Inami®

GLAUCOMA

INAMI ORIGINAL SURGICAL INSTRUMENTS

A specialized hook of Trabeculotomy by intraocular approach

TANITO MICRO HOOK
TMH®
Original-ed.

3D view

M-2215S

3D view

M-2215L

3D view

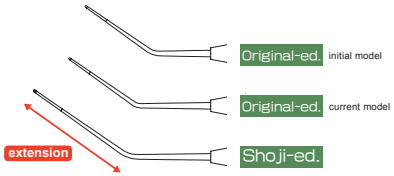
M-2215R

TMH ORIGINAL edition, Tanito ab interno Trabeculotomy Micro-hook (Designed by Prof. TANITO)

M-2215S	Straight	whole length 101mm
M-2215L	Left	whole length 100mm
M-2215R	Right	whole length 100mm

material: SUS

MOVIE



Comment from Prof. Masaki Tanito
(Department of Ophthalmology, Faculty of Medicine, SHIMANE University)

It is a specialized hook of Trabeculotomy by intraocular approach. There are 3 types of hooks ; one is a straight type for ear or upper approach, and the rests are a left and a right angled type for nasal approach. By incising the hook tip into Schlemm's canal smoothly along trabecula dye band under angle prism observation, surgeons can move the procedure directly to Trabeculotomy. The depth at which the tip of the hook can be seen through the trabecular meshwork is appropriate.
The hook has such a tip design that surgeons can feel the resistance of trabecula incision, when, in order to avoid damage of Schlemm's canal outer wall, the insertion of the hook tip is too deep, and in this case, Trabeculotomy should be performed at the depth without any resistance by pulling the hook tip to a bit shallow location.

Inheriting the TMH ORIGINAL-ed. In wider and thinner incision

TANITO MICRO HOOK
TMH®
Shoji-ed.

3D view

M-2220S

3D view

M-2220L

3D view

M-2220R

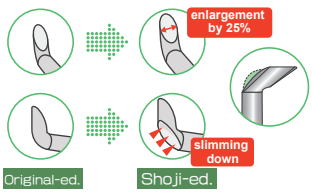
TMH SHOJI edition, Tanito ab interno Trabeculotomy Micro-hook (Designed by Dr. SHOJI)

M-2220S	Straight	whole length 101mm
M-2220L	Left	whole length 105mm
M-2220R	Right	whole length 105mm

material: SUS

MOVIE

Comparison with the original edition.

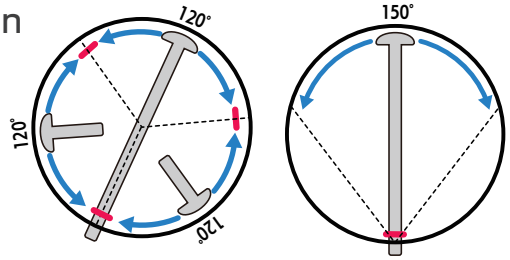


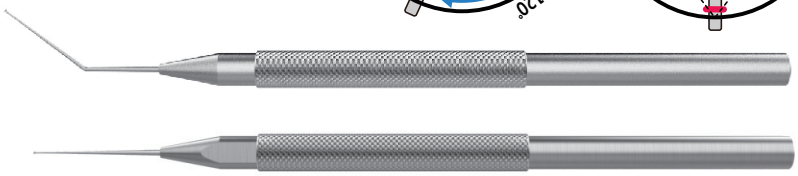
Comment from Dr. Takuhei Shoji (KOEDO EYE CLINIC in SAITAMA)

It is an evolved version of Tanito ab interno Trabeculotomy Micro Hook that was very well received.
Inherited the basic concept of the original Tanito hook, this hook can enlarge the incision area by approx.25%,compared to the original version and secure the same incision area as that by Trabeculotom with conventional external approach.
In addition, it enables to prevent damage of Schlemm' s canal outer wall and the safe incision by slimmed down the bend part. Moreover, the angle type for nasal incision improves the visibility at incision by increasing the length to the bend part.

A new MIGS solution

3D view





TANITO MICRO HOOK
TMH®
Chihara-ed.

Dr.T.Chihara

Dr.E.Chihara

Comment from Dr. Tomoyuki Chihara and Etsuo Chihara
(Chihara Ophthalmology Clinic,Uji-City, Kyoto)

CHIHARA T-hook is an instrument with a tip T shaped both side bladed tip, used for in minimally invasive glaucoma surgery (MIGS), which is a glaucoma outflow tract surgery in which the fiberoptic membrane is incised while directly observing the corner angle with a microscope and a horn microscope (Ahmed DVX Surgical Gonio lens, Hill Surgical Gonioprism, etc.) in the presence of viscoelastic material.
A single intraocular insertion can incise both the left and right fibro-pilonidal bands. In addition, the scleral side of the tip is curved to minimize damage to the posterior tissue of Schlemm's canal (BELL) and hinge valve, and to reduce the risk of the hook sticking into the posterior wall of Schlemm's canal or bleeding when the fiberoptic band is incised near the corneal entry wound.
Double mirror corner mirrors, such as the Ahmed DVX Surgical Gonio lens, allow for a fiber cordotomy without the need to move the patient's head position, completing an incision of approximately 120-150 degrees from a single corneal incision in 1-2 minutes If three corneal incisions are performed every 120 degrees, a 360-degree fibro-column incision can easily be made.

CHIHARA T-hook

M-2225	(Angled)	Total Length 104mm/Tip0.2 x 0.85 x Thickness0.25mm
M-2225S	Straight	Total Length 101mm/Tip0.2 x 0.85 x Thickness0.25mm

MOVIE

Reference: Chihara E, Chihara T. Development and application of new T-shaped internal trabeculotomy hook (T-hook). Clin Ophthalmol 2022; 16: 3919-3926 doi.org/10.2147/_OPTH.S39202

Reviving the Legacy: Features of the TMH Device (Matsushita ed.) - ver.1 / ver.2 Hook

TANITO MICRO HOOK
TMH®
Matsushita-ed.ver.2

3D view

M-2221S

3D view

M-2221L

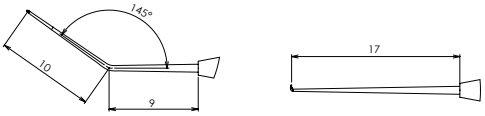
3D view

M-2221R

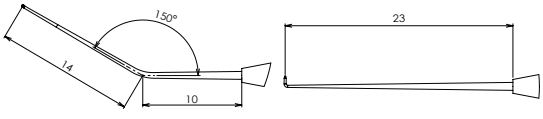
TMH MATSUSHITA edition version2, Tanito ab interno Trabeculotomy Micro-hook (Designed by Prof. Matsushita)

M-2221S	Straight	whole length	107mm
M-2221L	Left	whole length	106mm
M-2221R	Right	whole length	106mm

MOVIE



TMH ORIGINAL edithion



TMH MATSUSHITA edithion version2

Comment from Prof. Kenji Matsushita
(Department of Ophthalmology, The University of Osaka Graduate School of Medicine)

Inspired by Dr. Tanito's early work with the Sinskey hook, I independently designed a modified version of the TMH, known as the TMH Device (Matsushita ed.). The first-generation version, referred to as ver.1, incorporated elements of traditional external trabeculotomes while preserving the basic concept of the Sinskey hook.
This design emphasized operability, safety, and tactile feedback during surgery.
The newly developed ver.2 hook represents a refined version of the original TMH Device (Matsushita ed.), building upon the strengths of the ver.1 while significantly improving handling and insertion characteristics.
The TMH Device (Matsushita ed.)—from the original ver.1 to the evolved ver.2 version—represents a thoughtful adaptation of foundational μLOT concepts, rooted in the pioneering work of Dr. Tanito.
This device provides a reliable, domestically developed option for surgeons performing minimally invasive glaucoma surgery, contributing to both surgical precision and patient safety.

An Advanced Spatula for GSL in Conjunction with MIGS

3D view

S-89

Comment from the Inventor, Prof. Masaki Tanito
(Department of Ophthalmology, Shimane University Faculty of Medicine)

"This spatula is specifically designed for performing goniosynechialysis (GSL). It is used by pressing down on the peripheral anterior synechiae with the spatula tip. Unlike conventional devices, the tip of this spatula is designed in a ginkgo leaf shape, allowing for adhesion separation along a line. Additionally, the spatula tip has an optimal surface area, making it less likely to sink into the iris."

TANITO GSL Spatula
(Designed by Prof. TANITO)

S-89	Total length 114mm /Tip 0.05×9mm

A Legacy in Medical Innovation—The Professional Tool for GSL

3D view

S-94

Comment from Dr. Kazuyuki Mori (Baptest Eye Clinic in Nagaokakyo, Kyoto)

This is the most historically established spatula for goniosynechialysis (GSL). Previously, a goniosynechialysis needle was used, but due to its large and thick tip, this new tool was developed. The thin, spatula-shaped tip allows for precise separation of adhesions. Additionally, it can be used for breaking posterior synechiae of the iris. When combined with the Mori Gonio Lens, it enables easy access to the entire circumference of the angle.

MORI GONIO Spatula
(Designed by Dr. MORI)

S-94	Total length 103mm /Tip 0.6×1.0×Thickness 0.2mm

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