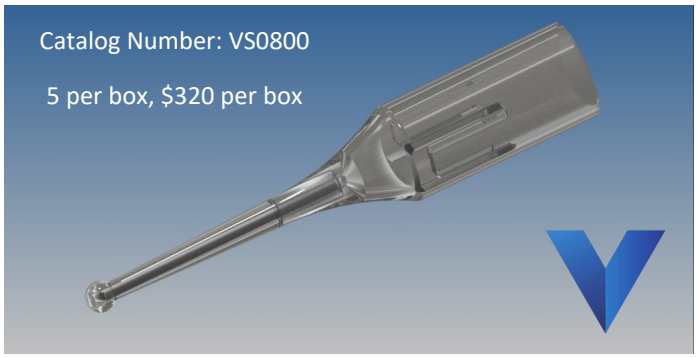
NEW PRODUCT RELEASE

T.I.D - Todorich Illuminated Depressor



BENEFITS:

- A conventional ball-point depressor with transscleral illumination powered by your Alcon light pipe
- The device is designed to allow the surgeon to simultaneously perform unassisted scleral depression while shaving the vitreous base
- Compatible with 23g, 25g and 27g Alcon Constellation Light Pipes

SURGICAL PEARLS:

- Best results with depression-transillumination are obtained when the light pipe is set at maximum level (115% at the Constellation).
- Ensure the depressor cap is fully seated on the light pipe. Light pipe tip should be visible through the depressor.
- A partial optical mirror can be created by placing a drop of BSS in the device prior to inserting the light pipe. The depressor tip is then placed on the sclera, gliding posteriorly to the area of the vitreous base.
- Surgeons should be mindful of the phakic status of the patient, and perform peripheral vitrectomy accordingly.
- Visualization of vitreous skirt can be enhanced by using preservative-free triamcinolone acetonide, which is injected and allowed to disperse in the vitreous cavity.
- Best results for shaving the vitreous base are obtained if one starts posteriorly and shaves anteriorly to the ora serrata, and then the motion is repeated at every adjacent clock hour in a slow deliberate motion close to the retina. Care should be taken to avoid iatrogenic retinal breaks.
- There is a learning curve of about 2-5 cases to get a good peripheral vitrectomy shave with this technique, so surgeons should not be discouraged if they do not achieve optimal vitreous base shave on the first few attempts.
- Best initial cases are high myopes, Caucasian eyes with blonde, minimally pigmented fundus, ideally a pseudophakic mac-on retinal detachment, floaterectomy or a retained lens fragment case.
- The goal is primarily to visualize anatomic landmarks of retina/choroid while shaving the vitreous base using the "lawn mower" technique as vitreous will not be as visible as with endoillumination. If done correctly, the surgeon will be able to consistently perform independent and unassisted peripheral vitrectomy without issue.

Vortex SURGICAL

T.I.D. – Todorich Illuminated Depressor

Tricks of the trade & demo tips:

- Ensure the light pipe is fully seated into the TID Device.
    - Things to look for include:
        - End of light pipe is visible in the depressor head
        - The base of the TID cap extends all the way to the "L" in the Alcon logo on the light pipe
        - It is a snug fit to ensure the cap stays in place during depression

- Constellation settings:
    - Constellation should be on the 25ga Chandelier setting at 115% illumination
    - If staff is unable to switch light pipe setting during the case, simply ensure that illumination level is turned up as high as possible.
    - Optimal illumination settings would be (in order of most ideal to least ideal):
        - Chandelier
        - Widefield
        - Midfield
        - Focal
    - The Constellation will warn you about going above 50%, 80% and 100%. Since the illumination is outside of the eye, there are no concerns with phototoxicity. Simply confirm & press the acknowledgement button to cycle through the warning messages.
    - T.I.D. will perform as designed regardless of which light port is utilized (any of the machine's light ports are acceptable).
    - T.I.D. is not designed to take the place of an illuminated laser probe. T.I.D.'s main benefit is to illuminate the vitreous base, allowing the surgeon to perform independent scleral depression while shaving the vitreous base. We recommend *against* utilizing the T.I.D. in conjunction with peripheral endolaser (as the transscleral illumination will make it difficult to gauge the intensity of the laser burns).
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