At trabeculectomy failure, nonvalved tube shunt surgery was more likely to maintain IOP control and avoid persistent hypotony or reoperation for glaucoma than trabeculectomy with MMC during the first year of follow-up in the TVT Study. ¹

Provide pressure control with a minimally invasive BAERVEELDT® implant. Its fenestration system is designed to control bleb height and volume while a patented larger surface area enhances IOP control. ² ³

When traditional therapy can’t control rising IOP, handle the pressure with a BAERVEELDT® glaucoma implant.

For more information, call your Johnson & Johnson Vision representative or visit www.BAERVEELDT.com
BAERVELDT® Glaucoma Implants
Effective Implant Designs

• Large surface area plates provide more effective long-term IOP control than smaller plates.¹ ²

• Low implant profile for better globe fit

• Single-quadrant insertion allows a large surface area seton plate to be installed

• Patented fenestrations minimize bleb height and volume and help reduce ocular motility disturbances.³

Pars Plana Model BG-102-350
Surface area: 350 mm²

Model BG-103-250
Surface area: 250 mm²

Model BG-101-350
Surface area: 350 mm²

To order or for more information, call 1-877-266-4543 or visit www.Baerveldt.com

INDICATIONS AND IMPORTANT SAFETY INFORMATION for Baerveldt Glaucoma Implant:
Rx Only

INDICATIONS: For use in patients (with prior vitrectomy for Pars Plana) with medically uncontrollable glaucoma and poor surgical prognosis, such as, but not limited to: neovascular glaucoma, aphakic/pseudophakic glaucomas, patients who have failed conventional surgery, congenital glaucomas and secondary glaucomas due to uveitis, epithelial downgrowth, etc.

WARNINGS: Do not use the device if sterile package integrity has been compromised. Do not re-sterilize the implant by any method. Do not reuse the implant. Do not store at temperatures above 45°C (113°F). AMO single-use medical devices are labeled with instructions for use and handling to minimize exposure to conditions which may compromise the product, patient, or the user. The reuse/restterilization/reprocessing of AMO single-use medical devices may result in physical damage to the medical device, failure of the medical device to perform as intended, and patient illness or injury due to infection, inflammation, and/or illness due to product contamination, transmission of infection, and lack of product sterility.

CONTRAINDICATIONS: Bacterial conjunctivitis, bacterial corneal ulcers, endophthalmitis, orbital cellulitis, bacteremia or septicemia, active scleritis and/or no light perception.

COMPLICATIONS/ADVERSE EVENTS: The complications during and after surgery include, but are not limited to: choroidal hemorrhage, hyphema, serous choroidal effusion, hypotony, flat anterior chamber, phthisis bulbii, retinal detachment, endophthalmitis, tube erosion, tube touch to cornea, tube block by iris or vitreous, bullous keratopathy, uveitis and diplopia.

References