

# Follow-up

MIMS® follow-up: recommended intervals – 3 first months

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MIMS® post-op recommended medical treatment

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Frequent AEs treatment - Iris capture in the sclerostomy

Slide 3

# **MIMS<sup>®</sup> follow-up: recommended intervals – 3 first months**

- 2 hours after surgery – to release OVD if necessary
- 1 day post-op
- 1 week post-op
- 3 weeks post-op
- 6 weeks post-op
- 12 weeks post-op

# MIMS<sup>®</sup> post-op recommended medical treatment

- Medical treatment (anti-inflammatory drugs + antibiotics) is recommended according to local protocols for post-op glaucoma filtration surgery.
- Pilocarpine 2% x4/day is recommended for one month (last instillation at bed time).

# Frequent AEs treatment - Iris capture in the sclerostomy

## Gonioscopy should be performed to patients with elevated post-op IOP

- Pilocarpine 4% (or 2%) if available 2 drops every 5 minutes for 20 minutes. If after 1 hour the iris detaches from the ostium then the IOP will most probably drop several mmHg and the bleb will enlarge.
- If not successful then on the slit-lamp with a Goldmann 3 mirror lens using the gonio mirror apply several laser (continuous laser like argon not pulsed like the YAG) shots on the anterior part of the iris as close as possible to the plugged internal ostium. The iris tissue shrinks and forcefully pulled from the ostium. The setting is 0.5-1.0 watt, 50 microns, 0.1 second.
- If not successful then in the operating room make a paracentesis and fill the AC with OVD. Then through the same paracentesis with a flat narrow spatula press very gently on the iris area close to the internal ostium to release it. You may add BSS and if there is a good flow you may leave the OVD, otherwise – wash it out.