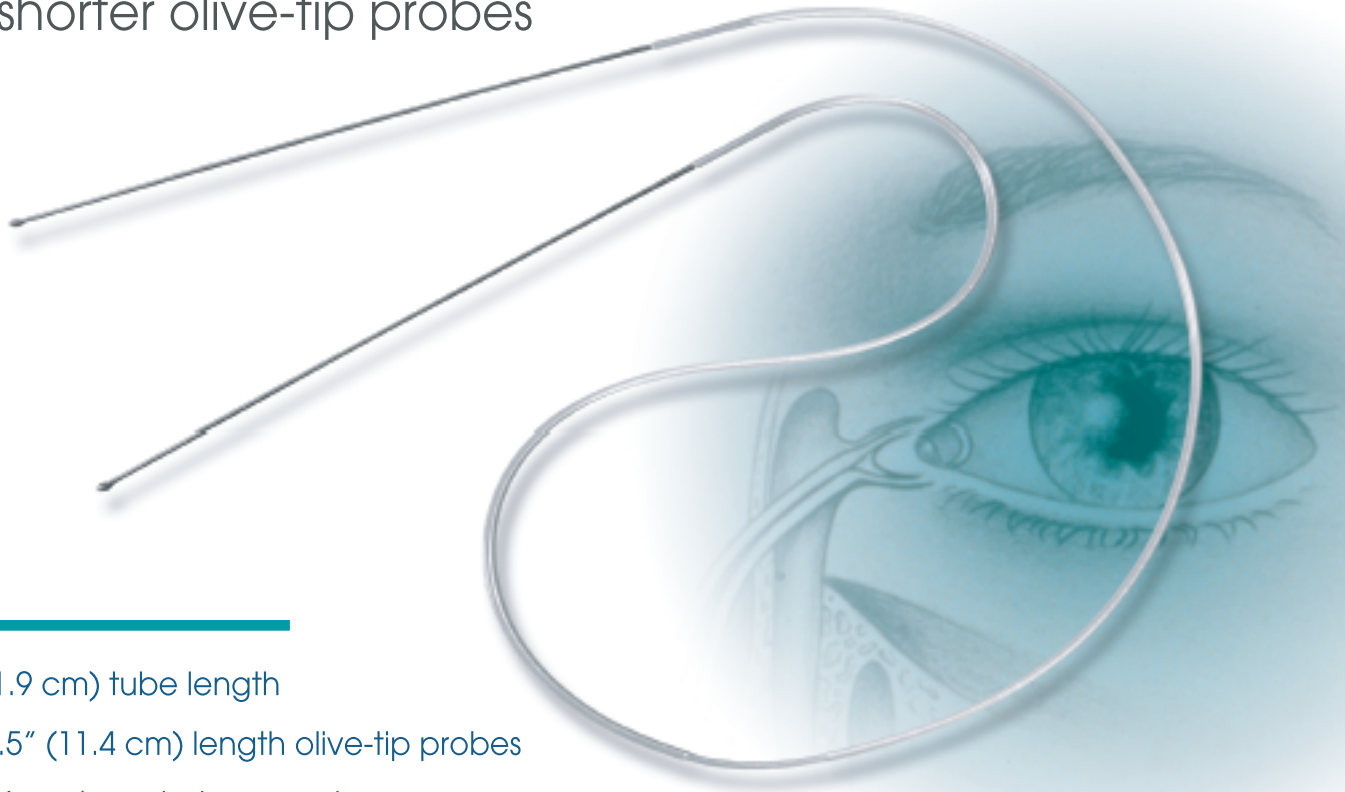


# STENTube<sup>®</sup> Large Diameter Silicone DCR Intubation Set

**Redesigned** with improved elongation of tubing and shorter olive-tip probes



- 16.5" (41.9 cm) tube length
- 25 G x 4.5" (11.4 cm) length olive-tip probes
- .034" (.86 mm) central segment
- .045" (1.14 mm) large diameter segments

- Enhanced stenting effect from large diameter segments
- Thin central segment provides patient comfort
- Proprietary adhesion process minimizes tube breakage from probes
- Silicone elongates with pull force for easier placement

DCR Intubation Set Comparison Chart

Product	STENTube <sup>®</sup>	Crawford/Guilbor	O'Donoghue
Diameter	.045" (1.14 mm)	.025" (.64 mm)	.032" (.81 mm)
Length	16.5" (41.9 cm)	17.9" (45.5 cm)	12.0" (30.5 cm)

For ordering info:  
 (800) 627-0226  
 (972) 390-9800  
[www.lacricath.com](http://www.lacricath.com)



STENTube<sup>®</sup> developed by Bruce B. Becker, MD

# Intubation With Large Diameter Silicone Tube

# STENTube®

The STENTube® large diameter lacrimal intubation set consists of a single silicone tube attached to two probes. The silicone tube has both large and small diameter sections. The distal ends of the silicone tube (attached to probes) can be coated with ointment to facilitate insertion.

If necessary, the puncta and canaliculi are dilated with a #3 or #4 Bowman Probe. One of the STENTube probes (olive-tip end first) is inserted through the superior canaliculus, sac, ostium, and into the nose.

A straight hemostat or a Crawford Hook is used to grasp, then gently pull the end of the probe until the thin end of the STENTube is positioned in the canaliculus. The probe is then detached from the tube and the probe is removed out the nose.

The second STENTube probe (olive-tip end first) is passed through the inferior canaliculus, sac, ostium, and into the nose. The tube is pulled through and the probe is removed.

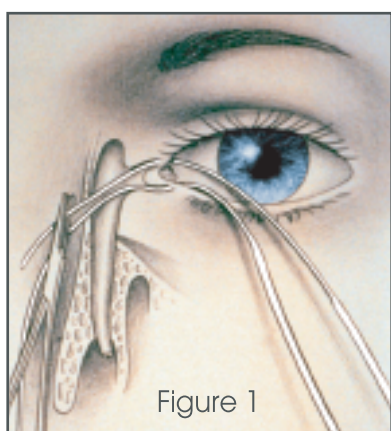


Figure 1

Each large diameter segment of the STENTube is pulled into the nose, one at a time. Pulling on both ends of each large diameter segment stretches and thins the large diameter segments and makes it easier to pull the tube into place.

The STENTube is to be positioned so the entral thin segment lies in the interpalpebral space (Figure 2).

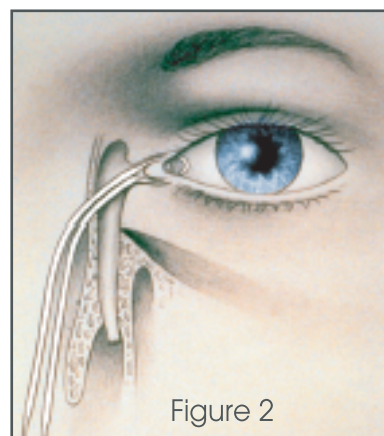


Figure 2

Upon completion of the intubation, the two free ends of the STENTube are secured at the distal end of the nasal cavity with a 4-0 or 5-0 nonabsorbable suture. Both ends of the STENTube are then cut.

## STENTube Removal

The STENTube is normally removed within the 4-month postoperative period following primary DCR procedures. In secondary DCR revisions, the STENTube is normally left in place for 3 to 6 months. If the ostium is not adequately healed to remain patent on its own, the STENTube may be left in for up to 11 months.

After vasoconstrictions with 1% phenylephrine and anesthesia with topical 2% tetracaine spray, the two ends of the STENTube are grasped in the nose with a straight mosquito hemostat. The STENTube is cut in the medial canthus and then removed from the nose.