

Glossary

Angle—Junction of the front surface of the iris and back surface of the cornea, where aqueous fluid filters out of the eye.

Aqueous Humor—The fluid produced by the ciliary processes that fills the space between the cornea and lens. It nourishes the cornea, iris, and lens, and maintains IOP.

Ciliary Processes—Produce aqueous fluid.

Cornea—The clear “window” at the front of the eye.

Fovea—The central macula, responsible for very critical vision.

Intraocular Pressure (IOP)—Fluid pressure inside the eye.

Iris—Gives color to the eye, responsible for controlling the diameter and size of the pupil.

Lens—The transparent, biconvex structure inside the eye that focuses light rays onto the retina.

Optic Nerve—The largest sensory nerve that connects the retina to the brain, and carries the impulses formed by the retina.

Pupil—The opening in the center of the iris that regulates the amount of light that enters the eye.

Retina—A thin layer of light-sensitive tissue that lines the inner surface of the eye. It converts light into signals that are transmitted via the optic nerve to the brain and interpreted as the images you see.

Schlemm's Canal—A circular canal in the eye that drains fluid from the front of the eye into the bloodstream.

Sclera—The tough, white outer layer of the eyeball.

Trabecular Meshwork—A sponge-like tissue located around the base of the angle that functions to drain fluid into the Schlemm's canal.

Vitreous—A clear, jelly-like substance that fills the middle of the eye between the lens and the retina.

Notes

Visit www.treatmyglaucoma.com
for more information



Elegantly Simple Solutions™

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Treatment of Open-Angle Glaucoma

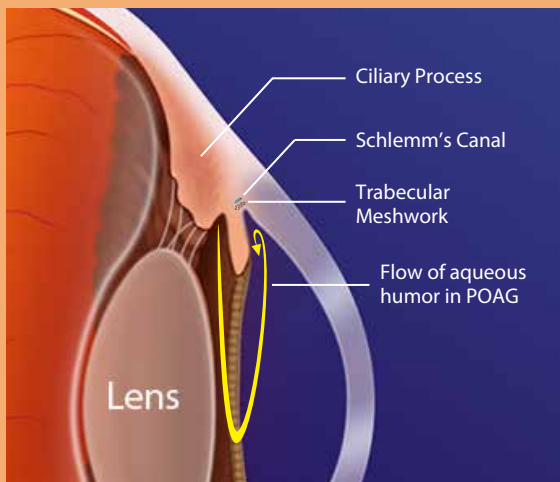
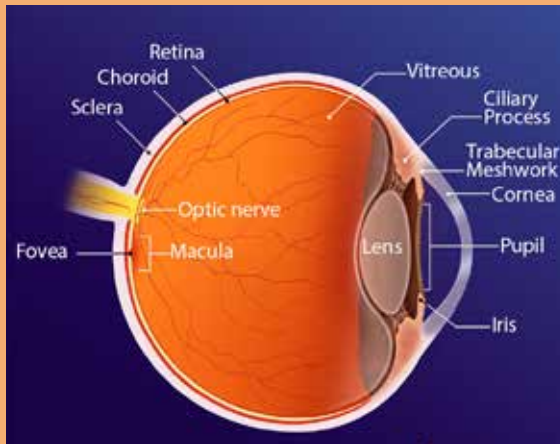
MicroPulse™ Laser Therapy



P A T I E N T E D U C A T I O N

What is Open-Angle Glaucoma?

Glaucoma is a group of diseases that cause damage to the optic nerve and loss of vision. The most common type of glaucoma is primary open-angle glaucoma (POAG). In POAG, the fluid that normally flows through the pupil into the front of the eye cannot get through the filtration area called the trabecular meshwork (TM) to the drainage canal called Schlemm's Canal. This causes an increase of the intraocular pressure (IOP). Typically, glaucoma is asymptomatic with no warning signs, and without proper treatment, can lead to blindness. The good news is that



with regular eye exams, early detection, and treatment, vision can be preserved.

Treatment focuses on lowering IOP either by reducing the production of fluid or by improving its outflow. First line therapy can be either medication (in the form of eye drops), or trabeculoplasty. Trabeculoplasty is a procedure that uses laser energy to alter the TM to make it easier for fluid to flow out to the drainage canal to reduce IOP.

What is MicroPulse Laser Trabeculoplasty?

MicroPulse laser trabeculoplasty (MLT) uses repetitive, low-energy laser pulses that are separated by brief rest periods. This "micropulsing" allows the TM to cool between laser pulses to prevent tissue damage. MLT reduces or eliminates laser treatment's risks and collateral effects, and therefore can be repeated as needed.

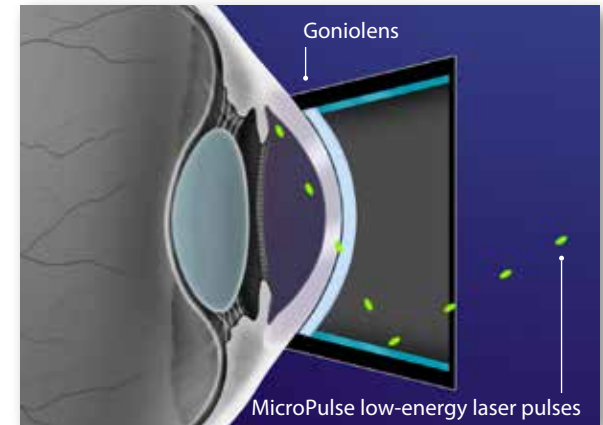
What to Expect during MLT

Before Treatment

Your doctor will make the diagnosis of POAG based on a thorough clinical history and examination, usually involving visual field and optic nerve assessment to confirm the diagnoses and to provide additional important information. If MLT is recommended, an informed-consent form will be given to you for your review and signature, and all of your questions regarding treatment will be answered.

During Treatment

To perform MLT, a special contact goniolens will be placed on the front of your eye to direct the laser beam to the angle. A drop of a topical anesthetic makes this comfortable. Your doctor will place several laser applications along the TM which usually takes a few minutes. Typically, patients do not feel any discomfort during treatment, however if it does occur, it is minimal. Based on the laser wavelength used, you may



experience some flashing lights during the procedure. If you move during treatment, there will be no harm to your eye, but it may lengthen the treatment time. At the end of the treatment, the goniolens on your eye will be removed.

After Treatment

For the rest of the day, your vision may be a little blurry. Due to the lens placed on your eye during treatment, it is common to experience a little irritation on the front of your eye for a few hours after treatment. This irritation is usually mild and lessened by use of frequent artificial tear drops. Significant pain after treatment should not occur. If it does, contact your doctor. By the next day, the blurriness should dissipate. If it does not, contact your doctor. IOP typically decreases over the next several months.

Following MLT, it is important for you to continue to see your doctor on a regular basis for continued monitoring and treatment of your condition. How soon and how often follow-up examination is required will be determined by your doctor based on your condition.