

OMNISURGICAL.COM

One MIGS device. Two implant-free procedures. Three points of resistance.

Go for three.

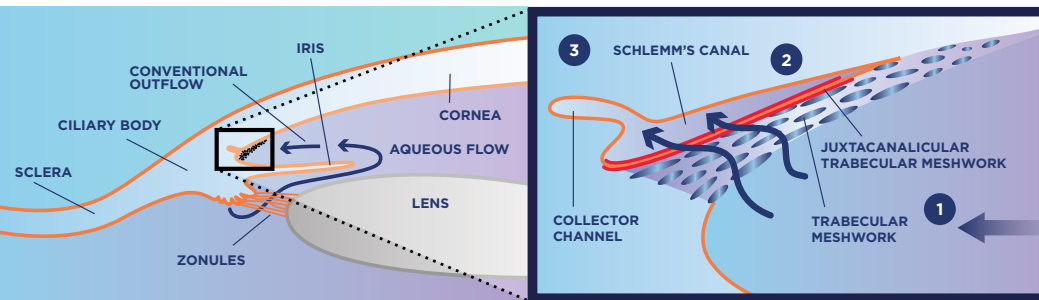


Efficacy matters, choose OMNI®



The Challenge

Targeting where resistance occurs in the conventional outflow pathway can be hard. Addressing the trabecular meshwork alone, or isolating a single point, may not be enough.



BETWEEN 50-75%
OF RESISTANCE MAY BE IN
THE TRABECULAR MESHWORK^{1,2,3}

UP TO 50%
OF RESISTANCE MAY BE IN
SCHLEMM'S CANAL AND THE
DISTAL COLLECTOR CHANNELS^{1,2,3}

This unique anatomy and the possibility of resistance occurring at any point, means you need a surgical option that addresses all three points.

¹ Grant WM. Experimental aqueous perfusion in enucleated human eyes. Arch Ophthalmol 1963; 69:783-801.
² Rosenquist R, Epstein D, Melamed S, et al. Outflow resistance of enucleated human eyes at two different perfusion pressures and different extents of trabeculotomy. Curr Eye Res 1989; 8:1233-1240.
³ Battista SA, Lu Z, Hofmann S, et al. Reduction of the available area for aqueous humor outflow and increase in meshwork herniations into collector channels following acute IOP elevation in bovine eyes. Invest Ophthalmol Vis Sci 2008; 49:5346-5352.

The Solution

Only OMNI[®] targets all three points of resistance.

- 1** Trabecular meshwork
titratible trabeculotomy
- 2** Schlemm's Canal
viscodilation
- 3** Distal collector channels
viscodilation

ONE
MIGS device

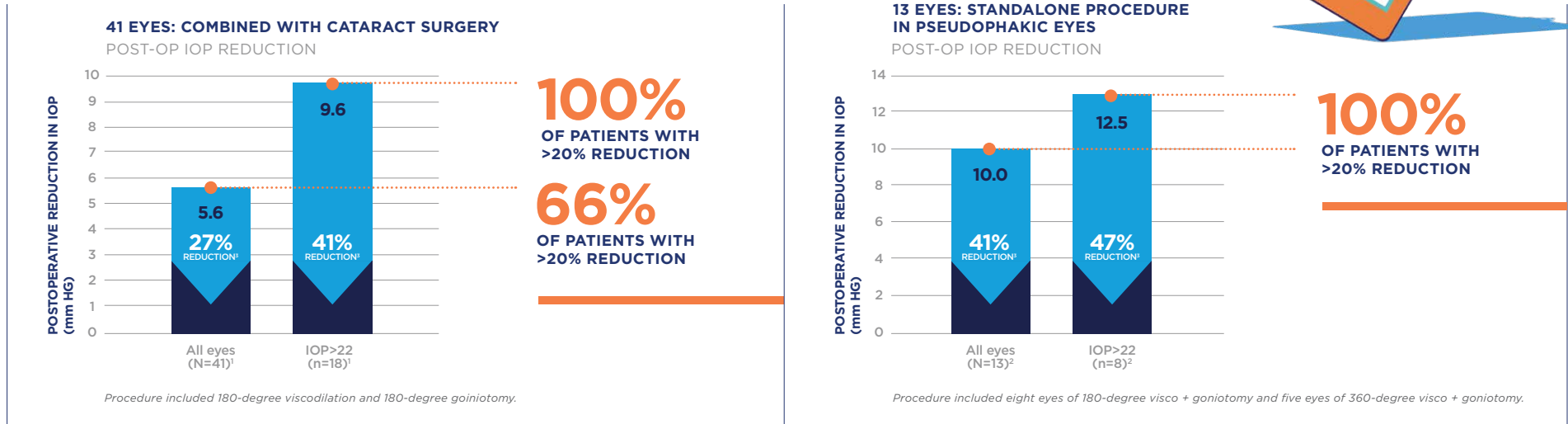
TWO
implant free
procedures

THREE
points of
resistance





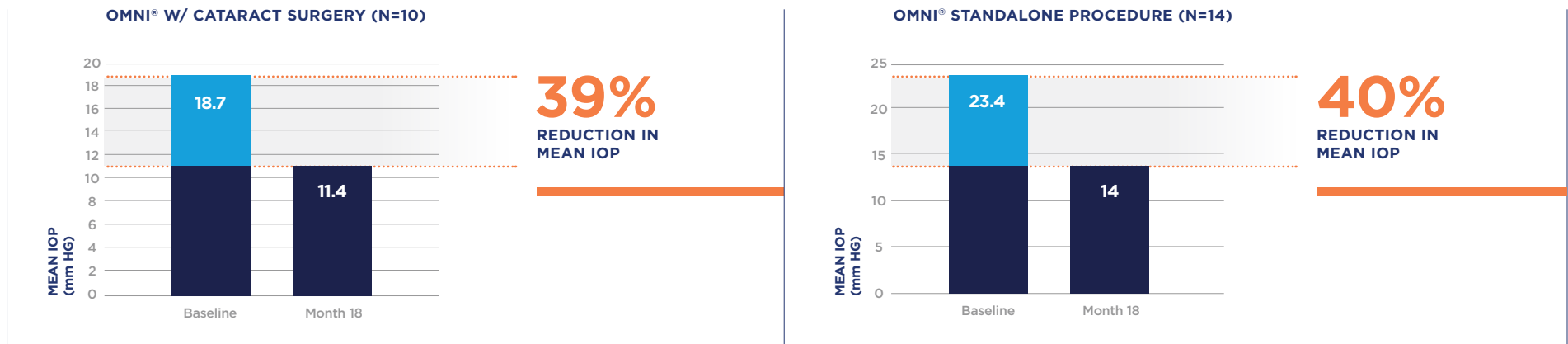
8-MONTH STUDY WITH TRABECULOTOMY AND VISCODILATION IN MILD/MODERATE/ADVANCED EYES



1. Brown, Reay H.; Tsegaw, Solomon; Dhamdhare, Kavita "Viscodilation of Schlemm's canal and trabeculotomy combined with cataract surgery for reducing intraocular pressure in open-angle glaucoma" *Journal of Cataract and Refractive Surgery*. 46(4):644-645, April 2020.
3. Data on file

2. Brown R, Dhamdhare K, Tsegaw S, Eisenberg K. Goniotomy Combined with Viscodilation of Schlemm's canal for Reducing IOP in Open Angle Glaucoma. ASCRS presentation, May 2019 (submitted to JCRS)
3. Data on file

18-MONTH STUDY BOTH WITH CATARACT SURGERY AND STANDALONE



4. Grabska-Liberek I, Majszyk-Ionescu J, Duda P, et. al. OMNI in open-angle glaucoma treatment: an 18-month follow-up. ESCRS 2019, Presented Poster Session: Glaucoma II (<https://www.es CRS.org/paris2019/programme/poster-village-details.asp?id=33863&day=0>).

When you go for three, you more effectively lower IOP.

COMBINED WITH CATARACT SURGERY PATIENT SELECTION

FEMALE, 70 YEAR OLD:

BLURRY VISION

VA 20/60 OD, 20/40 OS

OD: 2-3+ NSC, OS: 1+ NSC

History of glaucoma

Meds: Travaprost and Cosopt PF, QHS OU

IOP: 19 OD, 17 OS

Visual field loss

CD Ratio: OD 0.5, OS 0.5

STANDALONE PATIENT SELECTION

MALE, 72 YEARS OLD:

PRIOR CATARACT SURGERY

VA 20/20 OD, 20/30 OS

Previous ocular history of POAG - on Combigan and Lumigan

IOP: 21 OD, 23 OS

OCT and visual fields reflect evidence of progression of disease

CD Ratio: OD 0.7, OS 0.5



INDICATIONS FOR USE: The OMNI® Surgical System is a manually operated device for the delivery of small amounts of viscoelastic fluid, for example Healon or HealonGV* from Abbott Medical Optics (AMO), Amvisc* from Bausch & Lomb, or PROVISC* from Alcon, during ophthalmic surgery. It is also indicated to cut trabecular meshwork tissue during trabeculotomy procedures.

DISCLAIMER: The OMNI® Surgical System is cleared (indicated) by FDA for the uses set forth above. While the OMNI® Surgical System is not specifically cleared for transluminal canal dilation, there is support for its use in transluminal canal dilation in the literature and medical textbooks, and ab interno trabeculotomy, for which it is FDA-cleared, is referred to as a MIGS procedure in the literature and medical textbooks and dictionaries. A current list of references/publications is available through Sight Sciences, Inc.

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For important safety information including contraindications, warnings, precautions and adverse events, please visit omnisurgical.com.

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