

Reconstruction of the Lower Fornix (Symblepharon) with AmbioDry™ Amniotic Membrane Transplantation



Removal of Scar Tissue

- Introduce retrobulbar or peribulbar injection of appropriate anesthetic.
- Place a nylon traction suture through the center of the tarsal plate of the lower eyelid.
- Isolate and remove/excise subconjunctival scar tissue from perilimbal area.
- Create a conjunctival pedicle flap by loosening the remaining healthy conjunctiva from bulbar sclera and adjacent conjunctiva.
- Advance this flap to deep fornix to cover palpebral lid surface.

Preparation and Placement of AmbioDry Amniotic Membrane

- Review *AmbioDry Specifications for Use (with graft)*.
- In its dry state, trim the AmbioDry AM graft to fit the entire denuded zone: bulbar surface of the fornix and deep palpebral fornix.
- Place the AM graft onto and into the area of the surgical zone with the basement side 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 and 9-0 Vicryl sutures are recommended.
- Before suture application, tuck the AM graft margins under the margins of the free conjunctiva (to ensure proper epithelialization).
- With basement orientation facing away from the surgical site, suture the AM graft to the edges of the conjunctiva with several running or interrupted sutures.
- 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.
- Suture the rest of the AM graft to the bulbar aspect (10-0 Nylon interrupted) with AM graft – episclera – conjunctiva bites.

Post Operative

- Symblepharon ring (as required/optional).
- Postoperative treatment may include a combined antibiotic/steroid ointment three times daily.
- Sutures may be removed at 3 to 4 weeks.