

INTRODUCING THE XPAND^{NT} X1 READY-LOADED IRIS SPECULUM. THE NEXT EVOLUTION IN PUPIL EXPANSION TECHNOLOGY

- FIRST FULLY PRE-LOADED PUPIL EXPANSION SYSTEM
- MADE POSSIBLE BY NITINOL MATERIAL
 - MEMORY METAL WILL ALWAYS REMEMBER ITS EXACT SHAPE
 - LONG HISTORY IN MEDICAL DEVICES, VERY BIOCOMPATIBLE
- FULLY LOADED IN THE INJECTOR DURING THE MANUFACTURING PROCESS
- THE ULTIMATE IN CONVENIENCE AND CONSISTENCY
- STERILE / SINGLE-USE / DISPOSABLE SYSTEM
- 2.4MM INCISION (CAN GO THROUGH A “TIGHT” 2.2MM)
- SOLD IN BOXES OF FOUR INDIVIDUALLY PACKED, STERILE UNITS



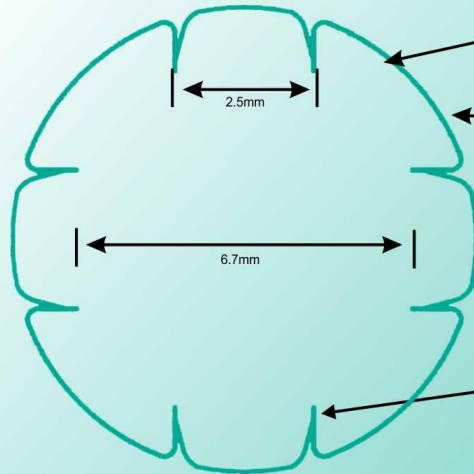
xpand^{NT}

IRIS SPECULUM

Key Features

Nitinol Material: Memory Metal;
Soft & Flexible; Highly Biocompatible;
Wire Ø is 0.003" (~ a 6-0 suture);
End joint is laser-welded.

Top View



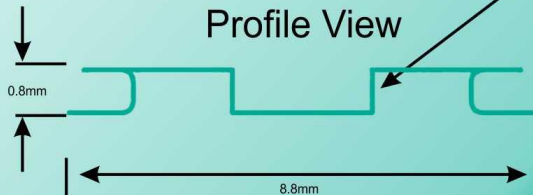
Expansion Bands (4) - Connect the Feet and store the energy to expand the iris.

Feet (4) - Form the Pockets which cradle the iris rim.

Fixation Points (8) - More points of contact mean less iris trauma and a more circular pupil.

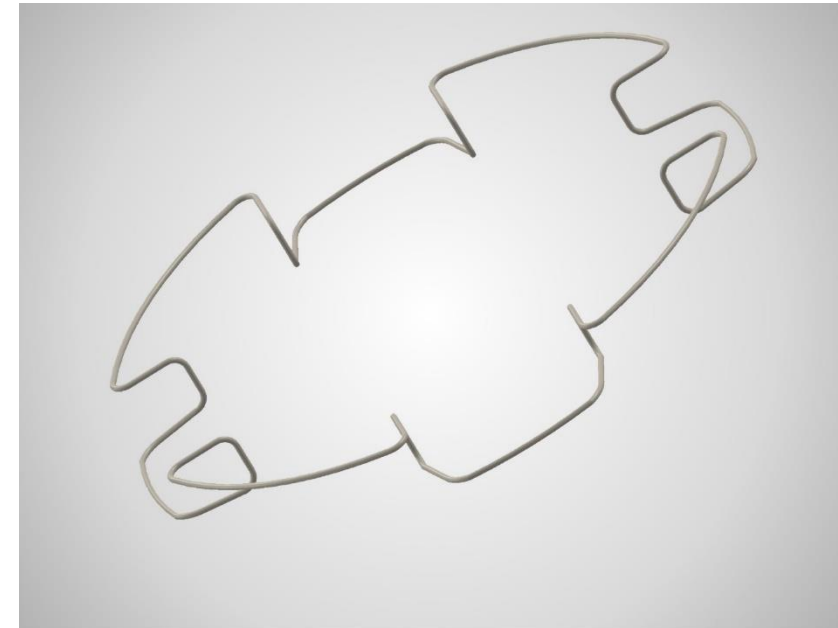
Pockets (4) - Allow for the iris rim to be easily engaged and gently but securely cradled. Also allows for easy removal.

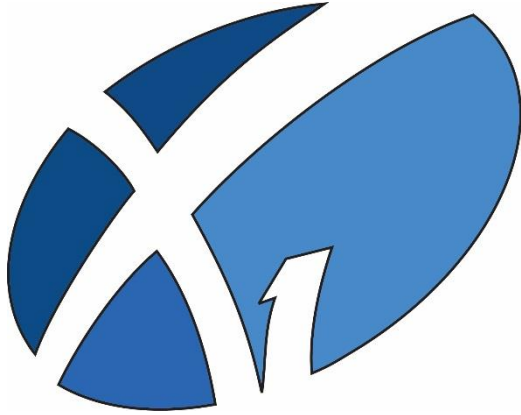
Profile View



○ KEY FEATURES / ADVANTAGES

- NITINOL – TITANIUM NICKLE ALLOY
 - SOFT, FLEXIBLE, BIOCOMPATIBLE, EASY TO MANIPULATE, HOLDS ITS SHAPE
- WIRE DIAMETER: 0.003"
- DEVICE DIAMETER: 6.7MM
 - WILL ENLARGE EVEN A 2.0MM PUPIL OUT TO 6.7MM.
- DEVICE PROFILE HEIGHT: 0.8MM
 - LARGE ENOUGH FOR EASY IRIS ENGAGEMENT AND REMOVAL, SMALL ENOUGH TO AVOID COMPLICATIONS AN INSTRUMENT INTERFERENCE
- LASER-WELDED JOINT
 - EXTREMELY STURDY, RELIABLE AND ELEGANT. OTHERS ARE GLUED TOGETHER, WHICH TEND TO BREAK APART
- 8-POINT FIXATION
 - CREATES A NEAR-CIRCULAR PUPIL WITH LESS STRESS ON THE IRIS RIM
- 2.5MM WIDE POCKETS
 - PLENTY OF ROOM FOR INSTRUMENT MANIPULATION, ALLOWS FOR EASY ROTATION ONCE ENGAGED WITH IRIS AND FOR QUICK, SIMPLE DISENGAGEMENT AND REMOVAL THROUGH THE PRIMARY INCISION





- SURGICAL PEARLS....
 - 2.4MM INCISION IS IDEAL. IT CAN BE TIGHT THROUGH A 2.2MM INCISION
 - THE SURGEON SHOULD ADVANCE THE XPAND SLOWLY FROM THE INJECTOR, ESPECIALLY FOR THEIR FIRST FEW CASES. AS A REFERENCE, IT COMES OUT FASTER THAN THE MALYUGIN RING
 - PLACE THE INJECTOR TIP AS CLOSE AS POSSIBLE TO THE DISTAL IRIS RIM. ENGAGE THE DISTAL IRIS RIM FIRST, THEN ADVANCE THE REST OF THE XPAND SPECULUM.
 - PRONATE THE WRIST SLIGHTLY TO ENGAGE THE LATERAL FEET.
 - IN RARE INSTANCES, THE LATERAL FEET MAY APPEAR TWISTED. THEY ARE LIKELY NOT TWISTED, BUT OVERLAPPED. TO RESOLVE, DRAW THE DEVICE BACK INTO THE INJECTOR WHILE STILL IN THE EYE, THEN RE-ENGAGE THE DISTAL IRIS RIM. THIS SHOULD ALLOW THE FEET TO DISENGAGE FROM EACH OTHER.
 - IF THE SPECULUM IS NOT EXACTLY IN LINE WITH THE PRIMARY INCISION, IT IS SIMPLE TO ENGAGE ONE OF THE FEET AND ROTATE THE DEVICE TO THE DESIRED ORIENTATION.
 - TO REMOVE, SIMPLY DISENGAGE THE PROXIMATE AND TWO LATERAL FEET FROM THE IRIS RIM AND REMOVE FROM THE PRIMARY INCISION USING A HOOK FOR PUSH/PULL MANIPULATOR.
 - KEEP OVD IN THE AC UNTIL AFTER THE DEVICE IS REMOVED.

THANKS!