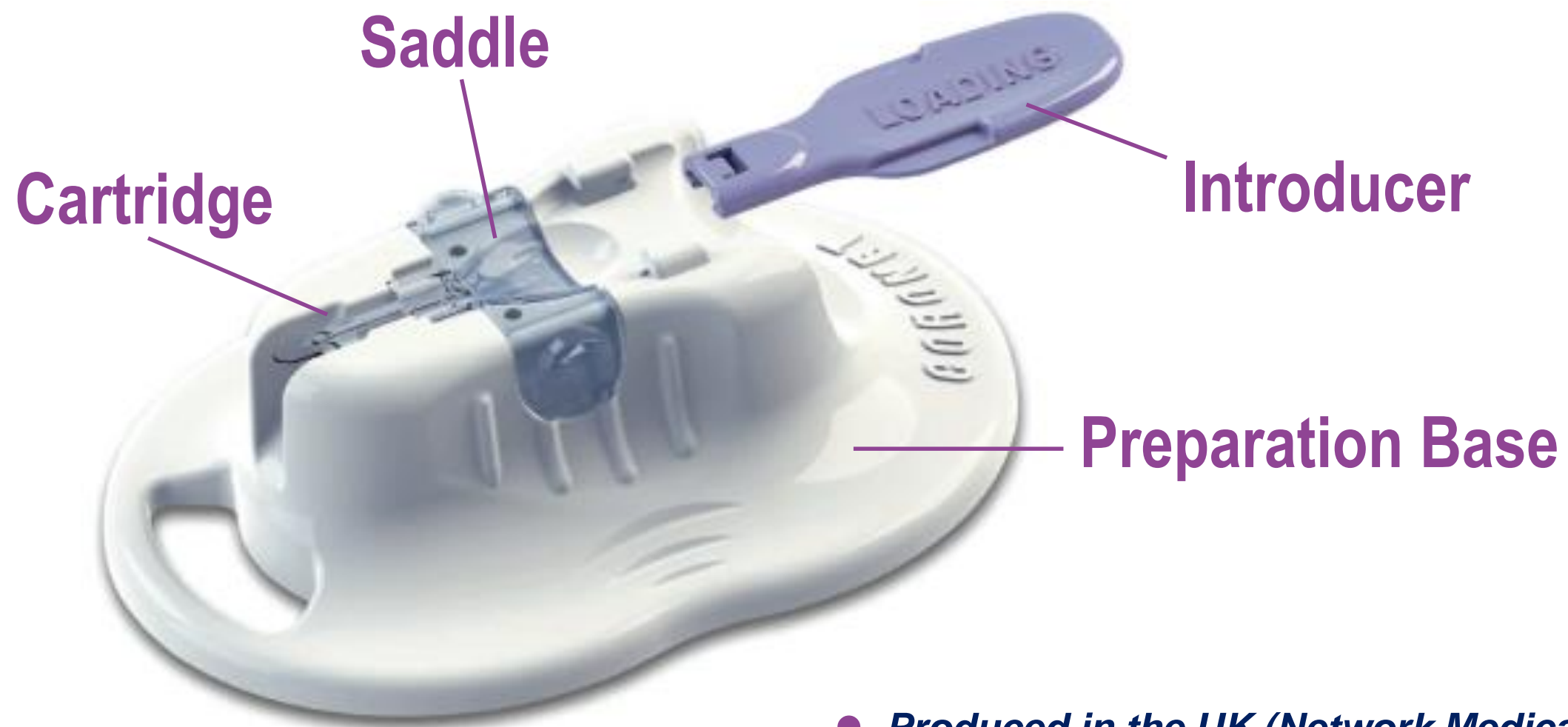


EndoGlide™ Ultrathin Surgical Pearls – Prof. Donald Tan



- *Produced in the UK (Network Medical Products)*
- *Available through Coronet Medical (USA)*
- *Utilizes “pull-through” glide principle*
- *Approved FDA Class 1 medical device*

Key Components & Design Features of the EndoGlide™ Ultrathin

Oval diameter designed for a temporal 4.5mm scleral or 4.9mm corneal incision

Designed with a glide platform in front for easy insertion without iris prolapse

Internal diameter designed to fit a donor up to 9.5mm in diameter, and 70 um and up in thickness

Cartridge inverted to load donor

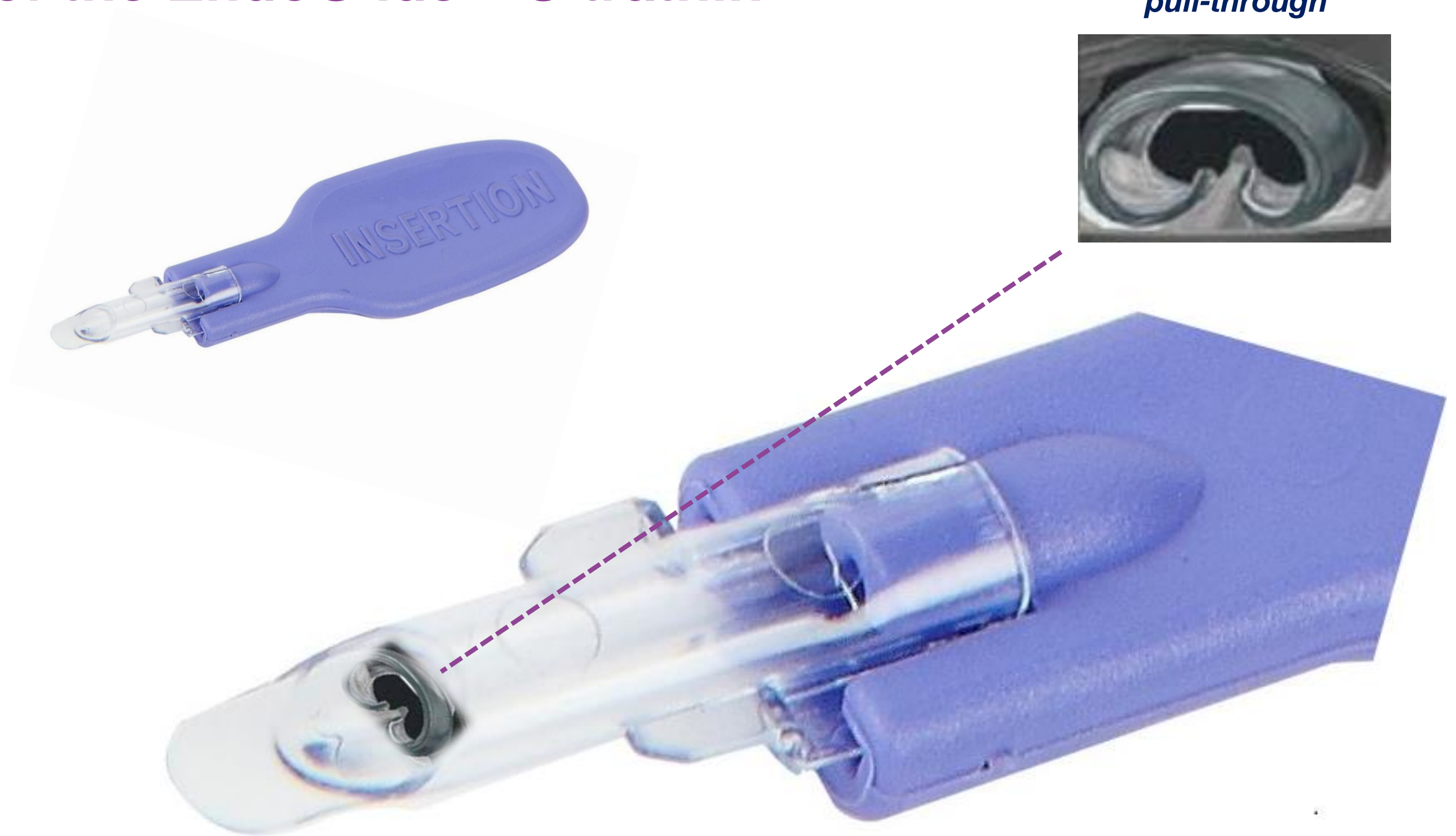


Donor is loaded into the Capsule with forceps, forming a unique “double coil” configuration with virtually no endothelial touch

CAPSULE GLIDE: Clear plastic tube used to insert the donor into the eye

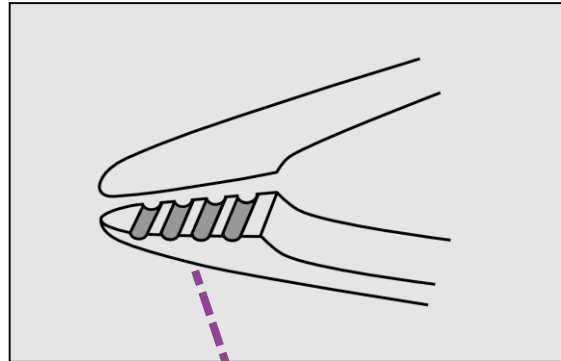
Key Components & Design Features of the EndoGlide™ Ultrathin

Donor position for pull-through



EndoGlide™

Accompanying Forceps



EndoGlide Placement Forceps (Ref 53-951)

Curved forceps for donor pull-through nasal approach

Also used for removing stripped DM and tags

Titanium, 23g, 1.5mm long tip



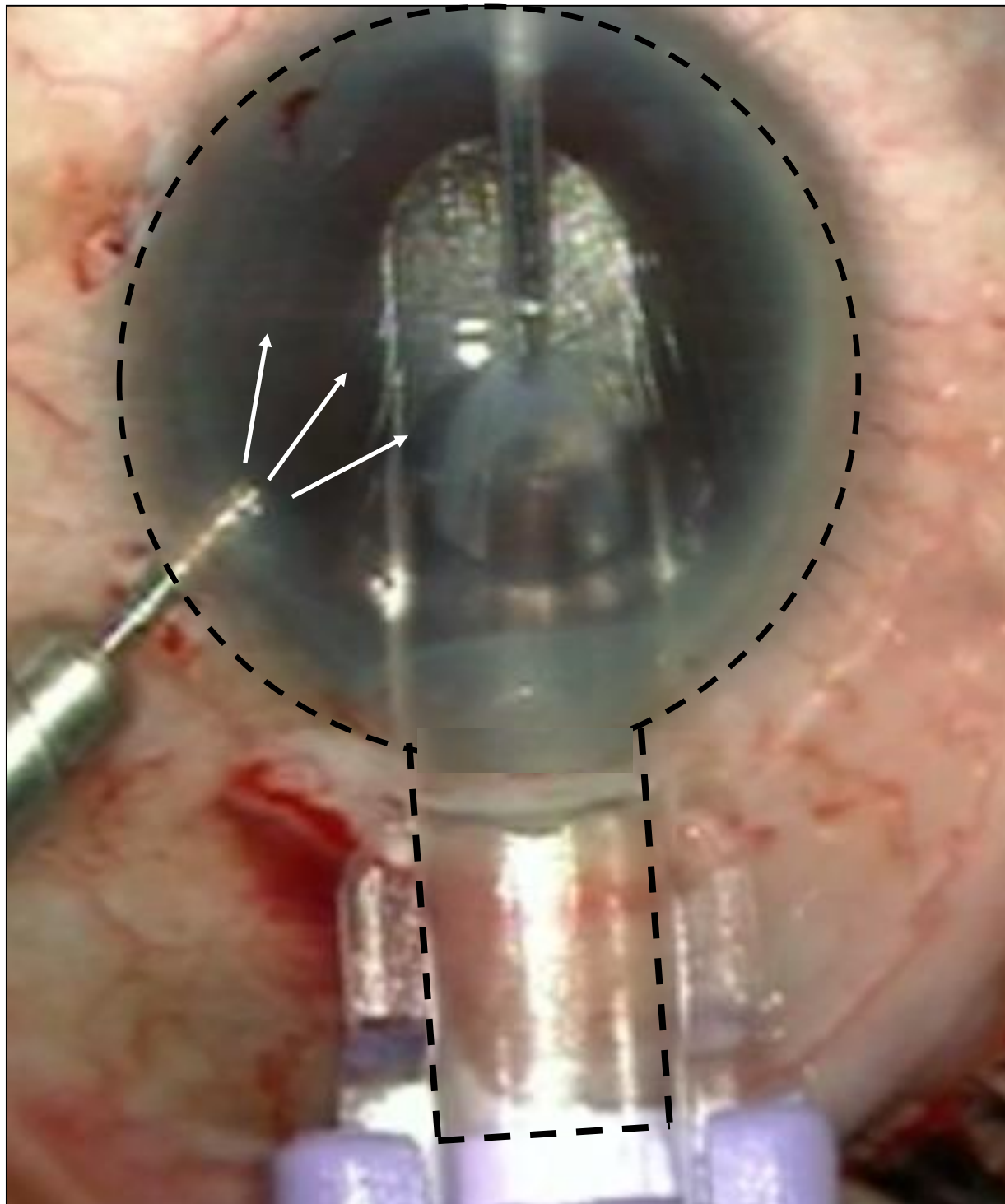
EndoGlide Loading Forceps (Ref. 53-952)

Straight forceps for donor coiling on Preparation Base

Also used for surgical PI

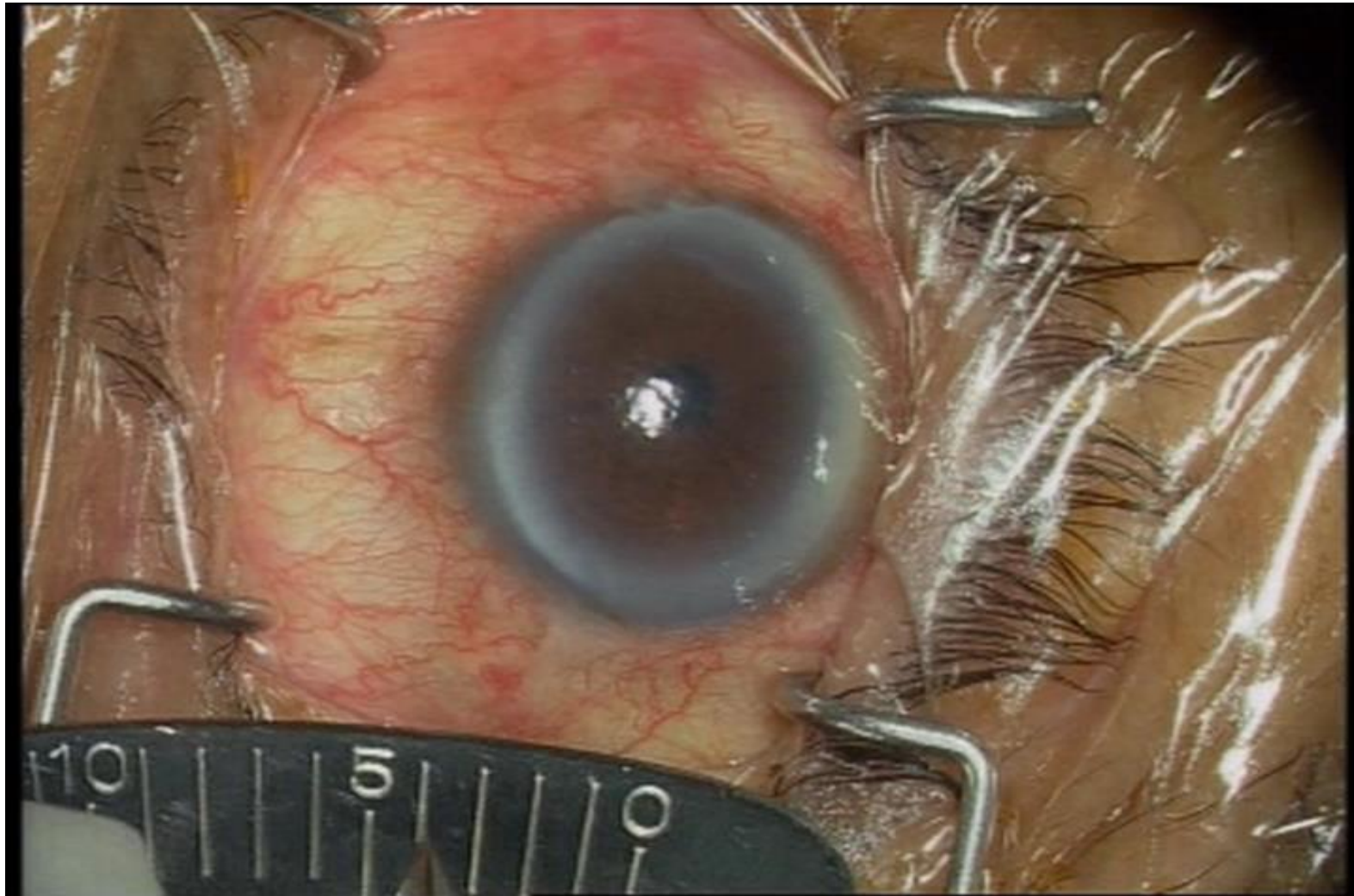
Titanium, 23g, 1.5mm long tip

Surgeon CONTROL is the main advantage with EndoGlide™ Ultrathin



- Full control of AC dynamics: Deep chamber due to AC maintainer, but no flow due to closed eye system: Stable AC throughout
- Full donor control at all times: forceps holds onto the donor even when EndoGlide is withdrawn
- Important when encountering more challenging cases, small eyes, high vitreous pressure, PAS, angle closure glaucoma, etc

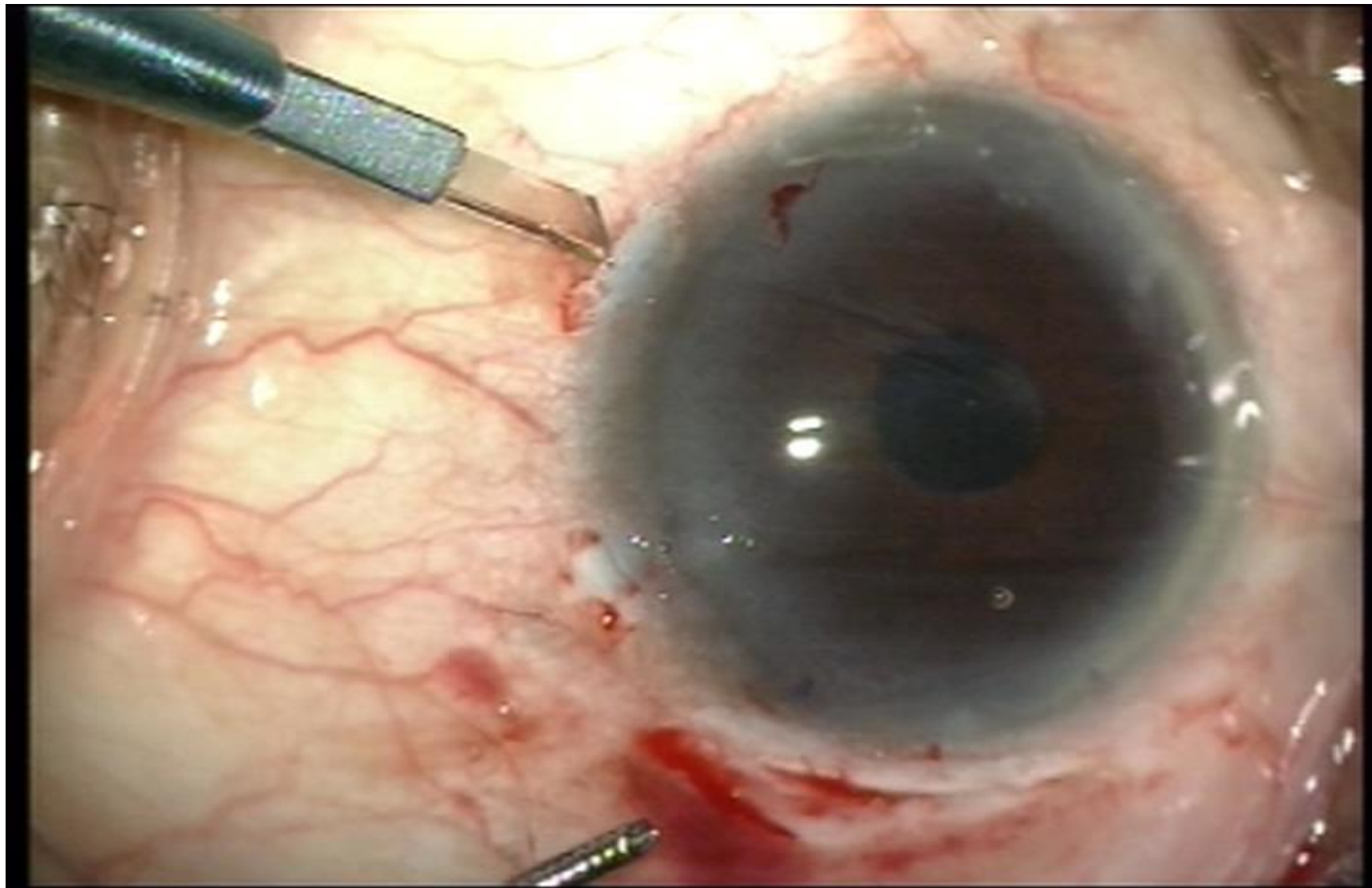
Surgical Pearls: Temporal Wound, AC Maintainer



Temporal Scleral Tunnel Wound: 4.5mm scleral tunnel: good seal, better AC maintenance, astigmatically neutral, 23g AC Maintainer, to my left (out of the way) – on low flow (starting bottle height 40cm – 50cm; manage as necessary)

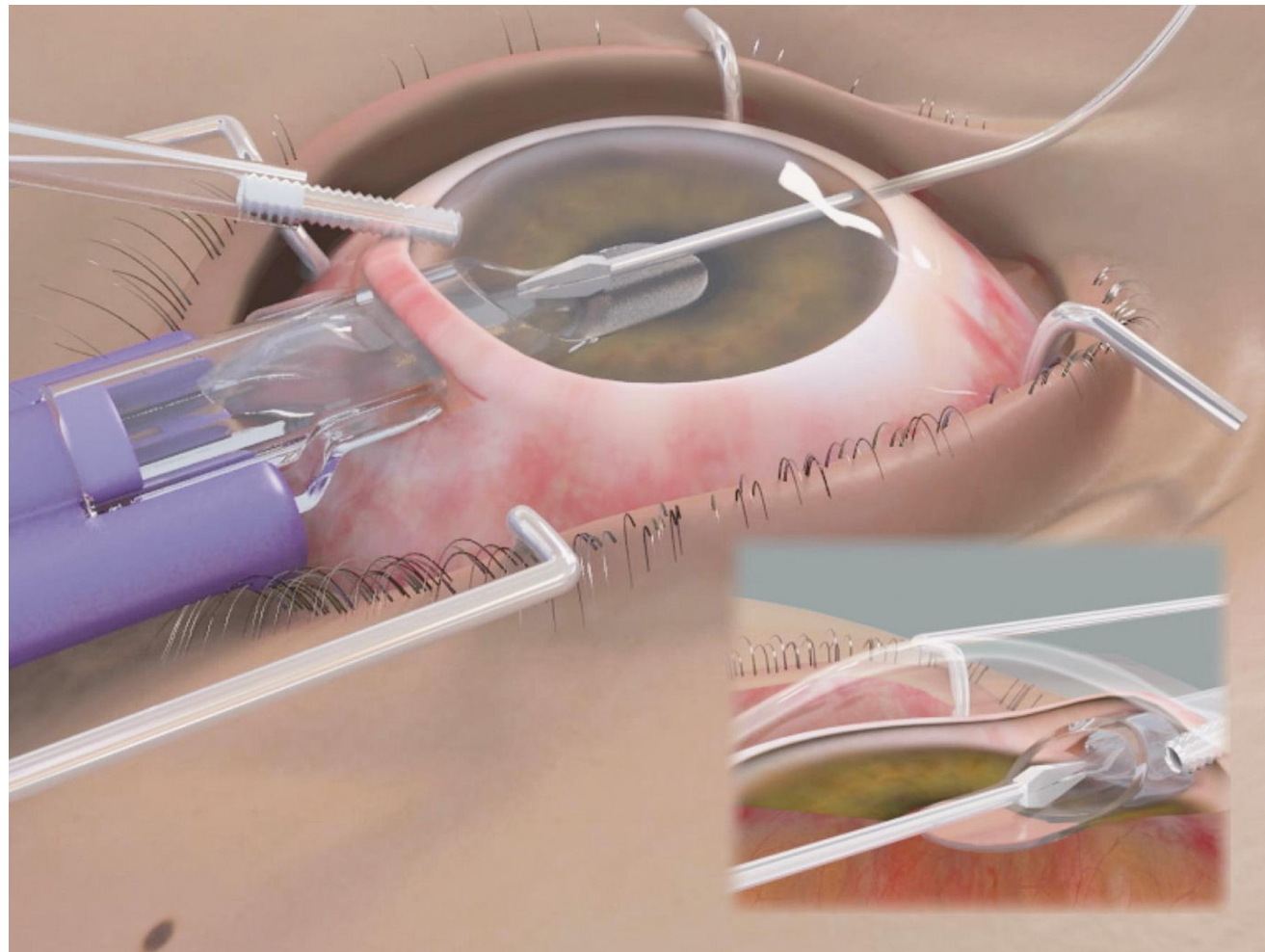
Surgical Pearls: Inferior Peripheral Iridectomy

*Inferior PI prevents postop pupillary block and enables 60-90% air fill
(Use EndoGlide straight forceps)*



EndoGlide™

AC Maintainer Management

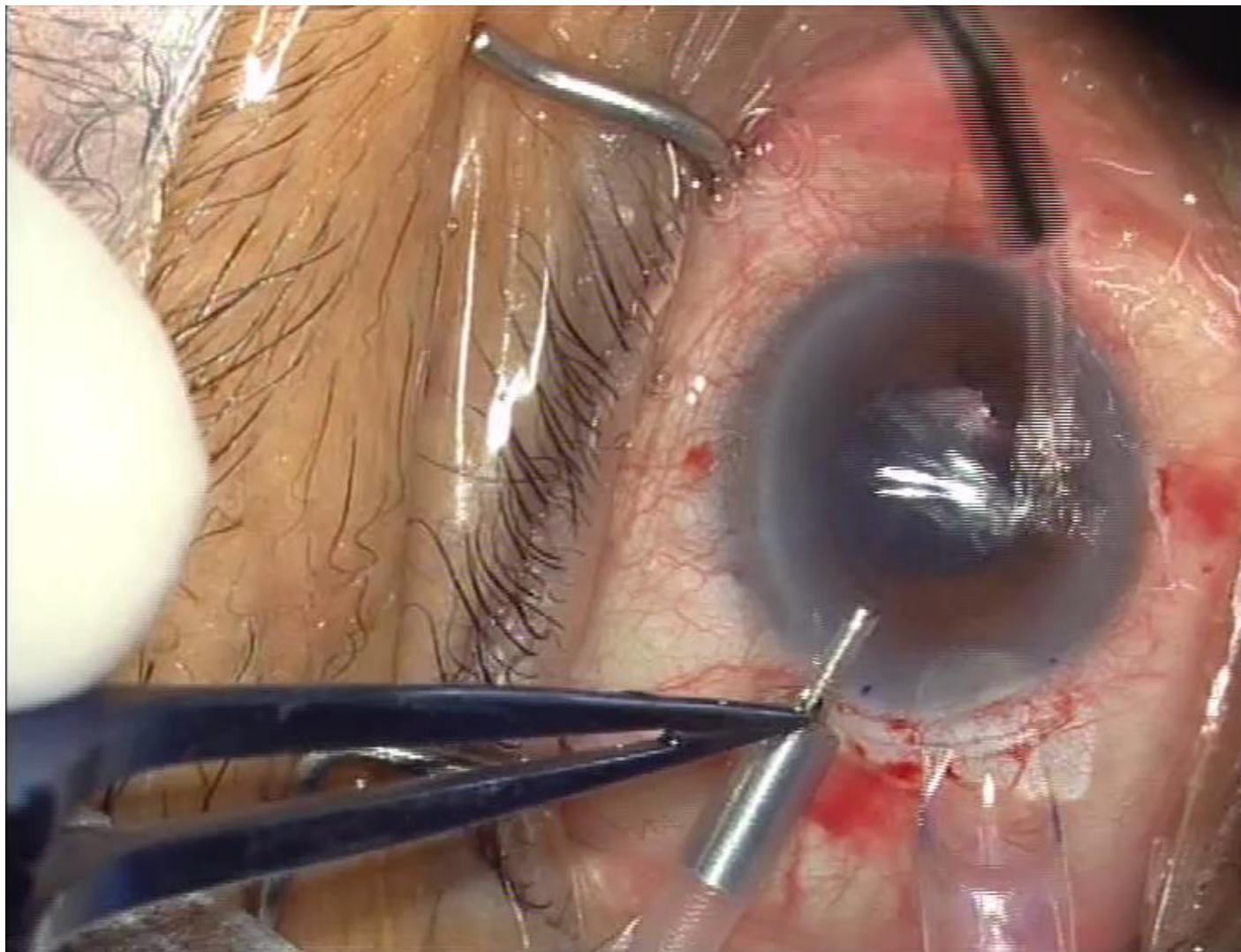


- *Position superior or inferior to primary incision – flow should be directed away from incision*
- *40cm - 50cm bottle height, may need to be adjusted up or down depending on primary incision integrity*
- *If higher bottle height is utilized, return to lower level prior to releasing donor from forceps*
- *23g AC Maintainer usually does not require a suture close*

Surgical Pearls: Donor Insertion



*Donor position for
pull-through*

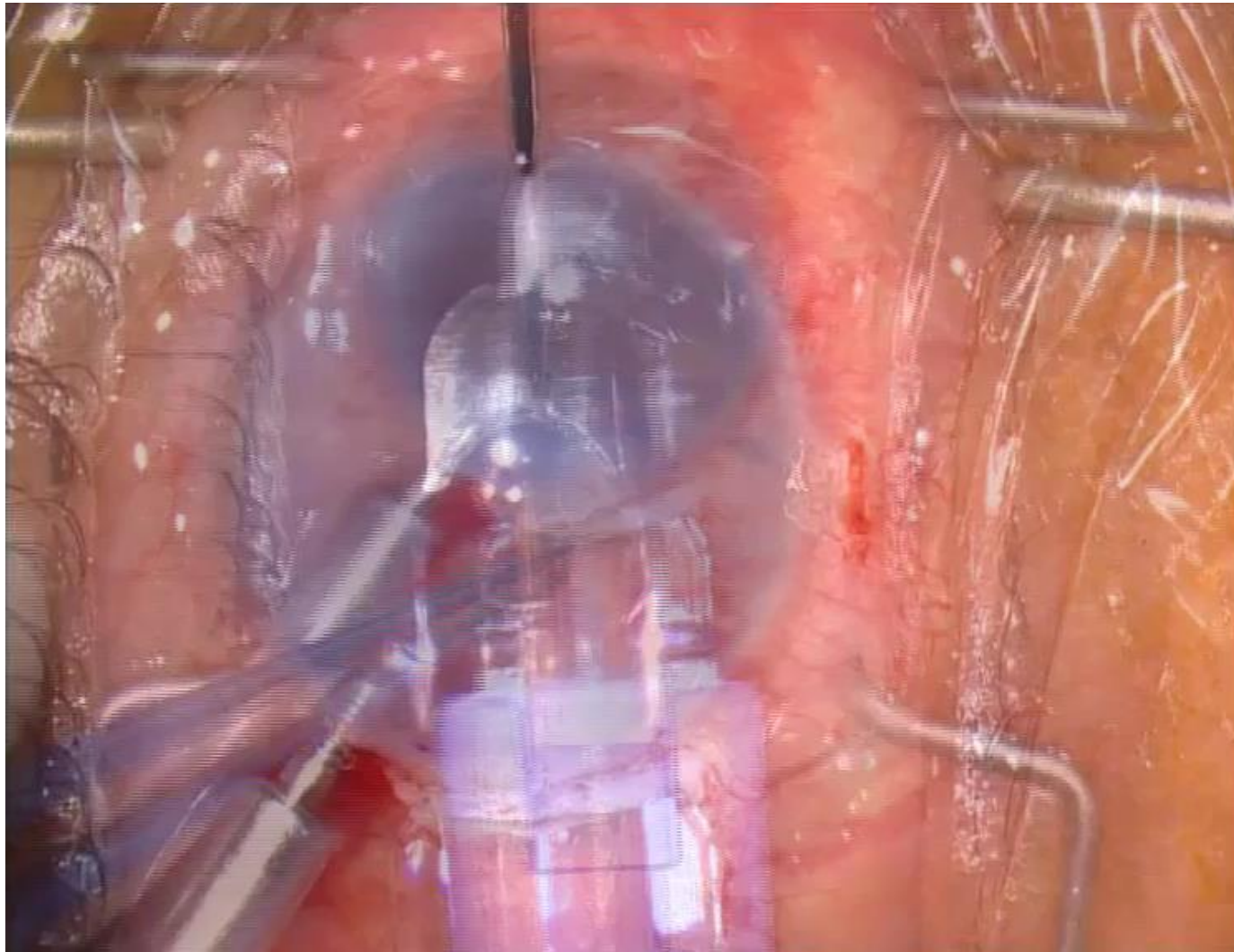


2 step insertion:

*1. Slide anterior plate
through the wound without
holding open the wound –
this prevents iris prolapse*

*2. Open wound with
forceps and slide the
cartridge all the way into
the wound to ensure
wound seal*

Surgical Pearls: Donor Manipulation in the AC



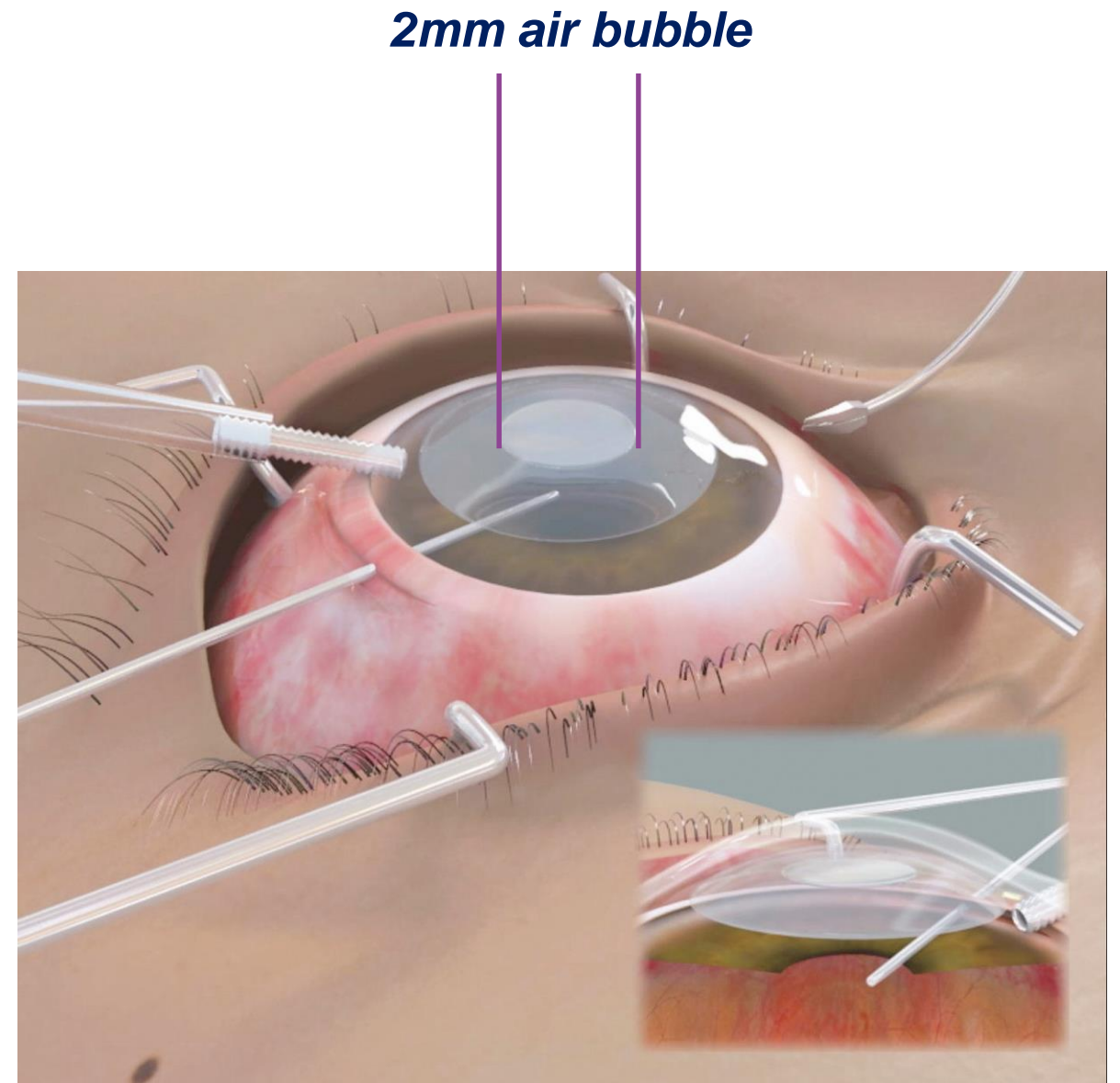
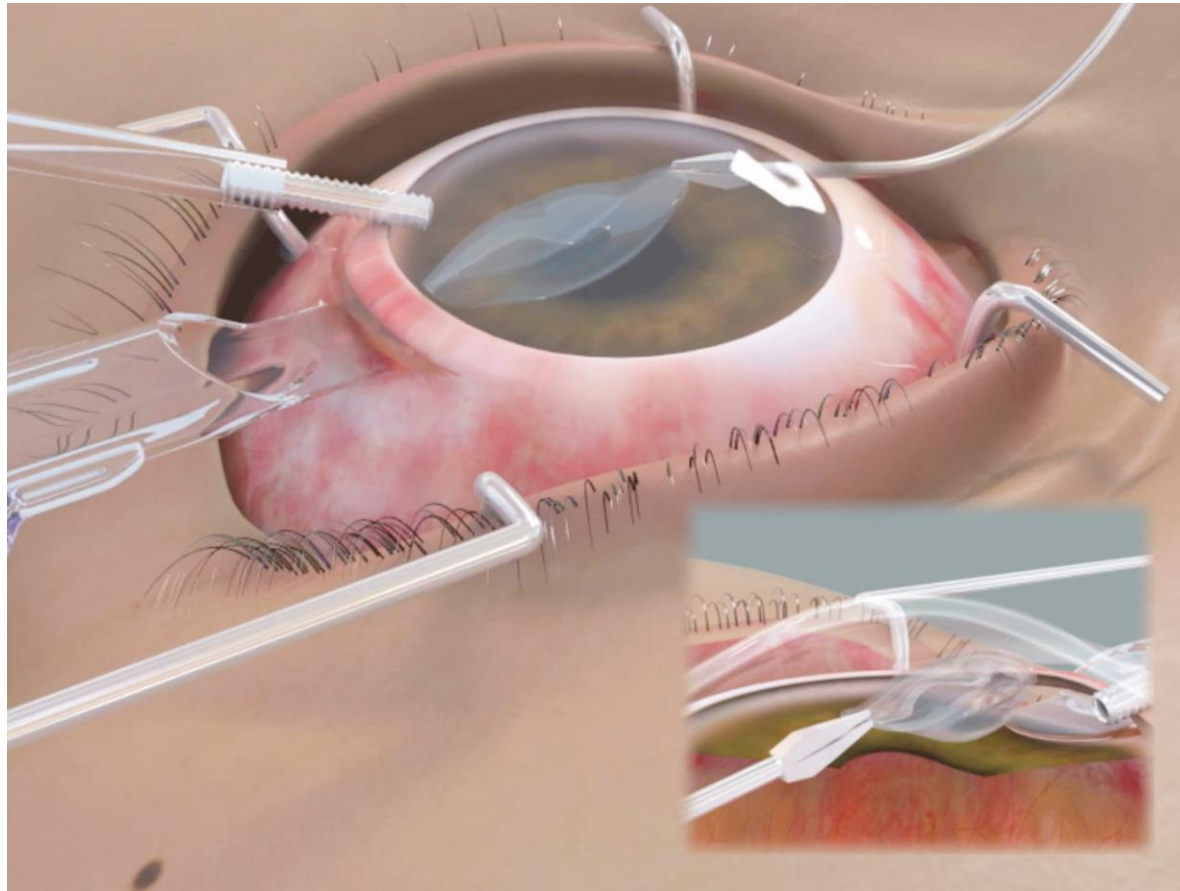
Maintain donor control at all times:

1. Hold onto the donor at all times: gentle shaking and tapping of the cornea unfolds the donor (deepening the AC by increasing AC maintainer flow also helps, but make sure AC maintainer flow is then reduced again otherwise you may get iris prolapse)

2. Continue holding onto donor during air injection – only release the donor after wound is secure

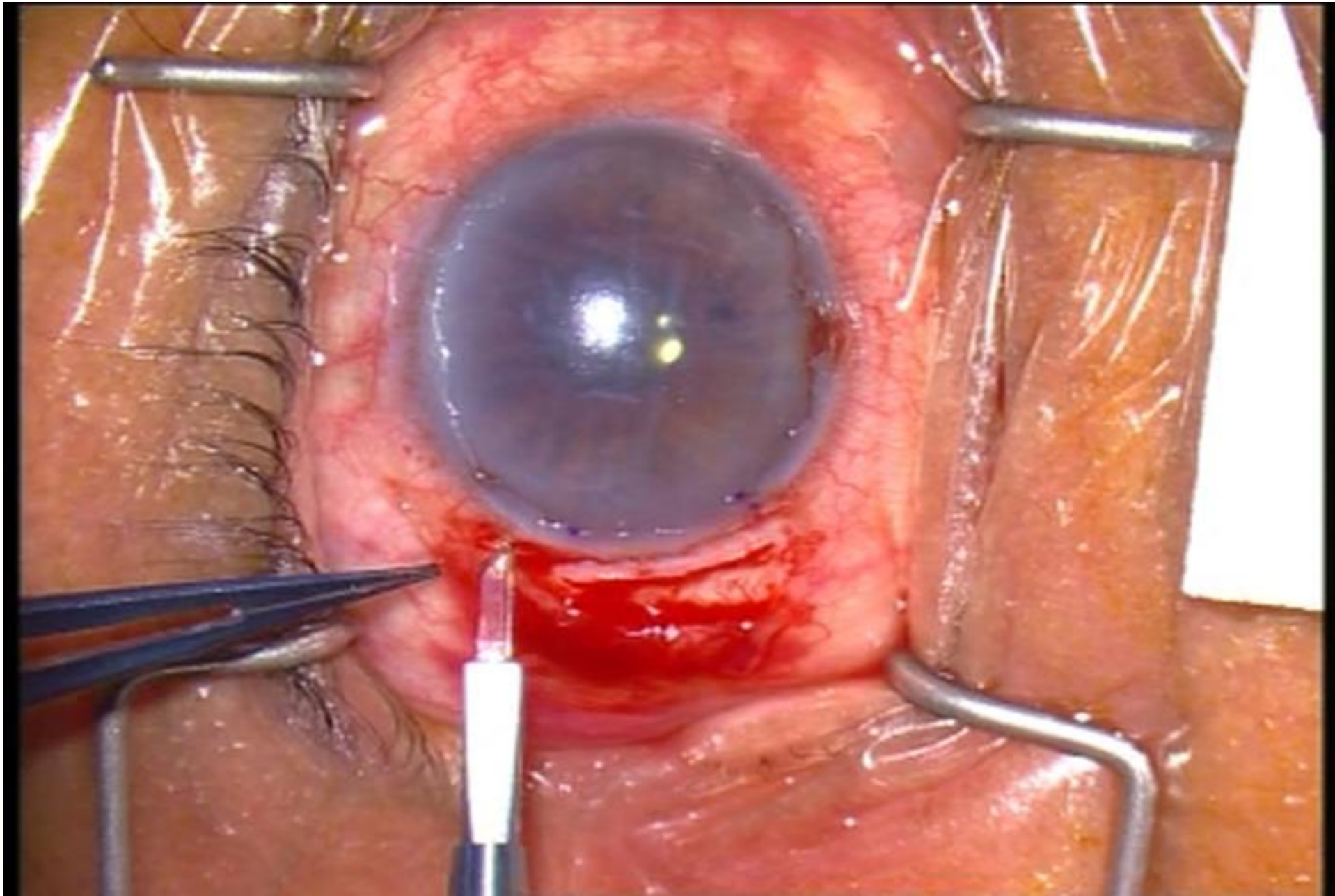
EndoGlide™

Donor Release



While still holding the donor with forceps, inject a small (2mm) air bubble under the donor prior to releasing the donor from the forceps. After primary wound closure, begin air tamponade and donor centration management.

EndoGlide™ Ultrathin DSAEK Procedure



Corneal Fellow : 1st case (90 um donor)

Video & Data Courtesy of

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