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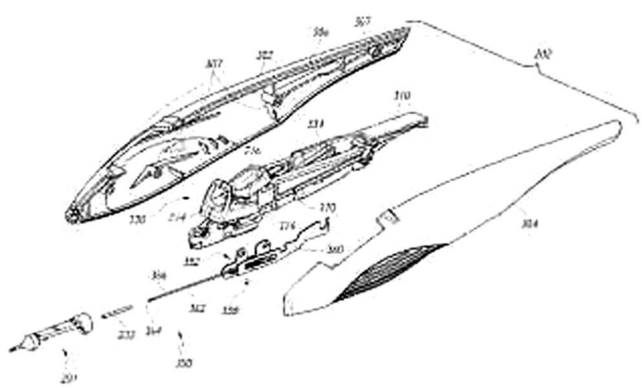
AU2018346229 (A1) — 2020-04-30

SYSTEMS AND METHODS FOR DELIVERING MULTIPLE OCULAR IMPLANTS

Systems and methods for delivering multiple ocular implants to reduce intraocular pressure are disclosed. The ocular implants can be implanted at multiple sites within a single human eye without requiring removal of the delivery apparatus from the eye. A system for delivering multiple ocular implants can include a plurality of implants, an external housing, and an introducer assembly. The external housing can provide access to an implant singulation actuator and an implant delivery actuator. The introducer assembly can comprise an auto-retracting introducer portion. The delivery apparatus can include an infinite activation mechanism/portion and/or a manual singulation mechanism/portion.



AU2020202248 (A1) — 2020-04-23

SURGICAL TOOL AND METHOD FOR OCULAR TISSUE TRANSPLANTATION

Disclosed are devices and methods for delivering a sheet of tissue (506) into the eye in such a way that damage to the tissue is minimized, damage to the eye during insertion and manipulation of the tissue is minimized, and the tissue is released and delivered in a precise and controlled fashion. The device (100) includes a hollow handle portion (110) configured to convey a fluid (502) therein. The device also includes an injector portion (112) fluidically coupled to the handle portion and defining an internal channel (508) via which the fluid is conveyed. The injector portion includes a substantially flat tip (408) that defines an aperture connected to the internal channel of the injector portion and configured to enshroud a tissue for transplantation. When a vacuum pressure (510) is applied to the tissue via the fluid, the tissue is held in place within the tip aperture. When an injection pressure that is opposite in direction to the vacuum pressure is applied to the tissue via the fluid, the tissue is injected into the eye.

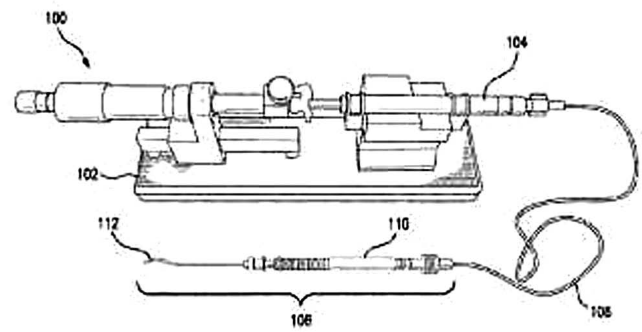


FIG. 1

AU2020202299 (A1) — 2020-04-23

THERAPEUTIC EYE TREATMENT WITH GASES

An apparatus to maintain an environment over an anterior surface of a patient eye can include an enclosure sized and shaped to be seated about the patient eye to form a cavity within the enclosure. The enclosure can be configured to contain a fluid other than ambient air in contact with the patient eye. The apparatus can include a fluid regulator in communication with the enclosure, where the fluid regulator can be configured to regulate the composition of the fluid contained within the enclosure.

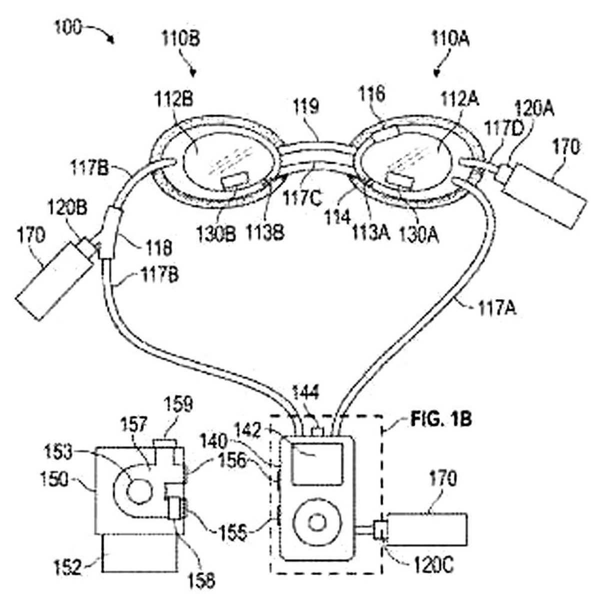
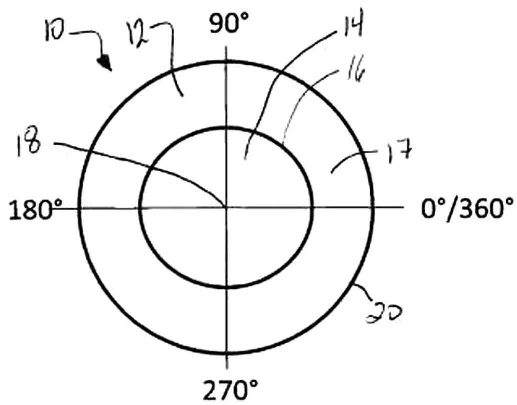


FIG. 1A

AU2018356945 (A1) — 2020-04-23

CONTACT LENSES HAVING AN ION-IMPERMEABLE PORTION AND RELATED METHODS

Contact lenses that have an ion-impermeable portion and an ion-permeable portion that are able to move on the eye without binding to the eye are described. The contact lenses exhibit an average ionoflux transmittance of at least 1.34×10.



AU2020202323 (A1) — 2020-04-23

MODULAR INTRAOCULAR LENS DESIGNS

Modular IOL systems including a base (55) and a lens (65), wherein the lens includes fixed (95) and actuatable tabs (96) for connection to the base. The modular IOL allows for the lens to be adjusted or exchanged while leaving the base in place, either intra-operatively or post-operatively. Drug delivery capabilities and/or sensing capabilities may be incorporated into the base. Injector devices may be used to facilitate placement of the base and the lens sequentially or simultaneously into the eye.

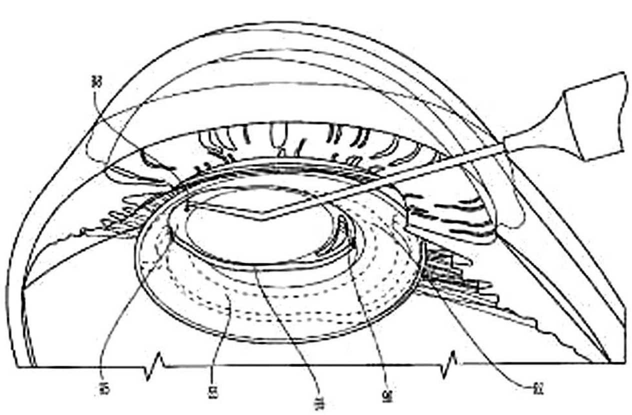
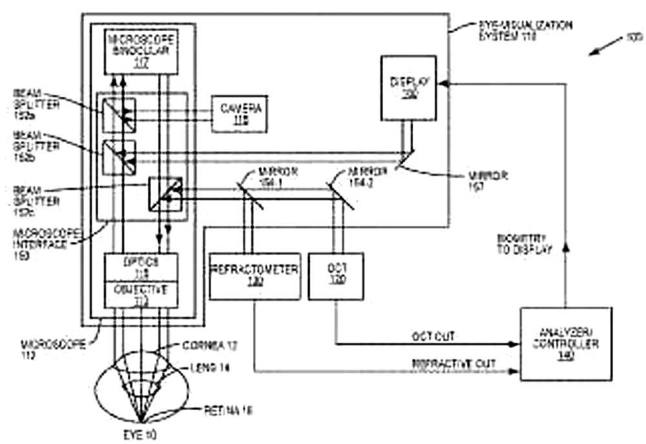


Fig. 4F

AU2018374621 (A1) — 2020-04-23

IRIS EDGE DETECTION IN OPTICAL COHERENCE TOMOGRAPHY

A-lines are obtained from an OCT scan of the eye, some of which pass through the iris and the lens and some of which pass through the lens but not the iris. An interface is detected from the A-lines; at least some of this interface is assumed to correspond to either the anterior or posterior of the iris. For each A-line, a first metric is derived from pixels near the detected first interface, such that the first metric reflects an OCT signal intensity associated with the interface, and a second metric is derived from pixels further from the interface, such that the second metric reflects OCT signal attenuation below the detected interface. An attenuation parameter is calculated for each A-line, based on the first and second metrics, and the iris's edge is detected by determining whether each A-line passes through the iris, based on the attenuation parameter.



WO2020086312 (A1) — 2020-04-30

INTRAOCULAR ARTIFICIAL LENS CAPSULE

An implantable artificial capsule and a method of implantation are provided. The implantable artificial capsule has a ring with a central opening to accommodate an intraocular lens and at least three haptic arms extending substantially orthogonal from the outer surface of the ring. Each arm has transcleral anchors for sutureless scleral fixation. Upon implantation of the implantable artificial capsule the arms are externalized transsclerally and atraumatically. The arms sit subconjunctivally. The implantable artificial capsule does not have any sutures for fixation and is suturelessly implanted in an eye, which is a major advantage as it significantly reduces complications during surgery and recovery.