



INTERCIL[®]
UVEAL SPACER

New Evidence on Implantation, Anatomical Safety & Uveoscleral Outflow Mechanism

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CID Uveal Spacer: Background & Monoincision Technique

The CID platform



- CE-marked supraciliary implant (MDR, July 2025)
- 26% hydrophilic acrylic — IOL-grade biocompatibility
- 7 × 3.4 × 0.6 mm — flexible, foldable, non-resorbable
- Ab-externo: never enters anterior chamber
- No bleb, no cleft, no lumen, no tube
- Enhances uveoscleral outflow physiologically
- SAFARI I-III: ~40% IOP reduction, 36-month follow-up

Monoincision technique

- 1 Single incision**
One 4 mm radial conjunctival & full-thickness scleral incision, 2 mm posterior to the limbus
- 2 Device delivery**
Advanced with distal-command forceps into the supraciliary space
- 3 Final position**
Concentric to limbus, entirely sub-scleral — no AC entry
- 4 Closure**
Incision sutured water-tight. Operative time < 30 min
- 5 Learning curve**
~5 cases for independent, reproducible implantation

Biocompatibility: 6-Month Rabbit Model

6-month evaluation of ocular tolerance — ciliocleral space — albino rabbits — (under press)

Inflammation

Minimal cellular response — rare macrophages and occasional multinucleated giant cells (MNGC) in direct contact with the implant

Fibrosis

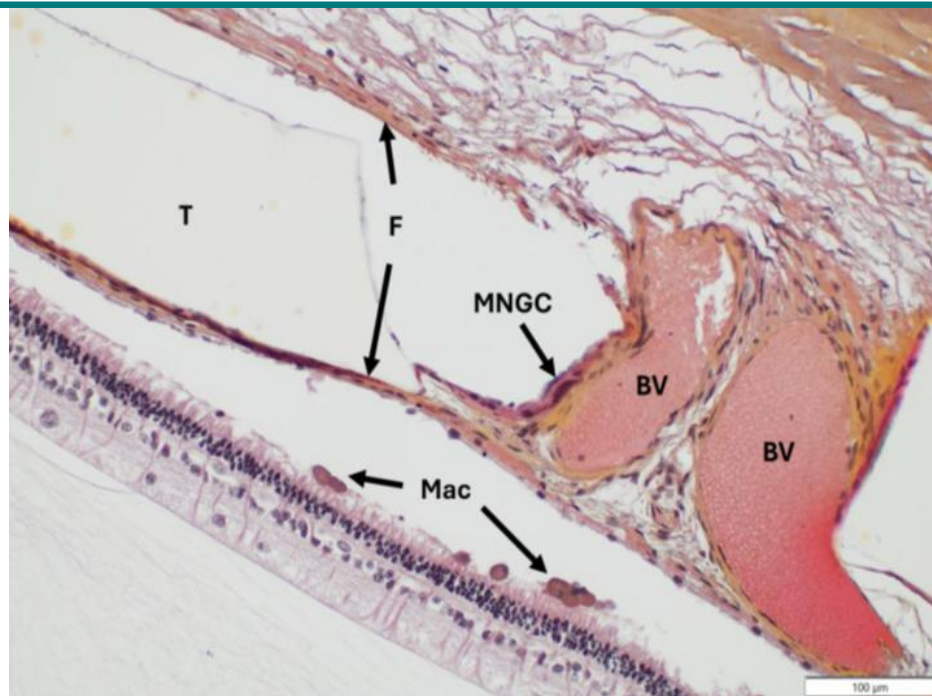
Minimal to slight when present — thin collagen band encapsulation only. No encapsulation compromising device position

Neovascularisation

Absent. No new vessel formation observed around the implant throughout 6 months

Conclusion

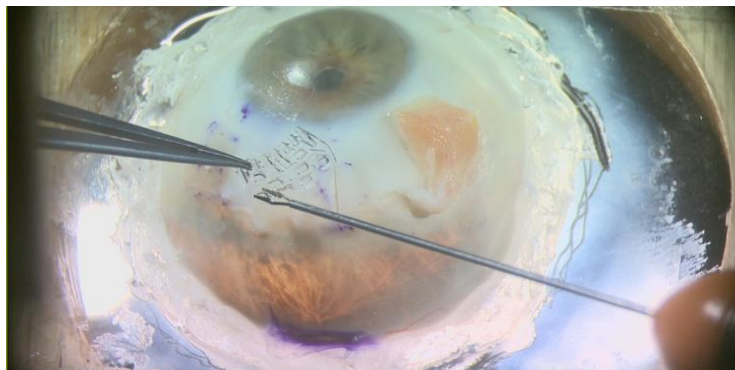
Good overall tolerability. Safety profile consistent with the implant's no-bleb-no-cleft, AC-sparing design



H&E staining — T: test item, F: fibrosis, MNGC: multinucleated giant cells, Mac: macrophages, BV: blood vessels, scale bar 100μm

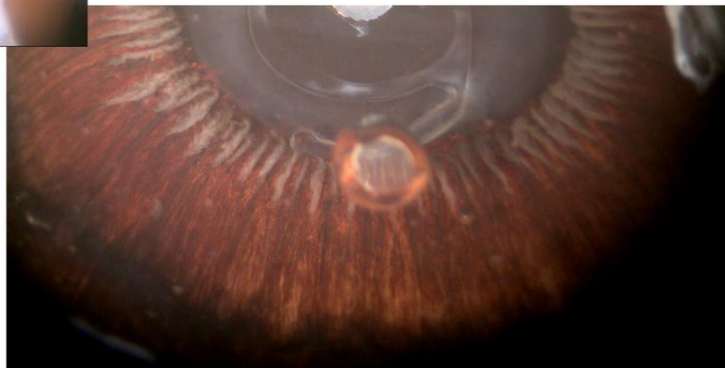
Anatomical Safety: Miyake-Apple Preparation

Eye bank surgery — simultaneous anterior & posterior visualisation during device implantation



Anterior view

Implantation



Posterior view

✓ Smooth delivery

Continuous, uninterrupted implantation confirmed under direct visualization

✓ Entirely supraciliary

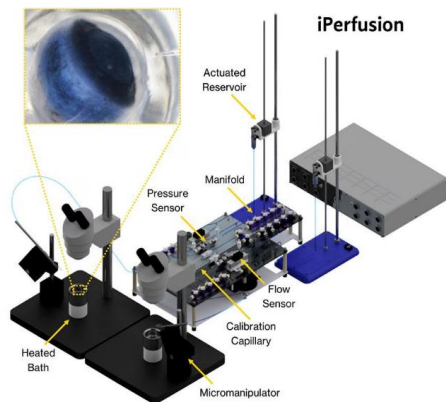
Device fully within supraciliary space — controlled ciliary body indentation, ora serrata not reached

✓ Anatomy preserved

No AC entry, no zonular disruption, stable concentric position after instrument withdrawal

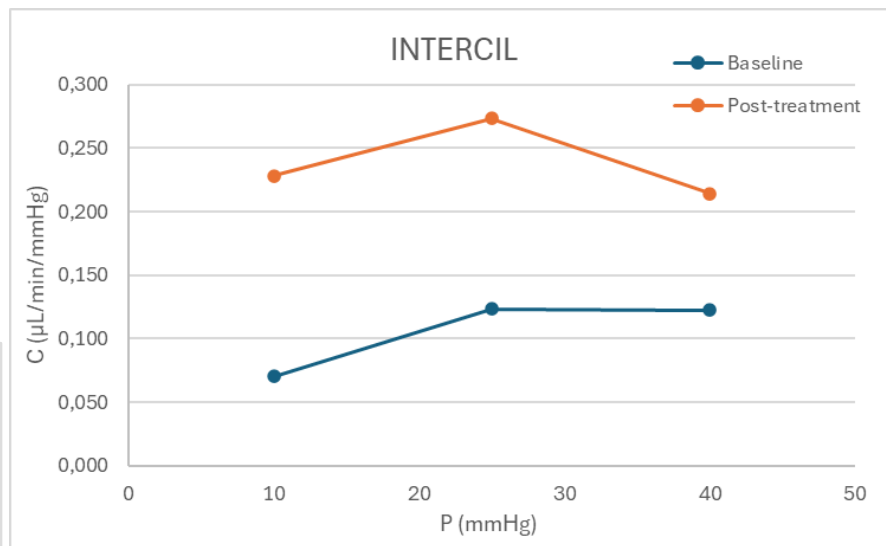
Mechanistic Study: iPerfusion — Uveoscleral Outflow Facility

University of Utah — Perfusion 3 system — continuous outflow facility measurement (C , $\mu\text{L}/\text{min}/\text{mmHg}$)



Study design

- Paired human eye — treated vs sham control
- Baseline perfusion → CID implant → post-implant perfusion
- UBM confirmation of supraciliary placement



+117%

outflow
facility

Findings

- CID doubles uveoscleral outflow facility
- Control eye: no change
- Effect is device-attributable
- Consistent with SAFARI IOP outcomes