

OPHTACATH®



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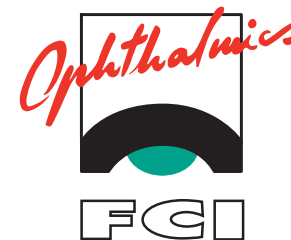
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Lacrimal Duct Balloon Catheter

INDICATIONS

- Nasolacrimal Duct Obstruction
- Dacryocystoplasty (DCP)

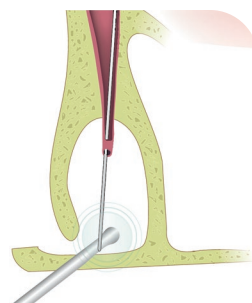


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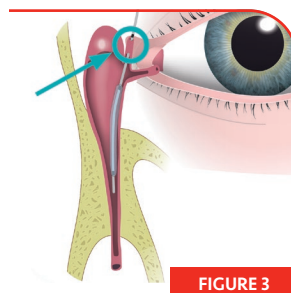
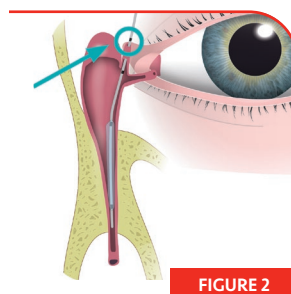
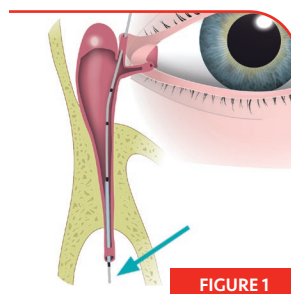
INITIAL PROBING

1. Dilation of the punctum and insertion of a Bowman probe.
2. Search for bony contact.
3. 90° rotation and vertical catheterization.
4. Once the nasal fossa floor is reached, a second, wider lacrimal probe with a blunt tip is inserted gently through the naris to confirm metal-to-metal contact.
3. The Bowman probe is gently removed.



OPHTACATH® PROCEDURE

1. Select the size of the balloon catheter suitable for the patient. Remove the protective sleeve on the catheter. For safety reasons, **never exceed a balloon inflation pressure of 15 atm**.
2. Insert the balloon into the superior punctum, then direct it through the lacrimal sac and down to the nasal floor. Insert a second probe into the nose, gently confirming contact with the balloon and eliminate the possibility of a false passage. (See Figure 1)
3. Pull back the balloon just until the most proximal mark on the catheter becomes visible at the punctum (15 mm distance from the balloon), and maintain the position. Fill the inflation device with 10 cc of sterile water. Gradually inflate the balloon to **8 atm** (bars). (See Figure 2). Maintain the balloon inflated for **90 seconds** in order to dilate the nasolacrimal duct, then deflate. If necessary, repeat the procedure for **60 seconds**.
4. Pull back the balloon until the second mark on the catheter becomes visible at the punctum (10 mm from the balloon), and maintain the position. Gradually inflate the balloon to **8 atm** (bars). (See Figure 3). Maintain the balloon inflated for **60 seconds** in order to dilate the nasolacrimal duct, then deflate. If necessary, repeat the procedure for **40 seconds**.
5. After the last inflation is performed, fully deflate the balloon by turning the handle counterclockwise until the inflator gauge of the manometer is in the red area (**0 atm**) and all fluid has been aspirated out of the balloon. Gently remove the catheter and confirm the success of the procedure with fluorescein.



Please refer to OPHTACATH® Instructions for Use for the full procedure.

FEATURES & BENEFITS

PROVEN RESULTS

- OPHTACATH® achieves true dilation of the lacrimal duct and rapidly treats the symptoms of epiphora.

FAST AND EFFICIENT PROCEDURE

- Alternative to incisional procedures such as DCR.
- Reduced trauma.
- Simultaneous bilateral inflation saves operating room and anesthesia time.

FCI EXCLUSIVE DESIGN

- Easy to insert and remove due to the very low profile of the deflated balloon (0.9 mm for the 2 mm model/1.0 mm for the 3 mm model).
- Exclusive tapered tip.
- Exclusive balloon design features excellent shape memory before and after inflation.

FCI QUALITY STANDARDS

- Balloon made of Nylon Polyn® results in exceptional resistance to burst pressure.
- Semi-flexible balloon ensures a progressive inflation and exceptional precision of 1/10 mm.
- Highly precise and easy-to-use disposable inflation device supplied with each kit.
- Full traceability system: lot number, balloon diameter and length printed on each catheter.



UNIVERSAL OPHTACATH® KITS		Diameter	Packaging
S1.4121	Unilateral Kit	2 mm	Box of 1 Balloon & 1 Inflation Device
S1.4122	Bilateral Kit with Stopcock	2 mm	Box of 2 Balloons & 1 Inflation Device
S1.4131	Unilateral Kit	3 mm	Box of 1 Balloon & 1 Inflation Device
S1.4132	Bilateral Kit with Stopcock	3 mm	Box of 2 Balloons & 1 Inflation Device

Balloon Before Inflation



Balloon After Inflation

