

Figure 1:

Conjunctival dissection

A 25G needle (Ex-PRESS entry system) was inserted into the AC through the center of the “blue line” at an angle parallel to the iris plane to create a path for the Ex-PRESS (model P-50) and then removed gently to avoid lateral

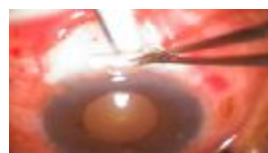


Figure 2:

Creating scleral flap using crescent knife

movement that may extend the channel and cause aqueous humor to leak around the shunt (Figure 3). The Ex-PRESS shunt is preloaded on an injector (Figure 4).



Figure 3:

25G trocher inserted into the AC

The shunt is introduced into the AC exclusively through the ostium created by the needle (Figure 5) and released by applying pressure to the shaft of the inserter. The tip of

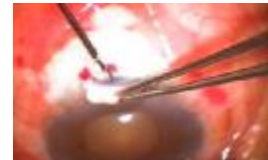


Figure 4:

Preloaded Ex-PRESS on an injector

the device was confirmed to be in the AC in the iris plane away from the cornea and without any iris obstruction.

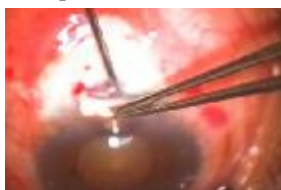


Figure 5:

Introduction of the shunt into AC

The scleral flap is then sutured with interrupted 10-0 Nylon (Figure 6). Two to three sutures were typically required with the tightness adjusted depending on the resultant flow during inflation of the AC with balanced salt solution using a 27G needle through the

temporal paracentesis to restrict flow to a “slow trickle” while the AC remains well maintained. Finally, the conjunctival incision was closed water tight fashion using an interrupted 10-0 Nylon (Figure 7).

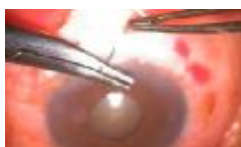


Figure 15:

Suturing scleral flap

We confirmed that there was no leakage from the blebs. All patients received similar postoperative topical medications: 0.5% moxifloxacin five times daily for 3 weeks and 0.1% prednisolone acetate five times daily for 3 week without tapering after operation.

**Follow up:** A complete ophthalmologic follow-up examination included IOP measurement using Goldmann applanation tonometry, number of drugs required to attain IOP control and any associated complications was carried out postoperatively at the 1st and 3rd days, the end of 1st week, every month till the end of the 6th month and the end of 1st



Figure 16:

Closing conjunctival incision

year. Best-corrected visual acuity (BCVA) was tested using Snellen chart, which was converted to LogMAR for statistical analysis. Criteria for success were defined as follows; Absolute success: IOP  $\leq$  21 mmHg without any medication, qualified success: IOP  $\leq$  21 mmHg with ocular hypotensive medications.

