

# Geuder Pre-Loaded Glass Cannula

*System specifically designed for DMEK*

The Geuder Pre-Loaded Glass Cannula is the exclusive pre-loaded device for DMEK. Designed specifically for DMEK surgeries, the benefits of the Geuder Pre-Loaded Glass Cannula will simplify the procedure and save you time in the O.R.

- ✓ Graft is pre-loaded, pre-punched, stained, and marked
- ✓ Consistent 2.4mm incision
- ✓ Connects directly to BSS filled syringe



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To place an order or learn more,  
please scan or call 844-526-7632.

# Geuder Pre-Loaded Glass Cannula for DMEK

## Clinical In-Servicing

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

*In addition to the pre-loaded cannula, you will need to have a sterile shallow petri dish filled with Balanced Salt Solution (BSS) and one (1) 5cc syringe filled with BSS available for use during the technique.*

1. REQUEST the technician remove the cap from the vial containing the cannula and hold the vial in an upright position at the edge of the sterile field.
  2. USE sterile hemostats to remove the pre-loaded cannula system from the vial.
  3. PLACE the pre-loaded cannula system on the sterile field with the cannula facing up.
  4. REMOVE the glass cannula from the clear plastic transportation holder.
  5. HOLD the cannula in a horizontal position over a petri dish filled with BSS.
  6. MAINTAIN the cannula in a horizontal position and carefully remove the end cap from the large end of the cannula. Be sure the graft does not fall out of the open end.
  7. USE a drop of BSS on the end of the syringe to mitigate introduction of an air bubble into the cannula.
  8. CONNECT a 5cc syringe filled with BSS to the large end of the cannula.
  9. FLUSH corneal storage media carefully from the cannula by using gentle bursts of BSS from the syringe. To prevent the graft from prematurely entering the slender end of the cannula do not introduce BSS too quickly or forcefully.
  10. ASPIRATE BSS from the petri dish, as needed, to reposition the graft if the graft starts to enter the slender end of the cannula while continuing to flush the corneal storage media from the cannula. Do not allow the graft to enter the slender end of the cannula during this process.
  11. REMOVE the remaining end cap carefully, once corneal storage media is flushed from the cannula – continue to maintain the horizontal hold.
  12. USE gentle bursts of BSS from the syringe to carefully guide the graft into the slender end of the cannula making sure the graft does not prematurely deploy out of the open end of the cannula - continue to maintain the horizontal hold. Once the graft is positioned in the slender end of the cannula, the graft is ready to insert into the anterior chamber of the eye.
  13. INSERT the tip of the cannula, bevel down, through a 2.4 millimeter incision. Based on experience and preference surgeons may choose to use a smaller incision size.
  14. ROTATE the cannula so the bevel is up.
  15. DEPLOY the graft by gently depressing the syringe plunger in short bursts versus a steady push. Visualize the graft as it moves into the anterior chamber. (Do not remove the cannula from the anterior chamber).
  16. USE bursts of fluid from the syringe to position the graft in such a way it will not follow the cannula as it is being removed from the wound.
  17. REMOVE the cannula from the anterior chamber.
  18. DISCARD the cannula after use.
- Proceed with un-scrolling and positioning the DMEK graft in the patient's eye.

**Contact us for more information or assistance.**

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