

# Educate patients about the OMNI<sup>®</sup> Surgical System

We know your glaucoma patients want to take control of their disease. This guide can help you as you educate patients about the OMNI<sup>®</sup> Surgical System.

## Understanding Patient Needs

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Good communication with your patients can help set the course for an optimal outcome.

### Ask About Treatment

- *What are your biggest concerns when it comes to addressing your glaucoma?*

### Discuss the Benefits of OMNI<sup>®</sup>

- Implant-free procedure
- Safe, simple and minimally invasive
- May reduce or end the use of drops
- Can be done at the same time as cataract surgery
- Can be performed as a solo procedure with minimal recovery time (similar to cataract surgery)
- As with any surgical procedure, there are risks.\*

## About the OMNI<sup>®</sup> Surgical System

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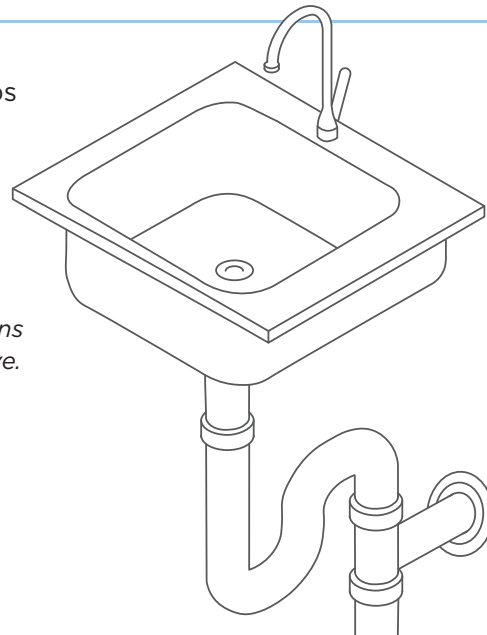
As a MIGS procedure, the OMNI<sup>®</sup> Surgical System helps unclog pressure buildup in the eye by removing unnecessary blockages.

### Use Language Patients Are Familiar With

- *Glaucoma is similar to a clog in the kitchen sink. When it's clogged, it causes resistance. More resistance to flow means the pressure increases, causing damage to your optic nerve.*

### For Example

- *Trabecular Meshwork = drain cover*
- *Schlemm's Canal = sink pipes*
- *Distal Collector Channels = house plumbing*



## Setting Post-Op Expectations

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### Cloudy Vision

May occur in the first few days and resolve within the week.

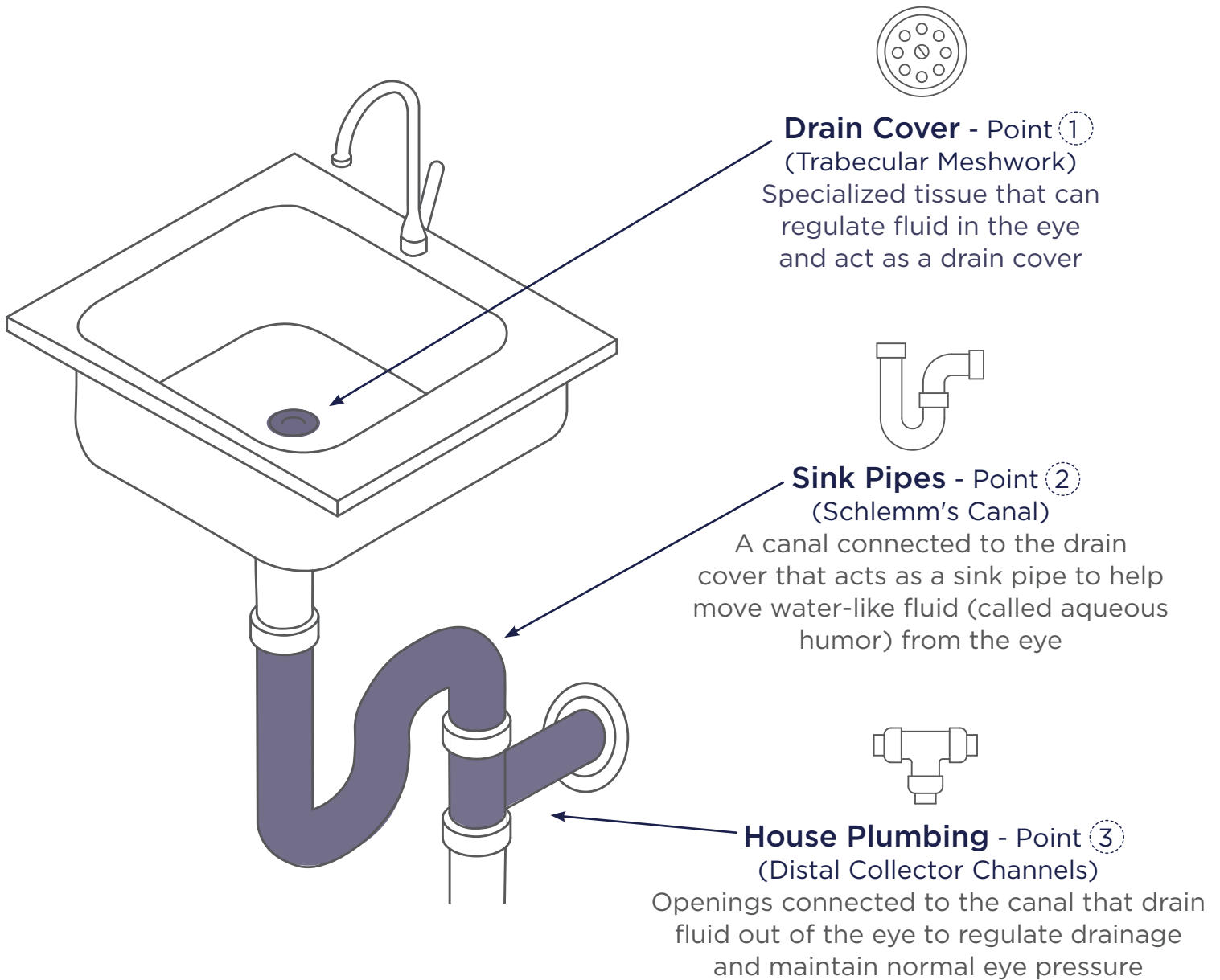
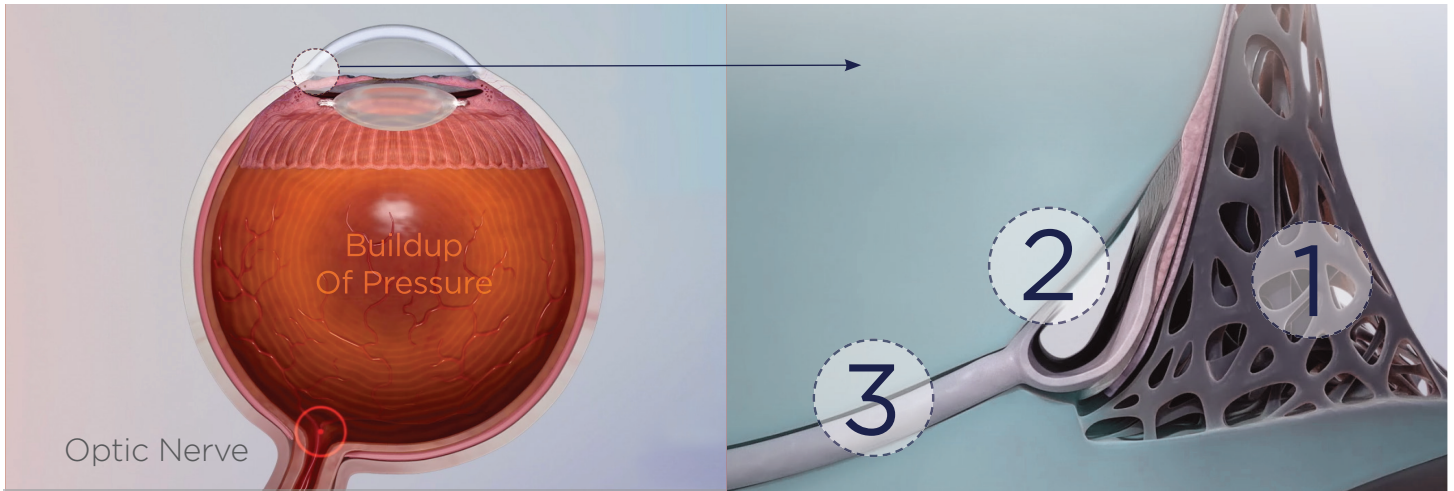
### Delayed IOP Reduction

It can take a few months for IOP levels to stabilize.

### Recovery Time

Similar to the post-op care and recovery needs of cataract surgery.

\*The OMNI<sup>®</sup> Surgical System is indicated for the catheterization and transluminal viscodilation of Schlemm's canal and the cutting of trabecular meshwork to reduce intraocular pressure in adult patients with open-angle glaucoma. There are risks with any glaucoma surgery procedure. In a clinical study of the OMNI<sup>®</sup> Surgical System, the most common (> 5%) post-operative adverse events reported were posterior capsule opacity (15%), mild anterior chamber inflammation (11%), cystoid macular edema (5%), corneal edema (5%) and IOP increase > 10 mmHg above baseline >30 days post-operative (5%).



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