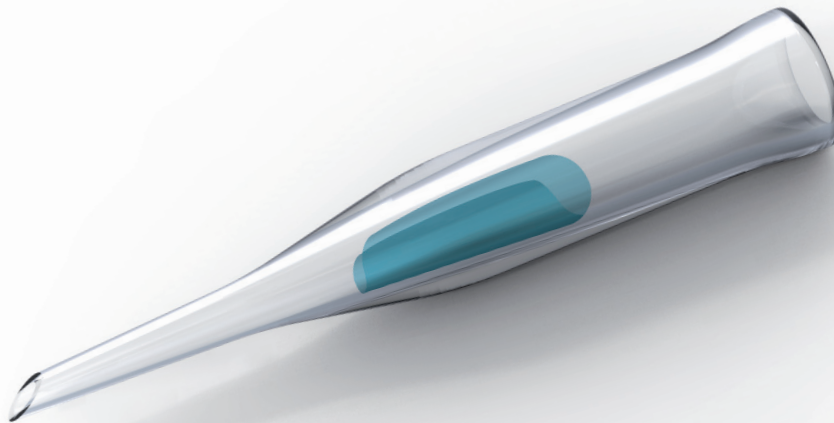


Geuder Glass Cannula for DMEK

Clinical In-servicing

CorneaGen presents the Geuder Glass Cannula for Descemet's Membrane Endothelial Keratoplasty (DMEK) procedures.

- Smooth
- Gentle
- Atraumatic



EASY TO LOAD

Large rounded opening of cannula allows for simple and easy loading of the graft

2.5 MM INCISION

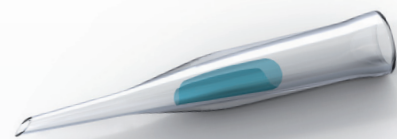
Small incision size allows for gentle and controlled injection into the anterior chamber

For more information or to order, please contact us at 844-526-7632 or visit www.CorneaGen.com/Cannula

CorneaGen)TM

Geuder Glass Cannula for DMEK

BRILLIANTLY SIMPLE



Clinical In-servicing

Information is provided as a supplemental guide only and does not replace the Instructions for Use (IFU).

- Open the package and handle the cannula and tubing using standard sterile procedures.
 - In addition to the cannula and tubing you will need to have a sterile, shallow petri dish and three (3) syringes, at least 5cc in size, available for use during the technique.
 - Move the prepared DMEK graft into the glass petri dish and using one (1) of the syringes remove the majority of the fluid from the dish. Discard the syringe after use.
 - Apply trypan blue stain to the scrolled DMEK graft, making sure the stain goes down the center of the scroll coating the stromal side.
1. ADD Balanced Salt Solution (BSS) to the petri dish, filling it all the way up, the stain will be diluted. Filling the dish completely will ensure the cannula opening remains submerged under BSS and does not aspirate air during loading of the graft into the cannula.
 2. CONNECT the slender end of the cannula to the tubing supplied and connect the luer end of the tubing to a 5cc (or larger) syringe filled with BSS.
 3. FLUSH BSS from the syringe through the tubing and cannula completely filling the system and eliminating air bubbles.
 4. SUBMERGE the large end of the cannula in the petri dish next to one end of the scrolled graft making sure the cannula end remains completely submerged to avoid air bubbles entering the system.
 5. PULL the syringe plunger gently to aspirate the graft into the cannula. The cannula is loaded when the graft enters the slender end of the cannula. To avoid the graft entering the tubing or syringe, do not pull the plunger too quickly or forcefully.
 6. REMOVE the cannula from under the fluid while maintaining it in a horizontal position to prevent the graft from falling out the open end or slipping from its position in the slender end of the device.
 7. CONNECT a second 5cc syringe, filled with BSS to the large end of the cannula – continue to maintain the horizontal hold.
 8. REMOVE the tubing from the slender end of the cannula by gently twisting it back and forth until it is loose. Once the tubing has been removed, the graft is ready to insert into the anterior chamber of the eye.
 9. INSERT the tip of the cannula, bevel down, through a 2.5 millimeter incision.
 10. ROTATE the cannula so the bevel is up.
 11. DEPLOY the graft by gently depressing the plunger in quick “bursts” versus a steady push. (Do not remove the cannula from the anterior chamber)
 12. USE bursts of fluid from the cannula to position the graft in such a way it does not follow the cannula as it being removed from the wound.
 13. REMOVE the cannula from the anterior chamber.
 14. DISCARD the cannula after use.
- Proceed with un-scrolling and positioning the DMEK graft in the patient’s eye.