ONE CYPASS® MICRO-STENT IS ALL IT TAKES TO DELIVER ON THE PROMISE OF MIGS—SAFE, CONSISTENT, LONG-TERM IOP CONTROL

and done
Daily topical glaucoma medication can be burdensome for patients

Patients face a variety of challenges that can limit the effectiveness of topical treatment, including:

- Medication cost
- Forgetfulness
- Difficulty with administration

Nearly 50% of patients stop administering their topical medication within 6 months.

About 20% of patients with cataracts also have glaucoma, and many can benefit from a combined surgical procedure with benefits that may include reduction of dependency on topical medication.

Superior, consistent, long-term IOP control with a single stent

Greater than 70% of eyes treated with CyPass® Micro-Stent achieved a ≥20% reduction in unmedicated IOP at two years.

Greater than 60% of eyes treated with CyPass® Micro-Stent maintained unmedicated IOP between 6 mmHg and 18 mmHg at two years.*

*Vs cataract surgery alone.

CyPass® Micro-Stent + cataract surgery (n=374)
CyPass® Micro-Stent
Cataract surgery alone (n=131)
Cataract surgery alone (n=131)

GREATER THAN 70% OF EYES TREATED WITH CYPASS® MICRO-STENT ACHIEVED A ≥20% REDUCTION IN UNMEDICATED IOP AT TWO YEARS†

GREATER THAN 60% OF EYES TREATED WITH CYPASS® MICRO-STENT MAINTAINED UNMEDICATED IOP BETWEEN 6 mmHg AND 18 mmHg AT TWO YEARS†

†p=0.003
§p=0.0005
IOP lowering without compromising the safety of cataract surgery

32% MORE EFFECTIVE AT IOP LOWERING THAN CATARACT SURGERY ALONE†

Enhanced outflow via the proven uveoscleral pathway

MAXIMIZED FROM THE ANTERIOR CHAMBER TO THE SUPRACILIARY SPACE§

UNRESTRICTED SPACE
360° access to the area independent of selectively located collector channels.6,7

MINIMAL RESISTANCE
Outflow bypasses Schlemm’s canal, and the collector channels, which may be atrophic in glaucomatous eyes.6,9

ACTIVE PRESSURE GRADIENT
The 3 mmHg to 4 mmHg difference in natural pressure between the anterior chamber and the supraciliary space acts as a driving force for aqueous outflow.10

CYPASS® MICRO-STENT IS THE FIRST AND ONLY MIGS DEVICE TO TARGET THE SUPRACILIARY SPACE4,5

UNPARALLELED MEDICATION REDUCTION FOR MORE PATIENTS
93% OF PATIENTS WERE MEDICATION FREE AT TWO YEARS§§

*Vs cataract surgery alone.
†Study design: Prospective, randomized, multicenter clinical trial in patients (N=505) with open-angle glaucoma undergoing cataract surgery. Patients were randomized to receive phacoemulsification and CyPass® Micro-Stent implantation (n=374) or phacoemulsification alone (n=131), and all patients were followed for two years. The primary outcome measure was the proportion of eyes with unmedicated diurnal IOP reduction ≥20% at two years vs unmedicated baseline IOP. Secondary outcome measures included mean change in 24-month diurnal IOP from baseline and 24-month unmedicated mean IOP (between 6 mmHg and 18 mmHg) vs cataract surgery alone. Medication use at 24 months was also analyzed. The primary and secondary effectiveness analyses were performed using the intent-to-treat (ITT) population.†
§Those patients who attained an unmedicated mean diurnal IOP reduction of 20% or more as compared to baseline in the absence of IOP-affecting surgery during the study. Percentage vs 72.4% of patients who were treated with cataract surgery alone.§§
Optimal performance with a smart design

- **FLEXIBLE**
  - Device curves along guidewire during insertion and straightens once placed, creating a tenting effect.

- **OPTIMIZED**
  - 6.35 mm length leverages the eye’s negative pressure gradient.

- **ENHANCED**
  - 64 fenestrations help to maximize aqueous outflow.

Only CyPass® Micro-Stent leverages an intuitive implantation approach

- Ab-interno implantation uses the same clear corneal incision made at the time of cataract surgery.
- Curved guidewire allows you to work in harmony with the eye’s anatomy.
- Atraumatic, beveled guidewire tip allows you to carefully dissect the scleral spur and ciliary body.

**IMPORTANT PRODUCT INFORMATION**

**CAUTION:** FEDERAL (USA) LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A PHYSICIAN

**INDICATION:** The CyPass® Micro-Stent is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild-to-moderate primary open-angle glaucoma (POAG).

**CONTRAINDICATIONS:** Use of the CyPass® Micro-Stent is contraindicated in the following circumstances or conditions: (1) in eyes with angle-closure glaucoma; and (2) in eyes with traumatic, malignant, uveitic, or neovascular glaucoma or discernible congenital anomalies of the anterior chamber angle.

**MRI INFORMATION:** The CyPass® Micro-Stent is magnetic resonance (MR) Safe: the implant is constructed of polyimide material, a non-conducting, non-metallic, non-magnetic polymer that poses no known hazards in all magnetic resonance imaging environments.

**WARNINGS:** Gonioscopy should be performed prior to surgery to exclude peripheral anterior synechiae (PAS), neovascularization, and other angle abnormalities or conditions that would prohibit adequate visualization of the angle that could lead to improper placement of the stent and pose a hazard.

**PRECAUTIONS:** The surgeon should monitor the patient postoperatively for proper maintenance of intraocular pressure. The safety and effectiveness of the CyPass® Micro-Stent has not been established as an alternative to the primary treatment of glaucoma with medications, in patients 21 years or younger, in eyes with significant prior trauma, chronic inflammation, eyes with an abnormal anterior segment, eyes with glaucoma associated with vascular disorders, pseudophakic eyes with glaucoma, eyes with uveitic glaucoma, eyes with pseudoxfoliative or pigmentary glaucoma, eyes with other secondary open-angle glaucomas, eyes that have undergone prior incisional glaucoma surgery or cilioablative procedures, eyes with unmedicated IOP less than 21 mmHg or greater than 33 mmHg, eyes with medicated IOP greater than 25 mmHg, in the setting of complicated cataract surgery with iatrogenic injury to the anterior or posterior segment, and when implantation is without concomitant cataract surgery with IOL implantation for visually significant cataract. The safety and effectiveness of use of more than a single CyPass® Micro-Stent has not been established.

**ADVERSE EVENTS:** In a randomized, multicenter clinical trial comparing cataract surgery with the CyPass® Micro-Stent to cataract surgery alone, the most common postoperative adverse events included: BCVA loss of 10 or more letters at 3 months after surgery (8.8% vs the CyPass® Micro-Stent vs. 15.3% for cataract surgery alone), anterior chamber cell and flare requiring steroid treatment 30 or more days after surgery (3.5% vs. 1.5%), worsening of visual field mean deviation by 2.5 or more decibels (6.7% vs. 9.9%), IOP increase of 10 or more mmHg 30 or more days after surgery (4.3% vs. 2.3%), and corneal edema 30 or more days after surgery, or severe in nature (3.5% vs. 1.5%).

**ATTENTION:** PLEASE REFER TO THE INSTRUCTIONS FOR A COMPLETE LIST OF CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, AND ADVERSE EVENTS.
One CyPass® Micro-Stent is all it takes to deliver on the promise of MIGS

CyPass® Micro-Stent Delivers:

**Superior**, consistent, long-term IOP control with a single stent*

**Medication Reduction** in the COMPASS trial at two years†

**Enhanced** outflow via the proven uveoscleral pathway

**Optimal** performance with a smart design

**Intuitive** implantation approach

EXPERIENCE THE ONE-OF-A-KIND CYPASS® MICRO-STENT:

CONNECT WITH YOUR ALCON REPRESENTATIVE TODAY

*Vs cataract surgery alone.
†93% of those patients who attained an unmedicated diurnal IOP reduction of 20% or more as compared to baseline in the absence of IOP-affecting surgery during the study.

References:
1. Lacey J, Cate H, Broadway DC. Barriers to adherence with glaucoma medications: a qualitative research study. Eye (Lond). 2009;23(4):924-932.
5. CyPass® Micro-Stent Instructions for Use.