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ROYAL MAXIM PALACE KEMPINSKI, CAIRO

Tips and Pearls for the Preserflo MicroShunt

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Financial Disclosures

- Santen
- Glaukos
- Alcon
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- BVI
- Allergan
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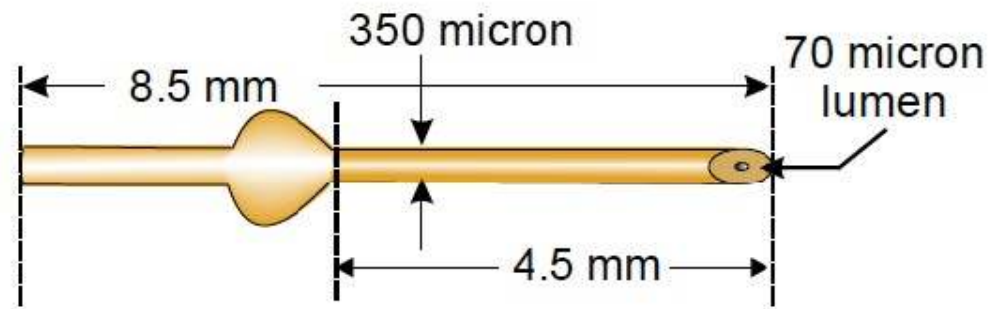
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Preserflo Microshunt



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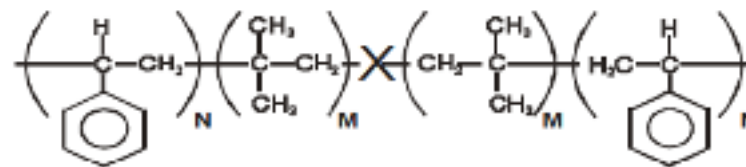
PRESERFLO™ MicroShunt



The SIBS material

Poly(styrene-*block*-isobutylene-*block*-styrene)

"SIBS"



Surgical Pearls and Marginal Gains

- **How to reduce variability in intra and inter surgeon outcomes?**
 - Careful patient selection
 - Good pre-op work up
 - Well placed tube at time of surgery
- **Careful handling of Tenon's capsule**
- **Early intervention is important for longer term success**

The place of Preserflo MicroShunt in glaucoma surgery

- Initial 20 cases:

- POAG
- No previous filtering surgery
- Healthy conjunctiva
- Not combined with phaco
- Ideally pseudophakic

- Next 20 cases:

- Previous filtering surgery but with healthy target quadrant
- Combined with phaco
- Consider secondary glaucoma with some caution

- Experienced user:

- Titrating mitomycin C concentration dependent on target IOP (NTG)
- More than one filtering surgery
- Inferior placement
- Secondary glaucoma

Usual post-op pattern

- Very low rates of hypotony
- Stable AC with minimal bleeding and inflammation
- Low lying, diffuse posterior blebs
- Stable IOP profile
- Rapid visual rehabilitation

Clinical outcomes of PRESERFLO® Microshunt procedure with mitomycin C alone versus with mitomycin C and bevacizumab

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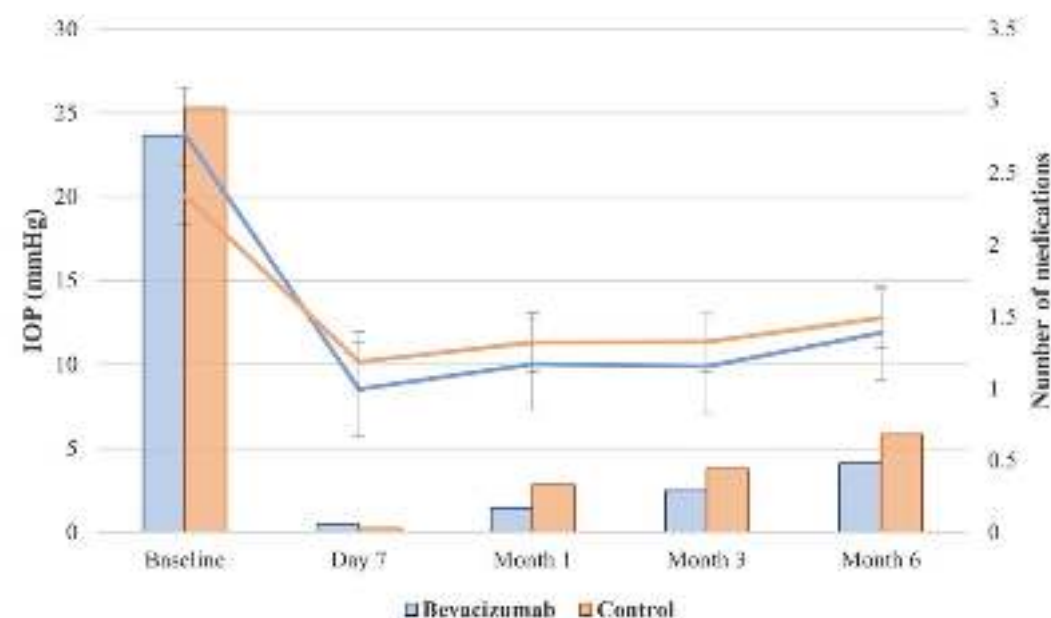


Figure 1. Average IOP measurements (mmHg) and average medication use between bevacizumab and the control group over the 6-month study period. IOP, intraocular pressure.

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