



iStent
inject[®]

Trabecular Micro-Bypass System

Choose iStent *inject*[®] – First and Foremost
Safe and effective treatment of mild-to-moderate glaucoma⁹

MIGS technologies enable us to intervene earlier and lower IOP without the complications associated with traditional glaucoma therapy.

—Prof. Dr. Manfred Tetz

Why Schlemms Canal Surgery?

There is increasingly broad clinical recognition that glaucoma is a surgical disease where targeted intervention can help restore physiological outflow:

- Increased resistance to aqueous humor outflow through the trabecular meshwork is the primary source of elevated intraocular pressure (IOP) in open-angle glaucoma¹
- 50% – 75% of total resistance to aqueous humor outflow is in the juxtacanalicular tissue of the trabecular meshwork²

Micro-Invasive Glaucoma Surgery (MIGS) is an emerging category of glaucoma surgery

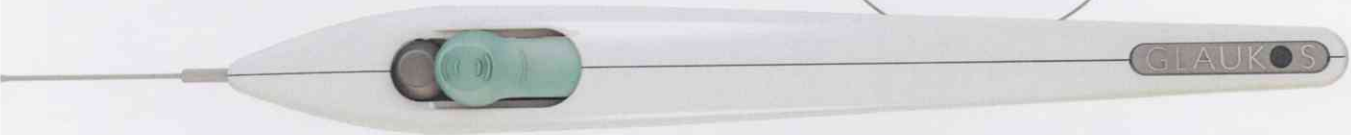
MIGS procedures allow for early intervention into glaucoma progression and share the following:³

- *Ab interno* microincisional approach
- Minimally traumatic to the target tissue
- Efficacious
- Favourable safety profile
- Rapid recovery with minimal impact to the patients' quality of life

Delivering two preloaded trabecular micro-bypass stents with a single entry, iStent *inject*[®] optimises the benefits of MIGS

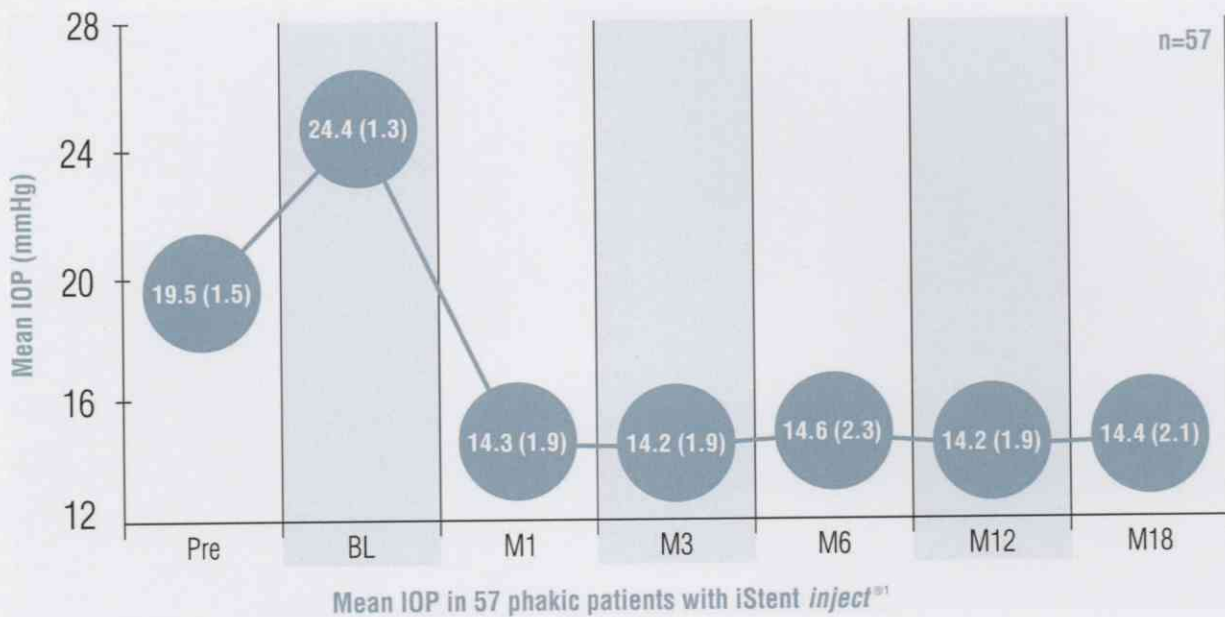
Stent *inject*[®] reduces IOP by bypassing the primary source of resistance to improve aqueous outflow through the conventional pathway. iStent *inject*[®] is an elegant procedure for the treatment of OAG:

- Smallest medical device known to be implanted into humans
- Targeted placement of stents helps to restore conventional outflow
- In-vitro perfusion analyses demonstrate increased facility of outflow and IOP reductions with multiple stents⁴
- Both iStent and iStent *inject*[®] have sufficient capacity to produce steady-state physiological outflow^{5,6}



iStent *inject*[®] is intended to provide safe and effective IOP reduction by addressing OAG at the primary site of resistance to outflow

Outcomes Following Implantation of Two Second-Generation Trabecular Micro-Bypass Stents in Patients with Open-Angle Glaucoma on One Medication⁹



- Mean unmedicated IOP decreased by 41% at 18M⁹
- 100 % of eyes DROP FREE at 12M, 98 % of eyes DROP FREE at 18M⁹
- 67 % of eyes ≤ 15mmHg at 12M, 100 % of eyes ≤ 18mmHg at 12M⁹
- No intraoperative or postoperative adverse events observed, related to iStent *inject*[®]⁹

Smallest medical device known to be implanted into humans

80 μm dia.

360 μm

230 μm dia.

Head

Resides in Schlemm's canal

Thorax

Held by the trabecular meshwork

Flange

Secures placement in the anterior chamber

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inject**[®]

Trabecular Micro-Bypass System

Preloaded Injector

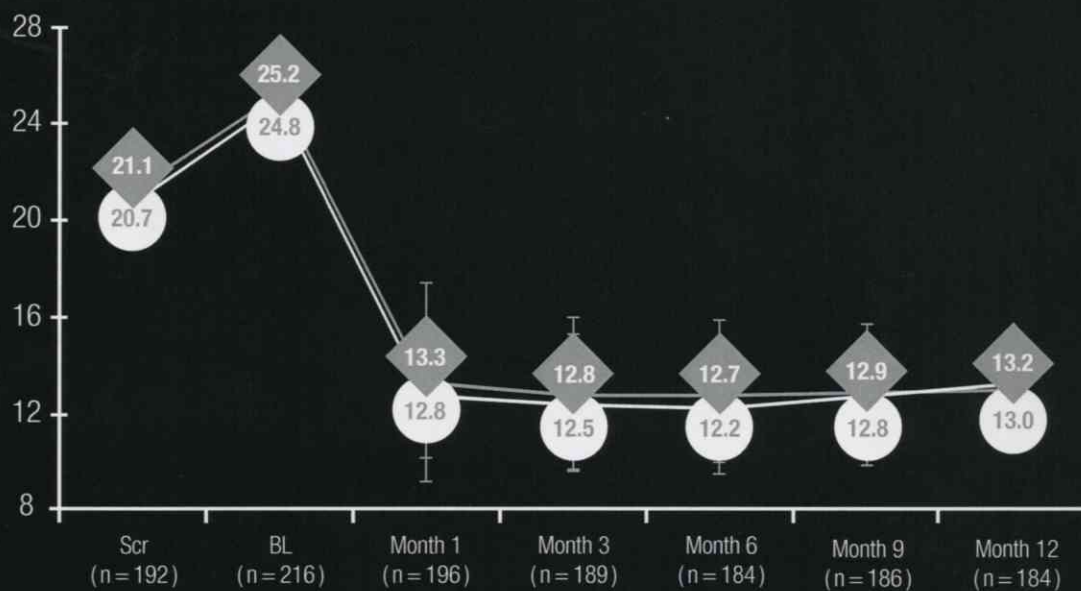
Engineered with a cam drive to implant two stents



Implantation of two trabecular bypass stents—without the benefit of cataract surgery—has been proven in prospective clinical trials to:

- Lower IOP to < 15mmHg⁷
- Reduce medication burden via a unique two-stent approach⁷

iStent *inject*[®] as Sole Procedure vs. Two Medications in POAG⁷



● iStent inject group ◆ medications group (latanoprost/timolol)

Synergy Study⁸

- Multi-center study conducted in Europe
- 99 phakic/pseudophakic eyes
- Uncontrolled on two medications
- Eyes with IOP >18mmHg at six months postop placed on a prostaglandin analogue

At 12-month postoperative visit:

- 72% of eyes on no medications
- Mean IOP reduction of 34% vs. medicated screening

