Biological Drainage – Xenoplast in Glaucoma Surgery (experimental and 10-years of clinical follow-up)

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1. ACD Xenoplast is a drainage with exceptional high qualities of biocompatibility
2. The purpose of the work was to evaluate the effectiveness of Drainage – Xenoplast (ACD Xenoplast) usage according to the data received during international research study performed in different clinics of Russia, Ukraine and Syria.

Drainage collagen non-absorbable antiglaucomatous (DCA Xenoplast).

Material Xenoplast on the basis of bone collagen

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The investigation of Xenoplast material effectiveness on tissue reparation in rabbit eye filter zone

- Drainage histological view in 4 months after implantation in scleral layers near filter zone.
- No inflammation
- No capsular formation
- Krebberg Colouring X 100.

The results of 3379 antiglaucomatous operations with Drainage Xenoplast in different stages and clinical types of glaucoma performed in 12 clinics of Russia, Ukraine and ophthalmological clinic in Khaleb (Syria) were analyzed

- 542 penetrating procedures with Xenoplast
- 2837 NPDS with Xenoplast into the scleral space

The results of 3379 antiglaucomatous operations with ACD Xenoplast in different stages and clinical types of glaucoma performed in 12 clinics (2-10 years of follow-up)

- Pre-op baseline IOP 31.0±11.4 mm Hg
- No of AG med 3.35±0.70
- IOP post-op 17.6±5.6 mm Hg
- % IOP Reduction 36.0±15.0
- No of AG med post op 1.44±0.8
- IAG-laser goniopuncture after NPDS

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- 250 procedures of supravueal space drainage were performed ab interno (2-3 years of follow-up)
- In all cases the reaction on the material and ACD Xenoplast removal.
- Pre-op baseline IOP 28.0±9.4
- No of AG med 3.35±0.70
- IOP 17.6±5.6
- Reduction 20.0±11.0
- No of AG Drops 1.0±0.8
- Qualified success 95%

CONCLUSIONS

1. ACD Xenoplast is a drainage with exceptional high qualities of biocompatibility
2. The data received during international investigation, performed in different clinics of Russia, Ukraine and Syria has shown that ACD Xenoplast usage effectively decreases IOP to tolerant level and maintains new developed paths of intraocular fluid flow after antiglaucomatous surgery of penetrating and non-penetrating types of glaucoma surgery.