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**Our vision: Is for Australians to be free of glaucoma blindness**

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## iTrack - Ab-Interno Canaloplasty

### What is it?

Ab-interno canaloplasty is one type of Schlemm's canal-based surgery.

### How does it work?

The front chamber of the eye contains roughly around 0.2 mL of clear fluid called aqueous humour, which is made by the eye every minute, of every day. Aqueous humour gives the eye "pressure". It is also constantly flowing out of the eye out of the eye every day, through the trabecular meshwork, a type of filtration membrane circumferentially encircling the iris.

The trabecular meshwork drains most of the aqueous humour into Schlemm's Canal. From Schlemm's Canal aqueous humour flows into the aqueous collector channels and then onto the blood circulation.

### Who is it suitable for?

Typically, in open angle glaucoma, the mechanism for increased intraocular pressure (eye pressure) is resistance to aqueous humour outflow from the trabecular meshwork. Schlemm's canal-based surgery tries to overcome or bypass this resistance to outflow either at the trabecular meshwork or Schlemm's canal level.

Not all patients are suitable for iTrack ab-interno canaloplasty. It is preferable for patients to have an open angle glaucoma which includes pseudoexfoliative glaucoma and pigmentary glaucoma types. This can be determined by your ophthalmologist.

### What are the benefits?

Ab-interno canaloplasty aims to increase aqueous humour outflow from the eye into the aqueous veins by dilating or enlarging the Schlemm's canal using a microcatheter that illuminates and injects a sterile viscous gel into the canal.

It is considered a "Minimally Invasive Glaucoma Surgery (MIGS)" as it involves a small incision only, is a short, relatively safe procedure that does not involve the conjunctiva of the eye. No implants are placed in the eye.

If you are intolerant of glaucoma medications, have difficulty taking drops as prescribed, have a history of failed selective laser trabeculoplasty (SLT) treatments, or if it is difficult for you to commit to regular follow-up treatments, you may benefit from a MIGS procedure such as iTrack ab-interno canaloplasty. This procedure can be performed at the time of cataract surgery.

## What are the risks?

General risks (common to other ocular surgical procedures) involved with the iTrack Ab-interno canaloplasty include:

- Insufficient reduction of eye pressure
- No change in number of glaucoma medications prescribed
- A spike in intraocular pressure
- Bleeding or infection in the eye

Specific risks involved with the iTrack Ab-interno canaloplasty include

- Stripping away of Descemet's membrane, the internal layer of the cornea which can lead to visual impairment.

## Are there any alternatives?

If iTrack™ ab-interno canaloplasty is unsuccessful, your ophthalmologist can still use medications, laser or perform other glaucoma surgery such as another MIGS or conventional trabeculectomy or tube surgery.

If combined with cataract surgery, the procedure should take 30-40 minutes and is a day surgical procedure. During the surgery your eye will be anaesthetised. Post-surgery your ophthalmologist will prescribe eye drops to reduce inflammation and to prevent pain. Patients can resume normal, day-to-day activities soon following treatment.

Remember that managing glaucoma is a lifelong process: even after iTrack and other glaucoma treatments, you will need to continue to visit your ophthalmologist every three to six months.