Veterinary Training for the Salvo™ Ocular Microshunt in the feline eye

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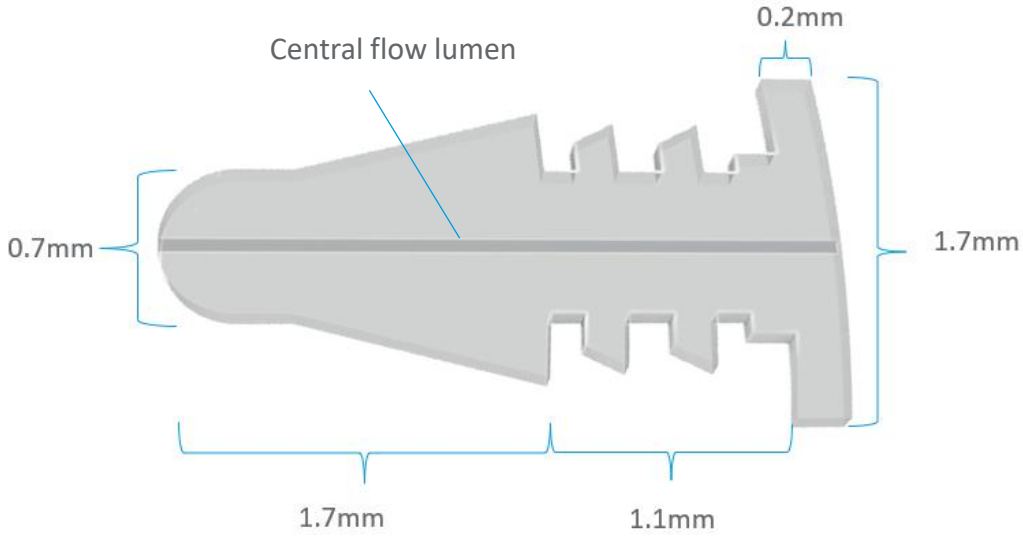
Salvo Ocular Microshunt



Product Indication:

The Salvo Ocular Microshunt is an implantable, minimally invasive device that shunts aqueous humor to the surface of the eye, effectively lowering IOP in felines with primary or secondary glaucoma.

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

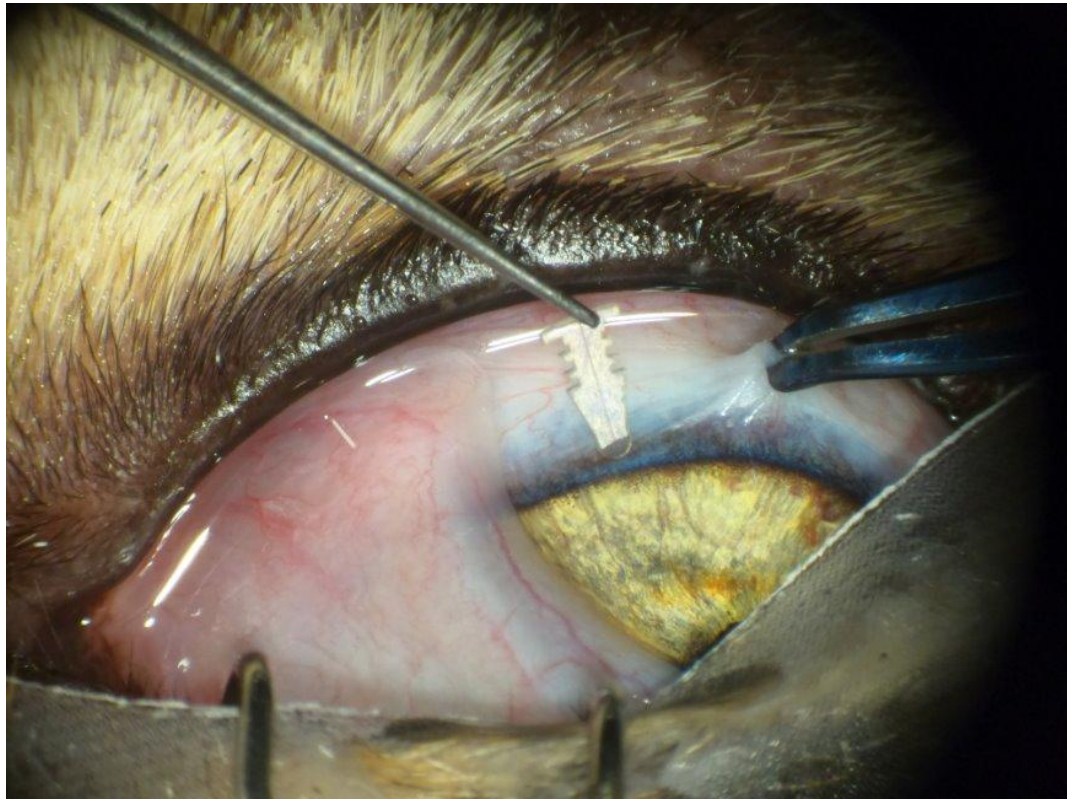
- Salvo implant centered in packaging tube
- Remove directly with non-tooth forceps

I. Supplies and Medications

Supplies

Supply List

- Eyelid Speculum
- Sterile Eye Drape
- 1.4mm Keratome or 19g MVR blade
- Colibri forcept to position globe
- Non-tooth Forceps to handle shunt
- Salvo Ocular Microshunt
- Dry Weck Spear
- Sterile marking pen



Medications

Medication List

Postoperative

- Prednisolone acetate (or dexamethasone) TID
- Topical ofloxacin TID
- Dorzolamide TID
- Systemic AB (clavamox for 1 week)
- E-collar to prevent rubbing for at least 1 week

II. PRE-OPERATIVE

Pre-Operative

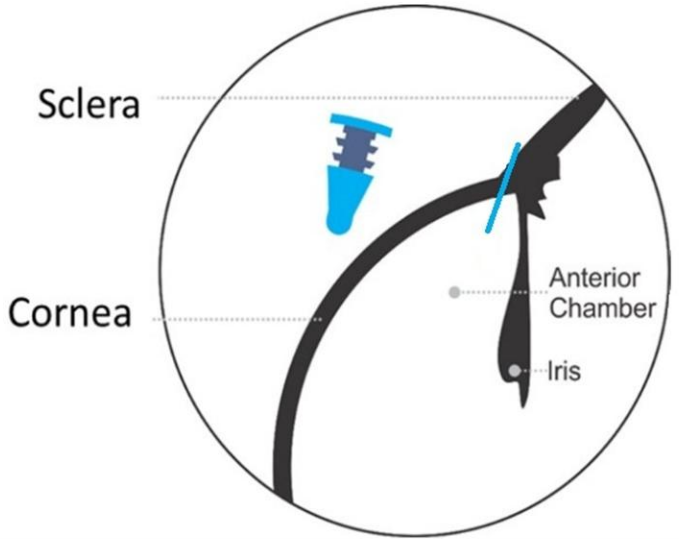
- Complete ophthalmic exam
- Schirmer tear test
- Fluorescein stain
- Tonometry
- Perform complete sterile prep of the eye as for intraocular surgery.
- Do not recommend implanting if has concurrent uveitis.

III. OPERATIVE – IMPLANT PROCEDURE

Operative – Implant Procedure

Implant Procedure

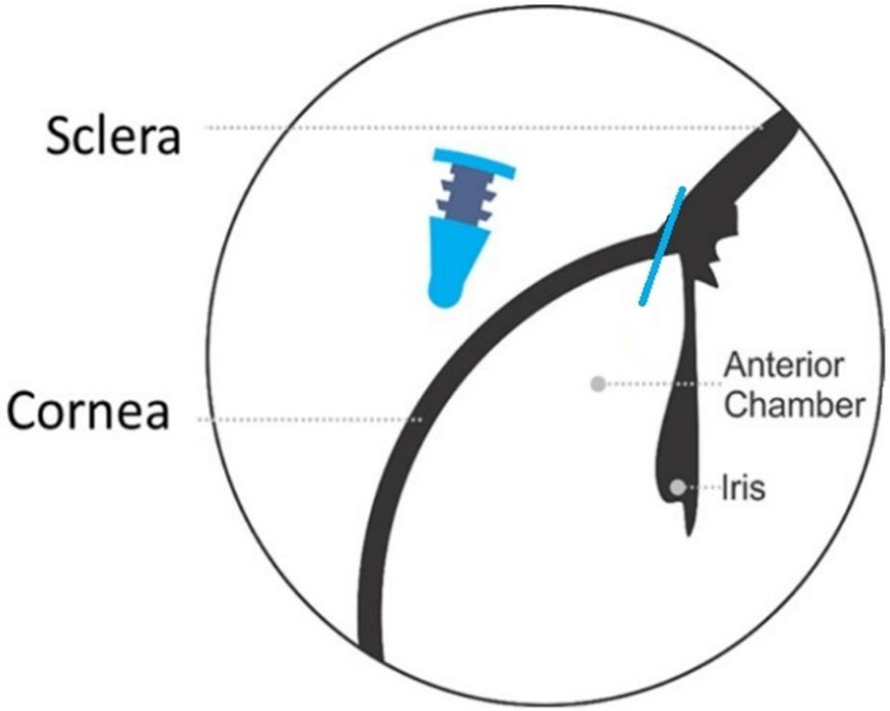
- A scleral fixation ring is placed to stabilize the eye prior to creating incision. (delete this)
- Using a surgical caliper, mark the implant site with a surgical marker, 0.5 to 1.0 mm posterior to the limbus on the sclera between the superior 10:00 and 2:00 position. This indicates the device entry point.
- The incision is made in a single stabbing motion (do NOT rock blade back and forth) with a 1.4 mm slit blade with an entry point at the previous mark and in the iris plane. Prior to the incision, a fluorescein strip can bei wiped on the blade to aid in visualizing the incision site.
- Incision should be parallel to the iris so that the device is not vaulted anteriorly and touching the endothelium or posteriorly to touch the iris.
- If bleeding occurs, use a surgical spear and surgical flush to clear all blood from the incision site.
- The device is then removed from its sterile pouch and shipping tube. It can be grasped with an ophthalmic forceps (non-toothed) and should be inspected to be free from debris or damage.



Operative – Implant Procedure

Implant Procedure, con't...

- The device is then gently inserted through the incision into the anterior chamber in a single motion.
- The device should be fully inserted, optimally with the distal 1.5 mm of the device locking tab placed within the anterior chamber. The device should not touch the iris or cornea.
- The final implant position of the Vizio device should be visualized microscopically. The angle of insertion is recorded on the implantation CRF. Photographs of the implant will be taken to document positioning and location.
- The device should be checked for patency with a fluorescein strip after implant.



Operative – Implantation Video

Operative – Key Points of Emphasis

- The incision **must** be made in a single, stabbing motion. Do not rock the blade back and forth, particularly to get the incision started, as this can widen the incision and affect the fit of the device in the incisional tract.
- If an incision or device placement is not optimal/adequate:
  - Remove, discard, and replace any device that has been inserted into the incision or touched the surface of the eye.
  - Abandon that incision site. Closing the incision by suture.
  - Move at least one limbal clock hour and make a new incision
  - Insert new device - *Never reuse an inserted device or incision site*

- Post implantation reduced or minimal flow can be expected if incisional aqueous loss creates intraocular pressures < 15mmHg.
- Peripheral flow of aqueous around the device may occur for up to 24 hours after device implantation.

IV. POST-OPERATIVE

Post-Operative

Typical Post-Operative consultations:

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

Post-Operative Potential Additional Procedures

Recanalization – In the event of elevated IOP with decreased or no flow through the shunt. Prior to recanalization, the eye should be sterily prepped

Recanalization Tool

Protective cover to be removed prior to use

Recanalization Wire

30 µm, Nitinol recanalization wire inserted through channel to remove any blockage and re-establish flow.

Potential Adverse Events & Considerations

- Elevated IOP
- Infection
- Device Migration/Extruison
- Uveitis
- Corneal ulceration
- Ocular Irritation
- Foreign Body Sensation
- Iris/Corneal Touch
- Vision Changes
- Corneal Changes

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