

Single-Use
Instruments

Muraine Punch*

one®



DMEK Made Simple

Enables performing the Muraine DMEK technique

- **Facilitates endothelium harvesting**
- **Better cell viability** than alternative DMEK techniques

This document not for use in USA.

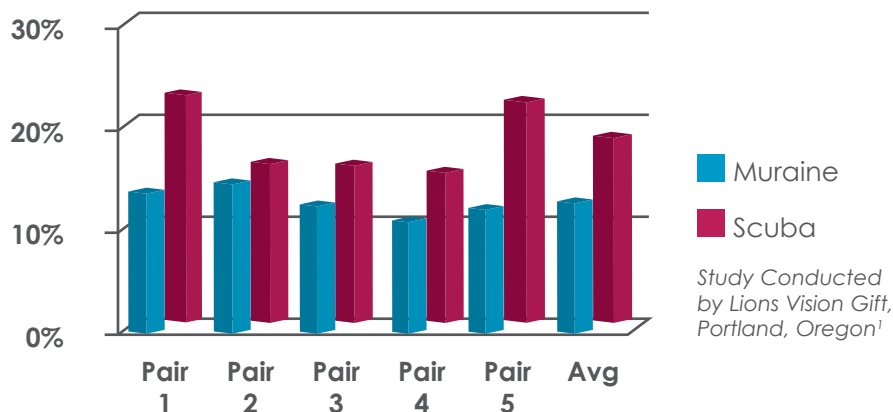
Using the Moria Muraine Punch facilitates endothelium harvesting

- The donor cornea is centered on the Muraine Punch, endothelium up.
- Suction is applied and an 8 mm graft is punched, leaving two access flaps on opposite sides of the cornea.
- The cornea is transferred endothelial side up on to the Moria artificial anterior chamber.
- The chamber is inflated with a syringe to reverse the cornea.
- Forceps are used to peel the peripheral Descemet's outside of the punch area, leaving triangles of the tissue attached at each flap.
- A Moria micro-dissector or forceps and a nucleus hydrodissection cannula are then used to separate Descemet's from the stroma.
- Mounted on a Moria artificial chamber and folded with the endothelium to the inside, the graft does not scroll up on itself and is then easier to insert and position in the anterior chamber.

This is an abbreviated summary; for a comprehensive description, see My Technique by Marc Muraine, MD, PHD, document #67057EN.

Using the Moria Muraine Punch results in better cell viability than other DMEK techniques such as SCUBA

% Endothelial Cell Loss - Matched Tissue Pairs



Muraine Punch #17209D800



Single-use artificial chamber #19182



¹Stoeger C, Holiman J, Galloway J, Wilkins D. Evaluation of endothelial cell loss using Muraine and LVG SCUBA graft preparation techniques. Laboratory Report. Lions Vision Gift, Portland, Oregon, USA.

To obtain more information



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