



The future of vision

Esnoper Clip: Surgical technique

Implantation Protocol by DR. JORDI LOSCOS (Barcelona)

- A superior 4/0 nylon traction suture through the superior cornea and a fornix based conjunctival flap is dissected (Fig. 2A), followed by cauterization of bleeding vessels and dissection of the superficial scleral flap (5x5 mm²) of 1/3 of the scleral depth, extending 2 mm into clear cornea.
- A Deeper 4x4mm² scleral flap is dissected and removed, and Schlemm's canal is deroofed with a capsulorhexis forceps.
- The implant has two plates; one was placed in a full-thickness suprachoroidal bag 2 mm behind the scleral spur.
- After folding the implant the other foot is placed into the intrascleral lake (Fig. 2C). It can be fixed without suturing because it has two lateral notches that do not allow anterior displacement.
- To achieve higher intrascleral blebs, an intrascleral pocket could be created at the posterior limit of the intrascleral bed to fix the posterior edge of the implant, thereby helping to keep the scleral lips apart (Fig. 2D).
- For the superficial scleral flap no suture or a loose one is enough, and the conjunctiva has to be sutured.



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