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A NEW WAY TO MANAGE GLAUCOMA AND CATARACTS AT ONCE

The iStent enables surgeons to safely address glaucoma and cataracts during a single procedure.

BY NATHAN M. RADCLIFFE, MD



Bringing the iStent Trabecular Micro-Bypass Stent (Glaukos) into my practice has been a game-changer. I enjoy telling my cataract patients about it because I can say, "There is good news, and there is more good news. We have a new way to manage your glaucoma, and it is safe."

SMOOTH LEARNING CURVE

When the iStent became available in 2012, I was at Weill Cornell School of Medicine in New York teaching residents and operating with them daily, so we all adopted the technology. It was exciting to see how smooth the learning curve was for me and for the residents. We had impeccably positive experiences, and we could immediately see the benefits to the patients, the practice, and the surgeons.

Over time, I have become quite comfortable using the iStent, and I enjoy placing these devices in the OR because I like to keep a nice flow to my day. I often have many surgeries scheduled, and when an iStent case comes along, I feel we are still moving. The procedure is fun to do, and even the OR staff likes to see these stents implanted.

For surgeons who are contemplating adopting microinvasive glaucoma surgery (MIGS) or the iStent, I could not be more encouraging. First, there is nothing to fear. Glaukos has a tremendous amount of support available, and many of your colleagues now have experience with the iStent, which they will share with you.

ANOTHER PREMIUM OPTION

With the iStent, we are delivering a premium experience to our cataract patients. We may be able to improve their

quality of life by minimizing their need for antiglaucoma drops and the potential for related side effects. Combining microstent technology with premium devices, such as multifocal or toric lenses, enhances the overall experience.

Referring doctors are excited to learn that we offer the iStent and other types of MIGS. We let them know what procedures we have in mind for individual patients, and then we brag about the outcomes, because, frankly, our patients are doing well. It is an added win for the referring provider when they can send their patients to a physician who not only does a great job with their cataract surgery, but helps manage their glaucoma as well.

UNIVERSALLY POSITIVE EXPERIENCE

When using the iStent, I have observed durable efficacy and numerous benefits for patients as a result of the lower IOPs achieved post procedure. Issues around compliance with and tolerance of IOP-lowering drops can often be reduced. Even years later, many of my patients do not require drops, and their IOPs are excellent. The iStent experience has been universally positive for me and my patients. ■

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A SAFE, EFFECTIVE LONG-TERM SOLUTION TO CONCOMITANT GLAUCOMA AND CATARACT

The iStent Trabecular Micro-Bypass Stent brings added value to patients undergoing cataract surgery.

BY TAL RAVIV, MD



For refractive cataract surgeons, complications are verboten. Our patients measure us by their visual outcomes. Traditional glaucoma surgeries, such as trabeculectomy or tube shunt, while effective, can have unpredictable healing and risk. When combined with cataract surgery, they can frequently induce unplanned astigmatism and delayed

visual recovery. For these reasons, most cataract surgeons refer patients with advanced glaucoma to our colleagues who specialize in the disease. Microstenting, specifically with the iStent Trabecular Micro-Bypass Stent (Glaukos) via microinvasive glaucoma surgery (MIGS), changes that mindset completely. We are now able to maintain the outstanding uncompromised visual outcomes achieved by the cataract procedure, without adding significant risk of complications when we include an iStent.

SYNERGISTIC OUTCOMES

With the iStent we can treat high IOP associated with glaucoma at the same time that we are treating cataract and refractive error. In cataract surgery, we like synergies. The first synergy we achieved was the ability to treat astigmatism, and that was followed by the treatment of presbyopia. Now, we are treating concomitant glaucoma, which is ubiquitous in our cataract patient population. Nothing makes a surgeon or a patient happier than our ability to treat multiple, chronic conditions with a one-time intraoperative procedure that produces long-lasting effects. The iStent is a perfect example of a device that does that.

CONSISTENT EFFICACY

Mine is a cataract referral practice, so I want to achieve outstanding outcomes and return each patient to his or her referring doctor as soon as possible. With the introduction of any new MIGS device, I always weigh the risks and benefits.

My preference is for trabecular bypass or Schlemm's canal-based surgery, because I can achieve efficacy while maintaining excellent visual outcomes the next day. I have the confidence to place the iStent, effectively lower IOPs, and return these patients to the referring physicians quickly and without complications. It is a wonderful tool that fits well into my risk/benefit/effectiveness equation.

BENEFITS TO PATIENTS AND PRACTICES

With the advent and success of microstents and the entire MIGS space, cataract refractive surgeons have an opportunity to make a lasting difference in their patient's quality of life by minimizing daily eye drops while maintaining long-term IOP control. I believe that all cataract surgeons, with their skill set, can master MIGS and should offer this option to their patients. For surgeons who are just starting to perform MIGS, you are making the right move. I think it will benefit your patients and your practice. ■

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INDICATION FOR USE. The iStent® Trabecular Micro-Bypass Stent (Models GTS100R and GTS100L) is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild to moderate open-angle glaucoma currently treated with ocular hypotensive medication. **CONTRAINDICATIONS.** The iStent® is contraindicated in eyes with primary or secondary angle closure glaucoma, including neovascular glaucoma, as well as in patients with retrolbulbar tumor, thyroid eye disease, Sturge-Weber Syndrome or any other type of condition that may cause elevated episcleral venous pressure. **WARNINGS.** Gonioscopy should be performed prior to surgery to exclude PAS, rubeosis, and other angle abnormalities or conditions that would prohibit adequate visualization of the angle that could lead to improper placement of the stent and pose a hazard. The iStent® is MR-Conditional meaning that the device is safe for use in a specified MR environment under specified conditions, please see label for details. **PRECAUTIONS.** The surgeon should monitor the patient postoperatively for proper maintenance of intraocular pressure. The safety and effectiveness of the iStent® has not been established as an alternative to the primary treatment of glaucoma with medications, in children, in eyes with significant prior trauma, chronic inflammation, or an abnormal anterior segment, in pseudophakic patients with glaucoma, in patients with pseudoexfoliative glaucoma, pigmentary, and uveitic glaucoma, in patients with unmedicated IOP less than 22 mmHg or greater than 36 mmHg after "washout" of medications, or in patients with prior glaucoma surgery of any type including argon laser trabeculoplasty, for implantation of more than a single stent, after complications during cataract surgery, and when implantation has been without concomitant cataract surgery with IOL implantation for visually significant cataract. **ADVERSE EVENTS.** The most common post-operative adverse events reported in the randomized pivotal trial included early post-operative corneal edema (8%), BCVA loss of ≥ 1 line at or after the 3 month visit (7%), posterior capsular opacification (6%), stent obstruction (4%) early post-operative anterior chamber cells (3%), and early post-operative corneal abrasion (3%). Please refer to Directions for Use for additional adverse event information. **CAUTION:** Federal law restricts this device to sale by, or on the order of, a physician. Please reference the Directions for Use labeling for a complete list of contraindications, warnings, precautions, and adverse events.

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