



# OmniGen®

Tereo® processed human amniotic membrane  
for application in ophthalmology

The natural choice to support ocular healing

Surgical and  
outpatient  
application  
options

Storage  
between  
2°C - 25°C

No  
preparation  
time  
required

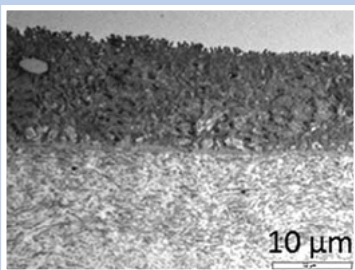
Range of  
pre-cut sizes  
for ease of  
application

## Why amniotic membrane transplantation?

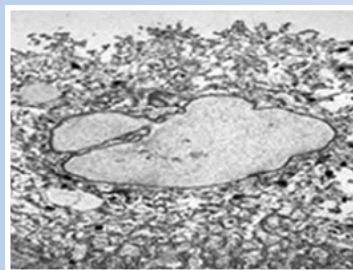
	Feature	Benefit
<b>Prevents inflammatory cell infiltration<sup>1,2</sup></b>	Eliminate infiltrating immune cells before they damage the cornea	Reduces fibrosis and corneal haze that leads to scarring and visual impairment
<b>Tectonic support<sup>3</sup></b>	Naturally biocompatible substrate for tissue integration	Allows effective tissue support and repair
<b>Pain Management<sup>1,4</sup></b>	Provides clinically proven pain relief	Improves patient comfort and experience
<b>Provides an environment for natural healing<sup>3</sup></b>	Provides an environment conducive to cellular recovery	Supports the acceleration of natural healing and repair

## Omnigen: Tereo processed amniotic membrane

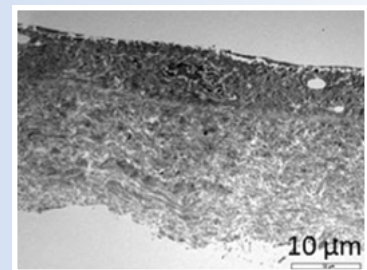
The Tereo process preserves the natural integrity of amniotic membrane, compared to other methods through its delicate preservation process.<sup>5</sup>



Fresh amniotic membrane



Cryopreserved amniotic membrane



Tereo processed amniotic membrane, Omnigen<sup>®</sup>

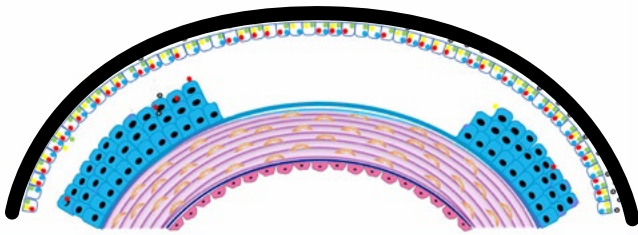
Retained structural integrity

Preserved barrier function

Maintained tissue quality

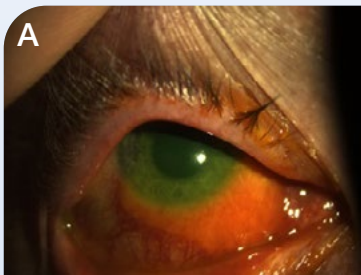
Delicate preservation process

## Onlay-graft (patch) application



### Onlay Graft (patch)

- Applied **epithelial-side-down**
- Prevents inflammatory cell infiltration
- Provide an environment conducive for healing
- Temporary biological bandage

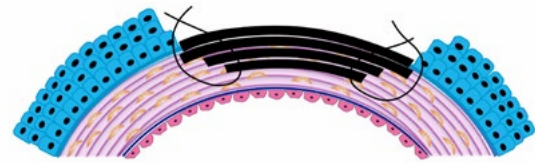


A) Patient 5 days following an alkali injury with a large area conjunctival and epithelial defect



B) The patient 14 days following Omnigen application with a fully healed ocular surface<sup>3</sup>

## Inlay-graft (graft) application

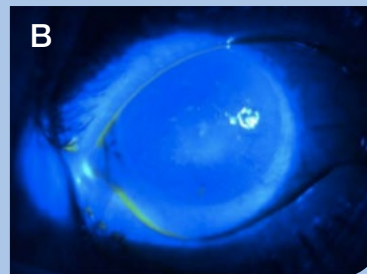


### Inlay Graft (graft)

- Applied **epithelial-side-up for repair**
- Basement membrane for epithelial regrowth
- Scaffold for tectonic support
- Permanently remodelled

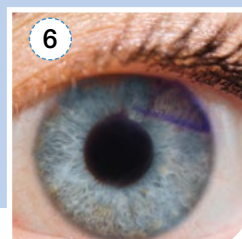
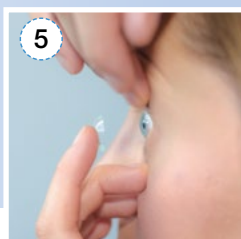


A) Omnigen placed as an inlay-graft in a patient with a non-healing epithelial defect, taken 2 weeks post-operatively



B) Patient at the 3 week follow-up with no fluorescein staining<sup>6</sup>

Outpatient application of Omnigen: 4 – 6 minute procedure



The natural healing properties of Omnigen can be applied in an outpatient setting using OmniLenz, bandage contact lens

Omnigen® is aseptically processed according to the regulatory standards of the Human Tissue Authority (HTA) Guide to Quality and Safety Assurance for Human Tissues and Cells for Patient Treatment. Traceability of Omnigen transplantations should always be noted.

**Omnigen® is aseptically processed and tested for the following prior to release following Annex B of the HTA Guide to Quality and Safety Assurance for Human Tissues and Cells for Patient Treatment (Directions 001/2021)**

**HIV: Anti HIV1, HIV2 & p24**

**HIV-1 RNA Viral Load**

**Hepatitis B: HBsAg & anti-HBc**

**Hepatitis B Virus DNA**

**Hepatitis C: Anti-HCV-Ab**

**Hepatitis C Virus RNA**

**Syphilis: IgG/IgM & RPR**

**Hepatitis E Virus RNA**

**HTLV-I/II Antibody**

**Cytomegalovirus**

Tissue decontamination is performed using an antibiotic-antimycotic solution. Traces of antibiotics will be present in the allograft. You should assess all patients for antibiotic sensitivity before treatment.

## Contact



Get in touch with the NuVision team to learn more about Omnigen and to explore how it may benefit your clinical service.

**NuVision Biotherapies**

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**Website: [www.nu-vision.co.uk](http://www.nu-vision.co.uk)**

## References

1. Arora, R., Mehta, D. & Jain, V. Amniotic membrane transplantation in acute chemical burns. *Eye* 19, 273–278 (2005). <https://doi.org/10.1038/sj.eye.6701490>
2. Meller D, Pauklin M, Thomasen H, Westekemper H, Steuhl KP. Amniotic membrane transplantation in the human eye. *Dtsch Arztebl Int.* 2011;108(14):243-248. doi:10.3238/arztebl.2011.0243
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4. Dua HS, Gomes JA, King AJ, Maharajan VS. The amniotic membrane in ophthalmology. *Surv Ophthalmol.* 2004;49(1):51-77. doi:10.1016/j.survophthal.2003.10.004
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