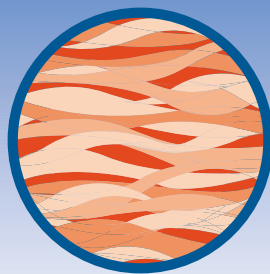



Tutoplast[®]
Processed Pericardium



IOPatch[™]

Glaucoma Patch Graft

 1.5 cm
Item #68250

The Tutoplast[®] Process is a scientifically based method of preserving, immunologically inactivating and sterilizing **human tissue** for surgical implantation.

- Low Profile/Multi-directional strength
- Immunologically safe
- Activates in simple saline within minutes
- Five year shelf life
- Single use, sterile packaging

During the past 30 years, over 1 million Tutoplast[®] Bioimplants have been surgically implanted without a single documented case of disease transmission.

1. Raviv T, Greenfield DS, Liebmann JM, Sidoti PA, Ishikawa H, Ritch R. Pericardial Patch Grafts in Glaucoma Surgery. *J Glaucoma* 1998; 1: 27-32.
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3. Sibayan SAB, Latina MA. The use of processed pericardium in the repair of corneoscleral fistulas. *Ophthalmic Surg Lasers* 1997; 28: 334-335
4. Schein OD. The use of processed pericardial tissue in anterior ocular segment reconstruction. *Am Journal Ophthalmology*. 1998; 125: 549-552

Exclusively from

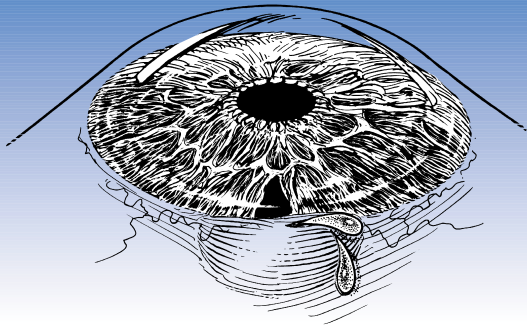


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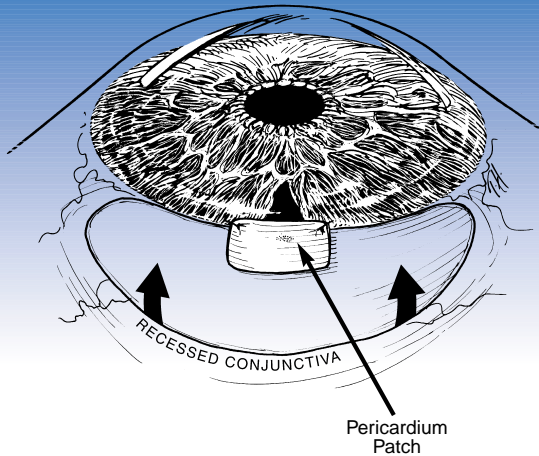
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PROBLEM

Hypotony/Overfiltration with a Leaking Bleb (Trabeculectomy)



SOLUTION

Use of Pericardium Patch Graft for the Treatment of Hypotony/Bleb Revision

- Excise the shallow bleb via a fornix-based incision.
- Free atrophic conjunctival tissues from adherence to the cornea. The incision is extended from the nasal and temporal portion of the bleb to mobilize the conjunctiva anteriorly.
- Excise devitalized conjunctival tissue; maintain as much vital tissue as possible for subsequent coverage of pericardial graft.
- Employ a cautery to: a) quell excessive bleeding; b) create a scleral "groove" anterior to the leak at the corneal limbus to assist the adherence of the subsequent pericardium graft.
- Identify episcleral fistula by applying topical fluorescein. A single interrupted suture may be employed to tamponade anterior leakage.
- The Tutoplast® Pericardium is then adequately sized to cover the scleral opening.
- Suture the pericardium into place with two 9.0 or 10.0 nylon sutures, tented nasally and temporally to facilitate flow.
- The anterior edges of the pericardium should be trimmed and thinned to prevent conjunctival "bunching" or dellen effect.
- Test flow the site through a previously made paracentesis to identify proper fistulization.
- Conjunctiva is advanced anteriorly and secured with conjunctiva-sclera-conjunctiva bites. *See graphic.* Ensuring water-tight closure is crucial.

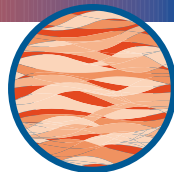
NOTE: *If the remaining, limbal-based conjunctiva resists advancement: a) a relaxing incision can be made 8-10 mm behind the limbus; or b) an inferior conjunctival autograft may be necessary to cover the pericardium patch.*

• The chamber is once again deepened and fluorescein is applied to confirm a secure seal.

The aim is to restrict aqueous flow anteriorly but allow for flow posteriorly. This promotes bleb formation and pressure control immediately post-operatively.

A Surgical "Pearl" with

Tutoplast®
Processed Pericardium



Webcast Password: **pearl**