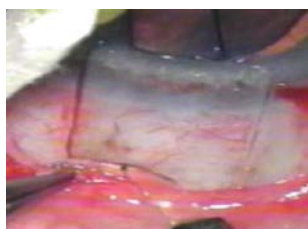


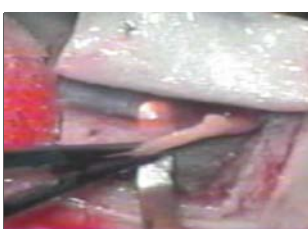
PERITOMY



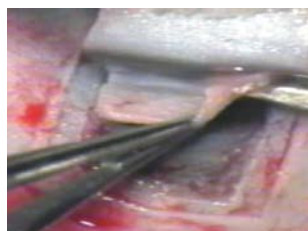
CAUTERIZATION



SUPERFICIAL SCLERAL FLAP
(2/3 THICKNESS)



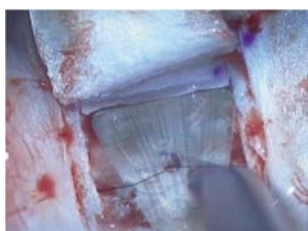
DEEP FLAP 4X4 MM



RESECTION OF THE DEEP FLAP



PEELING AND POLISING
OF THE OUTER WALL



(A) INTRASCLERAL LAKE:
THE IMPLANT IS SUTURED TO
THE SCLERA



(B) SUPRACILIARY
IMPLANTATION: POCKET OF
1.5MM/2.0 MM BEHIND THE
SCLERAL SPUR



(B) ESNOOPER FIXATION WITH
CHANNELS UPWARDS



SINGLE CENTRAL SCLERAL
POINT AND CONJUNCTIVAL
CLOSURE

Dissection of the superficial scleral flap measuring 5 x 5 mm, at a depth of 2/3 of the scleral thickness and that penetrates 1.5 to 2 mm into the clear cornea.

We mark a deep flap measuring 4 x 4 mm. We locate the correct dissection plane causing a small choroidal hernia in the vertex of the deep flap, serving as a reference.

Once we locate the correct dissection plane, we continue releasing the lateral pillars, pulling upwards and not forward of the scleral flap until the scleral spur is passed and the trabeculo-Descemet's membrane exposed, advancing a few millimeters on the Descemet membrane. We then resect the deep flap.

We locate the canal in front of the scleral spur and due to the presence of filiform blood on the sides of the pillars. We then peel the outer wall of the canal.

Find following two different alternatives to implant the Esnoper V-2000.

(A) Suture of the implant Esnoper V-2000 lied on the intrascleral lake to the sclera.

(B) If we opt for the supraciliary implantation, we make a small horizontal pocket about 1.5 to 2 mm behind the scleral spur until the choroid becomes visible.

Using a scarifier we enter the supraciliary space and proceed to implant half of the Esnoper V-2000 with the channels upwards to minimize friction with the choroid and to promote the aqueous humour outflow.

We suture the scleral flap with a single central point and then the conjunctival closure.