

OMNI Edge

OMNI[®] Edge Surgical System

OMNI Delivers the Ultimate Experience in Interventional Glaucoma¹



The Evolution of a Proven Solution with Expanded Viscoelastic Capacity



Learn more

The OMNI® Edge Surgical System with TruSync™ technology builds on the proven performance of the OMNI® Surgical System and introduces a higher-capacity viscoelastic delivery feature (21 μ L) while maintaining the trusted safety, efficacy, and usability of the OMNI device.

OMNI Edge

Microcatheter

- Length (20mm)
- Diameter of tip (~250 microns)
- Lumen (100 microns)
- Material (Nylon 12)

Cannula

New beveled tip allows for easy access into Schlemm's canal

- Diameter (480 microns)

Control Wheel

Enhanced prominence and wider ridges for improved tactile feedback

Removable Luer Fitting

Used for direct connection with cohesive OVD cartridge for device preparation

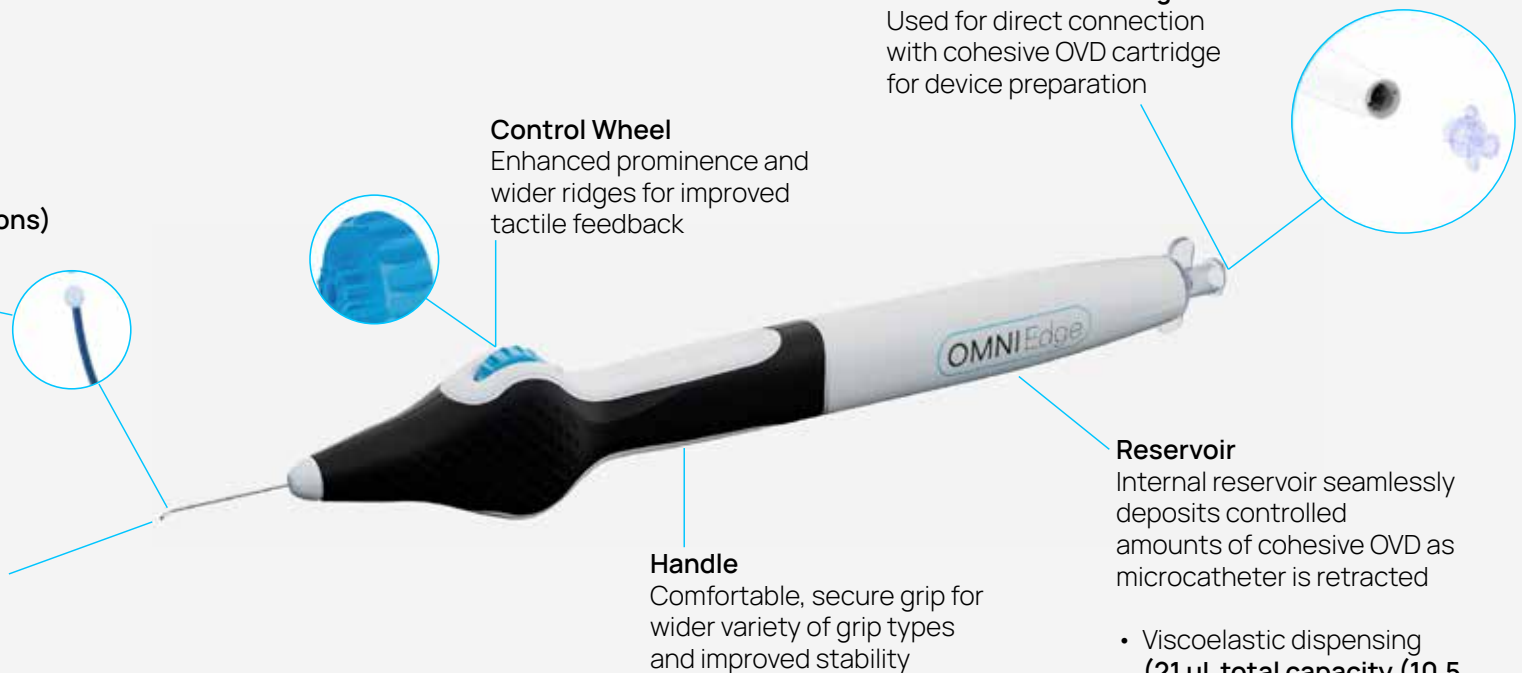
Reservoir

Internal reservoir seamlessly deposits controlled amounts of cohesive OVD as microcatheter is retracted

- Viscoelastic dispensing (21 μ L total capacity (10.5 μ L per pass))

Handle

Comfortable, secure grip for wider variety of grip types and improved stability



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Engineered Precision

TruSync™ Technology is a patented viscoelastic delivery technology synchronized with surgeon rotation of the control wheel – enabling consistent, predictable, and reproducible viscoelastic deployment along every treated clock hour of Schlemm's canal.

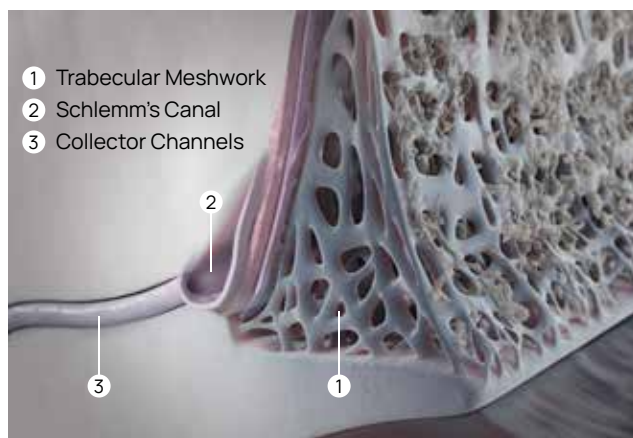
Comprehensive Intervention

OMNI enables a comprehensive, implant-free MIGS procedure that reduces intraocular pressure by addressing three areas of resistance in the aqueous outflow system—the trabecular meshwork, Schlemm's canal, and the collector channels. Adaptable to all stages of primary open-angle glaucoma, OMNI can be performed as a standalone procedure or combined with cataract surgery.

Proven Performance

Multiple studies, including prospective, long-term, and real-world have demonstrated the safety, effectiveness, and durability of the OMNI procedure in both standalone and combination cataract procedures that achieve consistent pressure (~15 mmHg). Supporting evidence includes GEMINI 12-month,² GEMINI 36-month,³ ROMEO 24-month,⁴ and IRIS® Registry real-world.⁵

With over 300,000 procedures performed, the OMNI family of products has established itself as the leader in canal-based MIGS.⁶



Targets Three Areas of Resistance

Allows 360 degrees of customized intervention to address the three areas of resistance.

Canaloplasty

Expands and dilates Schlemm's canal and collector channels.

Trabeculotomy

Unroofs Schlemm's canal, enhancing outflow and reducing intraocular pressure.

Ordering Details

Catalog Number: 1-112

Contact: 877.266.1144 info@sightsciences.com

Reimbursement Details

OMNI Edge procedures may be reimbursable under existing CPT codes:⁷

CPT 66174 – Transluminal dilation of aqueous outflow canal (e.g., canaloplasty); without retention of device or stent.

CPT 65820 – Goniotomy (ab interno trabeculotomy), involving trabecular meshwork incision.

Refer to the latest coding and reimbursement guidelines for accurate billing, available at sightsciences.com/omniedge.

Indications for Use: The OMNI® Edge Surgical System is indicated for canaloplasty (microcatheterization and transluminal viscodilation of Schlemm's canal) followed by trabeculotomy (cutting of trabecular meshwork) to reduce intraocular pressure in adult patients with primary open-angle glaucoma. **Contraindications:** Do not use OMNI Edge in any situations where the iridocorneal angle is compromised or has been damaged (e.g., from trauma or surgery), since it may not be possible to visualize the angle or to properly pass the microcatheter. Do not use OMNI Edge in patients with angle recession; neovascular glaucoma; chronic angle closure; narrow-angle glaucoma; traumatic or malignant glaucoma; or narrow inlet canals with plateau iris. Do not use OMNI Edge Surgical System in quadrants with previous MIGS implants. Please refer to the full Instructions for Use, available at sightsciences.com/omniedge, for warnings, precautions, and adverse event information.

References:

¹ The OMNI Edge Surgical System is indicated for canaloplasty followed by trabeculotomy to reduce intraocular pressure in adult patients with primary open angle glaucoma. ² Gallardo, M. J., et al. 2022. "Canaloplasty and Trabeculotomy Combined with Phacoemulsification for Glaucoma: 12-Month Results of the GEMINI Study." *Clinical Ophthalmology (Auckland, N.Z.)* 16: 1225–1234. <https://doi.org/10.2147/OPHTH.S362932>. ³ Greenwood, M. D., et al. 2023. "36-Month Outcomes from the Prospective GEMINI Study: Canaloplasty and Trabeculotomy Combined with Cataract Surgery for Patients with Primary Open-Angle Glaucoma." *Clinical Ophthalmology (Auckland, N.Z.)* 17: 3817–3824. <https://doi.org/10.2147/OPHTH.S446486>. ⁴ Williamson, B. K., et al. 2023. "Canaloplasty and Trabeculotomy with the OMNI System in Patients with Open-Angle Glaucoma: Two-Year Results from the ROMEO Study." *Clinical Ophthalmology (Auckland, N.Z.)* 17: 1057–1066. <https://doi.org/10.2147/OPHTH.S407918>. ⁵ Mbagwu, Michael, et al. 2024. "Ab Interno Minimally Invasive Glaucoma Surgery Combined with Cataract Surgery and Cataract Surgery Alone: IRIS® Registry Study." *AJO International* 1 (2): 100015. <https://doi.org/10.1016/j.ajoint.2024.100015>. ⁶ Estimate based on units of OMNI (and predicates) shipped as of December 31, 2024. ⁷ The correct code will be based on the medical record documentation, the operative report, payor coding guidelines, and publicly available coding guidance. Sight Sciences does not provide coding guidance, but instructs providers to follow AMA, CMS, payor, and publicly available payor guidelines.



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