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www.surgiwear.co.in
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Conjunctival blebs heal. Subscleral space gets fibrosed. Passage & absorption of fluid in trabeculectomy is stopped, Tube shunt is blocked. These are some of the common problems faced by the Glaucoma Surgeons.

Surgiwear brings you an answer to your problems. The “GSL Glaucoma Device”.

- There is no tube to get blocked.
- Healing & fibrosis can not occur through the silicone layer.
- Trabeculectomy will work for longer periods.
- Can be implanted into failed trabeculectomy.
- No obliteration of conjunctival bleb.
- You will not be required to inject anti-cancer drugs into the bleb.

The GSL Glaucoma device is a very simple device. It is made of implant grade silicone elastomer. It has been cut using sophisticated machines. Just do standard trabeculectomy. Before closure of scleral flap place lip part of it into the subscleral space & disc part of it under the conjunctiva.

Following are the guiding steps to help you in using these devices. Same steps can be used to do SICS with trabeculectomy & implantation of GSL Glaucoma Device.

Following important points should be noted:
- First of all you need a scleral flap & bigger one, when doing SICS with GSL Glaucoma device implantation.
- Secondly the incision line of conjunctiva should not fall on the bare device.
- Incision line of conjunctiva and sclera should be away from each other.

A standard trabeculectomy is performed through the scleral tunnel.
A suitable size space is created under conjunctiva & Tenon’s capsule, distal to scleral incision. The pocket should be just sufficient to accommodate GSL Glaucoma device.

Implantation guide lines

A conjunctival incision, 6-7 mm long 2 mm from limbus, is made. A conjunctival flap is created. Conjunctiva is dissected back. A pocket is created under the conjunctiva.

Two converging scleral incisions are made 35 - 50 microns deep, 6-8 mm apart (depending upon the size of nucleus) starting near the limbus and 4 mm long towards periphery. The peripheral ends of two incisions are 4 mm apart. A third incision joins two incisions at distal points. A partial thickness flap of sclera is created. The subscleral dissection is further advanced to enter anterior chamber.

SICS is performed through subscleral tunnel, thus created, on standard lines.

A conjunctival incision is also closed with suitable sutures.

The scleral flap is closed & stitched.

GSL Glaucoma device I is placed under the conjunctiva into the pocket created. The arm of device is placed into the scleral tunnel. The end of tongue should be just near to the trabeculectomy.

The tongue of device is under the scleral flap.

GSL Glaucoma Device II is placed in similar fashion. The tongue of the device is placed under the scleral flap into the tunnel. Rest of the device remains outside under the conjunctiva. The end of the tongue is near to the trabeculectomy. The scleral flap is closed with two stitches at the two corners. The conjunctiva is sutured back.

Presentation

GSL Glaucoma Device is available double packed in peel open pack & ETO sterilized.

<table>
<thead>
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<tr>
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<td>GGD-2</td>
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Complications

Complications can be classified into following categories:

a. Complications due to the disease
b. Complications due to the operation
c. Complications due to the Implant

An implant procedure has some of its own complications. You are inserting a foreign body into the body. It is prone to infection, expulsions and rejections. Complications associated with GSL Glaucoma device are:

* Infection.
* Migration of device.
* Swelling at the implantation site.
* Expulsion. Sometimes the device erodes through conjunctiva. These are to be dealt accordingly.

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Patents in India & International Patent pending
Design registration pending
"BP Valve" Glaucoma Shunt

INTRODUCTION

"BP Valve" Glaucoma Shunt has been developed by SURGIWEAR in association with renowned surgeons. It is a very simple & effective device with no high sounding mechanics or valves. It has just three parts: a tube, a membrane valve, and a button, all made of medical grade silicone. It has following important features.

a. "BP Valve" or body pressure valve. The valve regulating the flow does not have any opening pressure of its own. It is being pressed by body's own tissues. When the pressure of fluid in eye is more than pressure of body tissues, the valve will open and allow flow of fluid. Thus the fluid pressure inside the eye is maintained at the level of body pressure.

b. "Peaks on button" there are multiple peaks on the button. These peaks keep conjunctiva and Tenon's capsule away from button to facilitate distribution of fluid around. The fluid can pass beyond the button also, because there is no limiting ridge around. Thus effectively it has large absorption area for the fluid to get absorbed back.

c. Soft and flexible button with rough upper surface. The button body is soft so easy to implant. The rough top surface creates large surface area and prevents sticking of valve with button body.

PRESENTATION

The Glaucoma shunt is available sterilized ready to use in three sizes:
1. Regular size
2. Small size
3. Large size.

Depending upon size of the eye ball and severity of problem the size is selected.

INDICATION

Glaucoma shunt is considered as tertiary option. When routine operative measures fail, it should be considered as an option. In some complicated glaucoma cases, it may be taken as first option. It is indicated in almost all types of glaucoma such as neovascular, congenital and uveitic glaucoma.

OPERATIVE STEPS

Following are the steps of operative procedure. These steps are being narrated for guidance only. A surgeon should use operative steps dictated by his training and knowledge. It is presumed here that the surgeon is familiar with glaucoma shunts, its use and complications.

Drapes used during surgery should be lint free. First of all take out the tag inserted into the valve then flush the shunt with normal saline using 27 gauge needle. No air bubble should be left inside the tubing and patency of shunt is also checked by flushing the tube.

1. It is a case of uncontrolled glaucoma with multiple trabeculectomies with anterior chamber IOL.
2. An incision is given in either upper outer or upper inner quadrant.
3. Conjunctiva in and Upper inner quadrant is being cut and opened up.
4. A pocket is created under conjunctiva & Tenon's capsule with curved corneal scissors.
5. Curved blunt spatula is used to further clear the pocket.
6. Glaucoma Shunt is flushed with saline using 27 gauge cannula.
7. Patency of system is checked. Fluid should flow out freely from the valve.
8. Glaucoma shunt is inserted into the pocket created under conjunctiva & Tenon's capsule.
9. The valve is sutured in place using 6/0 non absorbable suture. The position of valve should be 10 mm behind limbus.
10. The needle is passed through the eyelets present in the shunt (not shown in the picture)
11. Graded micrometer knife is used to make two cuts 35 micron deep into sclera to bury the tube under it.
12. 1.2 mm diamond knife is used to create a passage through the sclera through the cuts. same knife is used to enter into ant. chamber.
13. Length of tube is cut in an oblique fashion. Length should be just sufficient to enter into the anterior chamber.

14. The tube end is pushed through the passage created. The end of tube should be visible in the anterior chamber.

15. The conjunctiva is closed using absorbable suture.

Complications
Complications can be classified into following categories:

a. Complications due to the disease
b. Complications due to the operation
c. Complications due to the Implant

An implant procedure has some of its own complications. You are inserting a foreign body in to the body. It is prone to infection, expulsions and rejections. Complications associated with shunt are infection and blockage of shunt tube. over a 12 month period 10-15% of shunt tubes may be blocked. These can be opened by laser burning debris present on the tip or by flushing it. Other possible complications are migration of tube, migration of button body and swelling around button body. These are to be dealt accordingly.

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The PAWAR intra cystic implant has been developed by Dr. M.D Pawar, an Ophthalmic surgeon from Nagpur, India, after years of research.

PAWAR Intra cystic implant is a brain child of Dr. M.D. Pawar, Ophthalmic Surgeon from Nagpur. This is a new method for treatment of Epiphora due to obstruction of lacrimal passage e.g. Dacrocystitis.

The Main Aim behind the design is to make treatment of Epiphora simple, quick and effective by using this implant better success rates have been obtained. This implant can be used in cases where conventional treatment is contraindicated.

Following are important advantages of this implant over conventional treatment.

1. A technically easier and less time consuming procedure.
2. Per operative bleeding is tremendously reduced, no need for nasal packing.
3. Shorter Hospital stay & reduced post operative bleeding.
4. Can be done in all age groups. Infancy is not contraindication.

The PAWAR intra cystic implant is made of medical grade silicone elastomer, one of the best material suitable for Implantation. The Implant material has funnel shaped wider end protrudes in the nasal cavity.
These are similar to conventional DCR.

Same type of contraindications should be considered as in conventional DCR.

The Pawar Intra cystic Implant is supplied packed in blister peel open pack, ready to use and sterilized by ethylene oxide. Each pack contains one implant.

The Implant should be used once only. However if needed it can be re sterilized by autoclaving. In a clean environment and with gloved hands remove implant from its package. The package is not sterilizable. It should be rinsed with distilled water and then autoclaved by using one of the following methods:

1. High Speed autoclave for 10 minutes at 131°C (2 kg/cm²)
2. Standard autoclave for 30 minutes at 121°C (2 kg/cm²)

Position of patient and anaesthesia are similar to as used in conventional DCR.

Exposure of sac is carried out exactly as that for conventional DCR.

Following procedure is suggested for inserting the implant into a new ostium.

A vertical incision around 3 mm long is made in the anterior wall of the lacrimal sac.

The ostium is created by using any of the instruments described above, in the lower part of the lacrimal fossa. The instrument passes through the posterior wall of the lacrimal sac, lacrimal bone and nasal mucosa. The instrument points towards posterior, medical and lower direction as shown here.

A sterilized implant is loaded on the introducer as shown here.

The wider portion ( collar ) lies in the cavity of the sac and the other end in the middle meatus or lower meatus of the nose.

Operative procedure for inserting the implant into the Nasolacrimal duct

Saline is injected through the funnel of the implant. Observe air bubbles from the nostril via The Implant. The position of the implant should be confirmed visually also by inspecting the nostril by using nasal speculum. The pointed portion of the implant should project in the nasal cavity.

The sac and surgical field is irrigated with normal saline and 1:1000 adrenalin. The wound is closed with 6/0 chromic catgut in layers. The function of implant may be tested immediately after the closure on table itself. The punctum is dilated and syringing is performed.

Patient is kept on oral antibiotic and anti inflammatory drugs for 3 days. Topical antibiotic drops are instilled for the period of one month. De congestive nasal drops are used
in the nostril of operated side four to six times in a day for one week.
First syringing is done on the third day and repeated once a week for four weeks.

**COMPLICATIONS**

The main post operative complications are blockage of implant and infection. Blockage in immediate post operative phase is mostly due to clot or improper insertion of implant through the mucosa. Sometimes the implant does not pass through the nasal mucosa and nasal tenting occurs. On table tests may show correct procedure but as the mucosa heals the implant is blocked. During operation, bleeding points should be taken care of. Wound, during operation, may be irrigated with 1:1000 adrenalin.

Late blockage of nasal passage via implant is due to infection and granulation tissue formation in 2% of the cases. Persistent infection may warrant removal of device.

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**BIBLIOGRAPHY**


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**DESCRIPTION OF EYE SPHERE**

The solid eye sphere is made of medical grade silicone elastomer. It is molded in one piece. It is supplied in peel open packs, ready to use, sterilized by ethylene oxide. Each packet contains one eye sphere. The solid eye sphere is for single use only. It is available in four sizes:

<table>
<thead>
<tr>
<th>SIZE</th>
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<tbody>
<tr>
<td>14 mm</td>
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<tr>
<td>20 mm</td>
<td>ES20</td>
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</tbody>
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**INDICATIONS**

Solid eye sphere is indicated in all cases where evisceration is done and good cosmetic results are desirable. It can also be used in cases of enucleation where an 11 mm rim of sclera with muscles attached has been left.

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**CONTRAINDICATIONS**

Like all implants, it is contraindicated in cases where active infection or inflammation is present. Preferably it should be inserted after six months to one year of subsidence of inflammation.

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**PRECAUTIONS**

Prior to surgery, prospective patients and or their representative should be informed of the possible complications associated with the use of this product.

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**OPERATIVE PROCEDURE**

The implantation of silicone eye sphere may be accomplished through variety of procedures. The choice depends upon the training of surgeon, customs in that hospital, country. Therefore the surgeon is best advised to use method, which his/her own practice and training dictate to be best for the patient. Following procedure is to act as guideline only.

Insertion of solid eye sphere is done after completion of evisceration of eye and before

---

**INTRODUCTION**

Every human being deserves good look. After evisceration the sclera and muscles contract and shrink. The contour of eye is lost. The artificial eye prosthesis, worn later on, will always look artificial due to lack of eye movements. If evisceration has been done in childhood the eye socket may not develop to full size and a bony deformity may occur. The purpose of solid silicone eye sphere is to maintain contour of eyeball, maintain the eye movements, provide a base for prosthesis, and maintain shape of eye socket and to prevent bony deformity. Lastly, but not the least, to give full self-confidence to the patient.

It gives excellent cosmetic results. The artificial eye prosthesis, to be worn later on, will look natural due to good eye contour and almost full eye movements.

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**PRODUCT CONTENT**

- The solid silicone eye sphere is made of high-grade medical grade silicone elastomer. It is supplied in peel open packs, ready to use, sterilized by ethylene oxide.
- Each packet contains one eye sphere.
- The solid eye sphere is for single use only.
- Available in four sizes: 14 mm, 16 mm, 18 mm, and 20 mm.
- The implantation of silicone eye sphere may be accomplished through various procedures.
Closure of sclera and conjunctiva. Evisceration is done on standard lines. A proper size of eye sphere is selected.

The solid eye sphere is inserted into the scleral cup. The edges of sclera are sutured in a vertical line with interrupted vertical inverting mattress sutures. To avoid "dog ear" projections of sclera at each end of the sutured line, a triangle of sclera is excised from each end with the bases towards the center.

An alternative procedure is to make from the limbus four radial scleral incisions about 5 mm long at 1.30, 4.30, 7.30 and 10.30 o'clock when eye sphere is in place, two chromic catgut mattress sutures approximate the medial and lateral scleral flaps and two chromic catgut sutures join the upper and lower flaps. Tenon's capsule is sewn over this with horizontal line sutured line, a triangle of sclera is excised from each end opposed to the socket, is applied. The acrylic eye shade, lined with sheet of lint, the smooth surface of prosthesis, and maintain the appropriate size and shape of the socket.

The main complications of use of an eye sphere are infection and expulsion. To prevent infection, use of implant should be avoided with active inflammation. Suitable antibiotic cover should be given during and after implantation.

C COMPLICATIONS
Complications which may result from the use of this product include the risks associated with the medication and methods utilized in the surgical procedure, as well as patients response, reaction or degree of intolerance to any foreign object implanted into the body.

The medical literature is full of hazards and complications associated with use of Silicone Eye Sphere. It is implied & understood that since user is highly trained super-specialist. He has experience of Silicone Eye Sphere implantation. He is fully aware of all the hazards associated with use of Silicone Eye Sphere and he has studied the medical literature well before use.

The main complications of use of an eye sphere are infection and expulsion. To prevent infection, use of implant should be avoided with active inflammation. Suitable antibiotic cover should be given during and after implantation.

POST OPERATIVE MANAGEMENT

The patient may be mobilized early. On the first postoperative day the conjunctival sac is irrigated. The firm pressure dressing is maintained for 2 days, when the socket is dressed. This may be re applied with daily dressings until the fifth day. An acrylic shell may be placed in the conjunctival sac and a convex black eye shade, lined with sheet of lint, the smooth side opposed to the socket, is applied. The acrylic shell, approximately the shape and size of prosthesis to be fitted later, helps to reduce the edema of the conjunctiva and to maintain the appropriate size and shape of the socket.

A prosthesis is fitted in the third or fourth week of operation. Pain may be severe for two three days and chemosis may take up to three weeks to subside.

INDICATIONS

Perforated eye sphere is indicated in all cases where enucleation is done and good cosmetic results are desirable.

CONTRAINDICATIONS

Like all implants, it is contraindicated in cases where active infection or inflammation is present. Preferably it should be inserted after six months to one year of subsidence of inflammation.

REFERENCE

Perforated Silicone Eye Sphere

INTRODUCTION

In Patient, in whom the enucleation has been done, there is no mobile base to fix prosthesis. The purpose of perforated silicone eye sphere is to maintain contour of eyeball, maintain the eye movements, provide a base for prosthesis, and maintain shape of eye socket and to prevent bony deformity. Lastly, but not the least, to give full self-confidence to the patient. It gives excellent cosmetic results. The artificial eye prosthesis, to be worn later on, will look natural due to good eye contour and almost full eye movements.

DESCRIPTION & PRESENTATION

The perforated eye sphere is made of medical grade silicone elastomer. It is molded in one piece. The perforated eye sphere is available in four sizes. Supplied sterilized by Ethylene Oxide and in double peel open packs.

14 mm EP14 16 mm EP16
18 mm EP18 20 mm EP20

INDICATIONS

Perforated eye sphere is indicated in all cases where enucleation is done and good cosmetic results are desirable.

CONTRAINDICATIONS

Like all implants, it is contraindicated in cases where active infection or inflammation is present. Preferably it should be inserted after six months to one year of subsidence of inflammation.

PRECAUTIONS

OPERATIVE PROCEDURE
edge, a mattress in the center of the muscle and a stitch at the other edge. This suture is held in pressure forceps. Same procedure is performed with all muscles. After removal of the eye ball and complete hemostasis a proper size of perforated eye sphere is selected. It should be smaller than the original eyeball. The pack is removed from Tenon’s capsule and cavity sprayed with an antibiotic.

One of the retention sutures is passed through the hole in the eye sphere. The suture is inserted from the round end and so that it emerges through the depressed flat end of eye sphere. The idea is to keep the round side of eye sphere posteriorly and flat side anteriorly. The retention sutures of other three recti muscles are passed in similar fashion through the holes in perforated eye sphere. The sequence of rectus muscles is maintained i.e. 3 o clock muscle suture is passed through 3 o clock hole. In a similar fashion 6 o clock muscle suture is passed through 6 o clock hole. In this fashion all four retention sutures are passed through holes.

Now the sphere is pushed into Tenon’s capsule and ends of all four muscles are drawn out through the holes. The inferior rectus is first laid into the central depression of the sphere, where it is overlapped for about 5 mm by superior rectus. The inferior rectus passes through the deep surface of the superior rectus about 4 mm behind its free end and is tied by surgical knot on the surface of the superior rectus muscle. The suture in the superior rectus muscle transfixes the edges of the inferior rectus in the form of a stitch and is then carried transversely across the united muscles to be tied by a surgical knot. A similar procedure is adopted with the other two muscles. To make it more secure, adjacent muscles are also stitched together. The free end of the superior oblique is stretched to the other edge, a mattress in the center of the muscle and a stitch at the other edge. This suture is held in pressure forceps and lifted so that the muscle is raised from the sclera to allow passage of one blade of the strabismus scissors beneath the muscle. The muscle is then divided 1 mm behind its insertion.

The implantation of G-Eye may be accomplished through variety of procedures. The choice depends on the degree of intolerance to any foreign object implanted into the body.

The medical literature is full of hazards and complications associated with use of silicone eye spheres. It is implied & understood that since user is highly trained super-specialist. He has experience of silicone eye spheres implantation. He is fully aware of all the hazards associated with use of silicone eye spheres and he has studied the medical literature well before use.

The main complications of use of an eye sphere are infection and expulsion. To prevent infection, use of implant should be avoided with active inflammation. Suitable antibiotic cover should be given during and after implantation.

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CONTRAINDICATIONS
Like all implants, it is contraindicated in cases where active infection or inflammation is present. Preferably it should be inserted after six months to one year of subsidence of inflammation.

PRECAUTIONS
Prior to surgery, prospective patients and or their representative should be informed of the possible complications associated with the use of this product.

OPERATIVE PROCEDURE
The purpose of G-Eye is to maintain contour of eyeball, maintain the eye movements, provide a base for prosthesis, and maintain shape of eye socket and to prevent bony deformity. Lastly, but not the least, to give full self-confidence to the patient. It gives excellent cosmetic results. The artificial eye prosthesis, to be worn later on, will look natural due to good eye contour and almost full eye movements.

DESCRIPTION OF G-EYE
G-Eye is made of natural Calcium Hydroxyapatite. It is supplied in peel open packs, ready to use, sterilized by Gamma-rays. Each packet contains one G-Eye. G-Eye is for single use only. It is available in four sizes:

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<thead>
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<th>SIZE</th>
<th>CODE NO.</th>
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<tbody>
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G-Eye is indicated in all cases where evisceration or enucleation is to be done and good cosmetic results are desirable.
The G-Eye is inserted into the scleral cup. The edges of sclera are sutured in a vertical line with interrupted vertical inverting mattress sutures. To avoid “dog ear” projections of sclera at each end of the sutured line, a triangle of sclera is excised from each end with the bases towards the center.

An alternative procedure is to make from the limbus four radial scleral incisions about 5 mm long at 1.30, 4.30, 7.30 and 10.30 o’clock when G-Eye is in place, two chromic catgut mattress sutures approximate the medial and lateral scleral flaps and two chromic catgut sutures join the upper and lower flaps.

In case of enucleation, cadaveric preserved sclera is used. G-Eye is put into the pouch of sclera. The pouch is properly stitched from all sides. It is placed inside the eye socket. Four recti are stitched on four side with scleral pouch.

Tenon’s capsule is sewn over this with horizontal line of interrupted 1 metric (6/0) chromic catgut sutures and the conjunctiva with continuous key pattern suture of 0.5 metric (8/0) chromic catgut.

The patient may be mobilized early. On the first postoperative day the conjunctival sac is irrigated. The firm pressure dressing is maintained for 2 days, when the socket is dressed. This may be re applied with daily dressings until the fifth day. An acrylic shell may be placed in the conjunctival sac and a convex black eye shade, lined with sheet of lint, the smooth side opposed to the socket, is applied. The acrylic shell, approximately the shape and size of prostheses to be fitted later, helps to reduce the edema of the conjunctiva and to maintain the appropriate size and shape of the socket. A prosthesis is fitted in the third or fourth week of operation. Pain may be severe for two three days and chemosis may take up to three weeks to subside.

**POST OPERATIVE MANAGEMENT**

**COMPLICATIONS**

Complications which may result from the use of this product include the risks associated with the medication and methods utilized in the surgical procedure, as well as patients response, reaction or degree of intolerance to any foreign object implanted into the body.

The medical literature is full of hazards and complications associated with use of Hydroxyapatite Eye Sphere. It is implied & understood that since user is highly trained super-specialist. He has experience of Hydroxyapatite Eye Sphere implantation. He is fully aware of all the hazards associated with use of Hydroxyapatite Eye Sphere and he has studied the medical literature well before use.

The main complications of use of a G-Eye are infection and expulsion. To prevent infection, use of implant should be avoided with active inflammation. Suitable antibiotic cover should be given during and after implantation.

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For patient it means that no fiber will go inside the eyes to irritate. It also means comfort for the patient.

The eye patch to hold the pad in place is made of soft stretchable fabric. The adhesive is soft and easy to remove. The release liner of the patch is easy to remove. All this results to more comfort for patient and ease for the surgeon.


Material for patch: Non woven spun lace 100% Polyester 48 GSM

PRESENTATION

Each eye dress and eye pad are supplied sterilized by EO in peel open packs individually packed.

<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td>Eye Dress (eyepad+patch)</td>
<td>ED8</td>
</tr>
<tr>
<td>Eye Pad only</td>
<td>EP01</td>
</tr>
</tbody>
</table>

**Material:** 22-30 gsm
SMS polypropylene fabric water repellant
Sheet Size: 100 x 70 cm
Incise Area : 7 x 9 cm
Eye Lid Holders : (6 no)
Drainage Pouch of Transparent PE film: (1 no)
Poly sheet lining 60 x 60 cm Sterilized by EO

**Material:** 25 gsm
SMS Polypropylene fabric water repellant
Sheet Size: 100 x 160 cm,
Incise Area : 7 x 9 cm
Eye Lid Holders : (6 no)
Drainage Pouch of Transparent PE film: (1 no)
Sterilized by EO

**Material:** 40-50 gsm
SMS polypropylene fabric water repellant
Sheet Size: 100 x 75 cm, Incise Area : 7 x 9 cm
Hole in Drape : 3 x 5 cm,
Eye lid holders : (6 no)
Sterilized by EO

**Material:** 65 - 77 gsm
Spun Lace fabric water repellant
Sheet Size: 120 x 160 cm, Incise Area : 17 x 7 cm
Drainage Pouch of Transparent PE film: (6 no)
Eye Lid Holders: (6 no) Sterilized by EO

**Material:** Blue PE film 25 micron
Sheet Size: 100 x 120 cm
Incise Area : 7 x 9 cm
Hole in Drape : 3 x 5 cm
Drainage Pouch of Transparent PE film (1 no)
Eye Lid Holders (6 no) Sterilized by EO

**Material :** PE Hygiene film 25 micron
Sheet Size: 60 x 60 cm
Incise Area : 6 x 8 cm
Eye lid holders : (6 no)
Sterilized by EO

**Presentation**

Each Eye dress and eye pad are supplied sterilized by EO in peel open packs individually packed.

**Eye Drape**

**Material for patch:** Non woven spun lace 100% Polyester 48 GSM

**PRESENTATION**

Each eye dress and eye pad are supplied sterilized by EO in peel open packs individually packed.

**Item** | **Code**
---|---
Eye Dress (eyepad+patch) | ED8
Eye Pad only | EP01
I-Wipe

After any ophthalmic procedure drops are put into the eye. There is flow of tears as well. Patients tend to wipe the eyes with their handkerchief, which is dirty most of the time.

Surgiwear presents I-Wipe to wipe the tears after any procedure.

* Sterile
* Chemical free
* Highly absorbent

Supplied in pack of 25 nos.

Simpser
video camera cable cover
Ultrasound cover

Length 2.5 m width 15 cm

Video camera cable cover D904
Per-operative ultrasound cover D905

Phaco I
Drape

A new design of drape has been developed by SURGIWEAR for use in “Phaco Eye Surgery”. It has many special features which are advantageous in phaco surgery:

* Large mouth pouch keeps table and OT dry. No dribbling of water from sides of pouch.
* Drape and inner wall of pouch is common so no flow of fluid under the pouch.
* Large pouch area distributes water weight over wide area and avoids pull on eye.
* Thick plastic sheet maintains form and shape of drape.
* Size of pouch is such that it lies on table, preventing any pull on the eye.
* In case there is some extra fluid, it can be drained through the nipple.

PHACO I DRAPE D603

Material: 40-50 gsm PE film
Sheet Size : 60 x40 cm
Incise Area :10 x 10 cm
Eye lid holders : ( 6 no )
Drainage Pouch  20 x 40 cm
Sterilized by EO

PHACO I DRAPE D604

Material: 40-50 gsm PE film
Sheet Size : 60 x40 cm
Incise Area :10 x 10 cm
Eye lid holders : ( 6 no )
Drainage Pouch  20 x 40 cm
Sterilized by EO

Inner layer
Material: 25 gsm
SMS Polypropylene fabric water repellant

PHACO I DRAPE D603

Material: 40-50 gsm PE film
Sheet Size : 60 x40 cm
Incise Area :10 x 10 cm
Eye lid holders : ( 6 no )
Drainage Pouch  20 x 40 cm
Sterilized by EO

Material: 25 micron PE film Adhesive coated with 40 - 60 gsm adhesive.
Sheet Size: 13 x 15 cm
Drainage Pouch of Transparent PE film
Eye Lid Holders ( 6 no )
Sterilized by EO
Iodrape-2
Adhesive with Povidone Iodine
For covering incision area in all kind of surgeries
Iodine adhesive coated (45 GSM approx) PU film

<table>
<thead>
<tr>
<th>Code Number</th>
<th>Size</th>
<th>Adhesive Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID1010</td>
<td>15 X 10 CM</td>
<td>10 X 10 CM</td>
</tr>
<tr>
<td>ID1020</td>
<td>15 X 20 CM</td>
<td>10 X 20 CM</td>
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<tr>
<td>ID6025</td>
<td>90 X 25 CM</td>
<td>60 X 25 CM</td>
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<tr>
<td>ID3025-2</td>
<td>50 X 25 CM</td>
<td>30 X 25 CM</td>
</tr>
<tr>
<td>ID3535-2</td>
<td>50 X 35 CM</td>
<td>35 X 35 CM</td>
</tr>
<tr>
<td>ID6045-2</td>
<td>90 X 45 CM</td>
<td>60 X 45 CM</td>
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<tr>
<td>ID6060-2</td>
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<tr>
<td>ID6090-2</td>
<td>90 X 90 CM</td>
<td>60 X 90 CM</td>
</tr>
</tbody>
</table>

Baby Drape
For all kind of surgeries on baby also used as low cost drape
Translucent soft polyfilm
Size 1.2 x 1.2 m incise area 25 x 20 cm
Baby Drape D201

Head & Eye Shield
To protect operating team from infections of patient
Head & Eye Shield D804

O-Scope Drape
Operating Microscope drape
E214L  125 x 200 cm for three pair lens
E214M  100 x 160 cm for two pair lens
E214S  90 x 120 cm for one pair lens supplied sterile ready to use.

Objective lens cover sold separately.
Three sizes available diameter 60mm (OLC-01), 65mm (OLC-02) & 70 mm (OLC-03).

Full C-Arm Cover
D307

C-Arm Cover
Two part D306
Three part D306-3
Plain drapes
For Covering patient body & instrument trolleys during surgery

<table>
<thead>
<tr>
<th>Product</th>
<th>Material: 25 micron thick PE hygiene film</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Code</td>
</tr>
<tr>
<td>Plain Sheet Small</td>
<td>D300</td>
</tr>
<tr>
<td>Plain Sheet</td>
<td>D301</td>
</tr>
<tr>
<td>Plain Towel</td>
<td>D303</td>
</tr>
<tr>
<td>Mayo's Trolley Cover S</td>
<td>D304</td>
</tr>
<tr>
<td>Mayo's Trolley Cover L</td>
<td>D305</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Material: Spun bond NW 40gsm laminated with PE 20gsm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product</td>
</tr>
<tr>
<td>Plain Sheet small NW</td>
</tr>
<tr>
<td>Plain Sheet NW</td>
</tr>
<tr>
<td>Plain Towel NW</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Material: SMS Polypropylene Water repellant 50 gsm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product</td>
</tr>
<tr>
<td>Mayo’s Trolley Cover</td>
</tr>
<tr>
<td>Mayo’s Trolley</td>
</tr>
<tr>
<td>Cover Large NW</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Material: Spun lace Non woven 60 gsm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product</td>
</tr>
<tr>
<td>Plain Sheet Int</td>
</tr>
<tr>
<td>Plain Sheet Small Int</td>
</tr>
<tr>
<td>Plain Towel Int</td>
</tr>
</tbody>
</table>

Gowns
For Covering patient body & instrument trolleys during surgery

<table>
<thead>
<tr>
<th>Product</th>
<th>Code</th>
<th>Material</th>
<th>Protection level</th>
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<tbody>
<tr>
<td>Half gown</td>
<td>D800</td>
<td>Polyethylene</td>
<td></td>
</tr>
<tr>
<td>Full gown</td>
<td>D810</td>
<td>Ziseicon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D812</td>
<td>White sun</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D812M</td>
<td>Woven 35 gsm</td>
<td></td>
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<tr>
<td></td>
<td>D812L</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D812S</td>
<td>Spun lace NW</td>
<td>Level 2</td>
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<tr>
<td></td>
<td>D812M</td>
<td>65-77 gsm</td>
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<tr>
<td></td>
<td>D812L</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>D812S</td>
<td>NW SMS</td>
<td>Level 1</td>
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<tr>
<td>Eco Gown</td>
<td>E825</td>
<td>50gsm</td>
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<tr>
<td></td>
<td>E825L</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>E825S</td>
<td>SMS NW</td>
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<tr>
<td></td>
<td>E825L</td>
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<tr>
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<td>E825L</td>
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<td>Full gown</td>
<td>D805</td>
<td>Abstam’s</td>
<td>Level 4</td>
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<td>D805L</td>
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<tr>
<td></td>
<td>D805M</td>
<td>BVB fabric</td>
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</tr>
</tbody>
</table>

- BVB means "Breathable Vinal Barrier"
- All non woven fabrics are water repellent
- All full gowns are wrap around gowns and come with 2 nos hand towels
- Spun lace NW and BVB non woven gowns have bonded sleeves for extra protection, first time in the world.
- All full gown have patented "YUMA" fluid barrier cuffs for extra protection