

Molteno3[®]

Glaucoma Drainage Device

The Molteno3[®] S-Series is designed to enhance surgical utility and optimize clinical outcomes for long-term IOP control in cases of end-stage and complex glaucoma.



Molteno3[®]

GLAUCOMA DRAINAGE DEVICE

The Molteno3[®] S-Series achieves long-term, consistent control of IOP⁹



MOLTENO3[®] HAS A SMALLER PLATE



The Molteno3[®] SS has one of the industry's smallest plates at 185mm

Less manipulation of extraocular muscles (EOM), which reduces patient discomfort during surgery

Occupies less scleral real estate

Reduces risk of diplopia³

MOLTENO3[®] HAS A SLIMMER PLATE



The Molteno3[®] has the industry's slimmest plate at 0.4mm, compared to the Baerveldt[®] at 0.95mm and the Ahmed[®] FP7 at 2.1mm^{4,5}

Slides easily between tissue planes and tucks under adjacent EOM for easier, faster surgery

Reduces the risk of diplopia³



MOLTENO3[®] HAS A SHORTER SURGICAL TIME¹



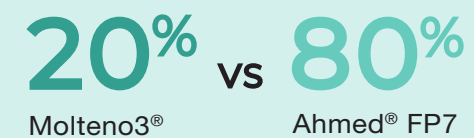
In a recent study by Sheybani et al the Molteno3[®] S-Series had a shorter surgical time compared to the Baerveldt[®] BG-101-350¹

Shorter surgical time reduces operational costs

Permits optimal utilization of OR resources

Less onerous on patient

MOLTENO3[®] HAS A LOWER RATE OF BLEB ENCAPSULATION⁶⁻⁸

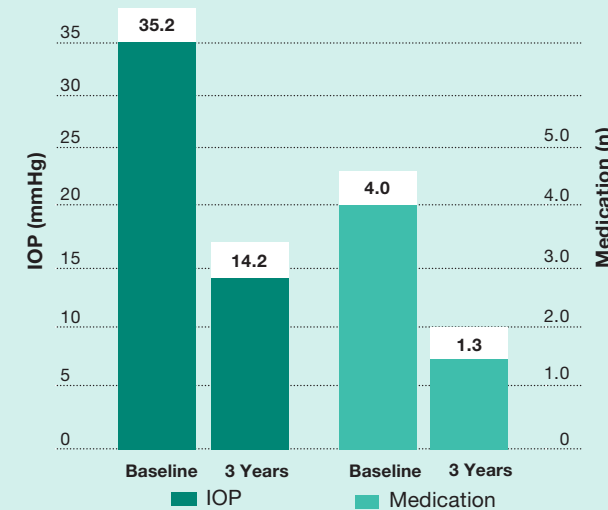


Molteno3[®] is designed to reduce the inflammatory response during the early stages of bleb formation by preventing the initial flow of aqueous from reaching the plate:

1. Delayed drainage (Vicryl[®] tie)
2. Patented Primary Drainage Area

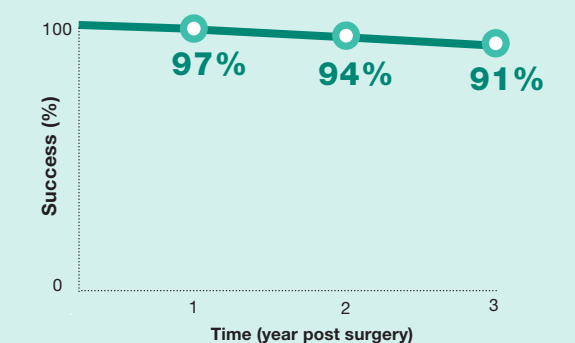
MOLTENO3[®] REDUCES IOP AND MEDS OVER LONG-TERM⁹

Mean IOP (mmHg) and Medications (n)



MOLTENO3[®] ACHIEVES CONSISTENT SUCCESS RATES⁹

Long-Term Success Rates



Success rates in 106 patients who underwent Molteno3[®] surgery (with Vicryl[®] tie) as primary glaucoma surgery. Failure defined as: IOP >21, ≤ 5mmHg or <20% reduction in IOP at two consecutive visits after 3-month follow-up, reoperation for glaucoma or loss of light perception.



MOLTENO3® SS
(185 mm²)

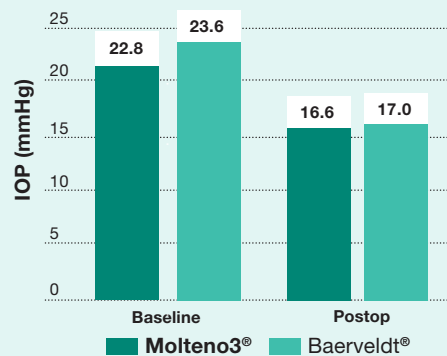


MOLTENO3® SL
(245 mm²)

MOLTENO3® ACHIEVES SIMILAR EFFICACY AS BAERVELDT® DESPITE SMALLER PLATE SIZE¹

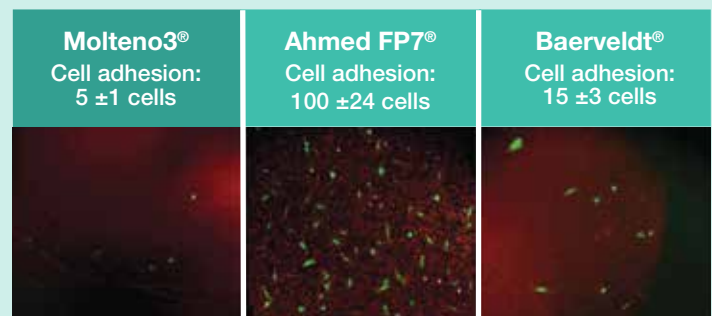
- In a 2020 case series by Sheybani et al the Molteno3® S-Series achieved similar IOP reduction compared to Baerveldt® (BG-103-250 and BG-101-350)¹

Mean IOP Reduction (mmHg)¹



MOLTENO3® FEATURES A SMOOTH, POLYPROPYLENE PLATE DESIGNED TO REDUCE FIBROSIS¹⁰

- In an evaluation of cell cultures in vitro the Molteno3® demonstrated minimal fibroblast attachment¹⁰
- The smooth plate surface of the Molteno3® recorded 20x less cell adhesion than the Ahmed Glaucoma Valve® FP7¹⁰



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Vicryl® is a trademark of Ethicon Inc. Ahmed Glaucoma Valve® is a trademark of New World Medical, Inc. Baerveldt is a trademark of Johnson & Johnson, Inc.

INDICATIONS: The Molteno3® is indicated to reduce intraocular pressure in neovascular glaucoma and glaucoma where medical and conventional surgical treatments have not been successful, to control the progression of disease.

CONTRAINDICATIONS: Patients with the following conditions may not be suitable candidates for the Molteno3®: 1. intraocular infection, 2. rheumatoid arthritis, scleritis and immune corneal melt syndromes, 3. Scleral Buckle.

COMPLICATIONS: Possible complications with the use of the Molteno3® include, but are not limited to: choroidal detachment, retinal detachment, expulsive haemorrhage, pupillary block, lenticulo-ciliary block, shallowing and flattening of the anterior chamber, intraocular infection, diplopia, loss of central vision, hypotony and corneal endothelial damage.

ADVERSE EVENTS: Possible adverse events with the use of the Molteno3® include, but are not limited to: corneal endothelial damage when the tube touches the corneal endothelium, breakdown of the tissues overlying the bleb, diplopia when the placement of the implant interferes with the action of the extraocular muscles, corneal decompensation, progression of lens opacities, cystoid macular oedema, retinal detachment and intraocular infection

PRECAUTIONS: Caution should be taken with supra-Tenon implantation; erosion of the conjunctiva is known to result from the raised edge of the oval pressure ridge (Molteno3® G-Series).

1. Dixon MW, Moulin TA, Margolis MS, et al. Comparative Outcomes of the Molteno3 and Baerveldt Glaucoma Implants. Ophthalmol Glaucoma. 2020;3(1):40-50.

3. Sun, PY et al. Diplopia in Medically and Surgically Treated Glaucoma Patients Ophthalmology. 2017 Feb; 124(2): 257-262.

4. Johnson & Johnson website: www.jnjvisionpro.com/products/baerveldt®-glaucoma-implants. Accessed 27 March 2020

5. New World Medical website: www.newworldmedical.com/wp-content/uploads/2019/12/AGV-FP7-IFU-50-0088.pdf. Accessed 27 March 2020.83.

6. Nour-Mahdavi K, Caprioli J. Evaluation of the hypertensive phase after insertion of the Ahmed glaucoma valve. Am J Ophthalmol 2003;136:1001-8.

7. Hong C-H, Arosemena A, Zurakowski D, Ayala RS. Glaucoma drainage devices: A systematic literature review and current controversies. Surv. Ophthalmol 2005; 50:48-60

8. Molteno AC, Fucik W, Dempster AG, Bevin TH. Otage Glaucoma Surgery Outcome Study: factors controlling capsule fibrosis around Molteno implants with histopathological correlation. Ophthalmology. 2003 Nov 30;110(11):2198-206

9. Välimäki, J O et al. Molteno3 Implantation as Primary Glaucoma Surgery. J Ophthalmol. 2014; 2014: 167564.

10. Choritz L, et al. Surface Topographies of Glaucoma Drainage Devices and Their Influence on Human Tenon Fibroblast Adhesion. Investigative Ophthalmology & Visual Science, August 2010. 51, No. 8.



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