



The effective solution
on GLAUCOMA
treatment!

Implante de
SUSANNA UF
for Glaucoma



The effective solution on Glaucoma treatment!

Produced with a ultra flexible silicon, the **Implante de Susanna UF** has the objective of draining aqueous humor to reduce the IOP of patients with glaucoma.

Effective and long-lasting IOP control

Primarily indicated for patients with refractory glaucomas, in cases where previous surgeries have failed or where, based on experience, conventional filtering surgeries would likely yield unsatisfactory results. The implant can be used in patients with scleral explants and fibrotic conjunctivas.

Prevents tube blockages by fibrous or conjunctival tissues

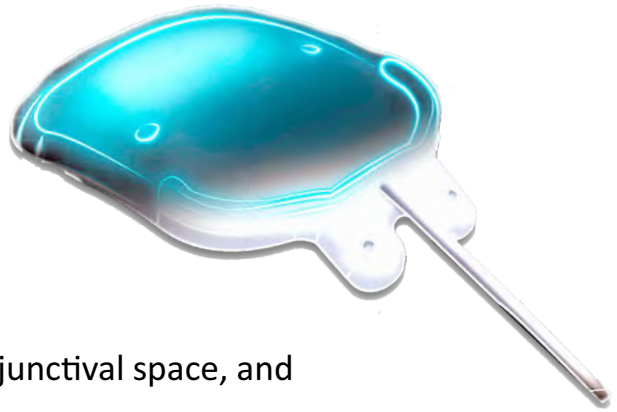
It has a tube for draining aqueous humor and a silicone reservoir in the form of a plate that follows the curvature of the eyeball, featuring a raised edge in the anterior and frontal portions.

Fixation 6mm from the limbus

Promotes fewer risks of surgical complications, a lower probability of tube and plate extrusion, and easier implantation.

Facilitated implantation

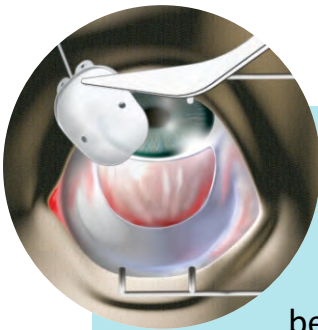
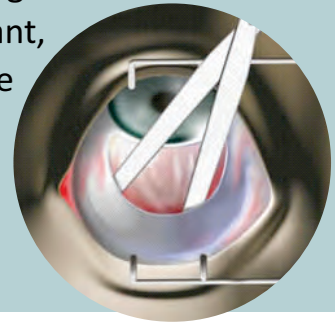
It can be shaped according to the available sub-conjunctival space, and the scleral tunnel can be made with a 26.5 GA needle.



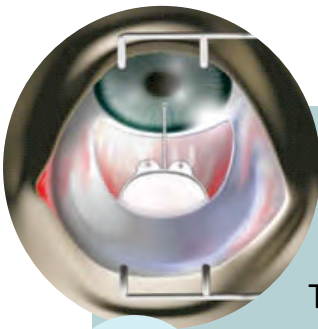
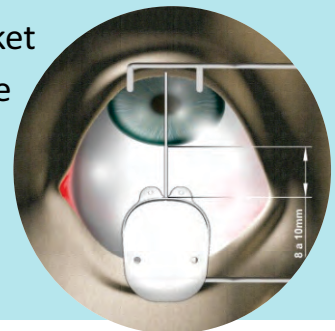
FACILIDADE NO IMPLANTE



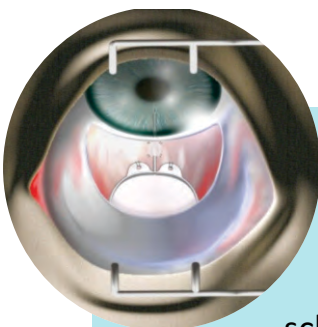
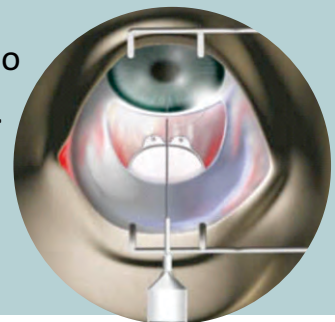
Prepare the implant: Insert a cannula adapted to a syringe with balanced saline solution at the end of the drainage tube and slowly inject the solution through the implant, checking the passage and patency of the flow. Make an incision based on the fornix, through the conjunctiva and Tenon's capsule. A pocket will form in the upper quadrant between the medial or lateral portion of the rectus muscle by dissecting the episclera from Tenon's capsule;



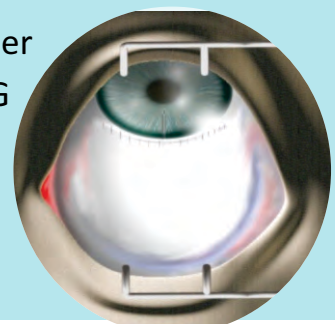
Insert the body of the implant into the pocket between the rectus muscles and suture it to the sclera. The main end of the implant should be between 8 to 10 mm from the limbus; therefore, the feet of the implant should be 6 mm from the limbus;

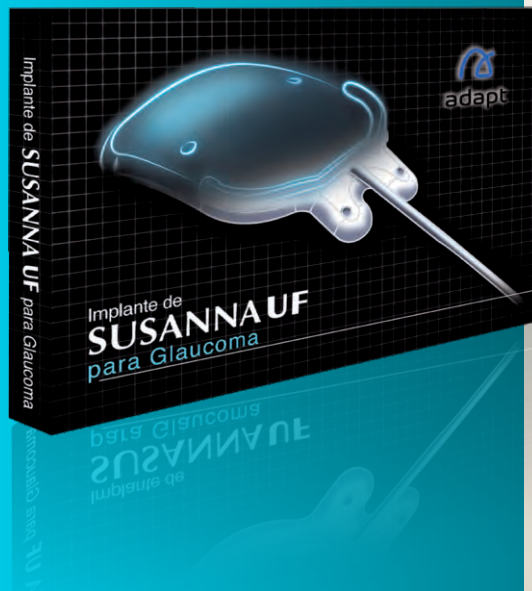


Cut the drainage tube allowing an insertion of 2 to 3 mm of the tube into the anterior chamber (A.C.). The cut should be beveled at an anterior angle of 30° to facilitate insertion;



Perform a paracentesis, and the anterior chamber (A.C.) is penetrated at the limbus with a 23G needle, parallel to the iris; and cover the tube with sclera or pericardium, and suture it in place, closing the conjunctiva.





Produced in Brazil, "the **Susanna UF Implant** treatment is ideal for certain types of glaucoma or when traditional surgeries are unsuccessful."

"Although in the USA and Europe glaucoma implants are being used in primary glaucoma surgeries, the most common indication for these implants is for refractory glaucomas (neovascular glaucomas, which generally occur in patients with diabetes and venous thrombosis, and glaucomas where traditional surgeries have not been successful, especially with the use of anti-scarring substances like mitomycin and 5-Fluorouracil)."

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