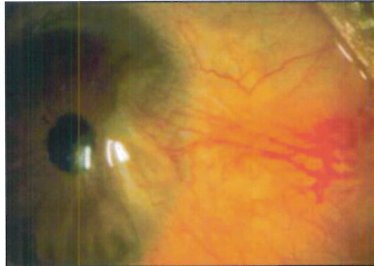


### Pterygium Excision with Placement of AmbioDry™ Amniotic Membrane Graft

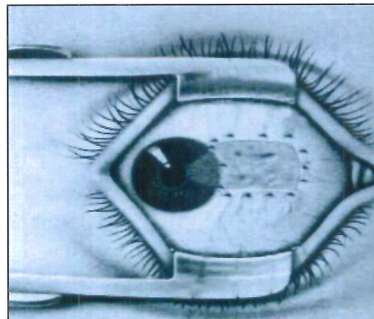


#### Pterygium Excision

- Induce anesthesia.
- Isolate pterygium growth by placing Vicryl traction sutures via episclera 2 to 3 mm from the superior and inferior limbus.
- Using blunt dissection, remove pterygium head and trim at 5 to 6 mm from its edges.
- Thoroughly remove subconjunctival fibrous tissue surrounding the pterygium growth.
- Polish or remove any abnormal scar tissue with a dental burr.
- Measure and define the area of the defect.

#### Preparation and Placement of AmbioDry Amniotic Membrane

- Review AmbioDry Specifications for Use (with graft).
- In its dry state, cut/trim the AmbioDry AM graft with sharp scissors to the appropriate and approximate area of the defect.
- Place configured AM graft on the area of the defect 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

- Absorbable sutures (8-0 or 9-0 Vicryl) or non-absorbable sutures (10-0 Nylon) are recommended.
- Anchor the graft to the junction of bare sclera and conjunctiva with cardinal and interrupted sutures (AM graft – episclera – conjunctiva bites).
- At the junction of the graft and host, ensure that the free edge of the graft remains slightly under host conjunctiva (to facilitate “sliding” of host epithelium over AM graft).
- If necessary, overhang the free edges of the AM graft onto the limbus and over clear cornea.
- Create an even distribution of tension over the graft’s surface. Carefully avoid any spaces or “islands” between the graft and the host sclera or cornea.
- To avoid “sloughing”, graft must be tightly distributed over the surgical area.

#### Post Operative

- Patch eye for 24 hours under pressure with antibiotic ointment.
- One day post-op, initiate steroid therapy with prednisolone acetate 1% and gentamycin 0.3% every six hours with a taper over the next four weeks.
- If applicable, the sutures may be removed at ten days post-op.