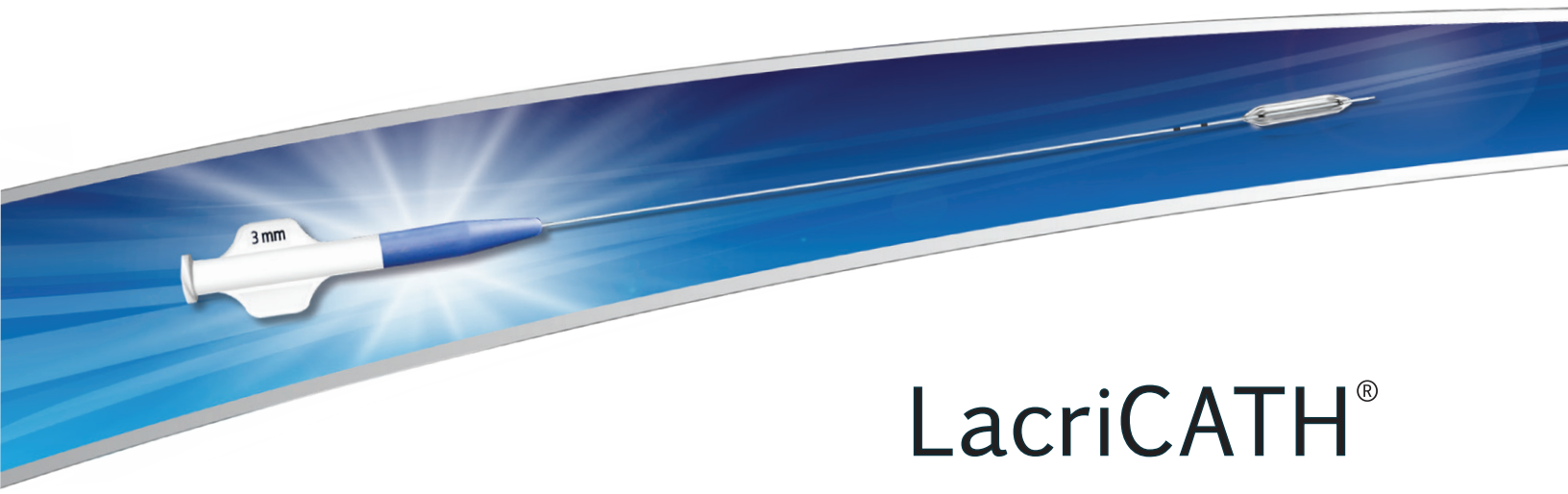


LacriCATH®

Providing doctors the solution
to chronic tearing & blocked
lacrimal ducts

QUEST Medical, Inc.

Your outcomes — Our inspiration

- Outpatient procedure
- Eliminates placement of tubes
- High success rate[1]
- Quick recovery
- Simultaneous bilateral inflation designed to reduce O.R. and anesthesia time

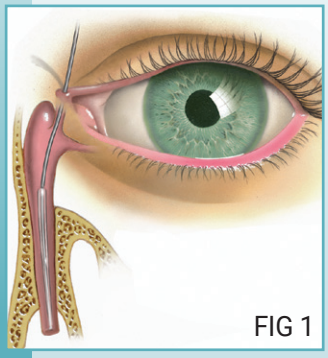


FIG 1

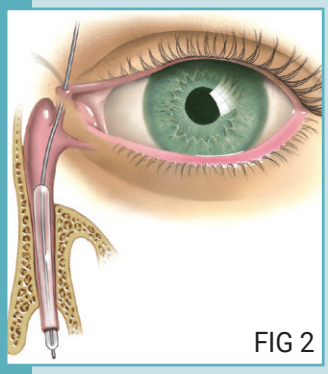


FIG 2

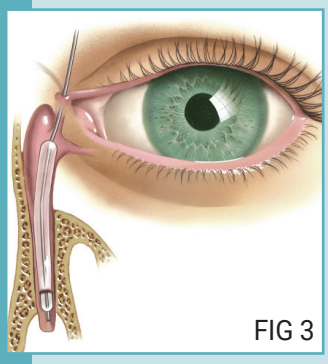


FIG 3

2mm | 3mm DCP Balloon Catheters - Dacryoplasty DCP Procedure Overview

Low-profile balloon catheters for treating nasolacrimal duct obstruction in children and adults

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 is inflated to 8 atm 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 may be 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, post-dilation edema and fibrosis
- Nasal decongestant post-op

5mm DCR Balloon Catheters - Transcanalicular DCR Procedure Overview

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 lacrinmal 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® 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 or knot.

14 The STENTube large diameter silicone tube is generally removed within 90 days post-op, but can be left in up to 11 months if necessary.

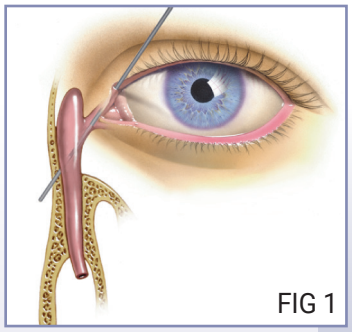
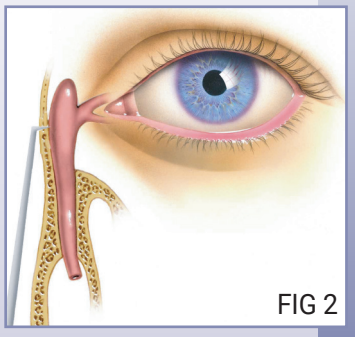


FIG 1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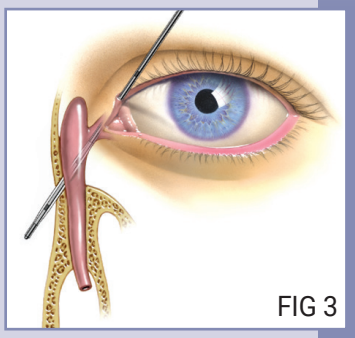
FIG 3

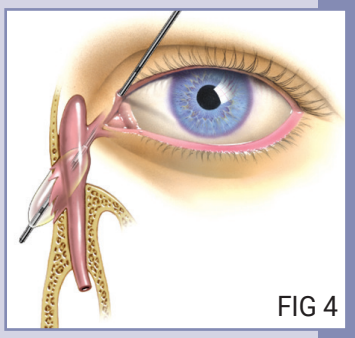
FIG 4

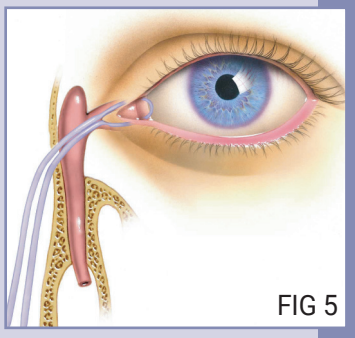
FIG 5

LacriCATH®

Sterile, single use, disposable products for the treatment of nasolacrimal duct obstruction

2mm Dacryoplasty (DCP)	Product Code	Description	Contents
	**DCP213-UNIT** Unilateral	For patients under 30 months of age	(1) 2mm catheter (1) AQL® inflator
	DCP213-BIT Bilateral	For patients under 30 months of age	(2) 2mm catheters (1) AQL inflator (1) 4-way stopcock

3mm Dacryoplasty (DCP)	Product Code	Description	Contents
	**DCP315-UNIT** Unilateral	For patients over 30 months of age	(1) 3mm catheter (1) AQL inflator
	DCP315-BIT Bilateral	For patients over 30 months of age	(2) 3mm catheters (1) AQL inflator (1) 4-way stopcock

5mm Dacryocystorhinostomy (DCR)	Product Code	Description	Contents
	**DCR508-UNIT** Unilateral	For primary or revisional DCR	(1) 5mm catheter (1) STENTube® (1) AQL inflator
	DCR508-BIT Bilateral	For primary or revisional DCR	(2) 5mm catheters (2) STENTubes (1) AQL inflator

Intubation Sets & Product Components	Product Code	Description	Carton Qty
	**LIS27T**	Crawford-type silicone lacrimal intubation set, .025 in. tube diameter x 12.0 in. length, 4.5 in. probes olive tip ends	3
	**LIS052**	STENTube large diameter silicone lacrimal intubation set for primary or revisional DCR Developed by Bruce B. Becker, M.D.	2
	**AQL1015**	10cc inflation device for balloon catheter dilation. Lock design and gauge for accurate pressure control and monitoring. Measures pressures to 15 atm	1
	**K12-01811**	4-way stopcock for bilateral balloon DCP procedures, attaches to AQL inflation device for simultaneous bilateral inflation, included in 2mm and 3mm bilateral procedure kits	10

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℞ ONLY

1 Balloon catheter dilation for treatment of persistent nasolacrimal duct obstruction. American Journal of Ophthalmology March 2002, Volume 133, Number 3:337-340; Greg T. Lueder, MD

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