



Veterinary Training for the Salvo™ Ocular Microshunt

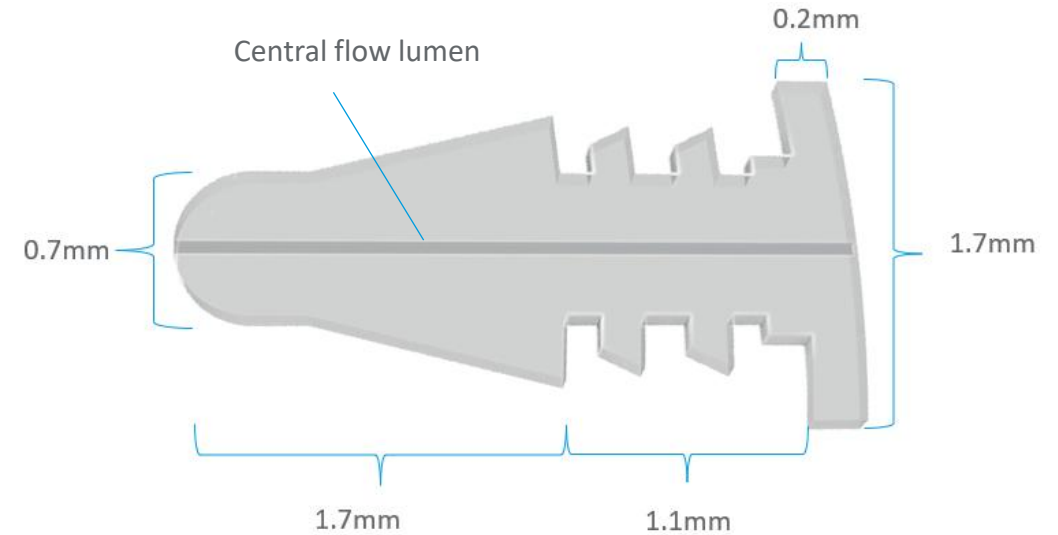
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Salvo Ocular Microshunt

Product Indication¹:

The Salvo Ocular Microshunt is intended to be implanted adjunctively to a laser procedure to prevent short term IOP fluctuations in canines.



¹ - **ACVO presentation 2024: Savannah, Ga.**

PRELIMINARY FINDINGS OF CONCURRENT SALVO SHUNT PLACEMENT TO MINIMIZE THE INTRAOCULAR PRESSURE SPIKE ASSOCIATED WITH TRANSSCLERAL CYCLOPHOTOCOAGULATION: 9 CASES (8 DOGS) (JJ Gould, 1 JS Sapienza 1, MC Jimmerson 1) Long Island Veterinary Specialists, Plainview, NY

Salvo Packaging



- One unit per box
- ETO sterilized



- Double sterile barrier, inner pouch placed in sterile field
- Verify 'Green' color dot
- Inspect package for any damage prior to use



- Salvo implant centered in packaging tube
- Remove directly with non-tooth forceps



I. Supplies and Medications

Supplies

Supply List

Eyelid Speculum

Sterile Eye Drape

Fine Easer Tip Cautery

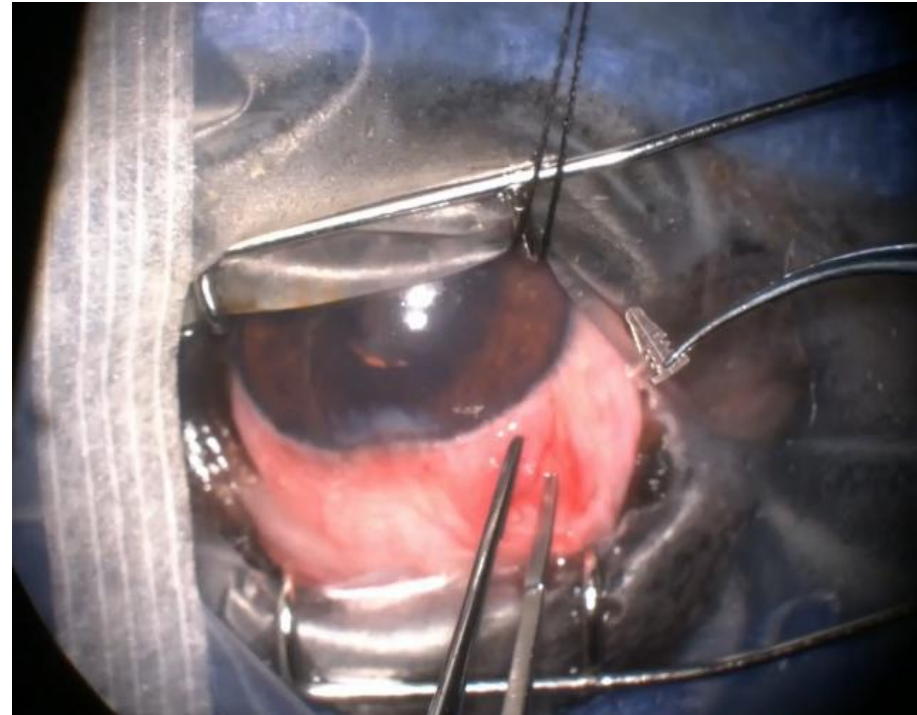
1.4mm Keratome or 19g MVR blade

Non-tooth Forceps

Salvo Ocular Microshunt

Dry Weck Spear

9-0 Vicryl



Medications

Medication List

Post-Operative

- Prednisolone acetate (or dexamethasone) TID
- Topical ofloxacin TID
- Dorzolamide TID
- Taper off latanprost therapy.
- Oral NSAID's or prednisone as needed.





II. PRE-OPERATIVE

Pre-Operative

It is recommended to complete the laser procedure ***prior*** to Salvo implantation for the following reasons:

- Less blood-ocular breakdown prior to laser therapy
- Pre-implant of the Salvo device will lower eye pressure potentially making the laser procedure more difficult for probe placement

In addition, the current experience with Salvo implantation, as referenced, has been performed in this sequence.



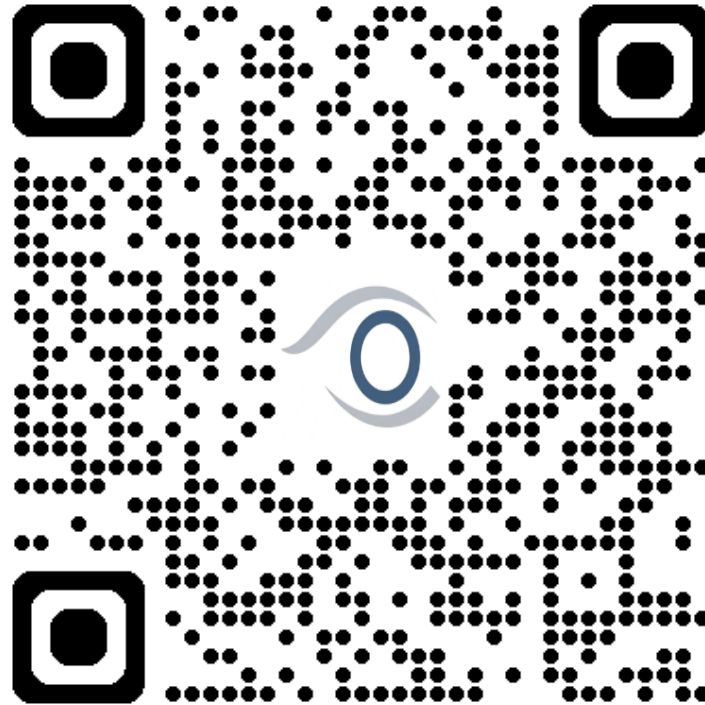
III. OPERATIVE – IMPLANT PROCEDURE

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Operative – Implant Procedure

- The patient is placed in dorsal recumbency and prepared for aseptic surgery
- An eyelid speculum is placed as well as a sterile eye drape prior to creating incision
- A 3-4mm peritomy is created in the dorsal quadrant of the eye down to bare sclera. Fine easer tip cautery is used to control hemostasis
- The incision is made with a 1.4 mm slit blade, entering the anterior chamber immediately posterior (0.5 – 1mm) to the limbus. Incision should be made in a single, in-out, motion (no side-to-side motion)
- Incision should be parallel to the iris so that the device is not vaulted anteriorly and touching the endothelium.
- The Salvo shunt is gently grasped with non-tooth forceps and carefully inserted into the paracentesis. Flow from the Salvo shunt is confirmed with a dry Weck spear.
- A small piece of Ologen ECM should be placed over the shunt prior to conjunctiva closure.
- The conjunctiva is closed in a single layer with 9-0 vicryl in a simple continuous or simple interrupted fashion.

Operative – Implantation Videos



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IV. POST-OPERATIVE

Post-Operative

Typical Post-Operative consultations:

- 24-hour postoperative examination
- 7-10 days
- 3 weeks
- As needed afterwards

Potential Adverse Events & Considerations

- Elevated IOP
- Infection
- Device Migration
- Ocular Inflammation
- Hypotony
- Ocular Irritation
- Foreign Body Sensation
- Iris/Corneal Touch
- Vision Changes
- Corneal Changes



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