iStent infinite®

Take Back Control With Interventional Glaucoma

Proactive vs Reactive — **Early Predictive Diagnostics** — **Active Monitoring** — **Early Procedural Intervention**

The IG advantage

Proactive disease management with interventional glaucoma (IG) **strengthens the co-management of patients by ophthalmologists and referring optometrists**, and ultimately:

- Addresses adherence issues, such as noncompliance, as well as the risks associated with topical eye drops
- Helps reduce the risk of visual field progression and the need for major incisional surgeries[1-4]
- Improves patient quality of life[5,6]

Simplify glaucoma management in your practice

iStent infinite® is a **first-of-its-kind, standalone, implantable alternative** designed to:

- Provide **powerful** technology to deliver **foundational, 24/7, long-term** IOP control[7]
- Safely offer interventional glaucoma, a **truly micro-invasive alternative** to medications and more invasive procedures, helping address disease progression
- Restore physiologic outflow by creating arcs of flow spanning **up to 8 clock hours (240°)**[7]
- **Provide the versatility** to treat a variety of patients

Proven safe and effective worldwide

iStent infinite® is built on a proven platform of technology designed to achieve normal eye pressure after the procedure with an excellent overall safety profile.

20+
years of experience bypassing trabecular meshwork

300+
articles published in peer-reviewed journals

Experience the power to do more for your patients with the first FDA-cleared, standalone, implantable device.

REFERENCES

1. Gillmann K, Hornbeak DM. Rates of visual field change and functional progression in glaucoma following trabecular microbypass implantation of iStent technologies: a meta-analysis. *BMJ Open Ophthalmol*. 2024;15:9(1):e001575. **2.** Ahmed IIK, De Francesco T, Rhee D, et al; HORIZON Investigators. Long-term outcomes from the HORIZON randomized trial for a Schlemm's canal microstent in combination cataract and glaucoma surgery. *Ophthalmology*. 2022;129(7):742-751. **3.** Salimi A, Watt H, Harasymowycz P. Long-term outcomes of two first-generation trabecular micro-bypass stents (iStent) with phacoemulsification in primary open-angle glaucoma: eight-year results. *Eye Vis (Lond)*. 2021;8(1):43. **4.** Hengerer FH, Auffarth GU, Conrad-Hengerer I. 7-year efficacy and safety of iStent inject trabecular micro-bypass in combined and standalone usage. *Adv Ther*. 2024;41(4):1481-1495. **5.** Al Habash A, Nagshbandi AA. Quality of life after combined cataract and minimally invasive glaucoma surgery in glaucoma patients. *Clin Ophthalmol*. 2020;14:3049-3056. **6.** Samuelson TW, Singh IP, Williamson BK, et al. Quality of life in primary open-angle glaucoma and cataract: an analysis of VFQ-25 and OSDI from the iStent inject® pivotal trial. *Am J Ophthalmol*. 2021;229:220-229. **7.** Sarkisian SR Jr, Grover DS, Gallardo M, et al; iStent infinite® Study Group. Effectiveness and safety of iStent infinite trabecular micro-bypass for uncontrolled glaucoma. *J Glaucoma*. Published online October 20, 2022. doi:10.1097/IJG.0000000000002141.

iStent infinite® IMPORTANT SAFETY INFORMATION

INDICATION FOR USE. The iStent infinite® Trabecular Micro-Bypass System Model iS3 is an implantable device intended to reduce the intraocular pressure (IOP) of the eye. It is indicated for use in adult patients with primary open-angle glaucoma in whom previous medical and surgical treatment has failed. **CONTRAINDICATIONS.** The iStent infinite is contraindicated in eyes with angle-closure glaucoma where the angle has not been surgically opened, acute traumatic, malignant, active uveitic, or active neovascular glaucoma, discernible congenital anomalies of the anterior chamber (AC) angle, retrobulbar tumor, thyroid eye disease, or 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 congenital anomalies of the angle, PAS, rubeosis, or conditions that would prohibit adequate visualization that could lead to improper placement of the stent and pose a hazard. **MRI INFORMATION.** The iStent infinite is MR-Conditional, i.e., the device is safe for use in a specified MR environment under specified conditions; please see Directions for Use (DFU) label for details. **PRECAUTIONS.** The surgeon should monitor the patient postoperatively for proper maintenance of IOP. Three out of 61 participants (4.9%) in the pivotal clinical trial were phakic. Therefore, there is insufficient evidence to determine whether the clinical performance of the device may be different in those who are phakic versus in those who are pseudophakic. **ADVERSE EVENTS.** The most common postoperative adverse events reported in the iStent infinite pivotal trial included IOP increase ≥ 10 mmHg vs. baseline IOP (8.2%), loss of BSCVA ≥ 2 lines (11.5%), ocular surface disease (11.5%), perioperative inflammation (6.6%) and visual field loss ≥ 2.5 dB (6.6%). **CAUTION**: Federal law restricts this device to sale by, or on the order of, a physician. Please see DFU for a complete list of contraindications, warnings, precautions, and adverse events.

GLAUKOS