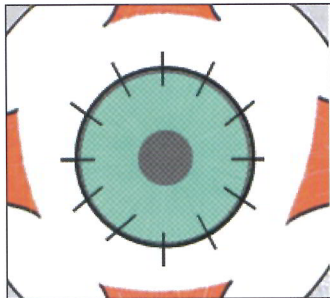
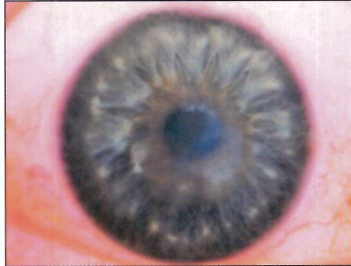


AmbioDry™ Amniotic Membrane Overlay Graft for the Treatment of Bullous Keratopathy



Removal of Host Epithelium

- Introduce retrobulbar or peribulbar injection of appropriate anesthetic.
- Denude loose epithelium by sponge/weckcell and blunt sweeping with a surgical blade.
- Extend denuded epithelium 360° up to 1 or 2 mm from the limbus.

Preparation and Placement of AmbioDry Amniotic Membrane

- Review *AmbioDry Specifications for Use (with graft)*.
- In its dry state, cut/trim/trephinate a disk configuration from the AmbioDry AM graft to fit the appropriate and approximate area of the debrided corneal surface.
- Place configured AM graft on the area of the epithelial defect with the basement surface up.
- Hydrate the AM graft while on the surgical site with sterile saline solution. Apply several drops of sterile solution to the AM graft at one to two minute intervals for a period of 5 to 10 minutes.

Suture Technique

- 10-0 Nylon sutures are recommended.
- Fixate the AM graft with multiple interrupted or running sutures (12 to 16 x) to edges of the defect.
- Create an even distribution of tension over the AM graft surface. Carefully avoid any spaces or “islands” between the AM graft and the host sclera or cornea.
- To avoid “sloughing”, AM graft must be **tightly** flattened on the corneal surface with attentive and appropriate suture technique.

Post Operative

- Place soft bandage contact lens to stabilize AM graft at surgical site.
- Postoperative treatment may include a combined antibiotic/steroid ointment three times daily.
- Sutures may be removed at 10 days to two weeks.