Post-Operative Medication

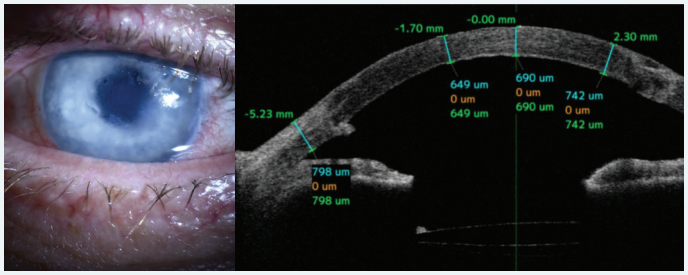
Steroids: Minimum of 6 months post-op, 6-8 drops/ day until inflammation subsides, tapering over time (identify steroid responders).

Antibiotics: Minimum of 4 weeks post implantation, extend in high-risk patients (neurotrophic keratitis, dry eye, multiple surgeries).

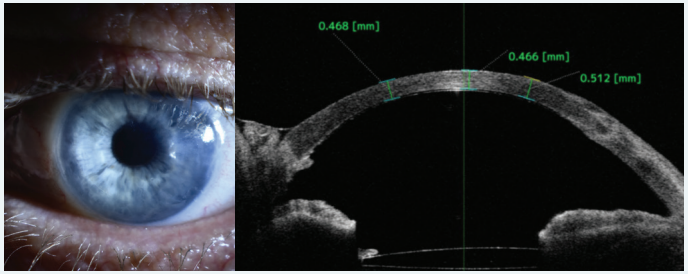
Soft TCL: Recommended post-op, especially useful in ocular surface disease/ dry eye, ensure antibiotic coverage during use.

IOP Management: Identify steroid responders pre-op.

PRE-OP



POST-OP



EndoArt®
Artificial Endothelial Layer

- Expands treatment possibilities
- Consider when previous grafts have failed or further transplantation is challenging
- Reduces corneal edema and improves visual outcomes in clinical studies
- Contains no human donor tissue
- Offers up to three years' shelf life supporting advance planning



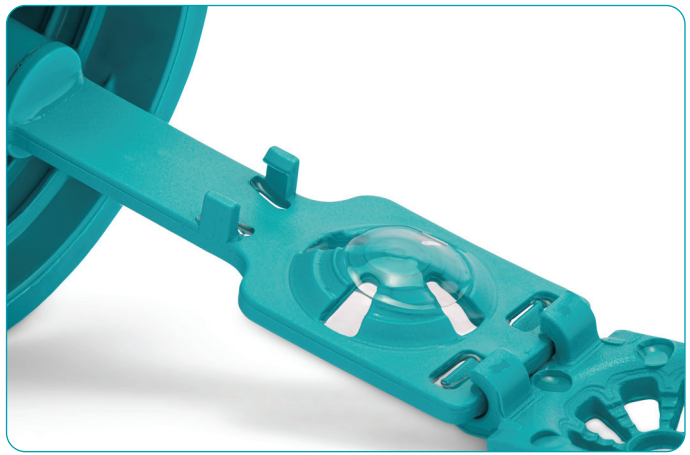
EyeYon MEDICAL

www.eye-yon.com

Rev.2.0

EndoArt®
Artificial Endothelial Layer

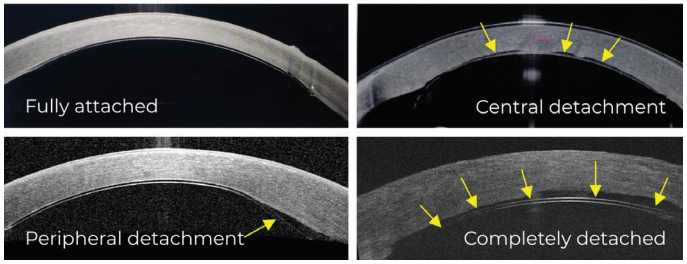
Clinical Reference Guide



Clinical recommendations for optimal patient outcomes. This guide provides evidence-based protocols for post operative management following EndoArt® implantation, including medication guidelines, corneal monitoring, and risk mitigation strategies.

FOLLOW-UP & TREATMENT ALGORITHM

Patients implanted with EndoArt® should undergo routine follow-up examinations until a stable corneal thickness is established and then every 3-4 months. More frequent monitoring may be warranted in higher-risk patients (e.g., those with ocular surface disease/ thin cornea) or in the presence of postoperative complications. Central corneal thickness (CCT) should be assessed at each follow-up visit.



CLINICAL ALERTS

- ⚠ Epithelial erosion or corneal melting/ deformation are early warning signs.
- ⚠ CCT follow-up by OCT is mandatory. Any patient with a CCT below 450 µm should be followed according to the thin cornea protocol.
- ⚠ Non-compliance is the primary risk factor for adverse outcomes.
- ⚠ Avoid phosphate-based drops.

RE-BUBBLING

In case of partial or full device detachment, re-bubbling procedure may be performed using 10% C3F8 gas or 20% SF6 gas, as per the physician's discretion. The rebubbling procedure should be performed in an operation room, after which the patient should be placed in a supine position, facing upwards, for at least 4 hours after the operation.

SUTURE REMOVAL

Timing: ≥12 weeks post attachment confirmation, recommended ~6 months. To avoid infection, the suture should be transected at its peripheral entry site as close to the corneal surface as possible and then withdrawn through the central entry site.

PATIENT SELECTION

Proper patient selection dramatically reduces complications (avoid implantation in eyes with severe ptosis and naturally thin corneas, e.g., post refractive surgery).

85% **CCT IMPROVEMENT**
Patients with improvement in central corneal thickness at 12 months*

71% **VISION IMPROVEMENT**
Patients gaining ≥2 ETDRS lines at 12 months*

* Accumulated clinical-study and pre-market data, n=146; data on file. Individual outcomes may vary.

THIN CORNEA

CCT Threshold | Follow-Up | Treatment

≤450 µm | Monthly | Lubricants 4×/ day

≤400 µm | Bi-weekly | Lubricants + TCL + antibiotics

≤350 µm | Weekly | TCL + antibiotics + lubrication

CRITICAL THRESHOLDS

- **≤350 µm + corneal deformation/ erosion:** Monitor every 2 days. Patch + steroids + IOP control required.
- **≤300 µm:** Daily monitoring. Intensive treatment; Patch + steroids + IOP control required. Consider implant removal if no improvement.

CCT fluctuations between visits indicate stability.

