A restorative and tissue-sparing glaucoma treatment, iTrack™ uses breakthrough microcatheter technology to enlarge your eye's natural drainage system[2], improving outflow and lowering intraocular pressure[1]. It can also free you from the financial and lifestyle burdens of glaucoma medications[1].

Who will benefit from iTrack™?

It is necessary to first undergo an ophthalmic examination to determine your eligibility for iTrack™.

iTrack™ is an effective surgical option for the majority of glaucoma patients. If you fit into any of the following categories, you're likely a good candidate for iTrack™:

If you have primary open-angle, pseudoexfoliation, or pigmentary glaucoma.

If you are intolerant of glaucoma medications, or have difficulty taking them as prescribed.

If you have a history of failed ALT (argon laser trabeculoplasty) treatments.

If you are about to have cataract surgery and wish to reduce the number of glaucoma medications you are currently taking.

If it is difficult for you to commit to regular follow-up treatments, due to finances, lack of transportation, or other limitations.

REFERENCES:

1. Gallardo MJ, Supnet RA, Ahmed IIK. Viscodilation of Schlemm's canal for the reduction of IOP via an ab-interno approach. Clinical Ophthalmology. Vol 12. August 2018. https://doi.org/10.2147/OPTH.S177597
2. Smit BA, Johnstone MA. Effects of viscoelastic injection into Schlemm's canal in primate and human eyes: potential relevance to viscocanalostomy. Ophthalmology. 2002;109(4):786-792.
3. Brüggemann A, Despouy JT, Wegent A, Müller M. Intraindividual comparison of Canaloplasty versus trabeculectomy with mitomycin C in a single-surgeon series. J Glaucoma. 2013;22(7):577-583

INDICATIONS: The iTrack microcatheter is indicated for fluid infusion and aspiration during surgery. The iTrack microcatheter is indicated for catheterization and viscodilation of Schlemm's canal to reduce intraocular pressure in adult patients with open angle glaucoma.

CONTRAINDICATIONS: The iTrack™ 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™ 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™ 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: This iTrack™ 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. CAUTION: Federal law restricts this device to sale by, or on the order of, a physician. Please see DFU for a complete list of contraindications, warnings, precautions, and adverse events

Discover iTrack™ for Glaucoma.

iTrack™

Minimally Invasive Glaucoma Surgery

What is iTrack™?

Performed via a procedure known as ab-interno canaloplasty, iTrack™ is a minimally invasive glaucoma surgery (MIGS) that can effectively reduce the elevated eye pressure associated with glaucoma.[1] It can also reduce your reliance on anti-glaucoma medications.[1]

How does iTrack™ work?

iTrack™ is based on the same principles as angioplasty. It uses breakthrough microcatheter technology to enlarge your eye's drainage system, restoring the natural outflow system to lower eye pressure.[2]

Does iTrack™ hurt?

No. During the surgery your eye will be anesthetized. Post-surgery your surgeon will prescribe eye drops to reduce inflammation and to prevent pain.

What happens during the iTrack™ procedure?

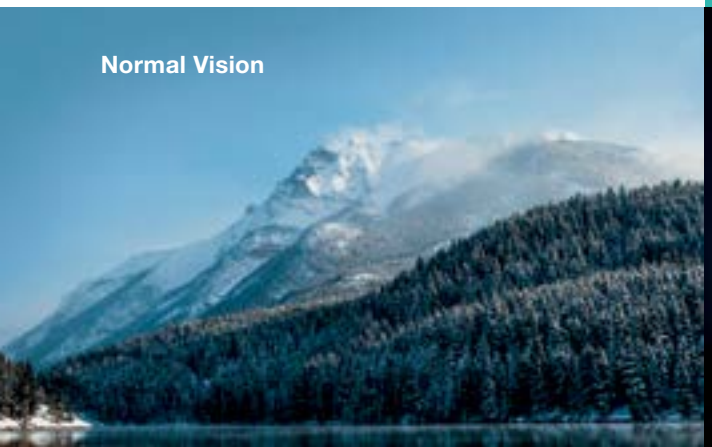
First, your surgeon will make a small incision in the eye. The iTrack™ microcatheter is then inserted into the eye's circumferential drainage canal, which may be reduced in size or closed due to the high pressure in your eye. Your surgeon will advance the microcatheter around the canal to open up the channel and enlarge it. Next, the microcatheter is slowly withdrawn while sterile, viscoelastic gel is injected into the canal to dilate it. The microcatheter is then removed from the eye.

What results can I expect ?

iTrack™ is clinically proven to reduce intraocular pressure[1]. As an added benefit, many patients who undergo iTrack™ no longer require anti-glaucoma medications, or can reduce the number of anti-glaucoma medications required.[1]

You can resume normal, day-to-day activities immediately following treatment.

It is important to remember that managing glaucoma is a lifelong process: even after iTrack™ and other glaucoma treatments, you will need to continue to visit your ophthalmologist every three to six months.



iTrack™ works within the natural structures of the eye. No artificial pathways are created, and no incisions are made within the visual field of the eye. Also, it is an implant-free procedure.

What are the side effects of iTrack™?

One of the key advantages of iTrack™ is its high safety profile.[1] It is associated with significantly fewer risks, both in number and severity, than traditional glaucoma surgeries.[3] It is important to note, however, that all surgeries have risks associated with them.

The most common risks are intraocular pressure (IOP) 'spikes' and hypotony (IOP too low).[1]

What if iTrack™ doesn't work for me?

A key benefit of iTrack™ is that it does not preclude any other form of glaucoma treatment. If the iTrack™ procedure is not successful, your surgeon may elect to perform another MIGS, laser-based treatment or conventional trabeculectomy surgery. Medication may also be an option.