EXPAND YOUR VIEW – AND YOUR REACH

Representing the next generation of Glaukos trabecular micro-bypass technology, iStent *inject*® W is built on a proven foundation and is designed to optimise outflow, significantly reduce IOP, provide procedural predictability and precision, and prioritise patient safety.^{1,2} i*Prism*® S was specifically designed with iStent *inject* W in mind, providing an exceptionally wide, crystal-clear view through every step of the procedure.





Wide Angle Lens



The broadest field of view to optimise stent placement across multiple clock hours

Unique Concave Lens Geometry



Crystal-clear clarity through a unique lens design, providing an exceptional view every step of the procedure

Lightweight, Low-profile Design



Lightweight, ergonomic design reduces unnecessary pressure on the cornea, minimising striae and incision interference

EVOLVING DESIGN. ADVANCING PREDICTABILITY.



iStent *inject* W creates two patent bypass pathways through the trabecular meshwork, resulting in multi-directional flow through Schlemm's canal.



The iPrism S is a single-use device that is conveniently packaged and ready for use, eliminating the need for sterilisation or cleaning.

i <i>prism S</i> Specifications		
Lens Material: PMMA	Image Mag: 1.1X	Static Field of View: 90°
Contact Surface Diameter: 8.7mm	Handle Length: 75mm	
Order Numbers		
Right-hand iprism S: SGR5	Left-hand i <i>prism</i> S	S: SGL5

Contact your Glaukos representative for more information:

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INDICATION FOR USE. The iStent inject® Trabecular Micro-Bypass System (Model G2-M-IS-AS) is intended to reduce intraocular pressure in adult patients diagnosed with mild to moderate primary open-angle glaucoma (POAG) currently treated with ocular hypotensive medication. The device can be implanted with or without cataract surgery. CONTRAINDICATIONS. The device is contraindicated for use in eyes with primary angle closure glaucoma, or secondary angle-closure glaucoma, including neovascular glaucoma, because the device would not be expected to work in such situations, and in patients with retrobulbar tumor, thyroid eye disease, Sturge-Weber Syndrome or any other type of condition that may cause elevated episcleral venous pressure. Nath as not been studied in patients with retrobulbar tumor, thyroid eye disease, This device has not been studied in patients with retrobulbar tumor, thyroid eye disease, This device has not been studied in patients with veitic glaucoma. Patients should be informed that placement of the stents, without concomitant cataract surgery in phakic patients, can enhance the formation or progression of cataract. The surgeon should monitor the patient postoperatively for proper maintenance of intraocular pressure. Islant inject® is MR-Conditional, meaning that the device is safe for use a specified MRI environment under specified conditions; please see labelling for details. Physician training is required prior to use and consists of 3 parts: webinar, Didactic session with Glaukos surgical representative and observation of surgical cases by Glaukos representative until implantation proficiency is demonstrated. Do not re-use the stent(s) or injector. ADVERSE EVENTS. Postoperative adverse events include but are not limited to: corneal complications including edema, opacification and decompensation, cataract formation (non-preexisting), BCVA loss and IOP increase requiring management with oral or intravenous medications or surgical intervention. Please refer to Directions for Use for additional adv

REFERENCES: 1. iStent inject® Trabecular Micro-Bypass System: Directions for Use, Part # 45-0176. 2. Hengerer FH. Personal experience with second-generation trabecular micro-bypass stents in combination with cataract surgery in patients with glaucoma: 3-year follow-up. ASCRS 2018 Presentation.

The iStent inject® W is intended to reduce intraocular pressure safely and effectively in patients diagnosed with primary open-angle glaucoma, pseudo-exfoliative glaucoma or pigmentary glaucoma. The iStent inject® W can deliver two (2) stents on a single pass, through a single incision. The implant is designed to stent open a passage through the trabecular meshwork to allow for an increase in the facility of outflow and a subsequent reduction in intraocular pressure. The device is safe and effective when implanted in combination with cataract surgery in those subjects who require intraocular pressure reduction and/or would benefit from glaucoma medication reduction. The device may also be implanted in patients who continue to have elevated intraocular pressure despite prior treatment with glaucoma medications and conventional glaucoma surgery.