tissue is noted, the power should be turned down, while a higher power setting may be needed to ablate a wider strip of TM. A thorough aspiration of the viscoelastic is performed and the incision is closed with a 10-0 nylon suture.

**Preclinical Studies**

Francis et al performed a histopathologic analysis to confirm the ability of the Trabectome device to remove the target tissue and to compare it with simulated goniotomy. This in vitro analysis was performed on fresh donor human corneoscleral rims. Each complete rim was divided into 3 segments, each of which was used for either (1) control, (2) Maumenee goniotomy knife (Bausch & Lomb Surgical, Rochester, NY) incision, or (3) Trabectome application. Various power settings ranging from 0.3 to 5.0 W were used to assess the effects of the ablation on the surrounding tissue.

Two specimens underwent simulated goniotomy. One of them displayed disruption of the TM with no apparent separation of the TM due to the anterior and posterior segments of TM overlapping. The other specimen was shown to have a large separation between the severed ends of the TM; however, this was accompanied by a large incision into the sclera deep to SC. Of the 20 specimens treated with the Trabectome system, 4 specimens showed no separation of the TM. The authors noted that the results in 2 of those appear to be due to surgical technique, with the instrument footplate failing to pass into SC. Thus, only 16 of 18 specimens undergoing appropriate treatment failed to show disruption of the TM with separation of the anterior and posterior