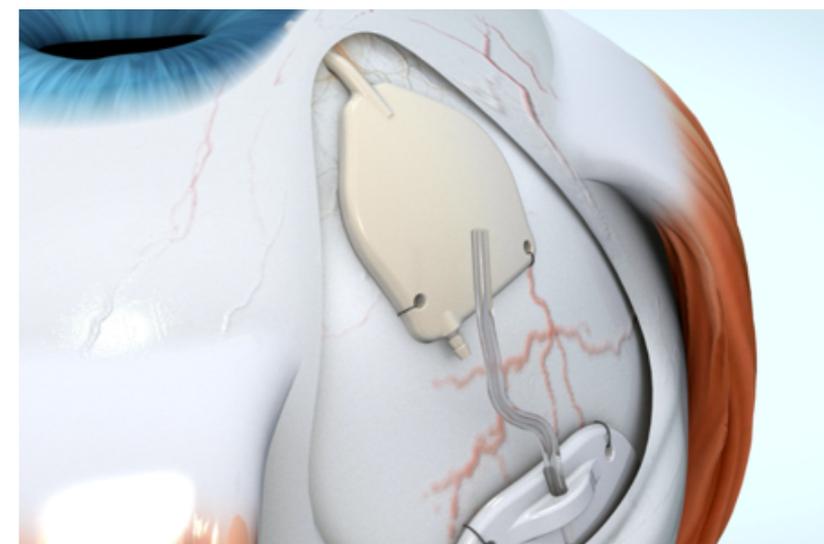
Secure the eyePlate onto the sclera using 2 single Prolene 7-0 sutures.



Enter to the anterior chamber, parallel to the iris, at the level of the Schlemm's canal, using a 26G needle.

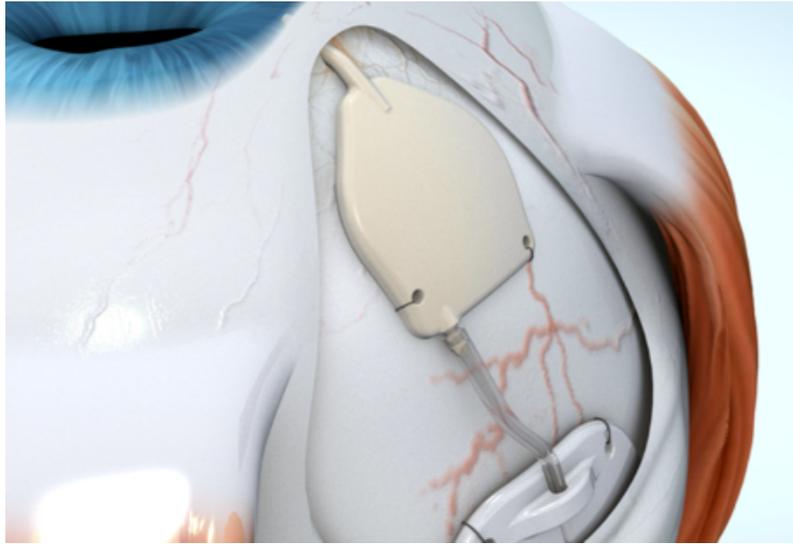


Insert the eyeWatch's nozzle into the scleral canal and advance the device until the nozzle is well positioned in the anterior chamber. Perform gonioscopy to check that the nozzle is positioned parallel to the iris.

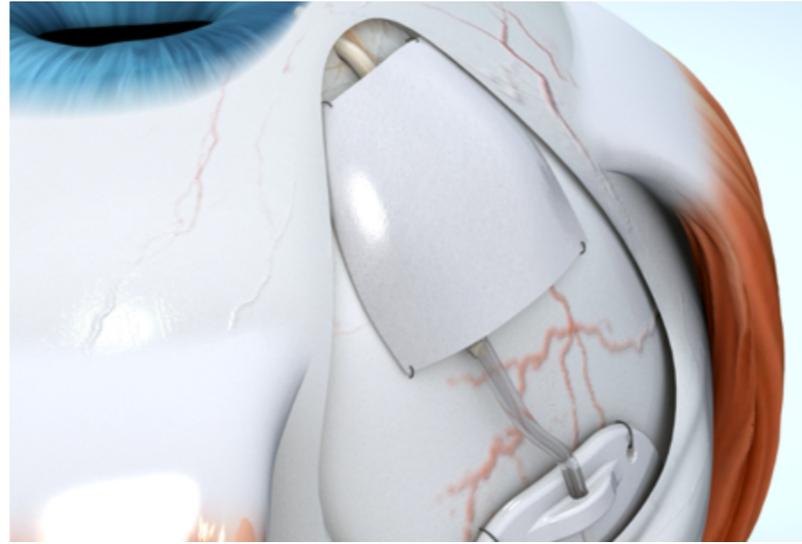


Attach the eyeWatch onto the sclera using 2 single 9-0 Prolene sutures. **Perform control procedure (see below).**

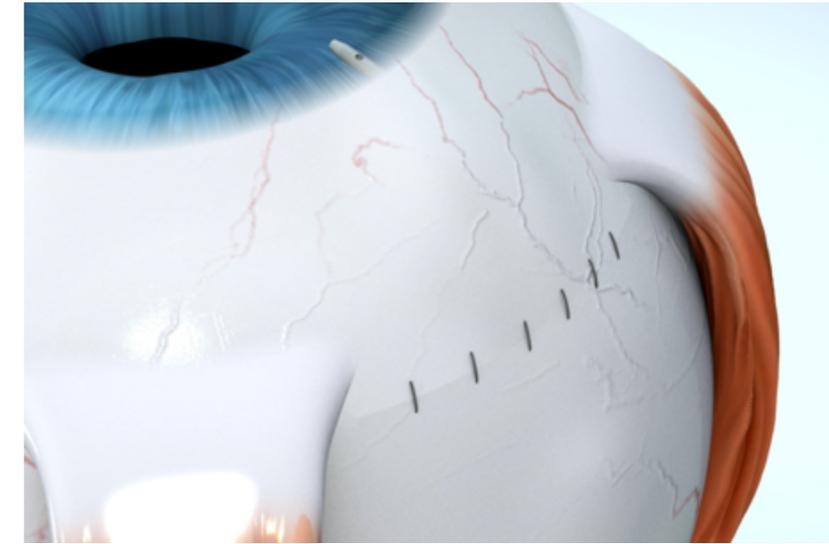
The eyeWatch system surgical procedure (2/2)



Trim the end portion of the eyePlate's tube to the proper length and connect the tube to the eyeWatch's outlet.



Place a scleral patch on the eyeWatch implant and secure the patch using 4-6 single 10-0 Nylon sutures.



Close the conjunctiva in a standard manner (e.g. using 8-0 Vicryl resorbable sutures, etc.).

CONTROL PROCEDURE

After implanting the eyeWatch, the surgeon should perform a functional test using the disposable eyeWatch Pen the following way:

1. Check the actual position of the eyeWatch's magnetic disk using the compass of the eyeWatch Pen Single Use
2. Adjust the eyeWatch opening using the eyeWatch Pen Single Use towards a fully open position
3. Verify with the eyeWatch Pen Single Use that the implant is indeed set at the fully open position
4. Visually check the patency of the device, by observing the aqueous humor flow out from the distal end of the eyeWatch
5. Adjust the implant's opening using the eyeWatch Pen Single Use at a fully closed position
6. Verify with the eyeWatch Pen Single Use that implant drainage opening is indeed set at the fully closed position
7. Visually check the shut-off of the device as seen by the lack of aqueous humor flow from the distal portion of the eyeWatch

Only upon achieving a satisfactory functional test may the surgical procedure be further performed until completion. Should the functional test not be satisfactory, the implant shall be exchanged for a new one and the test performed again.

Note: The steps illustrated here are intended as a guideline only, and do not represent recommended treatment for any particular patient. The use of any specific surgical technique or manoeuvre is at the sole discretion of the surgeon. Surgeons should be familiar with the use of glaucoma drainage devices and post-operative care considerations before implanting any drainage device. Reference papers and surgical video tapes are available on www.rheonmedical.com or upon request.

Measurement/adjustment with the eyeWatch Pen

The eyeWatch Pen is used to measure and adjust the position of the eyeWatch implant.



Pos 0



The position 0 of the eyeWatch device is the fully open position. The resistance to flow is minimal.

When should this position be selected?

1. IOP is high (e.g. > 18 mmHg)
2. Usually the final position to be adopted at mid/long-term follow-up

Pos 1-3



Positions 1 to 3 mean that the eyeWatch implant is partially open. Pos 3 is more resistive to flow than Pos 1. These positions should be selected during the phase of fibrosis formation usually happening after 2 to 4 weeks after surgery.

When should these positions be selected?

IOP is rather high (e.g. 13-18 mmHg).



Pos 4-5



Positions 4 and 5 mean that the eyeWatch implant is partially closed. Pos 5 is more resistive to flow than Pos 4. These positions should be selected during the first weeks after surgery when fibrosis develops.

When should these positions be selected?

IOP is low (e.g. 5-8 mmHg)



Pos 5-6



Positions 5.5 - 6 mean the eyeWatch implant is fully closed. This is the position that should be chosen for the first days after surgery to avoid hypotony.

When should this position be selected?

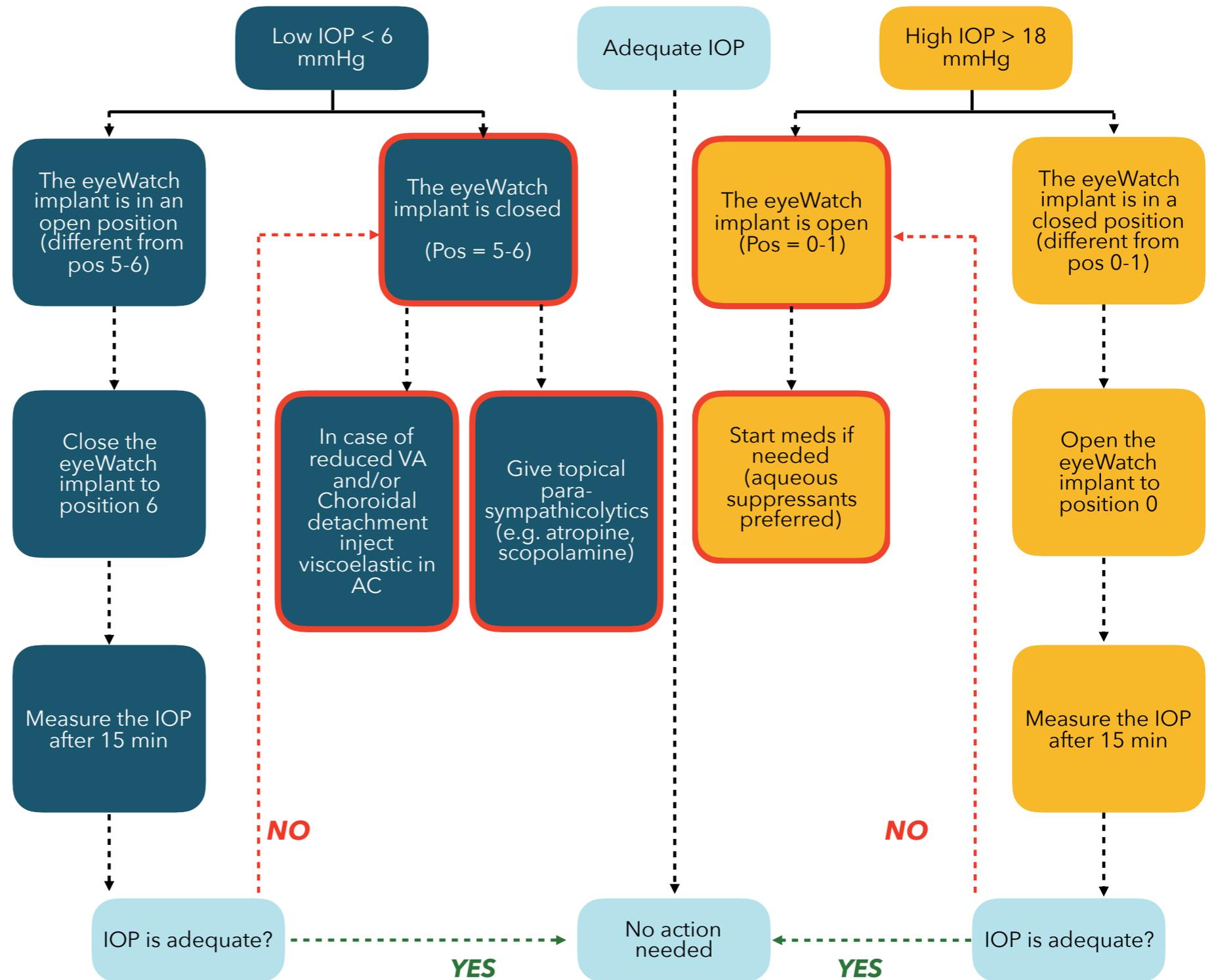
1. Position to be set during and shortly after surgery.

2. IOP is extremely low (< 5 mmHg).

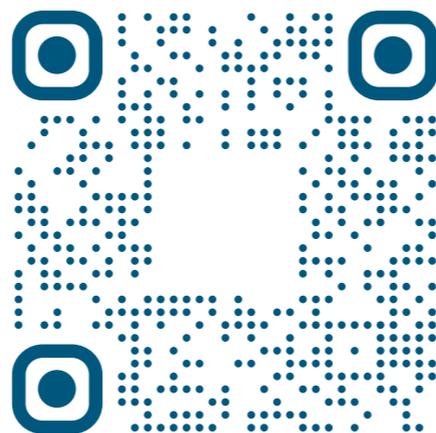
Important note: The positions of eyeWatch implant are not directly correlated to any IOP, meaning one cannot predict the target IOP once the implant is adjusted. **It is therefore important to always measure the IOP of your patient 15 minutes after each adjustment.**

Post-operative patient management

This guide has been created to help any glaucoma expert during the follow-up process of the eyeWatch system. The guide reflects the clinical experience acquired so far and provides suggestions and practical support for the opportunities and challenges you are likely to encounter with your patients.



**This guide was developed for the sole purpose of providing additional practical eyeWatch implantation techniques and is designed to support the physician's decision making process. The final decision and technique used should be based on the physician's own clinical judgement.*



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