

LacriCATH[®] 2mm | 3mm DCP balloon catheter kits and accessories



Unilateral: DCP213-UNI
Bilateral: DCP213-BI

- 2mm balloon O.D.
- 13mm balloon length
- 24cm overall length



Unilateral: DCP315-UNI
Bilateral: DCP315-BI

- 3mm balloon O.D.
- 15mm balloon length
- 24cm overall length



AQL[®] 1015 Inflation Device

- 10cc volume
- 0-15 atm
- Pressure gauge



Bilateral Stopcock
K12-01811

- 4-way stopcock
- 2 male luer lock ports
- 1 female luer port
- Attaches to AQL 1015

Wilder Dilators



WLD024



WLD019

Reinforced Bowman Probes



RBP3-4

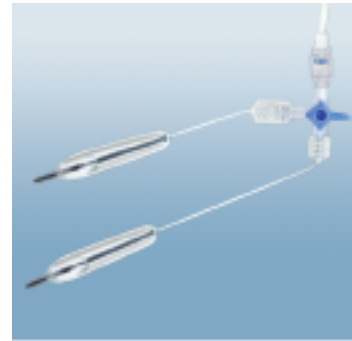


BLP1-2



BLP3-4

Transnasal DCP



LacriCATH[®] 2mm | 3mm DCP balloon catheters

Developed by Bruce B. Becker, M.D.



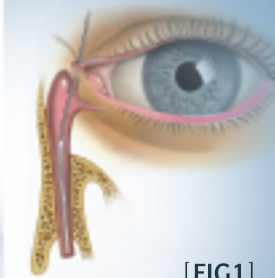
Customer Service
800.627.0226
www.lacricath.com

LacriCATH[®] 2mm | 3mm DCP balloon catheter

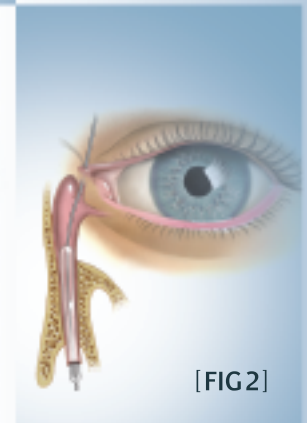
2mm | 3mm Balloon Catheter for treating nasolacrimal duct obstruction in adults and children
Dacryoplasty (DCP)

- 1 The puncta and canaliculi are dilated.
- 2 The lacrimal system is probed in the customary fashion and presence of the probe in the nose is confirmed. The probe is removed.
- 3 The LacriCATH[®] balloon catheter is passed through the superior punctum, canaliculus, sac and into the nasolacrimal duct down to the nasal floor – presence of the LacriCATH catheter in the nose is confirmed. [FIG 1]
- 4 A balloon catheter inflation device is primed to the "Fill Range" of sterile saline, connected to the balloon catheter and used to inflate the balloon for 90 seconds. [FIG 2] The balloon is then deflated by releasing the lock mechanism on the inflation device. The inflation procedure is repeated a second time for 60 seconds – again, the balloon is deflated.
- 5 The balloon is pulled proximally and positioned within the lacrimal sac and nasolacrimal duct junction.
- 6 The balloon is inflated again using the method described above. [FIG 3]
- 7 The balloon is deflated fully by drawing all fluid out of the balloon. To do this, the locking lever on the inflation device is released and the handle is pulled to draw vacuum. Once all fluid is aspirated out of the balloon, the lock lever is once again moved to the locked position.
- 8 The catheter is then rotated clockwise to minimize the profile of the deflated balloon and the catheter is gently withdrawn from the lacrimal system.
- 9 Fluorescein is used to irrigate the lacrimal system and recovered in the nose with a flexible clear feeding tube used as a suction catheter.
- 10 Suggested Medication Regimen
 - Antibiotics to resolve infection before surgery
 - IV steroid during surgery
 - Antibiotics and steroids postoperatively to reduce lacrimal tissue edema and post-dilation edema and fibrosis
 - Nasal decongestant post-op

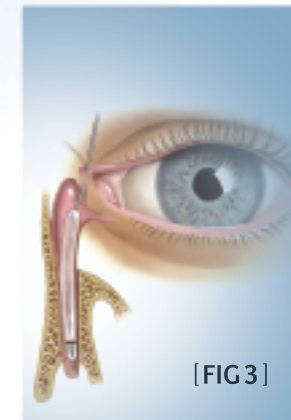
Some pediatric ophthalmologists choose to use antibiotic/steroid drops postoperatively, qid x 5 days, in addition to daily OTC nasal decongestant therapy.



[FIG1]



[FIG2]



[FIG3]

Procedure DVD
available on request.