iTrack™

ADVANCE

The canaloplasty device in a league of its own.

iTrack™ ADVANCE

Comprising an ergonomic handheld injector, custom-designed cannula and illuminated microcatheter, **iTrack™ Advance** puts the proven combination of viscodilation and catheterization[2] more neatly in your hands.

1 HANDHELD INJECTOR

Intelligently engineered handheld injector to advance and retract the microcatheter through the canal in a predictable, controlled and smooth manner.

2 MICROCATHETER

220-micron canaloplasty microcatheter designed to catheterize the full 360° of Schlemm's canal in a single intubation.

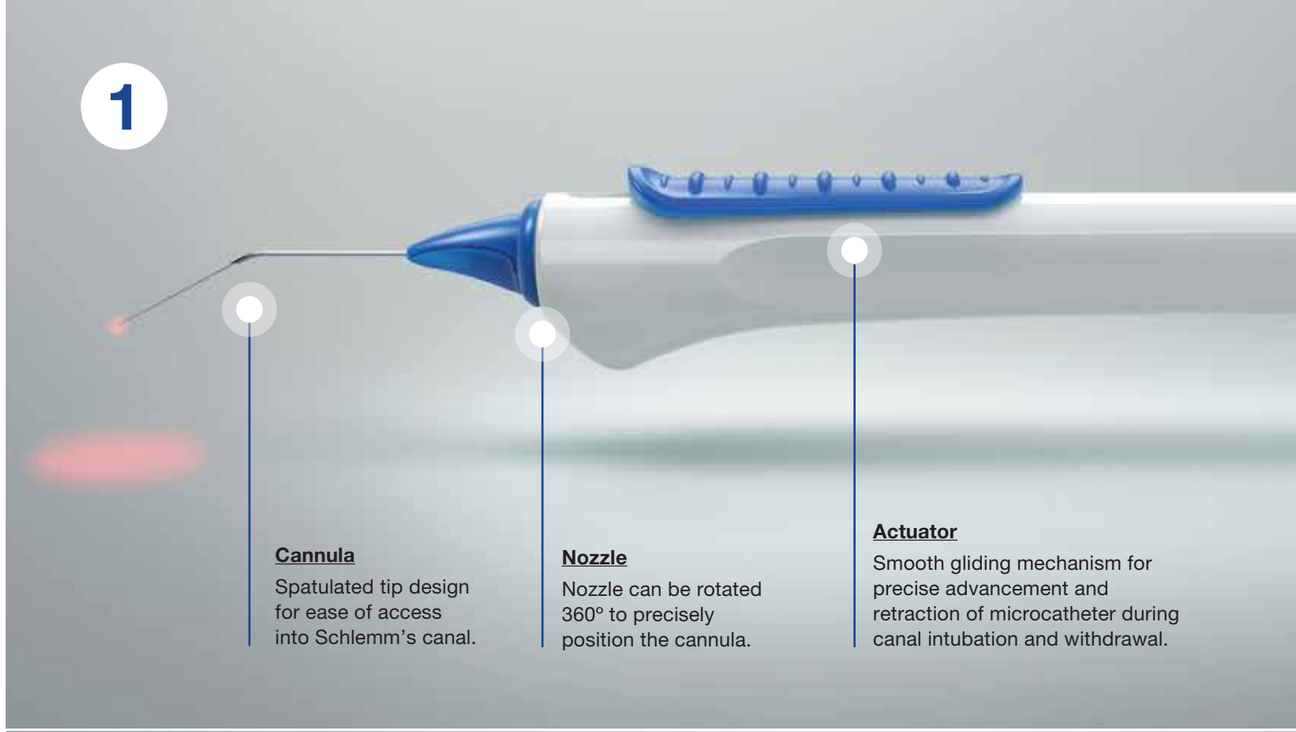
KEY FEATURES

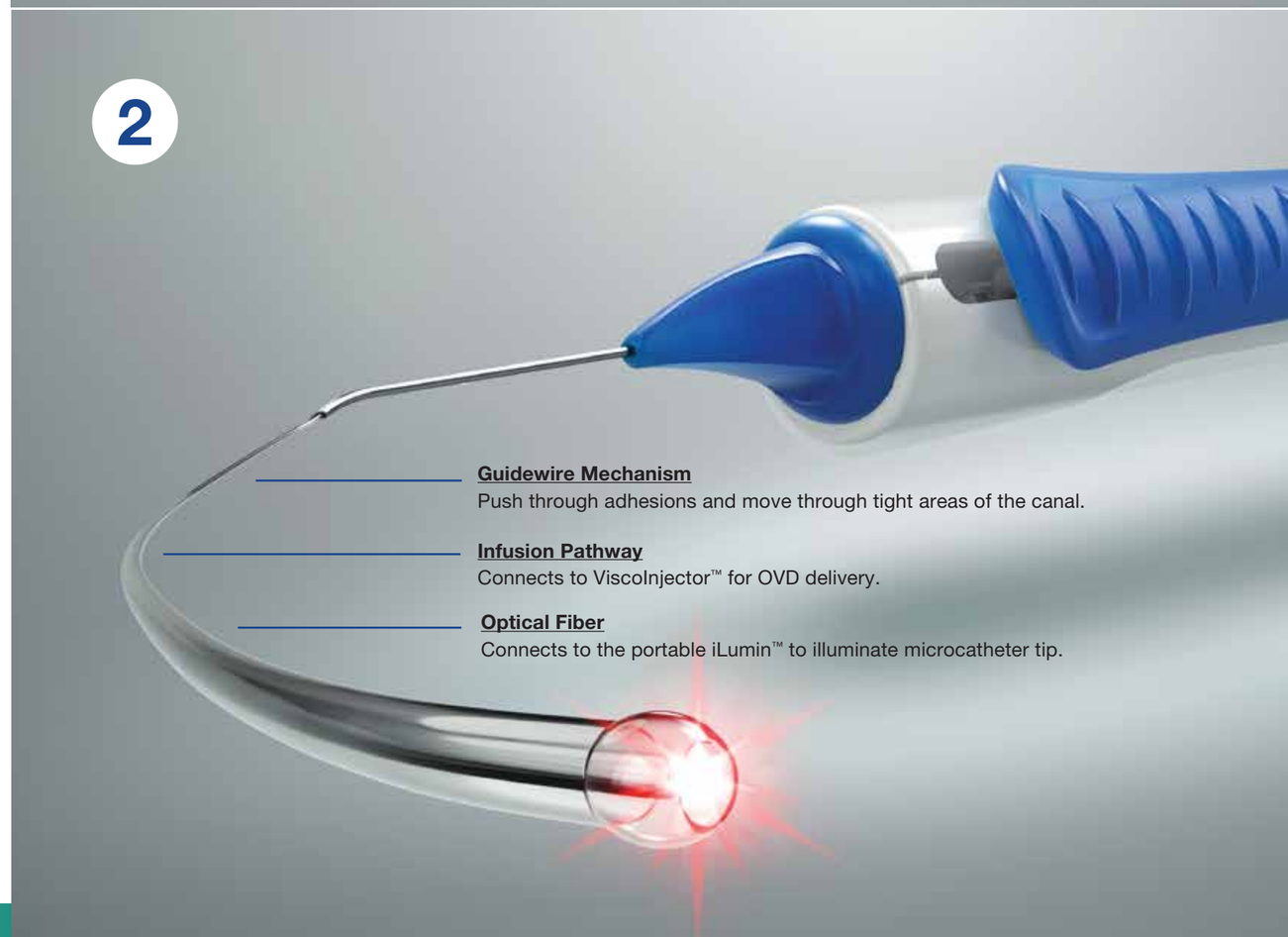
Deliver more than **100 microliters of OVD.**[1]

Patented OVD delivery system for **pressurized viscodilation.**[**]

Titrate OVD volume based on the patency of Schlemm's canal.

Not available for use or sale in the USA.





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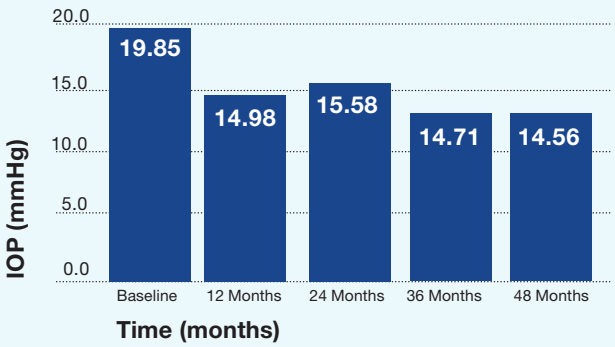
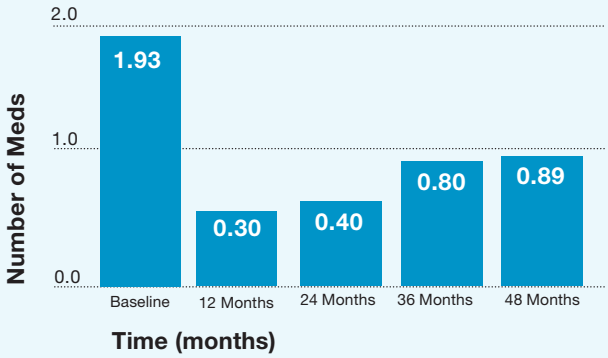
Canaloplasty performed via an ab-interno surgical technique is a highly effective treatment option in both phakic and pseudophakic patients.[2]

Mean IOP (mmHg) over 48 Months[2]



Mean Medications (n) over 48 Months[2]



INDICATIONS: The iTrack™ Advance has been cleared for the indication of fluid infusion and aspiration during surgery, and for catheterization and viscodilation of Schlemm's canal to reduce intraocular pressure in adult patients with open-angle glaucoma.

CONTRAINDICATIONS: The iTrack™ Advance is not intended to be used for catheterization and viscodilation of Schlemm's canal to reduce intraocular pressure in eyes of patients with the following conditions: Neovascular glaucoma; Multiple (ALT) argon laser trabeculoplasty procedures; Chronic uveitis; Narrow inlet with plateau iris; OAG with narrow angle (unless Schaffer Grade of 2 and combined with phacoemulsification)

ADVERSE EVENTS: Possible adverse events with the use of the iTrack™ Advance include, but are not limited to: hyphema, elevated IOP, Descemet's membrane detachment, shallow or flat anterior chamber, hypotony, trabecular meshwork rupture, choroidal effusion, Peripheral Anterior Synechiae (PAS) and iris prolapse.

WARNINGS: The iTrack™ Advance is intended for one time use only. DO NOT re-sterilize and/or reuse, as this can compromise device performance and increase the risk of cross contamination due to inappropriate reprocessing.

PRECAUTIONS: The iTrack™ Advance should be used only by physicians trained in ophthalmic surgery. Knowledge of surgical techniques, proper use of the surgical instruments, and post-operative patient management are considerations essential to a successful outcome.

* Company estimate based on historical sales data for the iTrack™ canaloplasty device.
** Patent No. US7,967,772,B2

1. In-house bench testing using a robotically controlled ViscoInjector™ with time-recording mass data to simulate the delivery of OVD over 360° of Schlemm's canal. Data available upon request. Note: Bench test results may not necessarily be indicative of clinical performance.
2. Koerber N, Ondrejka S. Four-Year Efficacy and Safety of iTrack Ab-interno Canaloplasty as a Standalone Procedure and Combined with Cataract Surgery in Open-Angle Glaucoma Klin Monatsbl Augenheilkd 2022; 239: 1–11.

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