

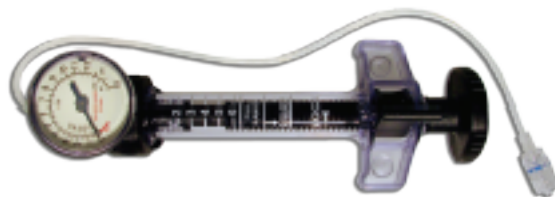
# LacriCATH<sup>®</sup> 9mm transnasal balloon catheter kits and accessories



- LacriCATH<sup>®</sup> Transnasal Balloon Catheter Kit
- Unilateral: 120DCR904-UNI
  - Bilateral: 120DCR904-BI
  - 9mm balloon O.D.
  - 120° bend
  - 15cm overall length



- STENTube<sup>®</sup> Intubation Set LIS052
- Large outside diameter tube
  - Smaller central segment
  - Material: Silicone



- Inflation Device AQL<sup>®</sup> 1015
- 10cc volume
  - 0-15 atm pressure gauge

## Other Surgical Instruments Used



DNH001 Dandy Nerve Hook

RBP3-4 Reinforced Bowman Probe

CRH-K7 Crawford Hook

## Endoscopic DCR



# LacriCATH<sup>®</sup> 9mm transnasal balloon catheter

Developed by Bruce B. Becker, M.D.



Customer Service  
800.627.0226  
www.questmedical.com

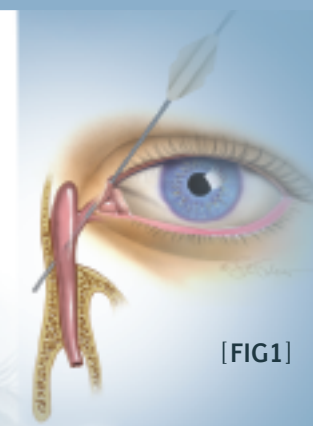
One Allentown Parkway, Allen, TX 75002 (972) 390-9800 • Fax (972) 390-7173  
© 2009 Quest Medical, Inc. LacriCATH and STENTube are trademarks of Quest Medical, Inc. QL is a trademark of Atrion Medical Products, Inc. The products displayed are protected by one or more patents worldwide, including US7169163, US6113567, CN038227754, and PAA2005003261.

Rx Only  
2011-12

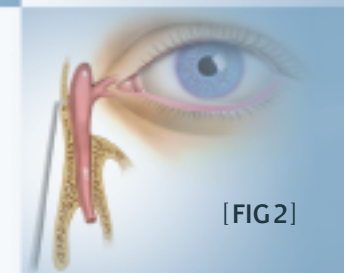
# LacriCATH<sup>®</sup> 9 mm transnasal balloon catheter

## Dacryocystorhinostomy (DCR) Procedure Overview

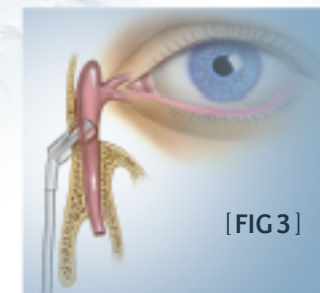
- 1 Under local or general anesthesia, a 3-4 Reinforced Bowman Probe is passed through the superior canaliculus into the lacrimal sac, pushed through the medial wall of the sac, and the inferior part of the lacrimal fossa into the nose. [FIG 1]
- 2 **In a primary DCR** procedure, the probe is pushed 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 Prime the inflation device to the "Fill Range" with sterile water. Connect the catheter to the primed inflation device.
- 6 The LacriCATH Transnasal balloon catheter is inserted up the nose and pushed through the opening in the lateral nasal wall into the lacrimal sac. The Bowman probe is gradually withdrawn as the catheter is pushed into position. [FIG 3]
- 7 The balloon is inflated to 8 atm for 20 seconds, then deflated by releasing the locking mechanism on the inflation device. [FIG 4]
- 8 A second dilation is performed at 8 atm for 20 seconds.
- 9 Visualize the ostium intranasally after dilation and confirm that a good opening has been achieved. If not, reposition the balloon and redilate.
- 10 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.
- 11 Withdraw the catheter and verify the lacrimal sac and ostium are dilated. A good opening should be visible after dilation.
- 12 Place a STENTube<sup>®</sup> large diameter lacrimal intubation tube in the lacrimal system, extending from the canaliculi, lacrimal sac, and ostium into the nose. [FIG 5]
- 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.



[FIG1]

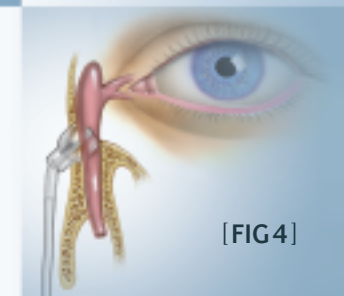


[FIG2]

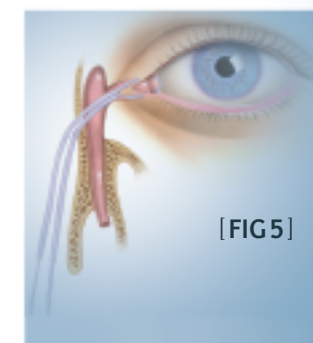


[FIG3]

Procedure DVD  
available on request.



[FIG4]



[FIG5]