Restorative treatment of eye’s natural drainage system.

Sustained reduction of pressure in the eye.¹

Reduced dependence on expensive medications.¹

Minimally invasive for quicker recovery and return to daily activities.¹

Limited risk of complications versus traditional surgical alternatives.¹

No need for a permanent implant or device in your eye.

No limitations on your favorite activities.

What if ABiC doesn't work for me?

A key benefit of ABiC is that is does not preclude any other form of glaucoma treatment. If the procedure is not successful, your surgeon may elect to perform laser-based treatment, such as SLT, or conventional glaucoma surgery (trabeculectomy). Medication may also be an option.

What are my other treatment options?

- Drug therapy (medication) is the most common form of treatment for open-angle glaucoma; however, there are side effects, and medications aren’t effective for all patients – and you have to remember to take your medicine every day.

- SLT or Selective Laser Trabeculoplasty, is a gentle, low-energy laser therapy, which triggers a natural healing response in the eye in order to reduce IOP. SLT effectively lowers IOP in the majority of patients and is most effective when used as a first-line therapy in newly diagnosed glaucoma patients.

- Argon laser trabeculoplasty was formerly the most widely used laser treatment for glaucoma. There are many problems associated with ALT, including permanent scarring.

- Canaloplasty is a restorative glaucoma surgery, based on the same dilation principles as ABiC. It is an ab externo procedure; that is, the microcatheter is inserted from an external approach. Canaloplasty is well suited to patients with mild-moderate glaucoma.

- Traditional surgery, referred to as trabeculectomy, may be attempted in order to create a new drainage channel. This is a highly invasive procedure which involves a bleb on the sclera and carries risks of bleeding and infection.


Indications For Use: 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.

This pamphlet has been prepared based on currently available information and is not intended to recommend a particular procedure. Please consult your ophthalmologist to determine whether ABiC is a suitable option for you.

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MINIMALLY INVASIVE GLAUCOMA SURGERY

What is ABiC?
Also known as Ab-Interno Canaloplasty, ABiC is a minimally invasive glaucoma surgery (MIGS) that can effectively reduce the elevated eye pressure associated with glaucoma.

How does ABiC work?
ABiC is based on the same principles as angioplasty. It uses breakthrough microcatheter technology to enlarge your eye’s natural drainage system, improving outflow and lowering eye pressure. It is important to note that ABiC acts to restore the natural outflow system, rather than bypass it. And ABiC does not leave any permanent implant or device in your eye.

What happens during the procedure?
First, your surgeon will make a small incision in the eye. A microcatheter designed specifically for ABiC 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 360 degrees around the canal to open up the channel and enlarge it. Once the end of the catheter has circumnavigated to its point of entry, the microcatheter tip is slowly pulled back while sterile, viscoelastic gel is injected into the canal to dilate it to 2-3 times its normal size. Enlarging and flushing through the drainage canal and adjacent outflow channels helps the aqueous fluid to drain properly. The microcatheter is then withdrawn from the eye. It is important to note that there are no permanent implants or devices left in the eye.

Does ABiC 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.

Who will benefit from ABiC?
It is necessary to first undergo an ophthalmic examination to determine your eligibility for ABiC. ABiC is an effective surgical option for the majority of glaucoma patients. If you fit into any of the following categories, you’re a good candidate for ABiC:

• If you have primary open-angle, pseudoexfoliation, or pigmentary glaucoma. (If you’re not sure, ask your ophthalmologist.)
• If you are intolerant of glaucoma medications, or have difficulty taking them as prescribed.
• If you are about to have cataract surgery and wish to use this opportunity 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.
• If you have a history of failed ALT (argon laser trabeculoplasty) treatments.
• ABiC is also suitable for patients who wear contact lenses. Patients with contact lenses are unable to undergo the traditional forms of glaucoma surgery (trabeculectomy or shunt).

What results can I expect with ABiC?
ABiC is clinically proven to reduce intraocular pressure (IOP). As an added benefit, many patients who undergo ABiC no longer require anti-glaucoma medications, or can reduce the number of medications required.

You can resume normal, day-to-day activities, such as watching TV, immediately following treatment. It is important to remember that managing glaucoma is a lifelong process: even after Canaloplasty and other glaucoma treatments, you will need to continue to visit your ophthalmologist every three to six months.

What are the side effects of ABiC?
One of the key advantages of ABiC is its high safety profile. It is associated with significantly fewer risks, both in number and severity, than traditional glaucoma surgeries. It is important to note, however, that all surgeries have risks associated with them.

The most common risks associated with ABiC are:

• Bleeding in the Eye
• Intraocular Pressure “Spikes”
• The Formation of a Bleb
• Hypotony (IOP too low)