

Ritleng[®] +

Self-Retaining Bicanalicular Stent for Nasolacrimal Duct Intubation

INDICATIONS

- Treatment of Epiphora in Patients 12 Months and Older
- Canalicular Pathologies
- Congenital Lacrimal Duct Obstruction
- Dacryocystorhinostomy (DCR)



NEW/FCI Exclusive

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FEATURES & BENEFITS

- **Black Mark** enables the central placement and positioning of the silicone tube.
- **Wider Silicone Segment** ensure the Ritleng®+ is autostable; no need to make knots in the nasal fossa.
- **PEEK (PolyEtherEtherKetone)** thread-guide of 500 mm facilitates intubation.

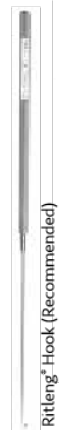
INDICATIONS

- Treatment of Epiphora in Patients 12 Months and Older
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RITLENG® + INSTRUMENTS

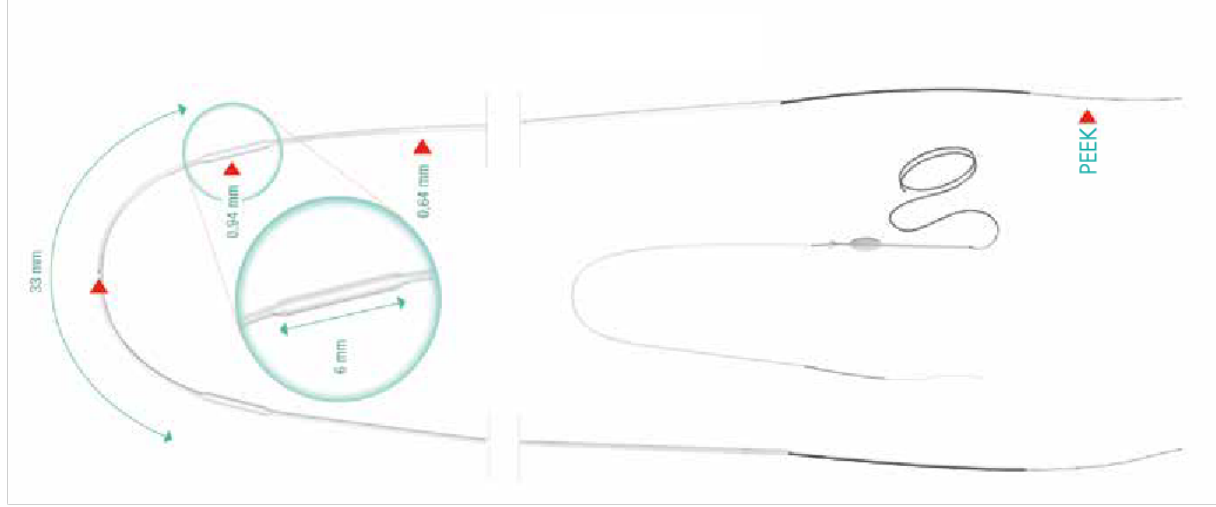
- To use with all Ritleng® stents, not intubations
- Stainless steel
- Non-sterile

S1.1460	Ritleng® Probe	Box of 1
S1.1470	Ritleng® Endonasal Forceps	Box of 1
S1.1480	Ritleng® Hook	Box of 1



RITLENG® + REFERENCES

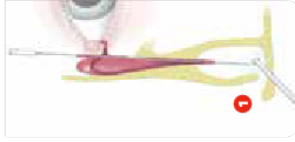
S1.1456	Silicone Tube Diameter	Wider Silicone Segment Diameter	Material	Packaging
	0.64 mm	0.94 mm	Silicone	Box of 1, Sterile



RITLENG® + (INTUBATION) PROCEDURE*

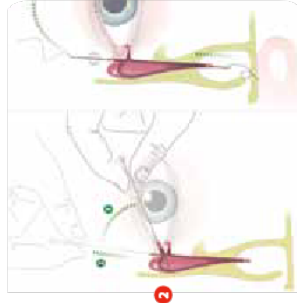
1 INITIAL PROBING

- Dilatation of the punctum and insertion of a Bowman probe.
- Search for bony contact.
- 90° rotation and vertical catheterization.
- Insertion of 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.
- Removal of the Bowman probe once the nasal fossa is reached.



2 RITLENG® + INSERTION

- Insertion of the Ritleng® probe into the nasolacrimal duct.
- Search for bony contact.
- 90° rotation and vertical catheterization until the nasal fossa is reached.
- Insertion of the Ritleng®+ into the Ritleng® probe until the PEEK thread comes out in the nasal fossa.



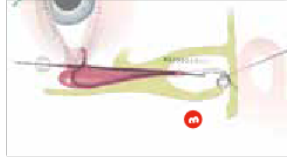
SURGICAL PEARLS

Ritleng® Probe Insertion

For easier retrieval of the PEEK thread, make sure the slit of the Ritleng® probe faces up. If the slit faces down, the thread might not come out easily.

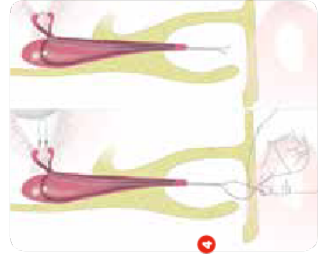
3 RITLENG® PROBE REMOVAL

- Removal of the Ritleng® probe from the lacrimal duct and separation from the PEEK thread.
- Retrieval of the PEEK thread from the nasal fossa using Ritleng® hook or Ritleng® endonasal forceps under endoscopic visualization.
- Pull the PEEK thread out of the nasal fossa.
- Repeat the procedure to achieve a bicanalicular nasolacrimal intubation.



4 CORRECT POSITIONING OF THE RITLENG®+

- Pull out both PEEK thread extremities to make sure the wider silicone segment is positioned in the lacrimal sac.
- Check that the central mark is correctly positioned between the two punctum.
- Cut the PEEK threads.
- No need for knots, the Ritleng®+ is self-retaining.



RITLENG® + REMOVAL PROCEDURE*

2 OPTIONS

- Cut tube at central interpalpebral mark, then simply pull the silicone tube out of the nose.
- Hold stent at the central mark with the help of fine forceps and pull out the silicone tube from the meatus.

*For informational purpose only. Does not replace the instructions for use.



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