

iTRACK™ CASE STUDY MODERATE GLAUCOMA



Pseudophakic uncontrolled glaucoma with prior SLT and microtrabecular bypass surgery.

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PATIENT ASSESSMENT

1. 75-year-old Caucasian female
2. Bilateral POAG with IOP 31/30 mmHg
3. Uncontrolled on 3 medications

TREATMENT DECISION

1. Lower IOP and eliminate the need for topical medications via iTrack™ canal-based glaucoma surgery as a standalone procedure

TREATMENT

1. Trabeculotomy was made beyond one end of the iStent and cannulation undertaken in the opposite direction, approx. 345°
2. Tobramycin was prescribed for 1 week, and prednisolone acetate for 3 weeks

PATIENT OUTCOMES

1. Postop mean IOP 14.0 mmHg
2. Elimination of medications
3. Complete resolution of OSD symptoms
4. iTrack™ performed without disruption of previously placed stent (See Figure 1)

Baseline Findings	
POH	<ul style="list-style-type: none">• POAG OU diagnosed in 2008• Underwent SLT OU in 2012• Underwent iStent combined with cataract surgery and toric IOL placement OU in 2014
BCVA	<ul style="list-style-type: none">• 20/20 -2 OU
SLE	<ul style="list-style-type: none">• Mild conjunctival injection with papillary reaction OU• Moderate punctate keratopathy OU• Quiet anterior chamber OU• Well-positioned posterior chamber IOL OU
IOP	<ul style="list-style-type: none">• 20 mmHg OD• 19 mmHg OS
Pachymetry	<ul style="list-style-type: none">• 576/581 microns
Gonioscopy	<ul style="list-style-type: none">• Grade 4 all quadrants with well-positioned iStent nasally OU
DFE	<ul style="list-style-type: none">• Cup-to-disc ratio 0.7 OU• Macula, vessels, and periphery normal OU
HVF	<ul style="list-style-type: none">• Full OU
OCT	<ul style="list-style-type: none">• Nerve fiber layer thinning temporal OU

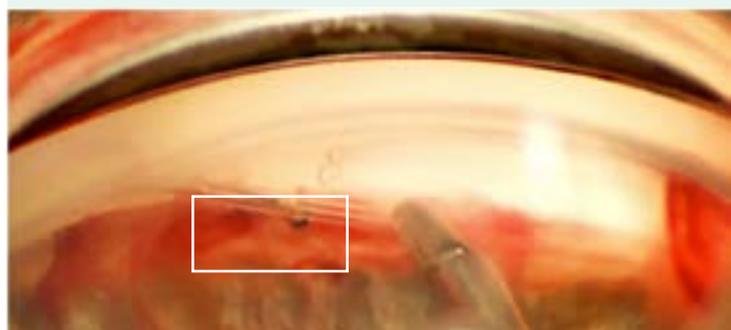


Figure 1: iTrack™ circumnavigating Schlemm's canal

Treatment History		
2008	Medications: 1. Latanoprost (Xalatan; Pfizer) qHS 2. Brinzolamide (Azopt; Alcon) BID 3. Timolol (Timoptic Ocudose) qD	1. Inadequate IOP control 2. IOP returned to 30/25 mmHg
2012	SLT, both eyes	1. IOP within therapeutic range
2014	Microtrabecular bypass surgery (iStent) in conjunction with cataract surgery (toric IOL placement)	1. IOP reduction of 8-9 mmHg to within therapeutic range 2. Continuation of all three topical medications to maintain IOP
2014	Artificial lubricants, punctal plugs, cyclosporin (Restasis; Allergan) and then serum tears	1. IOP ranged from 17-22 mmHg 2. Persistent conjunctival inflammation and punctate keratopathy
2014	Tapered off medications to manage OSD	1. Significant improvement in the surface dryness and inflammation 2. IOP elevation to 29/26 mmHg
2017	iTrack™ performed as standalone MIGS procedure	1. IOP within therapeutic range at 14 mmHg 2. Elimination of medications 3. Resolution of OSD

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CONTRAINDICATIONS: The iTrack™ canaloplasty microcatheter is not intended to be used for catheterization and viscodilation of Schlemm's canal to reduce intraocular pressure in eyes of patients with the following conditions: neovascular glaucoma; angle closure glaucoma; and, previous surgery with resultant scarring of Schlemm's canal.

ADVERSE EVENTS: Possible adverse events with the use of the iTrack™ canaloplasty microcatheter include, but are not limited to: hyphema, elevated IOP, Descemet's membrane detachment, shallow or at anterior chamber, hypotony, trabecular meshwork rupture, choroidal effusion, Peripheral Anterior Synechiae (PAS) and iris prolapse.

WARNINGS: The iTrack™ canaloplasty microcatheter is intended for one time use only. DO NOT re-sterilize and/or reuse, as this can compromise device performance and increase the risk of cross contamination due to inappropriate reprocessing.

PRECAUTIONS: The iTrack™ canaloplasty microcatheter should be used only by physicians trained in ophthalmic surgery. Knowledge of surgical techniques, proper use of the surgical instruments, and post-operative patient management are considerations essential to a successful outcome.

