Restore the function of the conventional outflow pathway
Combining a process of catheterization and pressurized viscodilation of Schlemm’s canal, iTAG™ ab-interno canaloplasty is a tissue-sparing and implant-free MIGS procedure that targets 360° of the conventional outflow pathway – removing all points of outflow resistance in order to reduce IOP and patient dependence on medications.

Re-establish natural aqueous flow

Treat all aspects of the conventional outflow pathway

Preserve tissue – and future treatment options

Reduce IOP to the low teens

Reduce medication dependence by an average of 50%

iTRACK™ OFFERS AN EXCELLENT SAFETY PROFILE

iTAG™ ab-interno canaloplasty offers an excellent safety profile. The frequency of adverse events are low and are generally limited to intraoperative bleeding at the goniotomy site and postoperative microhyphema, both of which are self-resolving without sequelae.

Further, iTAG™ eliminates many of the complications seen with other MIGS, such as PAS and hyphema.

iTRACK™ PRESERVES THE CORNEAL ENDOTHELIUM

Interim results from a prospective case series by Lubeck and Noecker demonstrated that iTAG™ ab-interno canaloplasty performed in combination with cataract surgery causes minimal endothelial cell loss at 4.8% (SD +/-6.5%) at 12 months.

“Rather than trying to mechanically change or bypass the pathway of aqueous outflow, iTrack™ acts to restore the natural aqueous flow by targeting all aspects of the outflow system. That is, the trabecular meshwork, Schlemm’s canal, and the collector channels.”

MARK J. GALLARDO, MD
EL PASO EYE SURGEONS, TEXAS, USA
Treat all sites of outflow resistance in the conventional outflow system

The iTrack™ ab-interno canaloplasty procedure addresses all resistance sites in the conventional outflow pathway, including the collector channel ostia, to effectively reduce IOP and medication dependence without causing any physiological changes, and without leaving behind a stent or shunt.

1. TRABECULAR MESHWORK

75% of the resistance to aqueous outflow is localized within the trabecular meshwork (TM), caused by a build-up of extracellular matrix cells and a reduction in TM cells.¹⁻³ iTrack™ separates the compressed trabecular plates within the TM via a combination of 360° catheterization and pressurized viscodilation of Schlemm’s canal.

2. SCHLEMM’S CANAL

Schlemm’s canal is shorter, more narrowed, and often collapsed in POAG eyes, reducing outflow facility.⁴⁻⁶ iTrack™ mechanically breaks adhesions within Schlemm’s canal. Further, it dilates the canal by up to 2-3 times via a process of pressurized viscodilation.

3. COLLECTOR CHANNELS

Frequent herniations of the trabecular meshwork obstruct up to 90% of collector channels in POAG eyes, resulting in reduced outflow facility.⁷ iTrack™ reduces herniations in the collector channels via a process of pressurized viscodilation.

“iTrack™ comprehensively treats outflow locations, which is why it is my first go-to MIGS procedure. I don’t have the diagnostic capability to know where the obstruction is located or what level of resistance exists, so I like to start off with a MIGS that addresses everything.”

MAHMOUD KHAIMI, MD
DEAN MCGEE EYE INSTITUTE
UNIVERSITY OF OKLAHOMA
Ab-interno canaloplasty is redefining the treatment of mild-moderate glaucoma.

Performed via an ab-interno approach, iTrack™ is a stent-free, tissue-sparing MIGS procedure that achieves excellent clinical outcomes without removing or damaging tissue. A highly flexible approach, it can be performed either as a standalone procedure or in conjunction with cataract surgery.

Based on the same principles as angioplasty, iTrack™ combines 360° catheterization and pressurized viscodilation to remove outflow resistance in the trabecular meshwork, Schlemm’s canal and the collector channels. It also enlarges the canal and dilates the distal outflow system. On average, iTrack™ ab-interno canaloplasty achieves a 30% reduction in IOP and a 50% reduction in the number of anti-glaucoma medications.1

**TABLE 1:**
itrack™ combined with cataract surgery, 24 Months

<table>
<thead>
<tr>
<th>Exam</th>
<th>Mean IOP</th>
<th>Mean Medications (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>19.8 mmHg</td>
<td>2.5</td>
</tr>
<tr>
<td>24 Months</td>
<td>13.2 mmHg</td>
<td>1.3</td>
</tr>
</tbody>
</table>

**TABLE 2:**
iTrack™ as a standalone procedure, 24 Months

<table>
<thead>
<tr>
<th>Exam</th>
<th>Mean IOP</th>
<th>Mean Medications (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>21.6 mmHg</td>
<td>3.0</td>
</tr>
<tr>
<td>24 Months</td>
<td>13.8 mmHg</td>
<td>2.1</td>
</tr>
</tbody>
</table>

“iTrack™ enables you to manage your mild-moderate glaucoma patients with a tissue-sparing and stent-free MIGS.”
iTrack™ for Advanced Glaucoma

Ab-externo canaloplasty offers a bleb-free alternative to trabeculectomy.

Performed via an ab-externo approach, iTrack™ is a proven and effective solution for patients with advanced glaucoma that overcomes the risks and discomfort associated with trabeculectomy.

With over 100,000 procedures performed to date, clinical studies show that iTrack™ ab-externo canaloplasty has an excellent safety profile, with minimal post-operative follow-up, fast recovery time, and infrequent intra-operative and post-operative complications. In addition to 360° catheterization and viscodilation of Schlemm’s canal, the creation of the scleral lake, Descemet’s window and a tensioning suture contribute to a sustained reduction in IOP.

TABLE 1: AB-EXTERNO CANALOPLASTY THREE-YEAR RESULTS

<table>
<thead>
<tr>
<th>Exam</th>
<th>Mean IOP</th>
<th>Mean Medications (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>23.5 mmHg</td>
<td>1.9</td>
</tr>
<tr>
<td>12 Months</td>
<td>16.1 mmHg</td>
<td>0.6</td>
</tr>
<tr>
<td>24 Months</td>
<td>16.1 mmHg</td>
<td>0.6</td>
</tr>
<tr>
<td>36 Months</td>
<td>15.5 mmHg</td>
<td>0.9</td>
</tr>
</tbody>
</table>

TABLE 2: COMPARISON OF COMPLICATION RATES

<table>
<thead>
<tr>
<th></th>
<th>Canaloplasty¹</th>
<th>Trabeculectomy³</th>
<th>Tube Shunts³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients</td>
<td>157</td>
<td>107</td>
<td>105</td>
</tr>
<tr>
<td>Reoperation for Complications</td>
<td>5 (3.2%)</td>
<td>9 (9%)</td>
<td>15 (14%)</td>
</tr>
<tr>
<td>Vision Loss of ≥ Snellen Lines</td>
<td>0 (0%)</td>
<td>23 (22%)</td>
<td>16 (16%)</td>
</tr>
<tr>
<td>Serious Complications</td>
<td>1 (0.6%)</td>
<td>28 (27%)</td>
<td>24 (22%)</td>
</tr>
</tbody>
</table>

“On average, ab-externo canaloplasty delivers post-operative pressures in the range of 12-14 mmHg, similar to that achieved with trabeculectomy — but with fewer complications and an improved safety profile."
**iTrack™ Canaloplasty Microcatheter**

iTrack™ is the world’s first canaloplasty device for both standalone and combined procedures.

With a shaft measuring a mere 250µm in diameter – the equivalent of several strands of hair – the iTrack™ canaloplasty microcatheter comprises an infusion pathway for the delivery of OVD (via a process of pressurized viscodilation), a guidewire that enables the microcatheter to intubate the complete 360° of Schlemm’s canal, and a fiber optic for illuminating the distal tip.

**Pressurized Viscodilation**

Featuring a proprietary, patented ViscoInjector™ designed to deliver OVD via a pressurized mechanism, iTrack™ can effectively stretch the trabecular meshwork and create microperforations into the anterior chamber. It can also push out herniations of the collector channel ostia.

**+100 Microliters of Viscoelastic**

iTrack™ delivers +100 microliters of OVD into Schlemm’s canal during pressurized viscodilation. As observed via blanching of the episcleral veins immediately following the iTrack™ procedure, this volume of OVD, combined with a pressurized mechanism of delivery, improves the flow through the entire distal outflow system.

**Surgeon-Controlled Delivery**

With the iTrack™ canaloplasty microcatheter you can adjust the amount of OVD delivered based on the patency of Schlemm’s canal, enabling a truly nuanced approach to glaucoma treatment.
“What’s so nice about iTrack™ is the fact that we can control how much viscoelastic we’re pushing into Schlemm’s canal, and to see distension of the canal by up to two or three times...”

INDER P. SINGH, MD
EYE CENTERS OF RACINE
AND KENOSHA
If we go back and look at our basic science series book and talk about outflow and resistance, we note that there’s disease throughout the entire continuum of the outflow system. It’s actually addressed when we viscodilate with the iTrack™ microcatheter.

MARK J. GALLARDO, MD (USA)

When you have a 50-year-old phakic patient who is on three or four meds, mild to moderate, not happy taking medications and doesn’t need cataract surgery hopefully for another 10 or more years, I don’t want to perform a procedure that reduces the potential for other procedures later on. But also, I don’t want to have the additional potential risk of more hyphema by a cutting procedure.

INDER P. SINGH, MD (USA)

I think I felt more confident that I had achieved my surgical goal after my first iTrack procedure than I ever felt with a TM-based procedure. It was just so clear as the anatomy literally lit up, with the iTrack™ microcatheter going around the circle, that I was certain it was right.

NATHAN RADCLIFFE, MD (USA)