

LacriJet®

FIRST Preloaded & Self-Retaining Monocanalicular Nasolacrimal Intubation

INDICATIONS

- Treatment of Epiphora in Patients
12 months and Older
- Congenital Nasolacrimal Duct Obstruction
- Canalicular Laceration

NEW/FCI Exclusive



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Lacrijet® is FCI's latest and exclusive preloaded & self-retaining monocanalar nasolacrimal intubation indicated for epiphora, congenital nasolacrimal duct obstruction and canalicular laceration.

It consists of a single use injector handpiece into which a silicone tube is preloaded inside a metallic guide. Lacrijet® has been specifically designed to reduce intubation operating time and allows for in-office stent removal.

Lacrijet® is first introduced into the nasolacrimal duct. Once in position, the sliding piston is retracted and the silicone tube is released. It is maintained in place at the punctum by a plug-like fixation head: no nasal retrieval, no knot and no sutures are needed.

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MAIN CHARACTERISTICS

- Exclusive new injection system
- Available in 7 lengths
- 3 mm plug collarette
- Requires size (S1.1288) to select the length & 0.3 mm disposable punctum dilator and plug inserter (S1.3090)
- Sterile, single use



Lacrijet®	Diameter	Length	Packaging
S1.1515	0.64 mm	15 mm	Box of 1
S1.1522	0.64 mm	20 mm	Box of 1
S1.1530	0.64 mm	30 mm	Box of 1
S1.1535	0.64 mm	35 mm	Box of 1
S1.1540	0.64 mm	40 mm	Box of 1
S1.1545	0.64 mm	45 mm	Box of 1
S1.1550	0.64 mm	50 mm	Box of 1

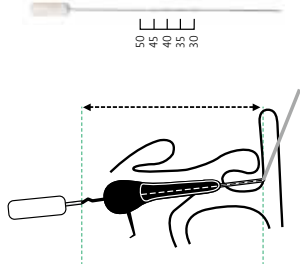
Size	
S1.1288	Box of 5

Punctum Dilator & Plug Inserter	
S1.3090	Box of 3

NASOLACRIMAL DUCT OBSTRUCTION

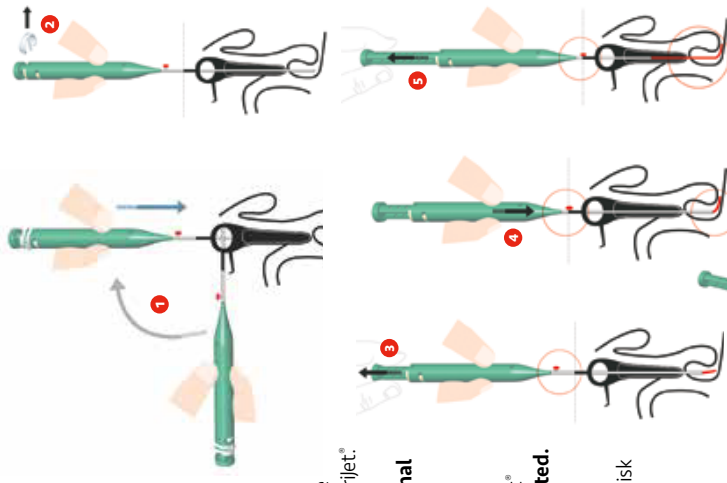
INITIAL PROBING & SELECTION OF TUBE LENGTH

- Dilation of the punctum and insertion of size S1.1288.
- Search for bony contact.
- 90° rotation and vertical catheterization.
- Insert a second wider lacrimal probe with a blunt tip. Steer it very gently through the inferior nasal meatus until metal-to-metal contact is achieved.
- Select the appropriate Lacrijet® length with the help of the black marks on the sizer.



LACRIJET® INSERTION

- 1 Insert the Lacrijet® into the punctum and through the canaliculus.**
 - Search for bony contact.
 - 90° rotation and vertical catheterization until the nasal fossa is reached.
- 2 Remove the safety ring.**
- 3 Pull the piston up 5 mm** to retract the tip of the metallic probe and initiate the release of the Lacrijet®.
- 4 Push the injector further into the nasolacrimal duct** until the Lacrijet® fixation plug comes in contact with the punctum.
- 5 Continue to pull back the piston of the Lacrijet® until the metallic guide is completely retracted.**



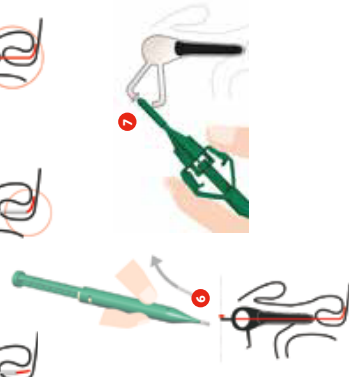
- 6 It is important to ensure the fixation head is in contact with the punctum** to avoid any risk of migration or extrusion of the silicone tube.

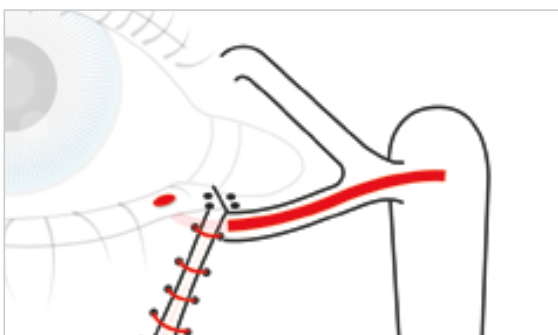
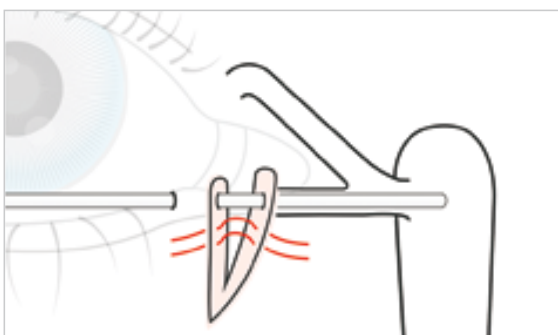
7 Plug Insertion

- The fixation-plug must be inserted in the punctum with the help of the plug inserter.
- Once the plug is in place, the collarette should remain flush against the eyelid margin.

LACRIJET® REMOVAL

Hold the collarette of the fixation plug with the help of fine forceps and gently pull out the Lacrijet® from the meatus and the lacrimal system.





CANALICULAR LACERATION REPAIR

Lacrijet® 15 mm and 20 mm have been specifically designed for canalicular laceration repair to prevent future canalicular obstruction due to scar tissue formation.

The Lacrijet® is used like a metal probe to facilitate catheterization between the distal and proximal portions of the canaliculus. Wound closure and sutures are therefore facilitated. The silicone tube is then released and left in place to avoid future blockage due to scar tissue.

At the end of the procedure, it is important to ensure the fixation head is in contact with the punctum to avoid any risk of migration or extrusion of the silicone tube.

The fixation plug must be inserted into the punctum with the help of the plug inserter (S1.3090). Once the plug is in place, the collarette should remain flush against the eyelid margin.



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