

Customer Service 800-627-0226

Technical Specifications

LacriCATH®

Balloon Catheters

Code #	LDC213
Balloon O.D.	2 mm
Balloon Length	13 mm
Overall Length	24 cm

Code #	LDC315
Balloon O.D.	3 mm
Balloon Length	15 mm
Overall Length	24 cm

Inflation Device

Code #	AQL1015
Volume	10 cc
Pressure Gage	0-15 atm



Now Available in Convenient Procedure Kits

Unilateral

DCP213-UNI
DCP315-UNI

Bilateral

DCP213-BI
DCP315-BI

Other Surgical Instruments Used:



BLP1-2



WLD 019



BLP3-4



WLD 024

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www.lacricath.com

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* © American Journal of Ophthalmology 1996;121:304-309

Rx Only

0804bhd

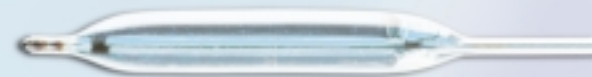
Provide Your Patients with the Best Treatment Options

LacriCATH®

LACRIMAL DUCT CATHETER

Setting the Standard for Less Invasive Treatment

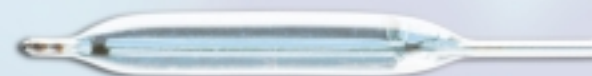
Achieves dilation of the lacrimal duct
in up to 95% of pediatric patients*



Provides adult patients an alternative to incisional DCR



Reduces operative time - eliminates placement of tubes



Less invasive, less traumatic -
the best option for your patients

 **QUEST** Medical, Inc.
An **Atrion** company

Developed by Bruce B. Becker, M.D.

LacriCATH®

LACRIMAL DUCT CATHETER

Balloon Catheter Dacryoplasty (DCP) for Treating Nasolacrimal Duct Obstruction In Adults and Children

Procedure Overview

- The puncta and canaliculi are dilated.
- The lacrimal system is probed in the customary fashion and presence of the probe in the nose is confirmed. The probe is removed.
- 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. (Figure 1)
- A balloon catheter inflation device is filled with sterile water, connected to the balloon catheter and used to inflate the balloon for 90 seconds. (Figure 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.

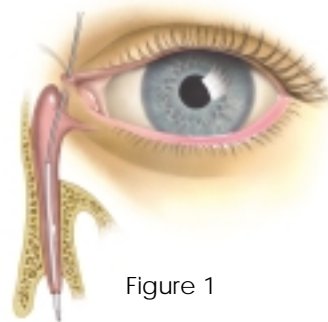


Figure 1

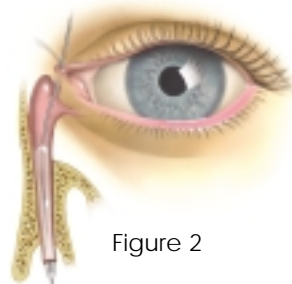


Figure 2

- The balloon is pulled proximally and positioned within the lacrimal sac and nasolacrimal duct junction.
- The balloon is inflated again using the method described above. (Figure 3)
- 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.
- The catheter is then rotated clockwise to minimize the profile of the deflated balloon and the catheter is gently withdrawn from the lacrimal system.
- Fluorescein is used to irrigate the lacrimal system and recovered in the nose with a flexible clear feeding tube used as a suction catheter.

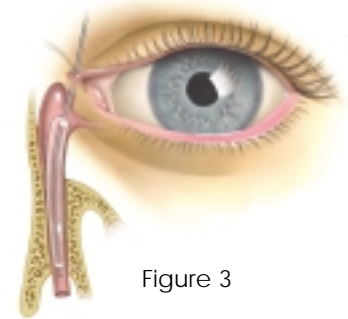


Figure 3

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 postop

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