

IMPROVED CLINICAL OUTCOMES BASED ON TECHNOLOGICAL INNOVATION

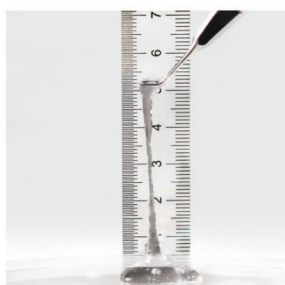


**HealaFlow double cross-linked matrix for:**

- an optimal combination of cohesiveness
- elasticity and malleability
- an easy injection

**ZOOM ON HYALURONIC ACID**

It is an endogenous glycosaminoglycan, thus endowed with a very high capacity to capture and keep water molecules.



**As a natural occurring component of cellular matrix, it is**

- chemically, physically, and biologically identical in all species
- present in all connective tissues
- totally biocompatible

**The Biological activity of NaHA offers**

- cellular recognition (membrane specific receptor)
- inflammatory process inhibition
- positive interference in scarring process



**SPECIFICATIONS**

<b>HA Concentration</b>	22 mg/ml
<b>Volume</b>	0.6 ml
<b>Cross-linking agent</b>	BDDE (1.4 Butanediol Diglycidyl Ether)
<b>Polymer Origin</b>	Non animal - Biofermentation
<b>pH</b>	Physiological pH (7.0)
<b>Osmolarity</b>	Isotonic (305 mOsm/kg)
<b>Endotoxin content</b>	0.5EU/ml
<b>Protein rate</b>	< 50ppm
<b>Sterilization</b>	Moist heat sterilization



## MOST FREQUENTLY ASKED QUESTIONS ABOUT HEALAFLOW

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### 1 | What quantity should be injected? Where to place the HealaFlow implant?

- During trabeculectomy, it is convenient to inject the required quantity to lift up the scleral flap sufficiently and to put the sutures under tension. HealaFlow shall be placed with care respecting a security distance so as to avoid any risk of involuntary gel injecting into the anterior chamber through the trephination. Any injection under the conjunctiva shall be performed at a safe distance from the limbus, making sure the conjunctival flap is properly secured (rigorous water tightness). This will help in preventing any risk of postoperative Seidel/bleb leakage.
  - During deep sclerectomy, the scleral space has to be completely filled HealaFlow, not with standing the number of sutures used to tighten the scleral flap. If an injection under the conjunctiva is required, this should follow the same procedure as for trabeculectomy.
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### 2 | What to do if HealaFlow penetrates the anterior chamber?

Cross-linked sodium hyaluronate is not toxic for ocular tissues, including those of the anterior chamber. In addition, the nature of this implant (a double cross-linked gel, thus endowed with a «compact» structure) considerably limits the risk of gel migration into the anterior chamber.

Nevertheless, should the gel be unexpected present in the anterior chamber after trabeculectomy (detected through a deepening of the anterior chamber and a slight concavity of the iris), this would require removal of the gel to avoid hypertension risk.

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### 3 | Can HealaFlow be simultaneously used with anti fibroblastic (such as MMC, 5FU)?

#### Can we substitute HealaFlow for Mitomycin C, and reverse?

The combination of HealaFlow and Mitomycin is routinely used to create a synergical action. Indeed, HealaFlow is dedicated to long-term preservation of the filtering space. On the other hand it cannot fully control the fibrosis process especially for patients at risk. Thus, HealaFlow cannot be used as a substitute for any anti fibroblastic. Reverse, an anti fibroblastic cannot be used for keeping the filtering bleb open or acting in the regulation of the aqueous humour outflow. The combination between the structural properties of HealaFlow and the pharmacological action of a device such as Mitomycin C is beneficial and synergetic.

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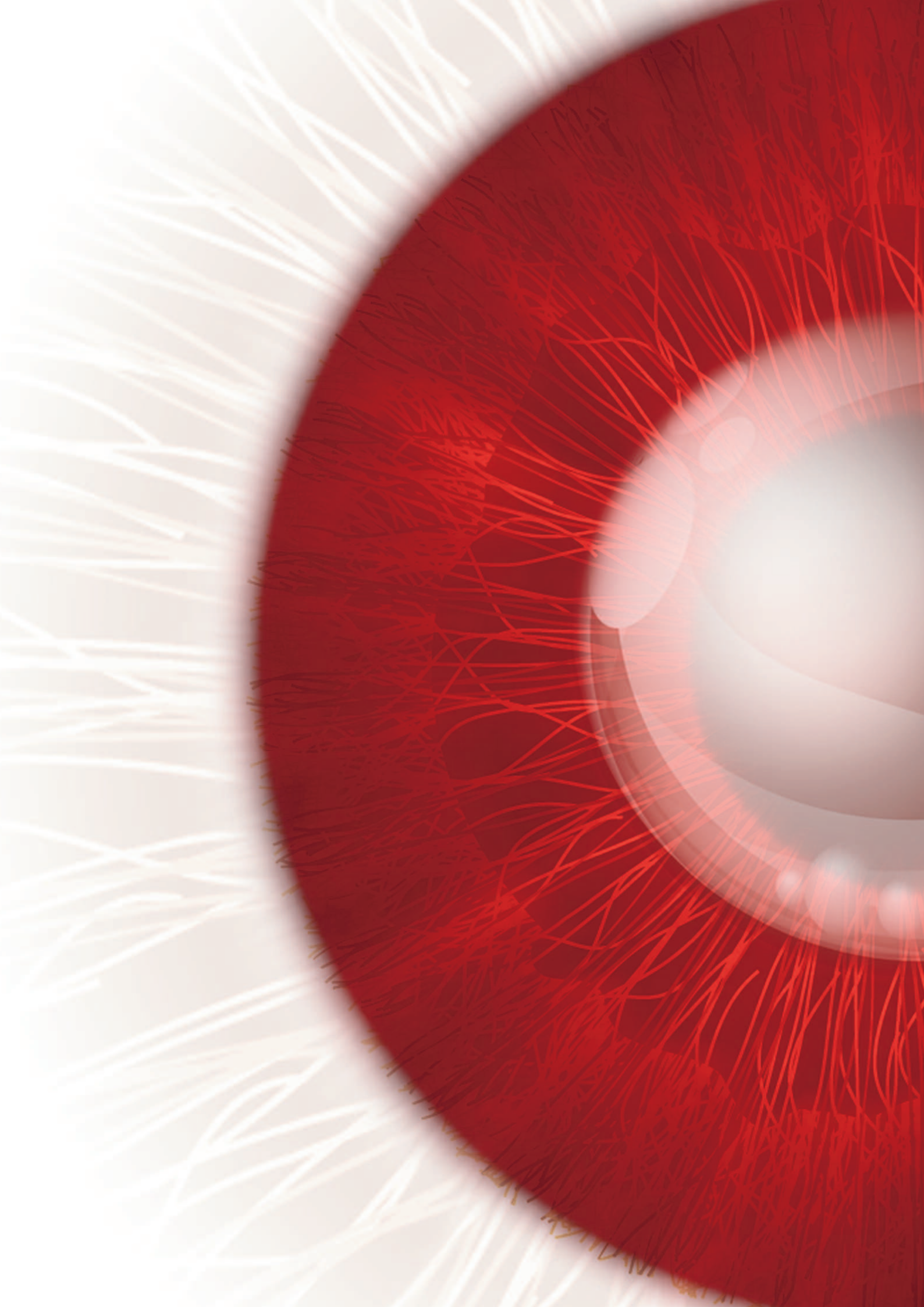
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- Ophthalmology
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