ANODYNE SURGICAL

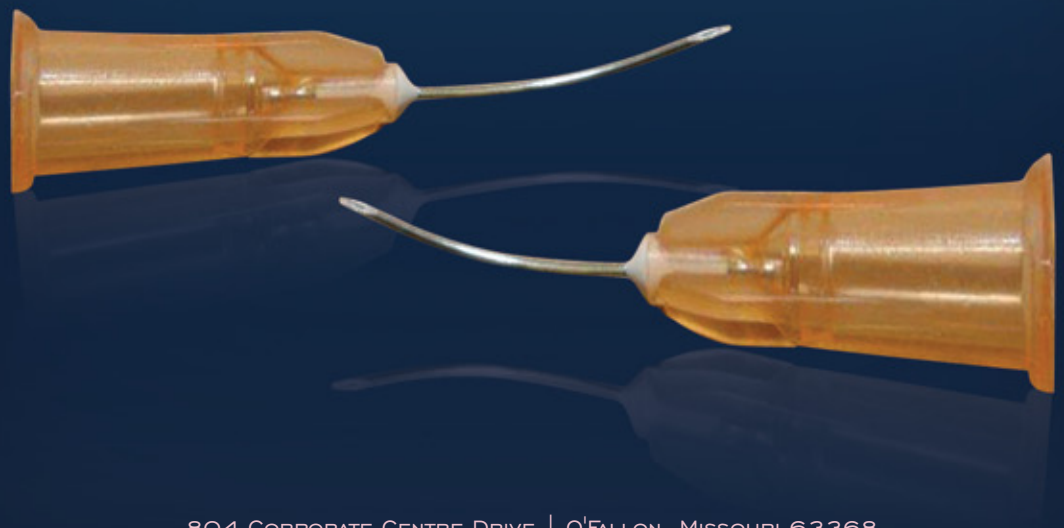
PSI / EYE-KO, Inc. dba

Dr. Stanley Rous' Multipurpose Simplified Sub-Tenon's/ Parabulbar Needle #0027S

- Short and gently curved with a bevel down configuration.
- Designed for injections under direct visualization.
- Reduced risk compared to Retrobulbar or Peribulabar injections.
- Eliminates opening the conjunctiva as required with other Parabulbar techniques.
- Multiple usage options for surgery centers and hospitals in regards to anesthesia and akinesia for cataract surgery, glaucoma surgery, retina and vitreous surgery, etc. or for office use for anesthesia for PRP, steroids or antibiotics.

Dr. Stanley Rous, of the Fort Lauderdale Eye Institute, developed this needle approximately 10 years ago. Thousands of injections by Dr. Rous and others using this needle with his described technique as shown in his video with no known significant complications. Occasionally, conjunctival chemosis or mild subconjenctival bleeding will occur.

Anodyne Surgical is the exclusive manufacturer of this needle.



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Rous Multipurpose Simplified Sub-Tenon's/Parabulbar Needles

The Rous Multipurpose Sub-Tenon/Parabulbar needle is a 25g, 5/8" (16mm) long needle that is gently curved with the bevel on the inside of the curve (bevel down). This shortened needle enables the ophthalmologist or anesthesiologist to safely inject anesthetic, steroids, or antibiotics under direct visualization. The injection is given, preferably, in the inferotemporal area by separating the upper and lower lids with a wire speculum or one's fingers. The conjunctiva is penetrated slightly past the equator of the globe until the hub of the needle reaches the conjunctival surface and the desired material is injected. The gentle curve and bevel down configuration significantly reduce the risk of potential needle complications compared to retrobulbar or peribulbar needles which are long needles that require blind passage or 25g, 5/8" straight standard needles that cannot follow the curvature of the globe.

The Rous needle may be used by the cataract surgeon, retinal surgeon or anesthesiologist in the pre-op area in a similar fashion as with retrobulbar or peribulbar injections. Additionally, the injections with this needle can be given in the office when steroids, antibiotics or anesthetic become necessary. The retinal specialist, for example, can use this technique with anesthetic prior to pan retinal photocoagulation; or the comprehensive ophthalmologist or retinal specialist can introduce Sub-Tenon's steroids for iritis or cystoids macular edema with this approach. Surgeon comfort level should be high since all ophthalmologists are very familiar with Sub-Tenon's injections, and with the Sub-Tenon's parabulbar needle, the steroid can be deposited in a more posterior location if indicated.

Anodyne Surgical (formerly PSI/EYE-KO, Inc.) of O'Fallon, Missouri, has manufactured this needle designed by me for the past ten years. Thousands of injections by myself and others utilizing this technique have been done with no known significant complications whether from pre-operative or office injections. Occasionally, some subconjunctival bleeding may occur or chemosis.

This method when used for cataract surgery or retinal surgery provided excellent anesthesia and akinesia. Supplemental injections are rarely needed. 4mL of the desired anesthetic mixed with sodium hyaluronidase should be used for the cataract procedure plus orbital decompression. About 5mL of anesthetic should be used for retinal procedures. For office injections, anesthetize the inferolateral fornix area with a cotton tip applicator soaked with Proparicaine 0.5% prior to the injection.

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