

# LacriCATH<sup>®</sup> 5mm DCR balloon catheter

kits and accessories



- Unilateral: DCR508-UNIT  
Bilateral: DCR508-BIT
- 5mm balloon O.D.
  - 8mm balloon length
  - 20cm overall length



STENTube<sup>®</sup> LIS052  
Intubation Set  
Developed by Bruce B. Becker, M.D.

- Large outside diameter tube
- Smaller central segment
- Material: Silicone

## AQL<sup>®</sup> 1015 Inflation Device

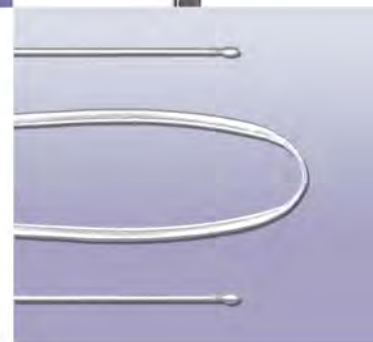
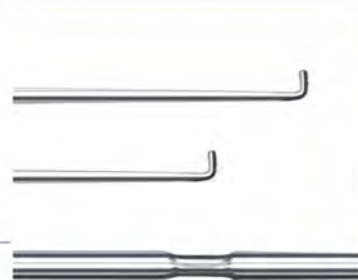
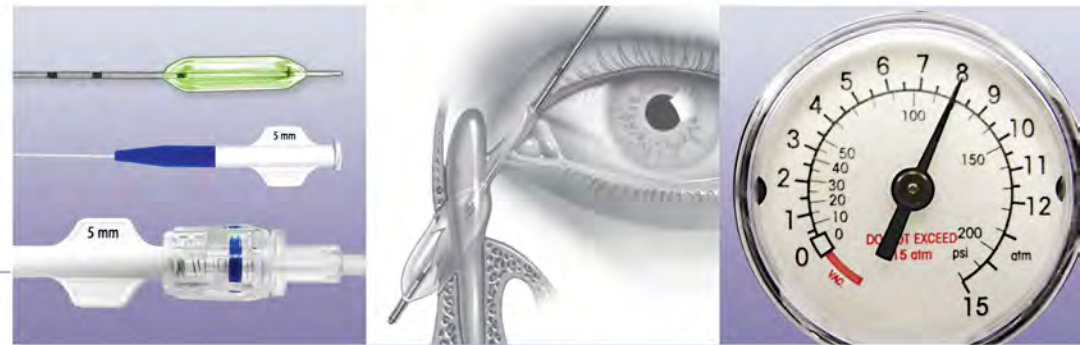


- 10cc volume
- 0-15 atm
- Pressure gauge

## Wilder Dilators



## Transcanalicular DCR procedure overview



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# LacriCATH<sup>®</sup> 5mm DCR balloon catheter

5mm low-profile balloon catheter for primary and revisional Dacryocystorhinostomy

- 1 Under local or general anesthesia, a 3-4 Reinforced Bowman Probe is passed through the superior canaliculus into the lacrimal sac, pushed through the medial wall of the sac, and the inferior part of the lacrimal fossa into the nose. [FIG 1]
- 2 **In a primary DCR** procedure, the probe is pushed through an additional three or four adjacent spots in the inferior part of the lacrimal fossa. **In a secondary DCR**, the probe is brought through only one spot of the obstructed ostium.
- 3 The openings in the fossa are then joined using the probe or by reaching up the nose and inserting a nerve hook. [FIG 2]
- 4 The nerve hook is removed.
- 5 The balloon catheter is inserted through the superior canaliculus, lacrimal sac, and out the ostium into the nose. The balloon should be visible just past the opening in the lateral nasal wall. [FIG 3]
- 6 The LacriCATH catheter is connected to a primed inflation device filled with 6-9 cc of sterile water or saline. The balloon is inflated to 8 atm for 90 seconds, then deflated by releasing the locking mechanism on the inflation device. [FIG 4]
- 7 Deflate and withdraw the catheter slightly. Visualize the ostium intranasally after dilation and confirm that a good opening has been achieved. If not, reposition the balloon and redilate.
- 8 A second dilation is performed at 8 atm for 60 seconds.
- 9 The balloon is fully deflated by aspirating 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, the lock lever is reset to the locked position.
- 10 Gently rotate the catheter clockwise and withdraw the LacriCATH catheter from the lacrimal system.
- 11 Bone chips and hanging mucosal flaps in the nose should be removed using Takahashi forceps.
- 12 In a primary DCR procedure, a STENTube<sup>®</sup> large diameter lacrimal intubation tube is placed through the ostium. Once in place, the STENTube extends from the nose through the ostium into the lacrimal sac. Ensure the thin central segment is positioned in the interpalpebral space. [FIG 5] For secondary DCR, the STENTube is used at the discretion of the physician.
- 13 Secure the ends of the STENTube with a 4-0 or 5-0 non-absorbable suture.
- 14 The STENTube large diameter silicone tube is generally removed within 6 months post-op, but can be left in up to 11 months if necessary.



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