

Intraoperative steps

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|---|---------|
| 1 - General prep: use topical anesthesia, prep and drape, place a Lieberman lid speculum | Slide 1 |
| 2 - MMC® prep. | Slide 2 |
| 3 - Perform a subconjunctival/subtenon 0.1ml MMC injection in the superonasal quadrant | Slide 3 |
| 4 - Perform a subconjunctival/subtenon injection of 0.1-0.2ml OVD at the trephine intended exit place | Slide 4 |
| 5 - Perform a temporal 1.5 mm stab incision and inject OVD into the AC | Slide 5 |
| 6 - Perform MIMS® self test | Slide 6 |
| 7 - Activate the MIMS® to create the scleral channel | Slide 7 |
| 8 - Inject some BSS to partially remove the OVD | Slide 8 |

1 - General prep: use topical anesthesia, prep and drape, place a Lieberman lid speculum

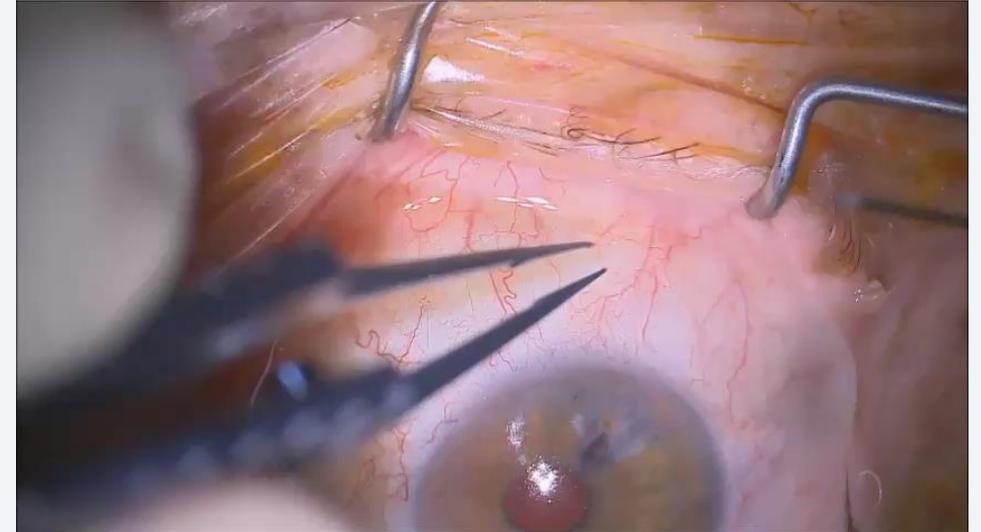
- Use topical anesthesia.
- Apply topical antiseptic solution (e.g., Povidone-Iodine 5%).
- Prep and drape according to the local protocols.
- Place a wide open Lieberman lid speculum.

2 - MMC prep.

- 1cc of MMC 0.4mg/ml + 0.3cc of Lidocaine 2% provide a final concentration of:
MMC 0.3mg/ml + Lidocaine 0.5%
- 1.5cc of MMC 0.4mg/ml + 0.9cc of Lidocaine 2% provide a final concentration of:
MMC 0.25mg/ml + Lidocaine 0.75%
- 1cc of MMC 0.3mg/ml + 0.5cc of Lidocaine 2% provide a final concentration of:
MMC 0.2mg/ml + Lidocaine 0.7%

3 - Perform a subconjunctival/subtenon injection of 0.1ml of MMC solution

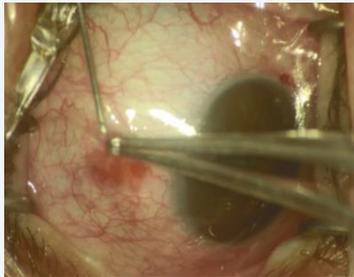
1. Using a 30G needle attached to a 1cc syringe, perform a subconjunctival/subtenon injection of 0.1ml of MMC solution (0.3 mg/ml, 0.25mg/ml or 0.2mg/ml final concentration diluted in Lidocaine 2%) in the superonasal quadrant, penetrate temporal, 5 mm from the limbus and advance the needle towards superonasal. After the injection spread the MMC using a sterile applicator, towards the conjunctival limbus.
2. Wash the eye surface with 5-10cc of Balanced Salt Solution (BSS).
3. Apply Iopidine 0.1% drops or a similar vasoconstrictor with a strong effect on the blood vessels and only mild mydriatic effect. This, to constrict blood vessels and avoid SC bleeding.



[Watch MMC® injection](#) ▶

4 - Perform a subconjunctival/subtenon injection of 0.1-0.2ml OVD at the trephine intended exit place

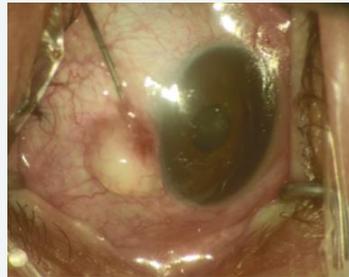
- Can be done before or after the main incision and AC filling.
- Perform a subconjunctival/subtenon injection of 0.1-0.2cc of OVD (to create room for the safe exit of the trephine) with a 30G bent needle at the trephine intended exit place, close to the limbus.



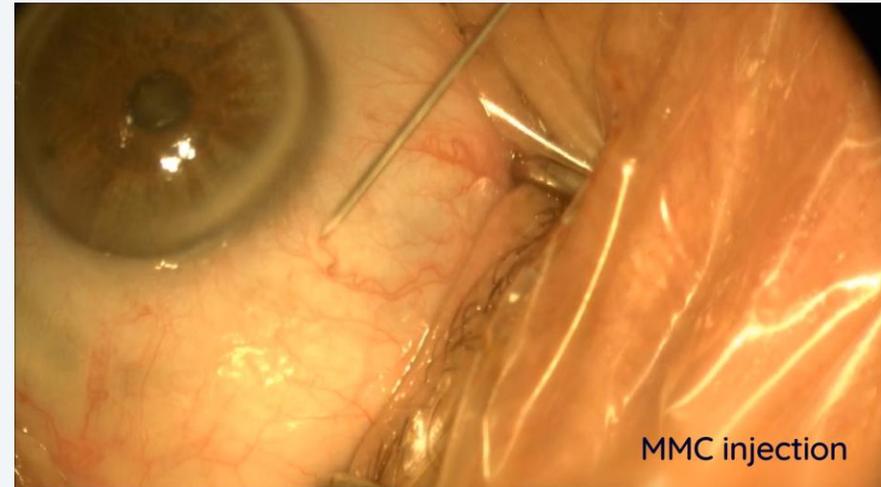
Conj. penetration



Needle insertion in parallel to the sclera



Viscoat injection close to the limbus



MMC injection

5 - Perform a temporal 1.5 mm stab incision and inject OVD into the AC

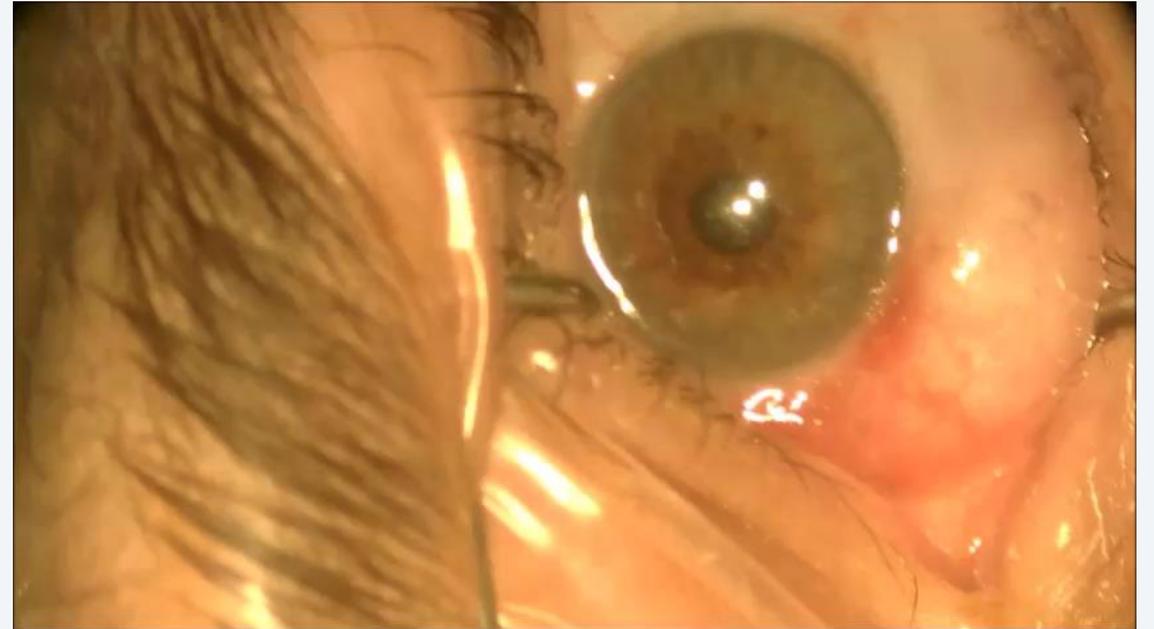
1. Make a temporal stab incision with a 1.5 mm surgical blade.



2. Inject Biolon (Altacor), or recommended Biolon substitutes, into the anterior chamber until it is completely filled.

6 - Perform MIMS® self test

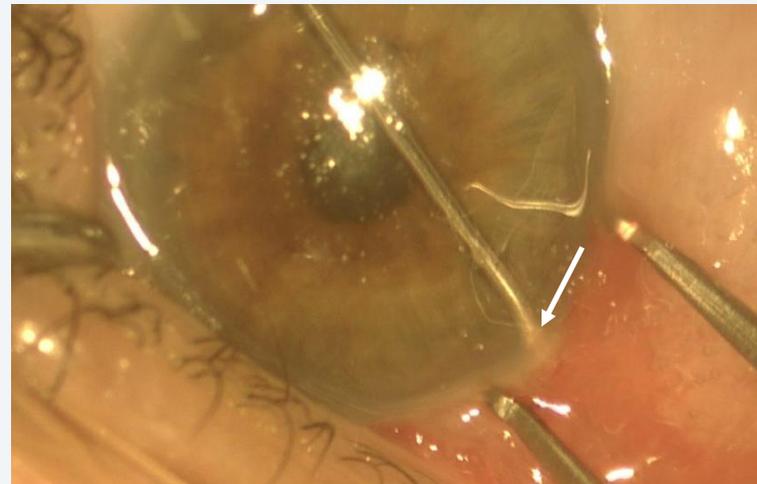
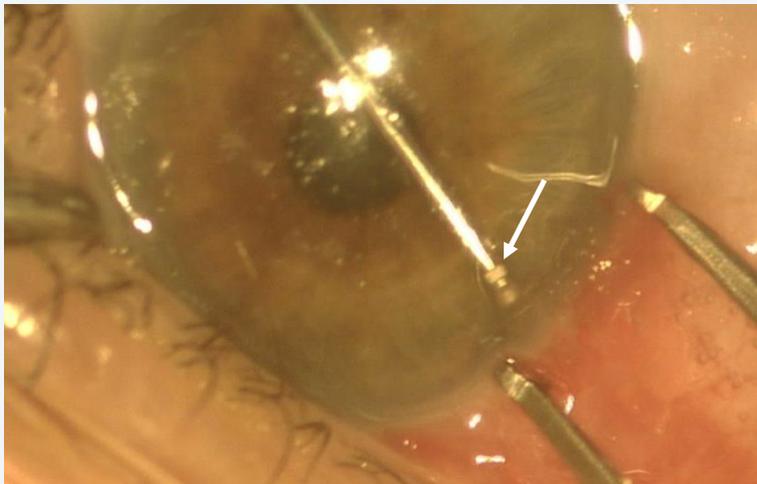
Test the MIMS® system by observing it under the surgical microscope and pressing the foot-pedal once. The micro-trephine should come out of the protecting sleeve rotating clockwise to protrude 2.7 mm and return rotating counter-clockwise back into the sleeve.



[Watch MIMS® self test](#) ▶

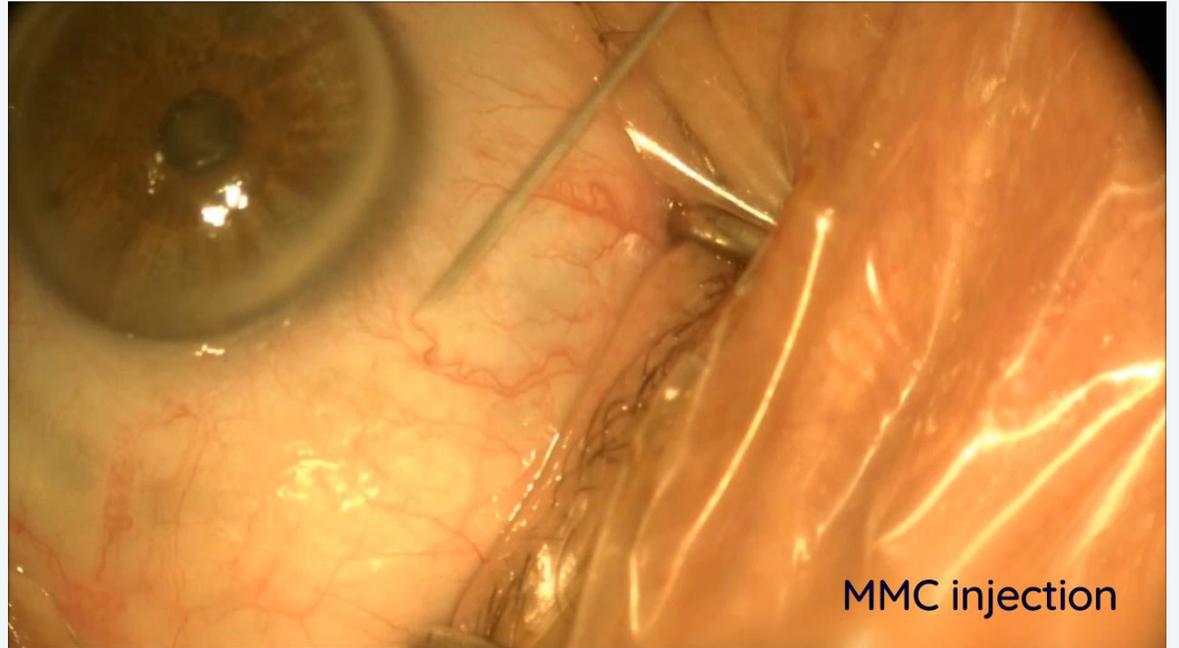
7 - Activate the MIMS® to create the scleral channel

1. Insert the MIMS® surgical device via the stab incision and advance gently above the iris plane towards the superonasal quadrant of the angle until you see the limbus at the middle of the mark while firmly touching the eye wall.
2. Then provide moderate counter-pressure at the corneal limbus on both sides of the sleeve with a spread arms forceps.
3. Press the MIMS® foot pedal to create the scleral channel. Wait until the controller's signal is heard.
4. When motion is completed, the MIMS® instrument is withdrawn.



8 - Inject some BSS to partially remove the OVD

1. Inject some BSS into the AC and remove the OVD, about one half in phakic patients and two thirds in pseudophakic patients. Enlargement of the filtration bleb is frequently seen.
2. Leave the eye with a fully formed AC filled by BSS and Biolon (Altacor) or recommended Biolon substitutes.
3. Close paracentesis by stromal hydration.
4. Release lid speculum and remove drape.
5. Apply topical steroid-antibiotic solution.



[Watch P 238](#) ▶