Go in with Confidence

Choose the game-changing performance of Alcon’s MIVS for every challenge.
Essential Components of the CONSTELLATION® Vision System

The ALCON® MIVS™ (Micro-Incision Vitrectomy Surgery) product suite provides unparalleled versatility, stability and control to handle every surgical challenge with ease:

- Faster visual recovery and improved patient comfort
- Improved stiffness, flow and versatility
- Linear incisions and optimized wound closure with the EDGEPLUS® blade
- True IOP control via new valved cannulas
- A complete micro-incision portfolio for every step of the procedure

Why I Choose Small Gauge…

“Small-gauge technology is the most important advancement in vitreoretinal surgery in 20 years. Improvements in the probe design reduce pulsatile traction on the retina without fluidic compromise. I use 25+™ for all my cases, including the most complex. For the patient, MIVS surgery means faster healing; reduced discomfort and expedited visual recovery.”

— Steve Charles, MD
Memphis, TN

*Steve Charles, MD is a paid consultant for Alcon. Please refer to the back cover for important safety information about these products.
Improved Comfort, Faster Recovery

The micro-incision advantage of the ALCON® MIVS™ platform is also highly beneficial to your patients, with enhanced postoperative comfort and faster visual recovery.¹ A smaller incision size can have a big impact:

• More beneficial for your patients than 20-gauge because of increased comfort⁶
• Helps patients heal faster and more comfortably than with a 20-gauge procedure because of small-gauge incisions⁵,⁶
• Allows for reduced corneal astigmatism, less inflammation and less disruption to the conjunctiva than with 20-gauge procedures⁷

Leaking sclerotomy may lead to postoperative hypotony. Vitreous traction has been known to create retinal tears and retinaldetachments.
High Performance ULTRAVIT® Probes

Precision when and where you need it most—that’s the ULTRAVIT® promise. Available in 23 and 25+™ gauges, the innovative ULTRAVIT® probes are the primary component of any MIVS procedure and can significantly improve your surgical capabilities:

- Reduces iatrogenic tears and post-op complications
- Dual pneumatic probe delivers efficient cutting up to 5,000 cpm and beyond
- Duty cycle control enables variable flow rates independent of cut rate for ultimate surgeon control
- Allows surgeons to work closer to the retina with confidence
- Features improved stiffness, flow and versatility
- Micro-incision tools provide better access within the eye for complex cases

Traditional spring-driven probes have duty cycle limitations at high cut speeds, causing flow limitations.

With the dual pneumatic ULTRAVIT® High Speed Vitrectomy Probe, duty cycle variables are independent of cut rate.
Improved Wound Construction with the EDGEPLUS® Blade

With cutting-edge design and ergonomic ease-of-use for today’s vitreoretinal surgeons, the EDGEPLUS® trocar/cannula blades are the perfect complement for micro-incision performance:

- Creates flat, linear incisions for optimized wound closure
- Chamfered hub design allows for ease of instrument access
- Sharp solid trocar blade allows cannulas to be inserted in one simple step
- Thin-wall metal cannula is designed to improve rigidity and reduce instrument friction
- Low-profile cannulas and plugs are designed to minimize interference

Enhanced EDGEPLUS® Valved Trocar Cannula System

The EDGEPLUS® Valved Trocar Cannula System eliminates the need for plugs, and helps reduce instrument exchanges:

- Provides a closed system for true IOP control for any type of case
- After insertion, the cannula detaches easily from trocar without the use of a secondary instrument
- Low friction valves are designed for smooth instrument exchanges

“IOP stability with the CONSTELLATION® Vision System, matched with the valved cannulas may reduce perioperative pressure changes that might affect outcomes.”

— Carl Claes, MD

Antwerp, Belgium

The closed loop system of the CONSTELLATION® Vision System that adjusts IOP cannot replace the standard of care in judging IOP intraoperatively. If the surgeon believes that the IOP is not responding to the system settings and is dangerously high or low, this may represent a system failure.

*Carl Claes, MD is a paid consultant for Alcon.
Please refer to the back cover for important safety information about these products.
A Complete ALCON® MIVS™ Portfolio

No MIVS surgical procedure is complete without ancillary accessories. Alcon provides a robust line of products to support both 23 and 25+" gauge surgeries:

- **GRIESEHABER® DSP** single-use instrumentation provides a compliant, sterile instrument for every procedure.
- **GRIESEHABER REVOLUTION® DSP** Reusable Handle with GRIESEHABER® Advanced DSP Tip.
- **Illuminated Flex-Curved Laser Probe**
- **Chandelier Lighting System**
- **PUREPOINT® laser probes** offer the ultimate level of functionality and control.
- **ALCON® Endo-illuminators** allow for improved versatility and visualization during surgery.

**Fine Membrane**
- ILM forceps
- Asymmetrical forceps
- End-grasping forceps

**Heavy Membrane**
- Curved scissors
- Vertical scissors
- Serrated forceps
- MAXGrip™ forceps

Potential risk from reuse or reprocessing GRIESEHABER® DSP instruments include: reduced optical quality, surface damage on the optics, and foreign particle introduction to the eye; reduced cutting or grasping performance; path leaks or obstruction resulting in reduced fluidics performance, and foreign particle introduction into the eye. Minimize the light intensity and duration of exposure to the retina to reduce risk of retinal photic injury.

Please refer to the back cover for important safety information about these products.
To see how the ALCON® MIVS™ portfolio of tools can help improve your vitrectomy performance, visit AlconRetina.com

IMPORTANT SAFETY INFORMATION:

**MIVS**

**INDICATIONS FOR USE:** The CONSTELLATION® Vision System is an ophthalmic microsurgical system that is indicated for use in photocoagulation of both anterior and posterior segments of the eye including:

- Retinal photocoagulation, panretinal photocoagulation and intravitreal endophotocoagulation of vascular and structural abnormalities of the retina and choroid including: Proliferative and nonproliferative retinopathy (including diabetic); choroidal neovascularization secondary to age-related macular degeneration; retinal tears and detachments; macular edema; retinopathy of prematurity; choroidal neovascularization; leaking microaneurysms.
- Iridotomy/Iridectomy for treatment of chronic/primary open angle glaucoma, acute angle closure glaucoma and refractory glaucoma.
- Trabeculectomy for treatment of chronic/primary open angle glaucoma and refractory glaucoma.
- And other laser treatments including: internal sclerostomy; lattice degeneration; central and branch retinal vein occlusion; suturelysis; vascular and pigment skin lesions.

**CAUTION:** Federal (USA) law restricts this device to sale by, or on the order of, a physician.

**CONTRAINDICATIONS:** Patients with a condition that prevents visualization of target tissue (cloudy cornea, or extreme haze of the aqueous humor of the anterior chamber of vitreous humor) are poor candidates for LIO delivered laser treatments.

**COMPPLICATIONS:** Corneal burns, inflammation, loss of best-corrected visual acuity, loss of visual field and transient elevations in intraocular pressure can occur as a result of ophthalmic laser treatment.

**WARNINGS AND PRECAUTIONS:**
- The disposables used in conjunction with ALCON® instrument products constitute a complete surgical system. Use of disposables and handpieces other than those manufactured by Alcon may affect system performance and create potential hazards.
- Attach only consumables supplied by Alcon to console and cassette luer fittings. Do not connect consumables to the patient’s intravenous connections.
- Mismatch of consumable components and use of settings not specifically adjusted for a particular combination of consumable components may create a patient hazard.
- Vitreous traction has been known to create retinal tears and retinal detachments.
- The closed loop system of the CONSTELLATION® Vision System that adjusts IOP cannot replace the standard of care in judging IOP intraoperatively. If the surgeon believes that the IOP is not responding to the system settings and is dangerously high or low, this may represent a system failure. **Note:** To ensure proper IOP Compensation calibration, place infusion tubing and infusion cannula on a sterile draped tray at mid-cassette level during the priming cycle.
- Leaking sclerotomy may lead to postoperative hypotony.

**WARNINGS AND CAUTIONS:** A complete listing is available in the CONSTELLATION® Vision System Operators Manual. To obtain a copy, please contact Alcon Customer Service.

**ATTENTION:** Reference the Directions for Use for a complete listing of indications, warnings, and precautions.

**CONSTELLATION® VISION SYSTEM**

**INDICATIONS FOR USE:** The CONSTELLATION® Vision System is an ophthalmic microsurgical system that is indicated for use in photocoagulation of both anterior and posterior segments of the eye including:

- Retinal photocoagulation, panretinal photocoagulation and intravitreal endophotocoagulation of vascular and structural abnormalities of the retina and choroid including: Proliferative and nonproliferative retinopathy (including diabetic); choroidal neovascularization secondary to age-related macular degeneration; retinal tears and detachments; macular edema; retinopathy of prematurity; choroidal neovascularization; leaking microaneurysms.
- Iridotomy/Iridectomy for treatment of chronic/primary open angle glaucoma, acute angle closure glaucoma and refractory glaucoma.
- Trabeculectomy for treatment of chronic/primary open angle glaucoma and refractory glaucoma.
- And other laser treatments including: internal sclerostomy; lattice degeneration; central and branch retinal vein occlusion; suturelysis; vascular and pigment skin lesions.

**CAUTION:** Federal (USA) law restricts this device to sale by, or on the order of, a physician.

**CONTRAINDICATIONS:** Patients with a condition that prevents visualization of target tissue (cloudy cornea, or extreme haze of the aqueous humor of the anterior chamber of vitreous humor) are poor candidates for LIO delivered laser treatments.

**COMPPLICATIONS:** Corneal burns, inflammation, loss of best-corrected visual acuity, loss of visual field and transient elevations in intraocular pressure can occur as a result of ophthalmic laser treatment.

**WARNINGS AND PRECAUTIONS:**
- The disposables used in conjunction with Alcon instrument products constitute a complete surgical system. Use of disposables and handpieces other than those manufactured by Alcon may affect system performance and create potential hazards.
- Attach only Alcon supplied consumables to console and cassette luer fittings. Do not connect consumables to the patient’s intravenous connections.
- Mismatch of consumable components and use of settings not specifically adjusted for a particular combination of consumable components may create a patient hazard.
- Vitreous traction has been known to create retinal tears and retinal detachments.
- The closed loop system of the CONSTELLATION® Vision System that adjusts IOP cannot replace the standard of care in judging IOP intraoperatively. If the surgeon believes that the IOP is not responding to the system settings and is dangerously high or low, this may represent a system failure. **Note:** To ensure proper IOP Compensation calibration, place infusion tubing and infusion cannula on a sterile draped tray at mid-cassette level during the priming cycle.
- Leaking sclerotomy may lead to postoperative hypotony.
- Back scattered radiation is of low intensity and is not harmful when viewed through a protective filter. All personnel in the treatment room must wear protective eyewear, OD4 or above at 532nm, when the system is in Standby/Ready mode as well as during treatment. The doctor protection filter is an OD greater than 4 at 532nm.

**GRIESEHABER® DSP INSTRUMENTS**

**INDICATIONS FOR USE:** GRIESEHABER® DSP instruments are a line of single-use vitreoretinal micro-instruments which are used in ophthalmic surgery, for cases either in the anterior or the posterior segment. The GRIESEHABER® Advanced Backflush Handles DSP are a family of instruments for fluid and gas handling in vitreoretinal surgery.

**WARNINGS AND PRECAUTIONS:**
- Potential risk from reuse or reprocessing GRIESEHABER® DSP instruments include: reduced optical quality, surface damage on the optics, and foreign particle introduction to the eye; reduced cutting or grasping performance; path leaks or obstruction resulting in reduced fluidics performance, and foreign particle introduction into the eye.
- Verify correct tip attachment; function and tip actuation before placing it into the eye for surgery.
- For light fiber instruments: Minimize light intensity and duration of exposure to the retina to reduce risk of retinal photic injury. The light fiber instruments are designed for use with an ALCON® illumination source.
- Good clinical practice dictates the testing for adequate irrigation and aspiration flow prior to entering the eye. If stream of fluid is weak or absent, good fluidics response will be jeopardized.
- Use appropriate pressure supply to ensure a stable IOP.
- If unwanted tissue gets engaged to the aspiration port, it should be released by interrupting aspiration before moving the instrument.

**ATTENTION:** Reference the Directions for Use for a complete listing of indications, warnings, and precautions.

**ILLUMINATION**

**CAUTION:** Federal (USA) law restricts this device to sale by, or on the order of, a physician.

**CAUTION:** This document is not intended to substitute for the necessity of reading and understanding the light source Operator’s Manual.

**INDICATIONS AND USAGE:** Fiber Optic Instruments with ENGAUGE® Radio Frequency Identification Device (RFID) for use with the CONSTELLATION® System. These instruments can be used on the ACCURUS® System or ACCURUS® High Brightness Illuminator (ABIH) using the RFID Adapter Model Number 8065751140.

**WARNINGS AND PRECAUTIONS:**
- Minimize the light intensity and duration of exposure to the retina to reduce risk of retinal photic injury.
- Avoid operation of a fiber in air on consoles capable of illumination levels and settings higher than 10 lumens. This may result in fiber probe deformation and/or high surface temperatures that may cause patient injury.

**ATTENTION:** Reference the Directions for Use labeling for a complete listing of indications, warnings, precautions, complications and adverse events.

**VITREORETINAL LASER PROBE**

**INDICATION:** ALCON® Laser probes are fiber optic probes indicated for use with an ALCON® Laser System. Each package contains individually packaged sterile laser probes.

**CAUTION:** Federal (USA) law restricts this device to sale by, or on the order of, a physician.

**WARNINGS/PRECAUTIONS:**
- Do not use if package is damaged.
- Minimize the illuminator’s light intensity.