

SimulEYE KDB

The SimulEYE KDB model was designed for practicing goniotomy with the Kahook Dual Blade from New World Medical. These eyes are sealed and need to be filled with viscoelastic prior to use. They must be used in conjunction with the MIGS Kit which provides a smooth plate that can be easily tilted to simulate head rotation for visualization of the angle during MIGS procedures.

The Base Unit of the MIGS Kit is reusable and provides a support for the cornea-scleral shells. Attach the shell onto the Base Unit making sure the parts are lined up to create a pressure fit to hold the shell securely during surgical maneuvers.

Be sure to have a smooth, flat working surface to properly secure the Tilt Stand. Position the Base Unit with the shells on top of the Tilt Stand to begin practice. Press down on the base of the suction cup or on the outer ring at the midpoint of the eye to secure the eye in place. Do not press on the cornea or sclera. Place a small amount of water on the suction cup for the best suction. DO NOT USE BSS. Tilt the stand to the desired angle using the suction cup riser included with the kit. For disassembly, use the release tabs on the suction cups of the Base Unit and the Tilt Stand. Refer to the MIGS Kit for additional instructions.

Ensure that the SimulEYE model is in the focus range of the microscope. Any platform used must be stable so the surgeon is free to use both hands for surgical maneuvers and will not have to stabilize the eye or the platform.

To prepare the eyes for use, find the red mark at the base of the shell. This indicates the location of a small coupler within the channel. Plan your surgical maneuvers to avoid this area. Make an incision at the desired location and fill the eye with viscoelastic. Place additional viscoelastic on the cornea for use with a gonioscope. Follow the NWM guidelines to perform the goniotomy procedure with the KDB in multiple areas. Rotate the SimulEYE model to practice goniotomy in other areas of the TM. Multiple procedures can be performed on each model before the eye is consumed. When finished, discard the used cornea-scleral shells but be sure to keep the reusable Base Unit for future practice.

TIPS:

Fill the eye with viscoelastic from distal to proximal to avoid trapping bubbles in the AC. Place viscoelastic on top of the cornea for use with the gonioscope. Zoom in and focus with the microscope to visualize the angle anatomy.

Place a small amount of viscoelastic in the incision tunnel to make it easier to enter with the Kahook Dual Blade.

Use the microscope to focus on the incision when attempting to insert the KDB into the eye.

Bubbles in the AC can be easily managed with additional viscoelastic agent placed distal to the bubbles to move them out of the eye through the incision.

The RED Mark at the base of the eye indicates the location of a small coupler segment within the canal. Plan your surgical approach to avoid this area.

Use water on the suction cups to improve suction. DO NOT USE BSS.