



IMPORTANT PRODUCT INFORMATION

CAUTION: Federal law restricts this device to sale by or on the order of a physician. INDICATIONS FOR USE: The Hydrus Microstent is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild to moderate primary open-angle glaucoma (POAG).

CONTRAINDICATIONS: The Hydrus Microstent is contraindicated under the following circumstances or conditions: (1) In eyes with angle closure glaucoma; and (2) In eyes with traumatic, malignant, uveitic, or neovascular glaucoma or discernible congenital anomalies of the anterior chamber (AC) angle. **WARNINGS:** Clear media for adequate visualization is required. Conditions such as corneal haze, corneal opacity or other conditions may inhibit gonioscopic view of the intended implant location. Gonioscopy should be performed prior to surgery to exclude congenital anomalies of the angle, peripheral anterior synechiae (PAS), angle closure, rubeosis and any other angle abnormalities that could lead to improper placement of the stent and pose a hazard. The surgeon should monitor the patient postoperatively for proper maintenance of intraocular pressure. The surgeon should periodically monitor the status of the microstent with gonioscopy to assess for the development of PAS, obstruction of the inlet, migration, or device-iris or device-cornea touch. The Hydrus Microstent is intended for implantation in conjunction with cataract surgery, which may impact corneal health. Therefore, caution is indicated in eyes with evidence of corneal compromise or with risk factors for corneal compromise following cataract surgery. Prior to implantation, patients with history of allergic reactions to nitinol, nickel or titanium should be counseled on the materials contained in the device, as well as potential for allergy/hypersensitivity to these materials. **PRECAUTIONS:** If excessive resistance is encountered during the insertion of the microstent at any time during the procedure, discontinue use of the device. The safety and effectiveness of use of more than a single Hydrus Microstent has not been established. The safety and effectiveness of the Hydrus Microstent has not been established as an alternative to the primary treatment of glaucoma with medications, in patients 21 years or younger, eyes with significant prior trauma, eyes with abnormal anterior segment, eyes with chronic inflammation, eyes with glaucoma associated with vascular disorders, eyes with preexisting pseudophakia, eyes with pseudoexfoliative or pigmentary glaucoma, and when implantation is without concomitant cataract surgery with IOL implantation. Please see a complete list of Precautions in the Instructions for use. **ADVERSE EVENTS:** The most frequently reported finding in the randomized pivotal trial was peripheral anterior synechiae (PAS), with the cumulative rate at 5 years (14.6% vs 3.7% for cataract surgery alone). Other Hydrus postoperative adverse events reported at 5 years included partial or complete device obstruction (8.4%) and device malposition (1.4%). Additionally, there were no new reports of persistent anterior uveitis (2/369, 0.5% at 2 years) from 2 to 5 years postoperative. There were no reports of explanted Hydrus implants over the 5-year follow-up. For additional adverse event information, please refer to the Instructions for Use. **MRI INFORMATION:** The Hydrus Microstent is MR-Conditional meaning that the device is safe for use in a specified MR environment under specified conditions. **Please see the Instructions for Use for complete product information.**

References: 1. Ahmed I, et al; HORIZON Investigators. Long-term Outcomes from the HORIZON Randomized Trial for a Schlemm's Canal Microstent in Combination Cataract and Glaucoma Surgery. [https://www.aaojournal.org/article/S0161-6420\(22\)00160-9/fulltext](https://www.aaojournal.org/article/S0161-6420(22)00160-9/fulltext)
2. Hydrus Microstent Instructions for Use

Alcon

© 2022 Alcon Inc. 07/22 US-HDM-2200201

Letters

What Role for Medical Students?

I am very disappointed that *EyeNet* has instituted a new policy not allowing medical students as authors for its "Ophthalmic Pearls" and "Morning Rounds" sections. The only exception to this policy is the very limited "Blink" photo essay.

I have previously had numerous submissions of Morning Rounds published with medical students. It has been wonderful seeing their excitement when their name is part of a published article. These have been a fantastic way to encourage interest in ophthalmology by providing a diverse group of students with the opportunity to research and write about eye-related topics while learning about medical publishing.

One reason for the policy change, I am told, is due to additional editorial time that a few poorly written student-authored articles have required. Painting a broad brush for all students when, in fact, it's the overseeing ophthalmologist who is ultimately responsible for the quality of what is submitted, is a mistake. Additional concerns about complex information being presented incorrectly have been alleviated by the new policy to require subspecialty co-authorship.

I teach medical students as part of a clinical medical school appointment, and there is no opportunity to work with residents, the nearest programs being hours away. This policy is eliminating a previous opportunity for me to promote medical student interest in ophthalmology through researching and writing about eye-related topics. The policy is elitist because only academic departments with residents will submit these articles. The Academy and *EyeNet* are sending a terrible message to clinical ophthalmologists who teach and want to encourage potential future ophthalmologists.

Steve Gerber, MD
Indiana University School of Medicine
South Bend, Indiana

Editor's note. The changes in 2021 to *EyeNet's* authorship policies were made to reflect the depth and breadth of clinical knowledge required to discuss the diagnosis, surgical and medical treatment options, and risks associated with managing complex ophthalmic disease. While medical students are adept at developing fact-based content, they cannot be expected to have the clinical expertise to contextualize information for our readers.

The Academy appreciates its physician volunteers and thanks Dr. Gerber for his submissions to *EyeNet* and for promoting ophthalmology among medical students. The Academy encourages medical students to explore its resources at aao.org/medical-students and aao.org/minority-mentoring. And EyeWiki is an option for medical students who wish to publish online (aao.info/ewms).