

BVI

I-Ring® Pupil Expander: Atraumatic Solution for Intraoperative Small Pupil

Atraumatic Options

Ring Material

- Polyurethane — soft and resilient material is gentle on intraocular tissue

Channel

- Fixed channel height does not compress and pinch iris during insertion or removal

Enhanced Patient Comfort and Ease of Use

- Designed to remain planar in anterior chamber protecting corneal endothelium
- Completely (360°) engages iris and eliminates distinct stress points

Ease of Use

Straightforward

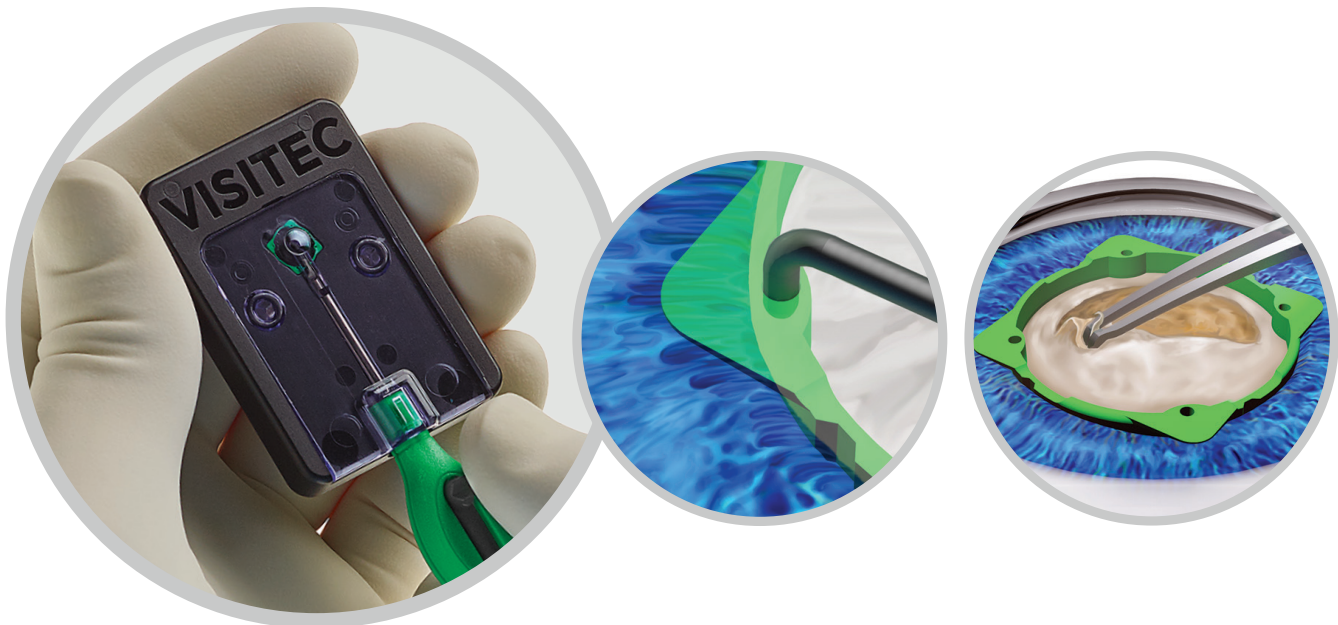
- Single handed insertion, engagement and removal
- Minimal preparation for insertion by surgical team

Intuitive

- Easy iris engagement and disengagement requiring only Sinsky hook
- Green color provides excellent contrast and visibility

Fast

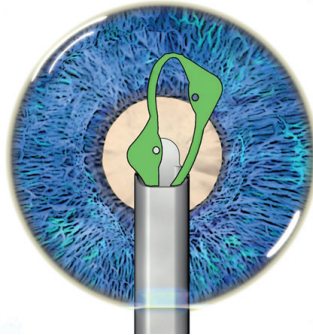
- Design and material facilitate fast insertion and removal
- Minimal learning curve



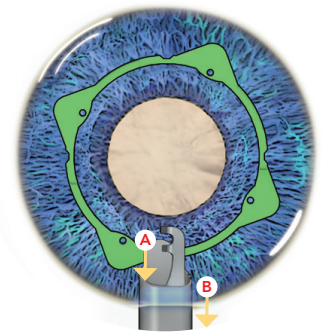
Usage Guide

1: Introduce the I-Ring into the Anterior Chamber

1
Introduce the inserter through the primary incision after injecting viscoelastic into the anterior chamber. Position the tip centrally over the lens and introduce the I-Ring.

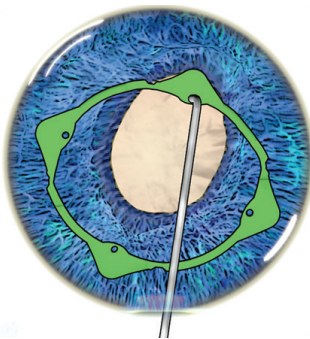


2
Completely retract the prongs (A) before removing the inserter (B) from the primary incision.

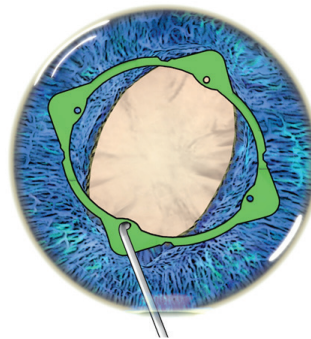


2: Engage the I-Ring to the Iris

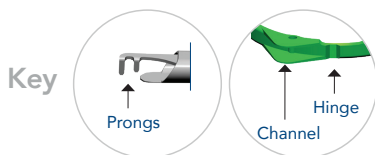
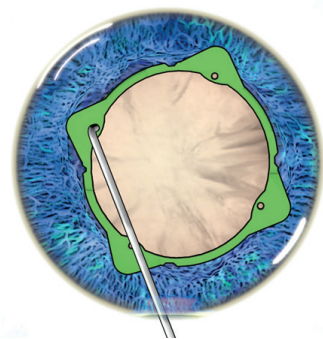
1
Use a Sinskey Hook to secure the distal channel to the iris.



2
Next secure the proximal channel to the iris.



3
Continue to secure the two lateral channels to the iris.



Product Specifications

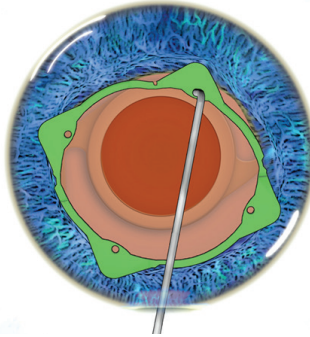
- Suitable for insertion through a 2.4 mm incision
- 6.3 mm field of view (6.7 mm OD)
- I-Ring height – .7 mm
- Polyurethane

Visitec® I-Ring	Description	SKU #	Qty
	I-Ring Pupil Expander, 1/Ea, Sterile single use	587001	1
	I-Ring Pupil Expander, 6/Pk, Sterile single use	587000	6
	Sinskey Hook (plastic handle), Angled 45 degrees, 10 mm From tip, Hook .85 mm tip to bend distance, Overall length 130 mm	581442	10

3: Remove the I-Ring from the Eye

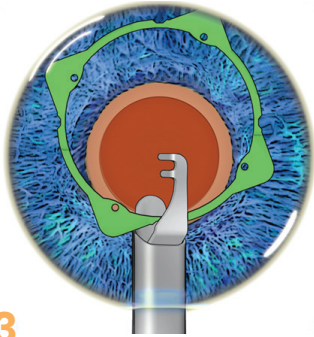
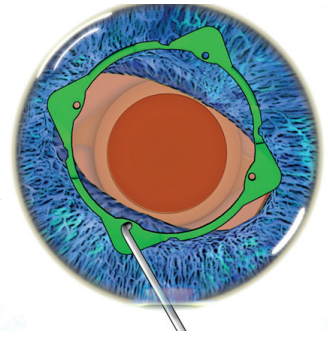
1

Use a Sinsky Hook to disengage the distal channel and place it onto anterior iris.



2

Next disengage the proximal channel and place it onto anterior iris. Proceed to disengage the two lateral channels.



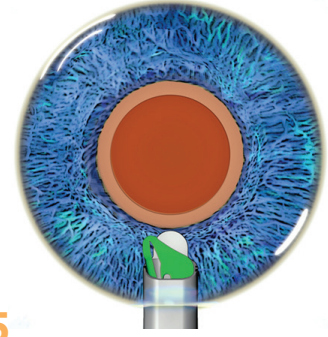
3

With the inserter in the anterior chamber, extend the prongs over the I-Ring before positioning the cannula platform under the hinge.



4

Capture the hinge between the prongs of the inserter.



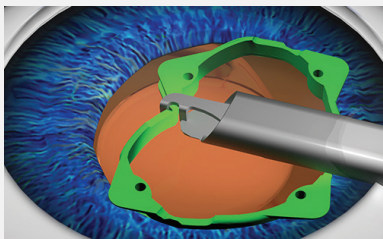
5

Completely draw the I-Ring into the inserter before withdrawing from the primary incision.

Advanced Removal Techniques

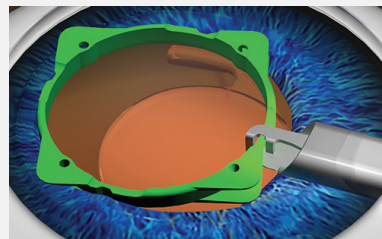
One Step Technique

- 1 With the ring fully engaged, introduce the inserter into the anterior chamber and grasp the distal hinge ensuring you do not grasp any iris tissue.
- 2 Once the hinge is grasped between the prongs, fully retract the ring into the cannula.



Two Step Technique

- 1 Disengage the proximal channel from the iris using the cannula platform of the inserter.
- 2 Grasp the proximal hinge between the prongs of the inserter and fully retract the ring into the cannula.





"The I-Ring advances the standards for safety, consistency and reliability of small pupil expansion."

— **Kenneth R. Kenyon, MD**
Tufts and Harvard Medical Schools,
BVI Consulting Medical Director



"I like working with the I-Ring. It dilates the pupil gently, does not break the sphincter muscle, and is stable during the phacoemulsification."

— **Prof. Dr. Med. Walter Sekundo**
Chairman of the Department of
Ophthalmology, Philipps University
of Marburg, Germany



"The I-Ring eases pupillary woes with good folding — unfolding; engaging — disengaging of the iris in small pupil and IFIS cases."

— **Amar Agarwal, MS, FRCS, FRCOphth**
Managing Director of Dr. Agarwal's
Eye Hospital and Eye Research
Centre, India



"I particularly like the I-Ring because I find it does not distort the pupil or tear the sphincter."

— **Eric Donnenfeld, MD, FAAO**
Ophthalmic Consultants of Long Island, NY



"As a cataract and retina surgeon, I have found the I-Ring pupil expander to be a remarkably versatile tool for improving visualization in a wide variety of challenging surgical situations. The I-Ring is easily deployed and removed and consistently produces round, intact postoperative pupil margins."

— **Harvey Uy, MD**
University of the Philippines, Manila, Philippines



"I like the I-Ring mainly because it is very easy to use. Insertion and removal of the device is very simple, intuitive and can be even done single handed. This is especially advantageous in difficult cases where the second hand can be used to stabilize the eye."

— **Prof. Dr. Med. Ramin Khoramnia, F.E.B.O.**
Associate Professor, Heidelberg University Hospital, Germany



"The I-Ring is more than a pupil stretching device. With its unique design, the I-Ring creates a large, round pupil while at the same time stabilizing the entire iris and virtually eliminating floppy-iris issues. It is easy to insert, easy to remove, and is a wonderful addition to my surgical armamentarium."

— **Michael G. Richie, MD**
Richie Eye Clinic, Faribault, MN

FOR COMPLETE PRODUCT INFORMATION, PLEASE REFER TO THE SPECIFIC BVI IFU (INSTRUCTIONS FOR USE)

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