
LacriCATH® Balloon Catheter Advantages¹

- Outpatient procedure
- Minimally invasive
- Quick recovery
- Minimal bleeding and side effects
- No swelling
- No external scar
- No risk of hypertrophic scar
- Excellent success rates
- Easy insertion into the lacrimal sac

¹Outcomes of 9mm Balloon-Assisted Endoscopic Dacryocystorhinostomy: Retrospective Review of 97 Cases. Silbert DJ, Matta NS. ORBIT 2010;29(1):25-8

When a DCR is recommended

These advanced procedures performed by experienced surgeons offer tremendous potential to effectively and permanently resolve your tearing without incision.

There are less invasive options to resolve symptoms of chronic tearing. Talk with your physician about which procedure is best for you.

Visit www.questmedical.com to learn more about the advancement in the treatment of chronic tearing.

LacriCATH®



For proper diagnosis, contact your ophthalmologist or physician to learn more about the LacriCATH Balloon DCP or Balloon DCR treatment for your tearing condition.


LacriCATH®

Treatment Options for adult chronic tearing



www.questmedical.com | 800.627.0226

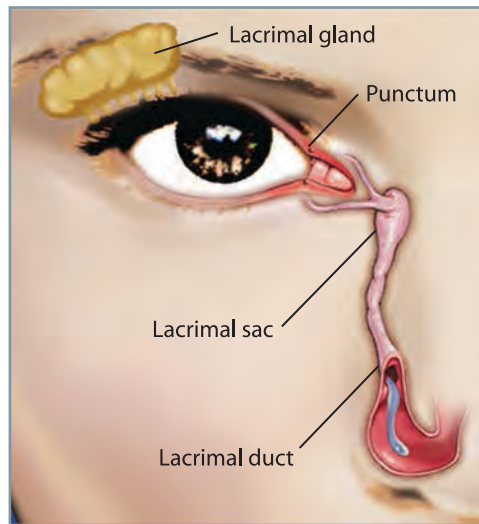
 **QUEST** Medical, Inc.

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Blocked Tear Duct

Adults can get a blocked tear duct as a result of an infection, inflammation, an injury or a tumor. A blocked tear duct is almost always correctable, but the treatment depends on the cause and your age.

Tears normally drain from the eye through small tubes called tear ducts that extend from the eye into the nose. A blocked tear duct occurs when the duct that normally allows tears to drain from the eyes is obstructed or fails to open properly.

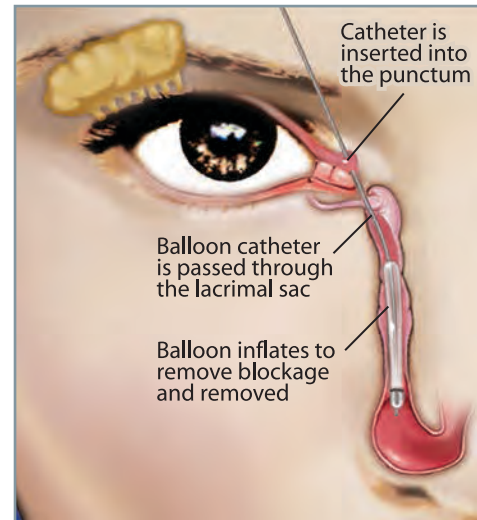


Signs and Symptoms

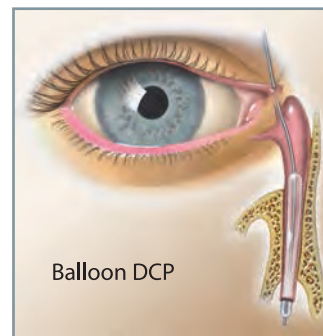
- Excessive tearing or watery eyes
- Recurrent eye inflammation (conjunctivitis) or recurrent eye infections (dacryocystitis)
- Painful swelling of the inside corner of the eye
- Eye mucus discharge
- Blurred vision
- Bloody tears

Balloon Catheter Treatment Options

LacriCATH® is used in a similar manner as ordinary probing with the added benefit of an expandable balloon, which opens the blocked tear duct effectively. This balloon technology means patients can achieve highly effective results while reducing the trauma they experience.



Balloon Dacryoplasty (DCP)

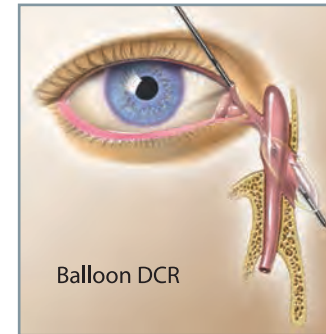


For partial obstructions, when the tear flow is not completely blocked, the LacriCATH balloon DCP provides patients and physicians a highly successful treatment option with reduced trauma and an alternative to more invasive procedures.

A small balloon catheter, similar to a cardiovascular balloon catheter, has been designed specifically for lacrimal procedures. Success for the balloon DCP is achieved in up to 87% of adult cases.²

² Am J of Ophthal 1998, 126: 811-816

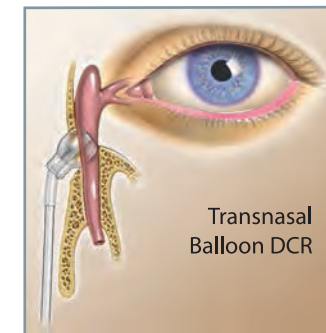
Balloon Dacryocystorhinostomy (DCR)



DCR is a procedure that is performed to create a new tear drain when your current tear drain between the eye and the nose becomes blocked. The DCR catheter provides more options to patients who have been told only an external incisional DCR surgery will solve their chronic tearing problem. Many times incisional DCRs result in scarring that can make wearing glasses uncomfortable.

A balloon DCR is similar to the incisional DCR, although the procedure is completed without an incision. The surgeon utilizes an inflatable balloon to help create a new tear drainage pathway into the nose. The surgeon then places thin plastic tubing in the newly created tear duct system, which is generally removed in the office 4 to 6 months later. Removal of the tubing causes little if any discomfort and does not require anesthesia.

Endoscopic Balloon Dacryocystorhinostomy (DCR)



The LacriCATH transnasal balloon catheter, developed by Bruce B. Becker, M.D., is inserted up the nose and pushed through the opening in the lateral nasal wall into the lacrimal sac. This method not only allows for the larger 9mm balloon to be used, but it eliminates the external patient scarring resulting from an incisional DCR procedure. It

allows the surgeon to perform an endoscopic balloon DCR with minimal trauma to the patient while creating a large ostium aiding in the complete resolution of symptoms related to epiphora.