



NEW WORLD
MEDICAL

Kahook Dual Blade™

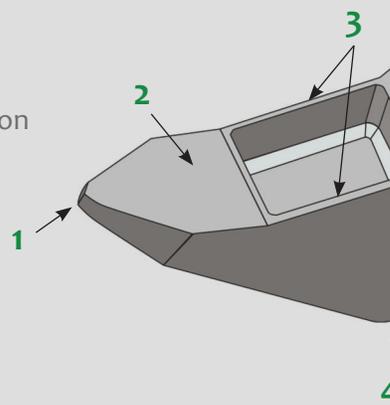
The Kahook Dual Blade is an elegant, single-use, ophthalmic blade that makes parallel incisions in the trabecular meshwork (TM) and inner wall of the Canal of Schlemm.

The features of the Kahook Dual Blade include:

- + Single use, ophthalmic blade
- + Utilizes ab interno approach through a clear cornea micro incision
- + Precision engineered to fit in the canal of Schlemm
- + Dual blades positioned for precise parallel incisions of the trabecular meshwork with minimal residual leaflets
- + Maintains natural physiologic outflow pathways

Specifications:

1. Pointed tip easily pierces the TM
2. Ramp elevates and stretches TM
3. Dual blades make parallel incisions for removal of TM
4. Foot plate prevents damage to anterior wall of canal and facilitates smooth motion

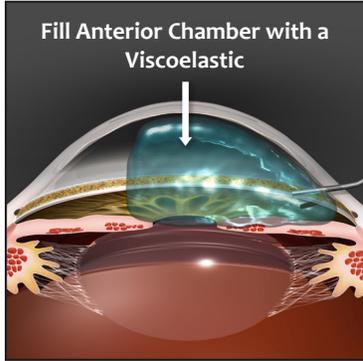


Get Certified for Kahook Dual Blade Surgery
www.KDBcert.com

Kahook Dual Blade Surgical Procedure

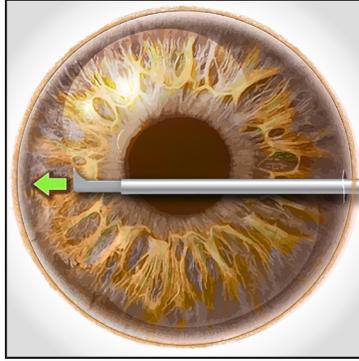
Inspect the patient's anterior chamber angle with a gonioprism to ensure an adequate view prior to the procedure. Once in the operating room, the surgeon should reposition the surgical microscope and patient's head as needed to visualize the trabecular meshwork (TM).

Step 1



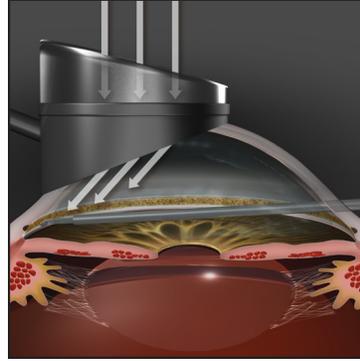
Fill anterior chamber with a viscoelastic to assist with chamber maintenance and visualization of the angle.

Step 2



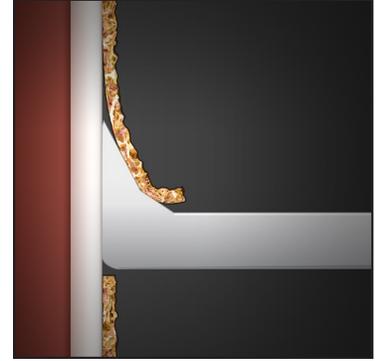
Introduce the blade into the eye through a previously created clear corneal micro incision. The incision should be approximately 180° away from TM you desire to cut.

Step 3



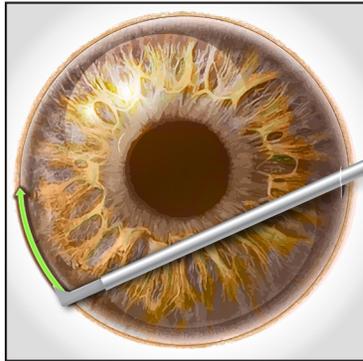
View the angle under high magnification with a gonioprism.

Step 4



Engage the TM across from the clear corneal incision with the pointed tip of the blade and pierce through the TM and into the Canal of Schlemm while avoiding the anterior scleral wall.

Step 5



Advance the blade in the direction of the TM region that you intend to cut while keeping the blade footplate in the Canal of Schlemm.

Step 6



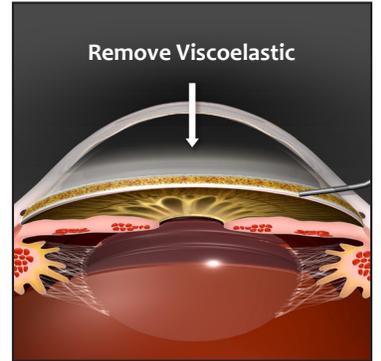
Remove the blade from its position in Canal of Schlemm and rotate the tip 180° in the opposite direction. Engaging TM with the pointed tip, advance the blade to where the initial incision ended.

Step 7



After retracting the blade through the original clear corneal micro incision, remove the detached TM strip using ophthalmic forceps or through irrigation from the clear corneal wound.

Step 8



Remove any remaining viscoelastic from the anterior chamber.

The steps illustrated here are intended as a **guideline only**, and do not represent recommended treatment for any particular patient. The use of any specific surgical technique or maneuver is at the sole discretion of the surgeon. Surgeons should be familiar with the use of devices in the anterior chamber angle and post-operative care considerations prior to using the Kahook Dual Blade.



NEW WORLD
MEDICAL

Humanity's Vision Is Our Focus

www.newworldmedical.com

909.466.4304

10763 Edison Court
Rancho Cucamonga, CA 91730