Minimally Invasive ExPRESS Shunt Implantation Without Conjunctival Dissection

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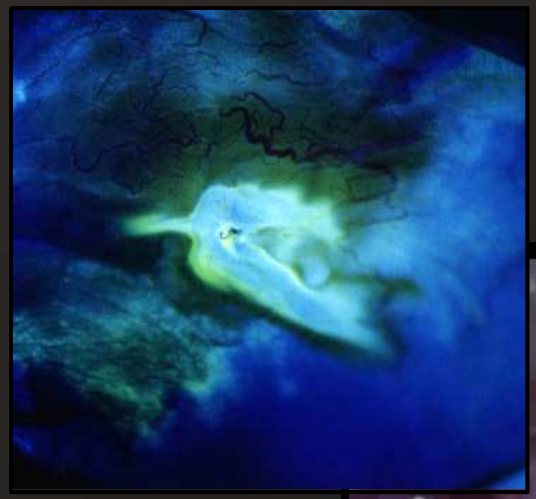
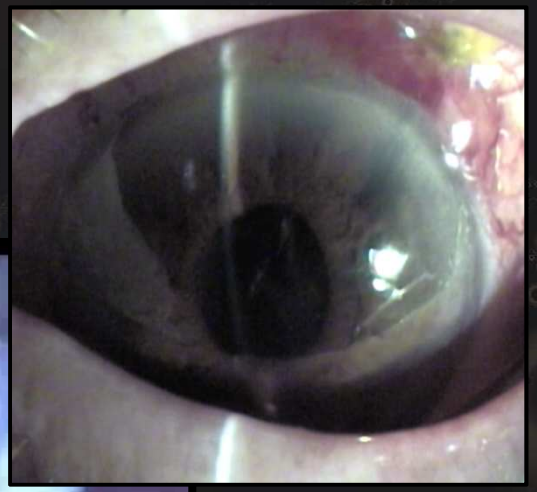
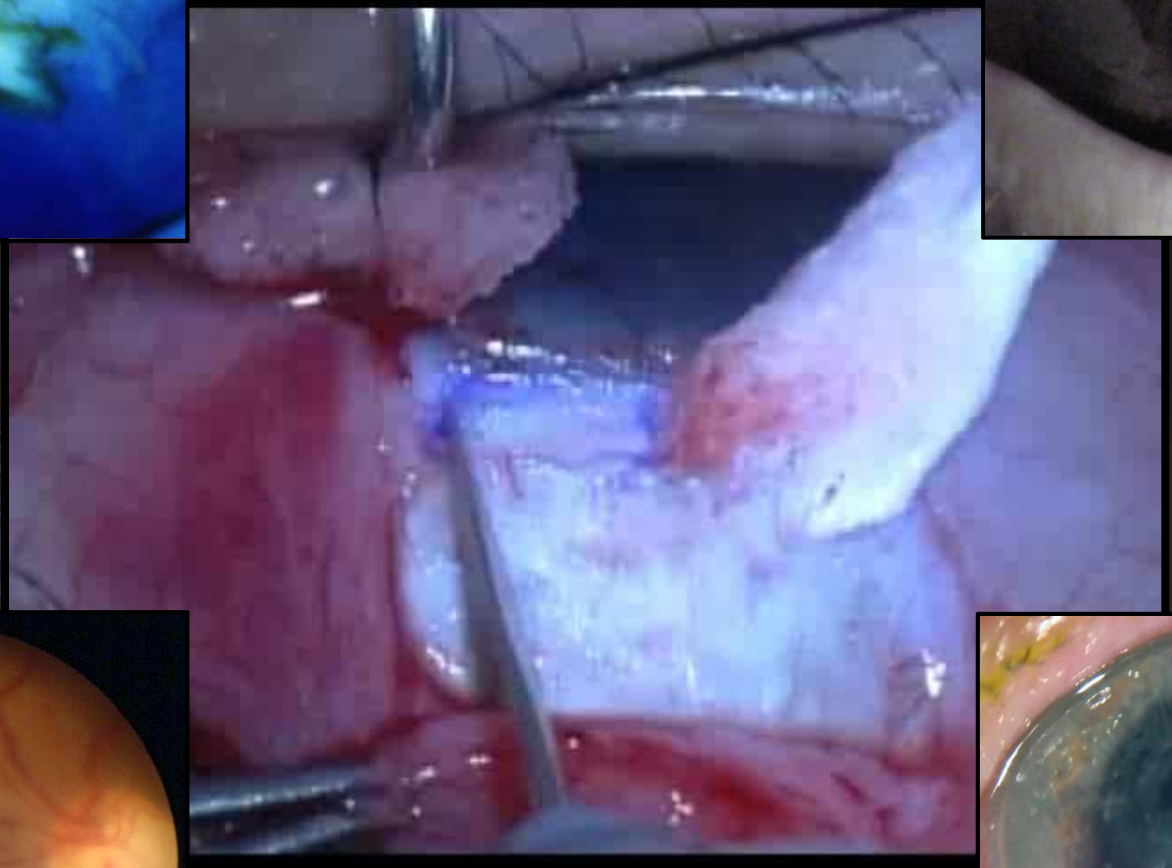
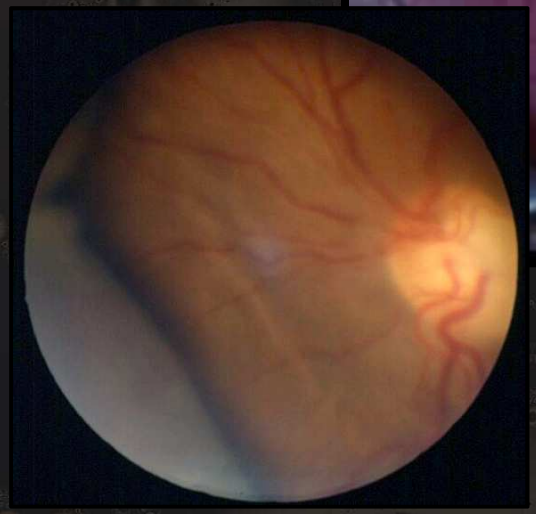
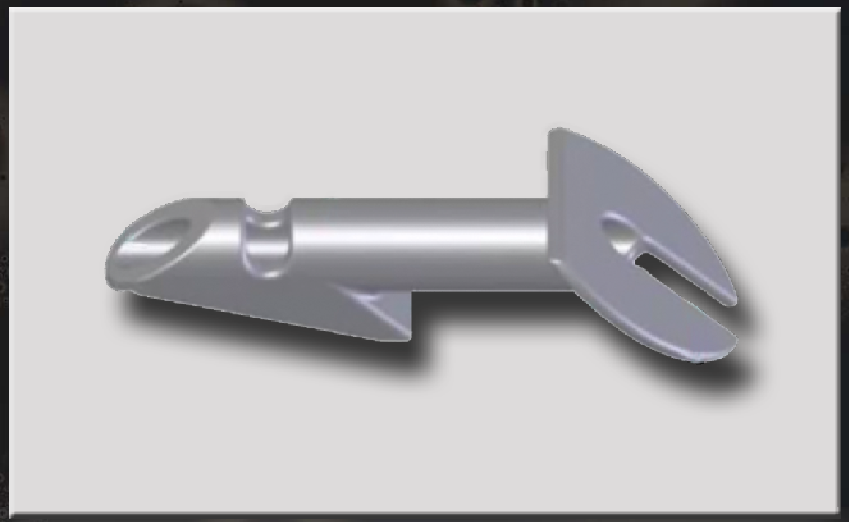
No Financial Interests


ExPRESS Mini Glaucoma Shunt

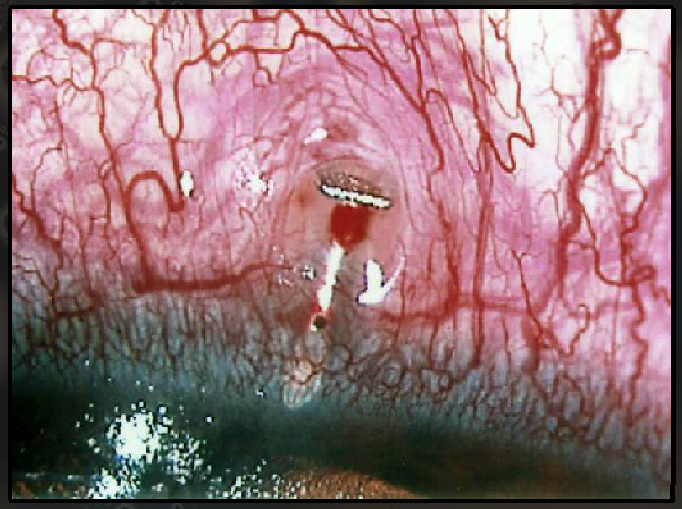
- 3 mm long
- Non-valved stainless steel stent
- Central lumen 50 or 200 microns
- Beveled tip
- External faceplate
- Inner spur

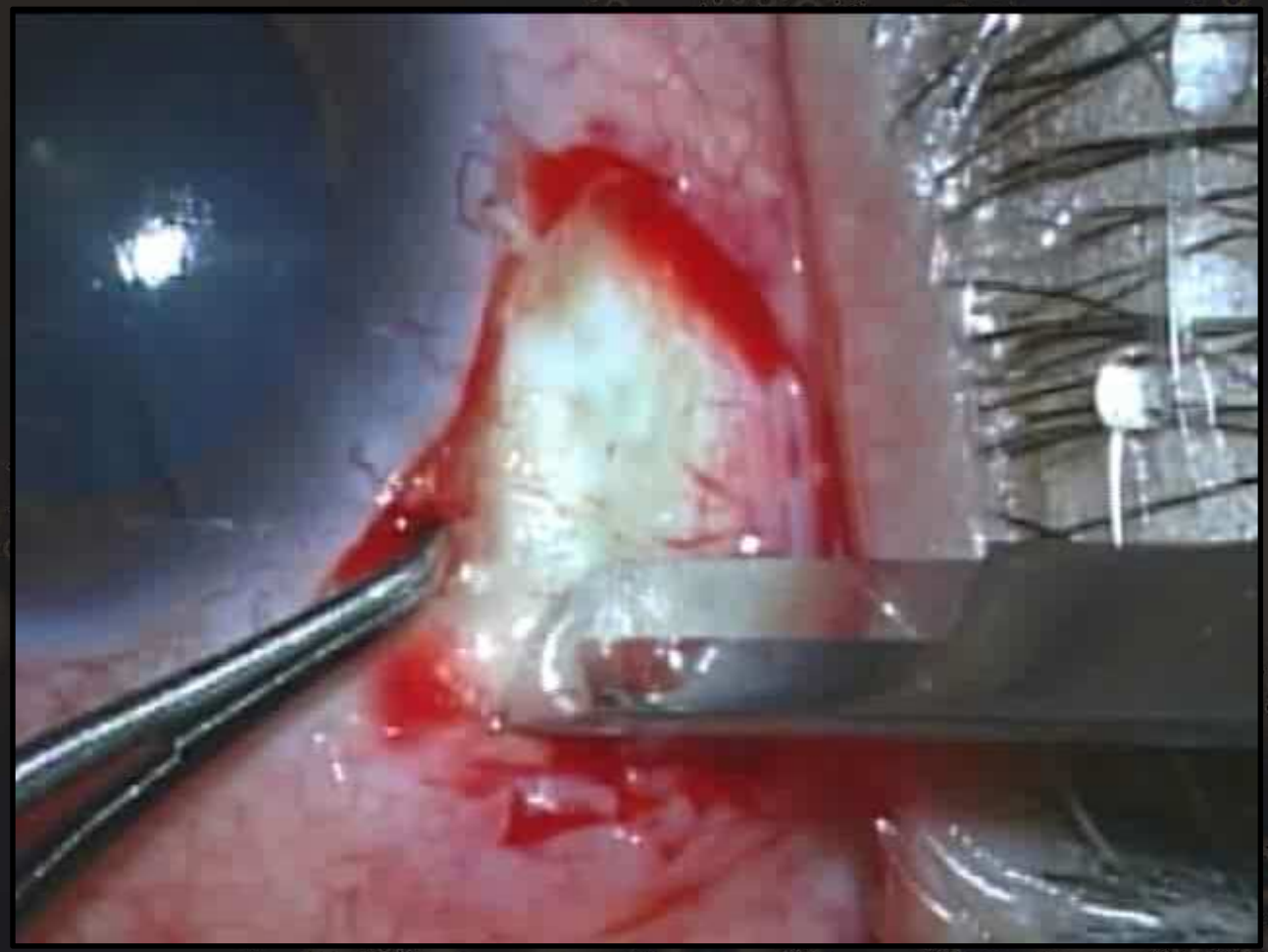


Original ExPRESS Implantation

*Unguarded Subconjunctival Tec*hnique

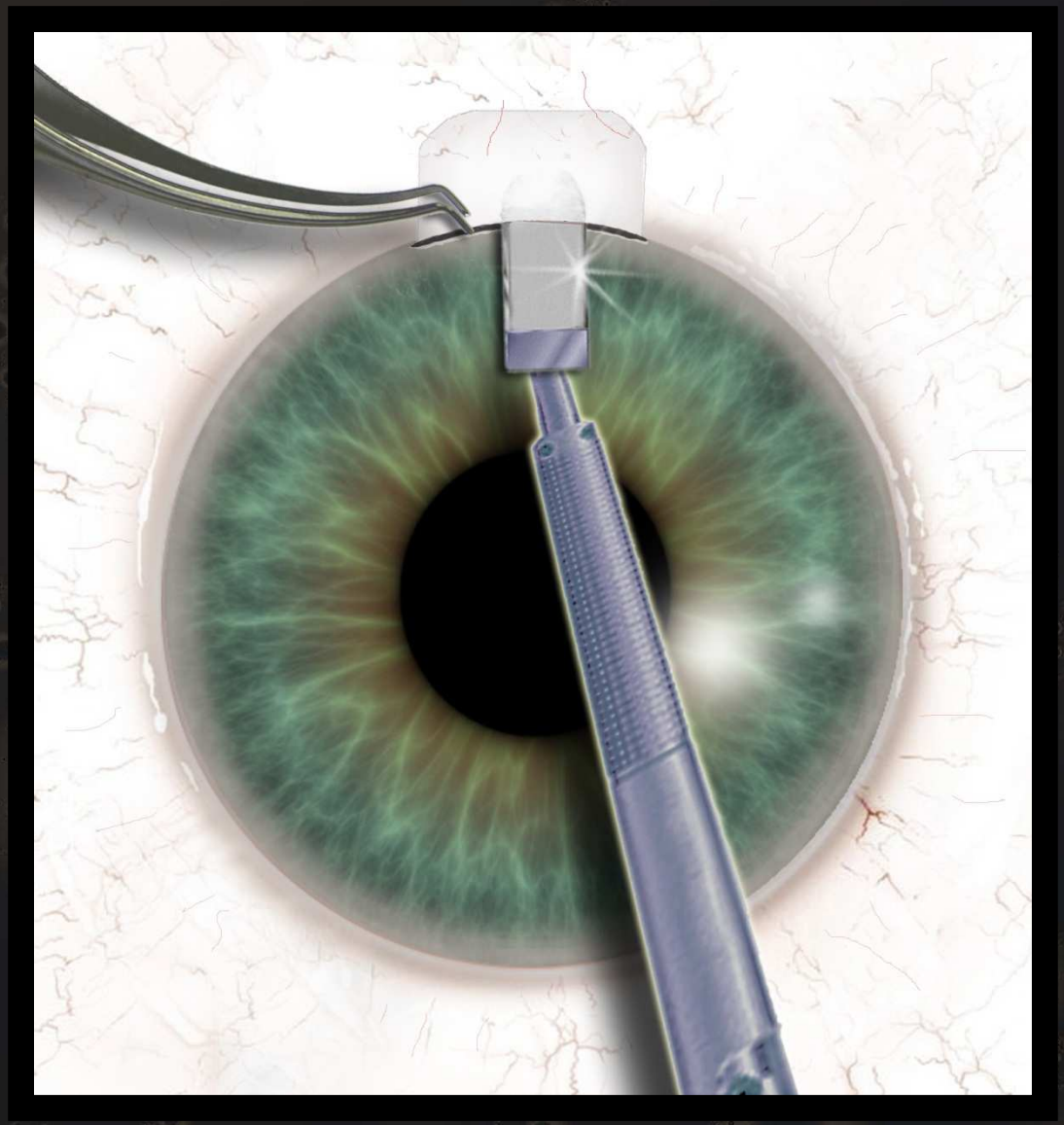
- Hypotony
- Conjunctival erosion
- Suprachoroidal hemorrhage
- Endophthalmitis

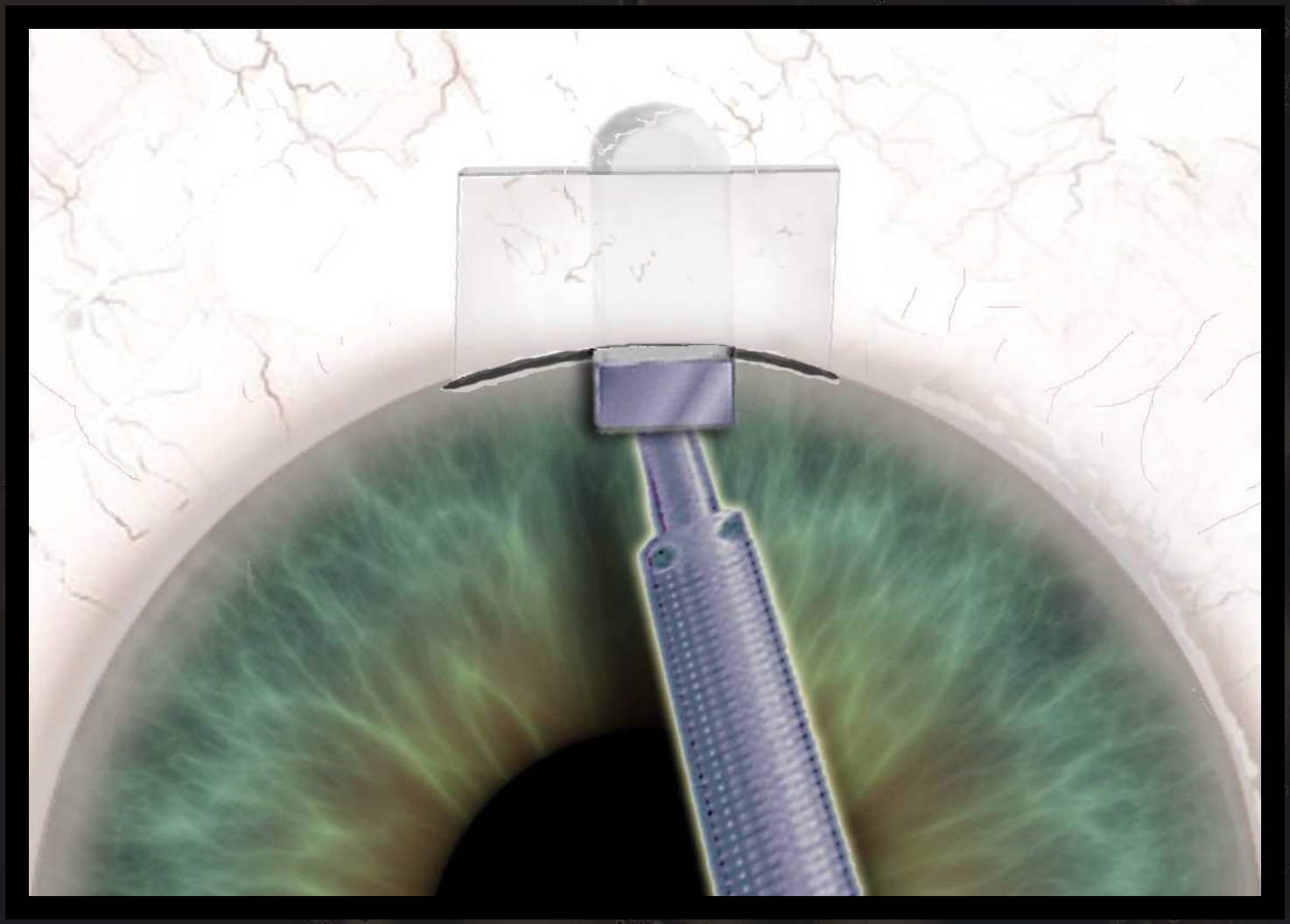


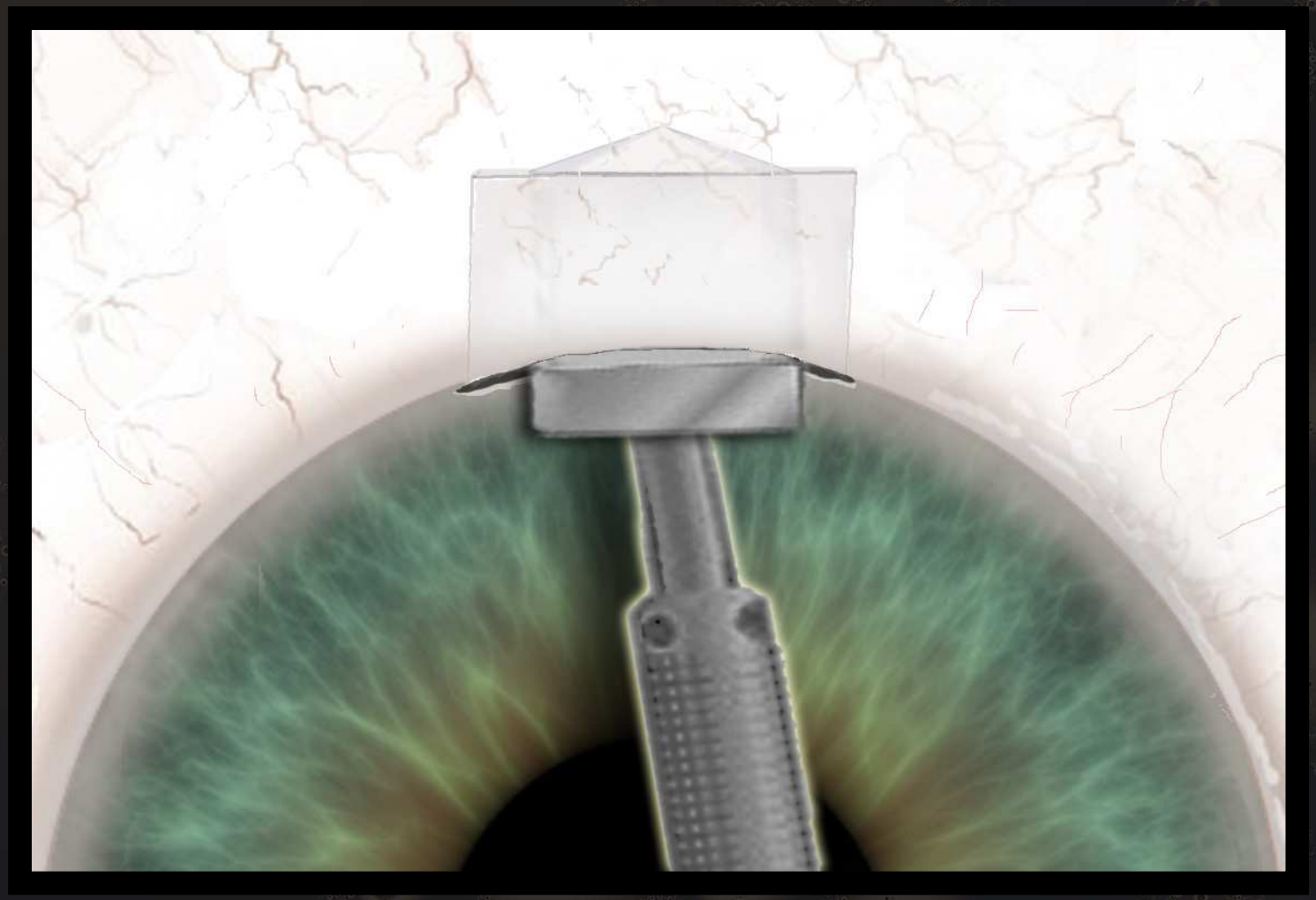


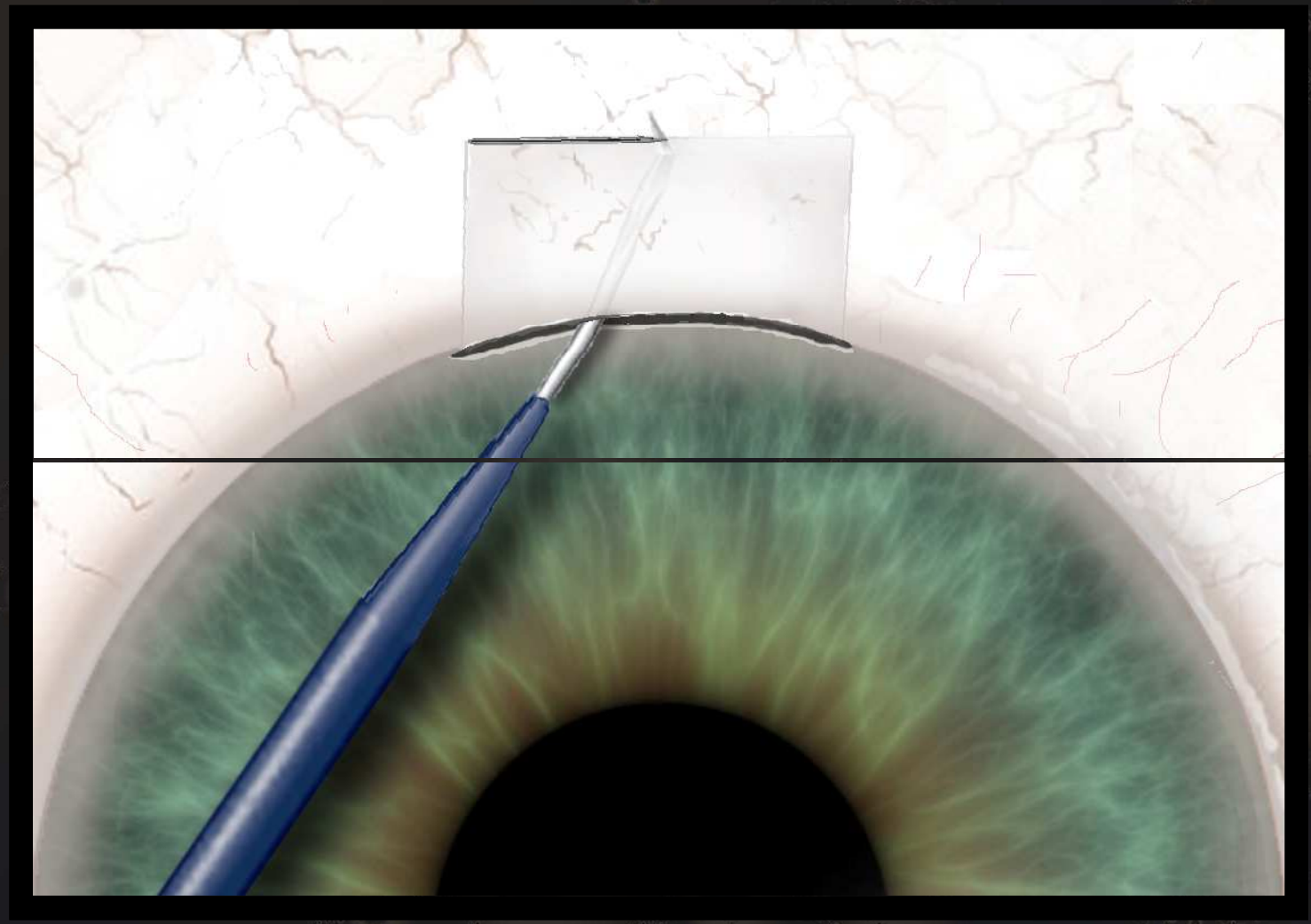
A new minimally invasive technique for ExPRESS mini shunt implantation that eliminates the need for conjunctival dissection and conjunctival wound closure

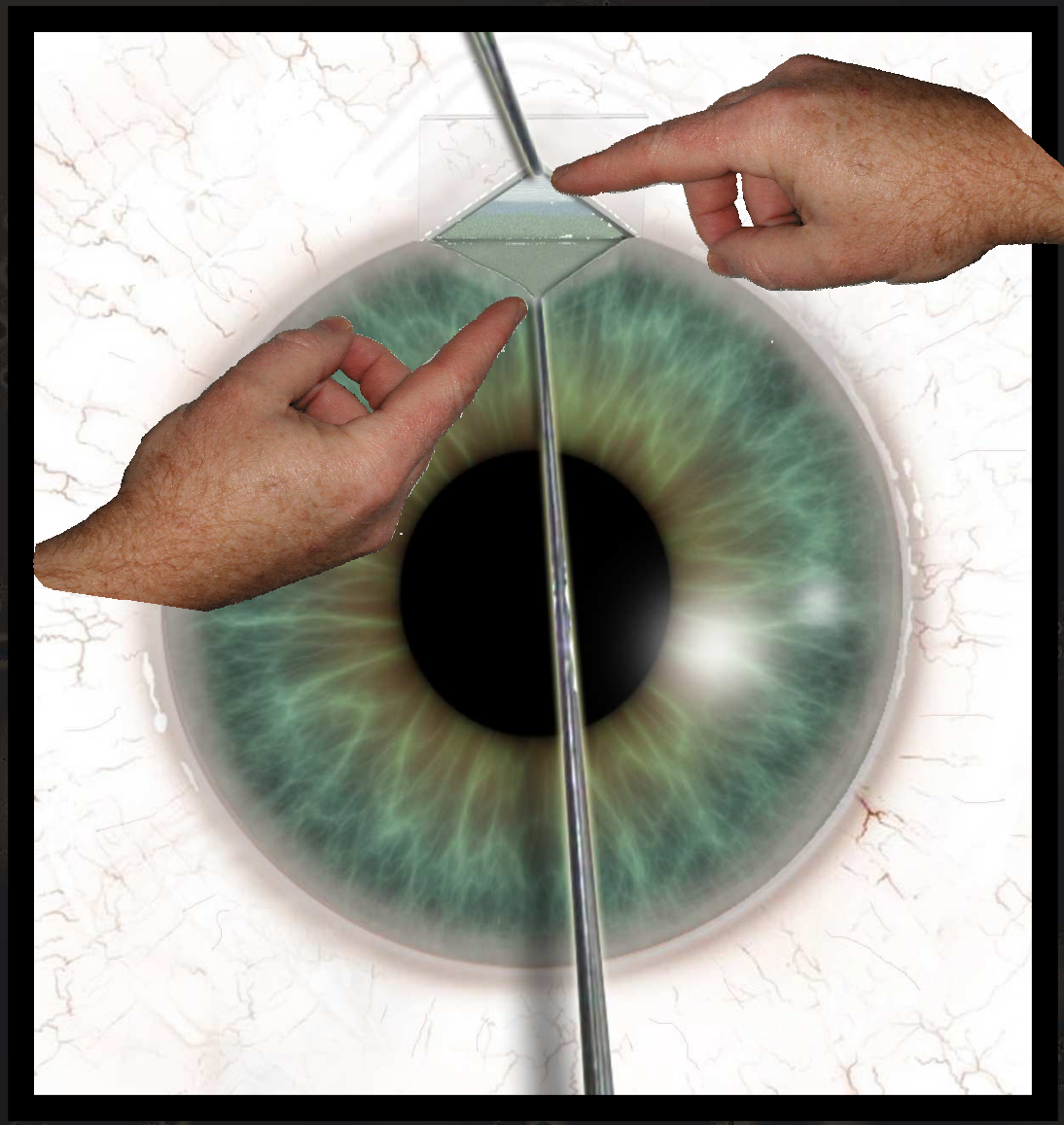
The Concept

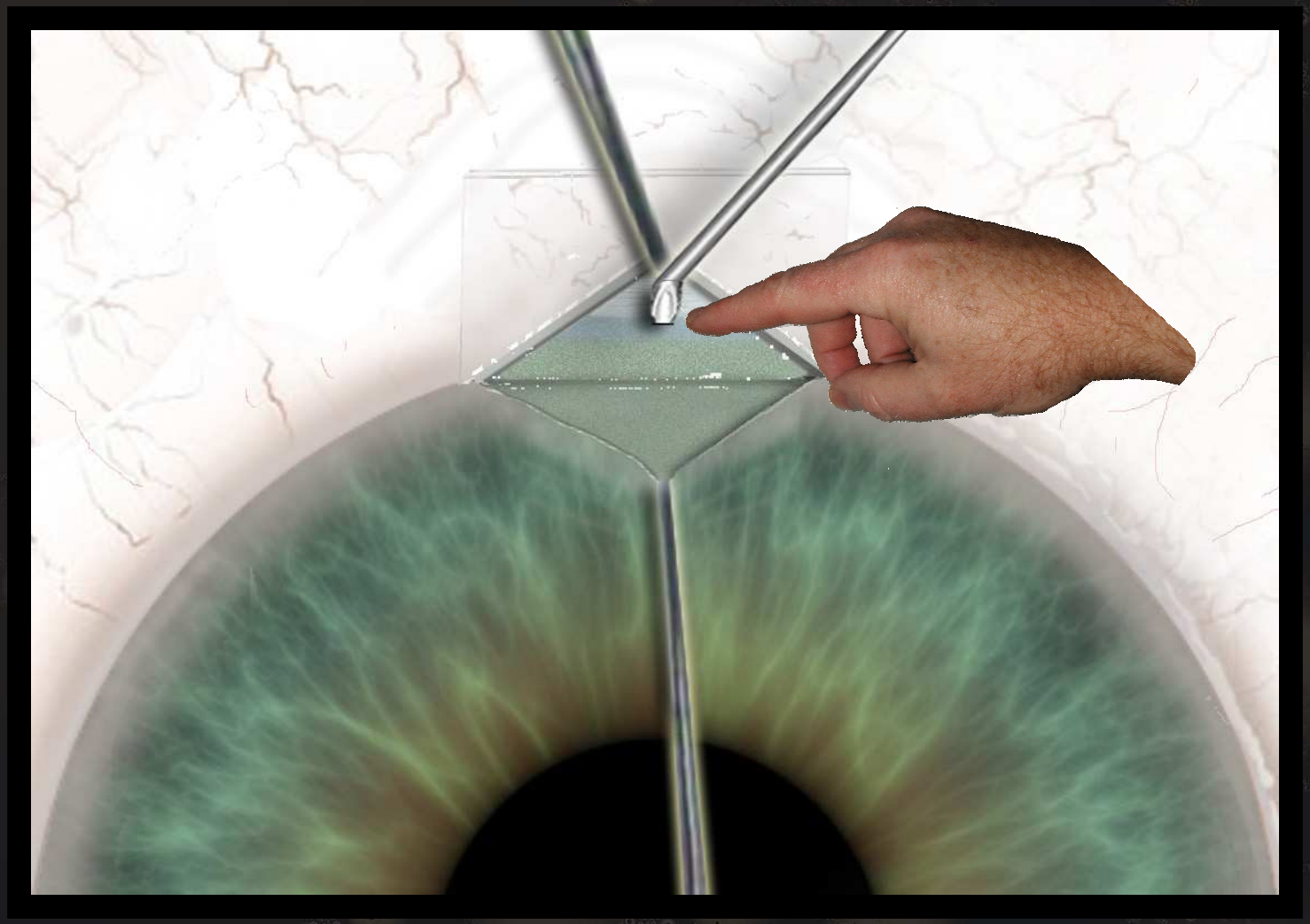


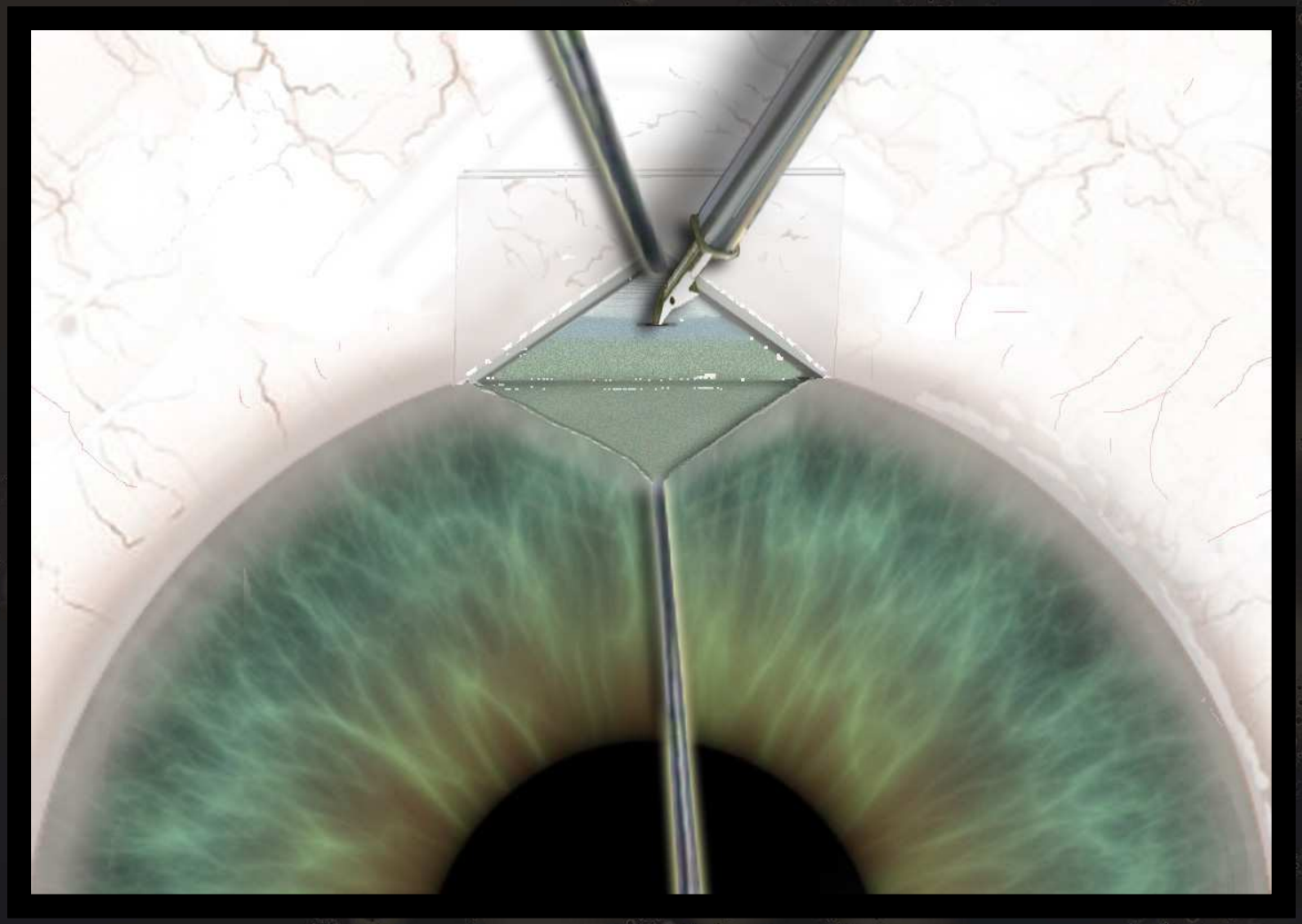


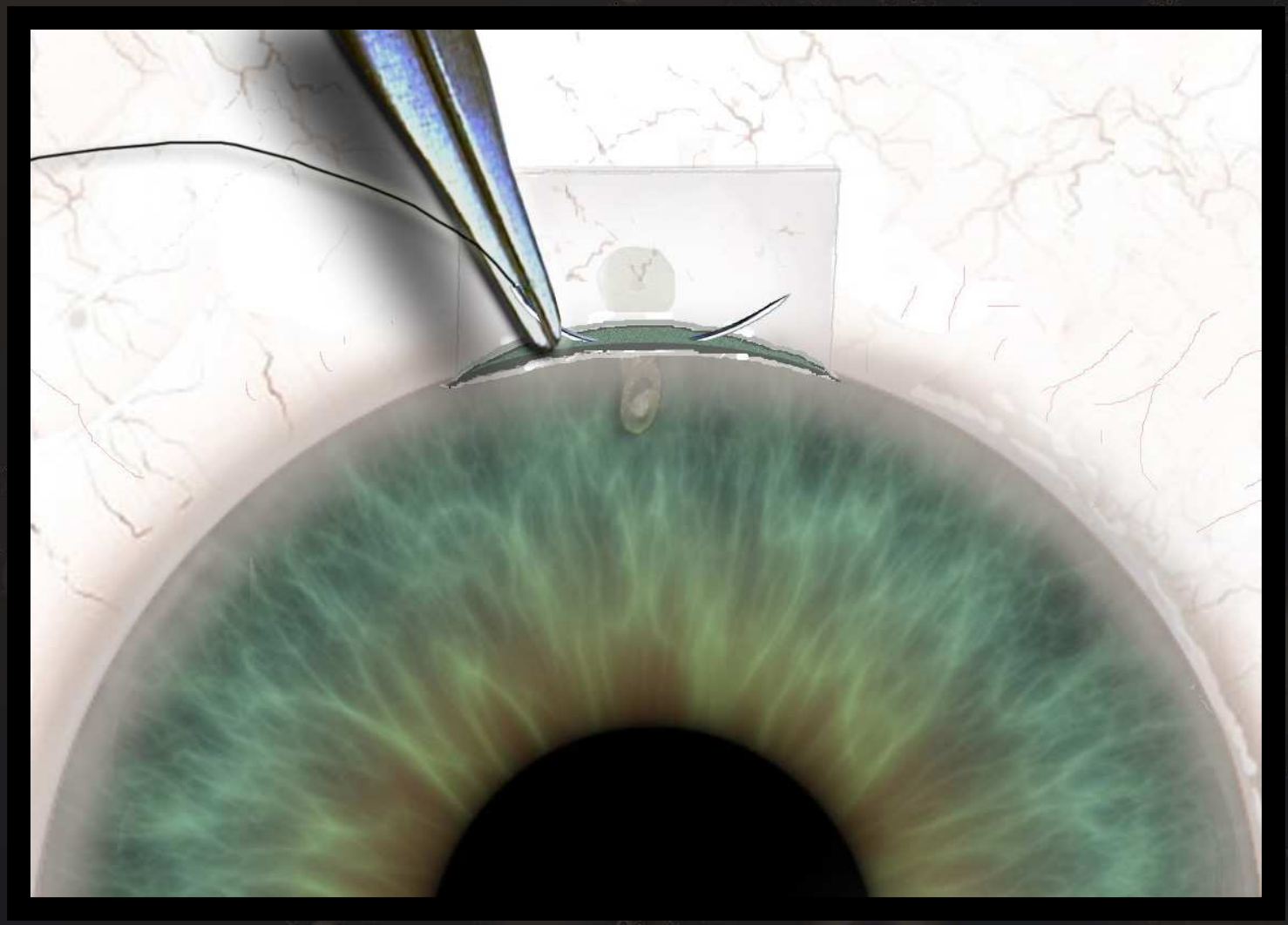













R.S. Hoffman, MD

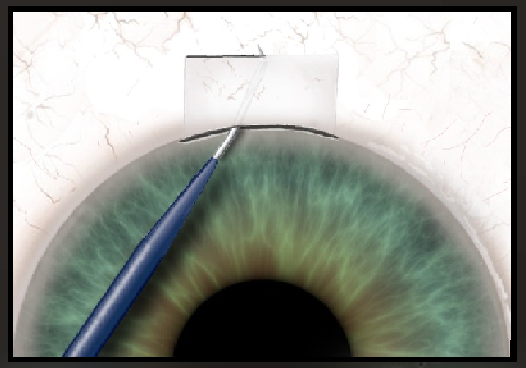
Proof of Concept

Advantages

Over Traditional ExPRESS Shunt Method

- No conjunctival dissection

  No scleral cauterization
  - Less fibrotic scarring
    - Possible fewer procedure failures
- No conjunctival wound leaks
- No need to create scleral flap/radial incisions
  - No posterior flap sutures
- Faster



Preliminary Data

- 3 month follow-up
- 6 cases (Combined Phaco / ExPRESS Shunt)
- 0.1ml of 0.2 mg/ml of Mitomycin C (20 µg)
  - Injected through the scleral tunnel
- Average reduction in drops = 2.8
- All IOPs $\leq$ 16 mmHg
- One case of a wound leak from a broken 10-0
  - Resolved with BCL

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Minimally Invasive Technique

Long-term studies will be needed
to demonstrate safety and efficacy

Thank You