E.D.D. - External Drainage and Depression

Product Specifics:

VS0290, 5/bx

Bulb depressor - .086 diameter

Shaft length: 1.30 inches

Needle Size: 28ga

Exposed Needle Length: 2.4mm

Extension Tubing: 2 inches

BENEFITS:

- Eliminates the need for a cut down
- Precise localization of 28ga drainage point
- Lowers risk of retina incarceration
- Reduced risk of hemorrhage

SURGICAL PEARLS:

- Prep the staff on the sharpness of the needle and button movement prior to handling
- Make sure the surgeon knows that there will be resistance when piercing the sclera
- When advancing or retracting the needle, ensure there is constant "toe-in" pressure with the depressor and sclera
- Ensure the instrument needle is perpendicular with the sclera
- Visually keep landmarks in mind—Avoid the rectus muscles
- Remind the surgeon that the last amount of remaining fluid takes longer to drain

Surgical Recommendations for use during scleral buckles:

Scleral Buckling Procedure: Prime the device with BSS. Depress to visualize device tip and slide needle slowly into the subretinal space under direct observation in the bed of the buckle. Relax on depression and apply pressure elsewhere on the globe to raise intraocular pressure to steadily drain subretinal fluid through device. Once the subretinal fluid is complete drained, retract needle and tighten buckle to the appropriate height.

Active Drainage: When positioning the needle for ***active*** drainage/aspiration in the subretinal space, clamp the infusion line and plug the trocar/cannulas to ensure the eye remains pressurized during depression and stable. Connect the device to the extrusion line after priming with BSS. After needle is appropriately positioned in the subretinal space, unclamp the infusion line and use the foot pedal for ***active extrusion*** to remove subretinal fluid. Recommended vacuum setting of 200-400mmHg depending on consistency of subretinal fluid.

Passive Drainage: When positioning the needle for ***passive*** drainage in the subretinal space, clamp the infusion line and plug the trocar/cannulas to ensure the eye remains pressurized during depression and stable. Ensure the device is primed with BSS. After the needle is appropriately positioned in the subretinal space, unclamp the infusion line and raise the intraocular pressure gradually (>+35mmHg) to start ***passively*** removing subretinal fluid until the desired flow of subretinal fluid drainage is attained. Drainage can be expedited by (1) slowly increasing the infusion pressure in the eye or (2) manually depress the globe while infusion is clamped to raise intraocular pressure.

Vortex SURGICAL

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